

NHS GREATER GLASGOW AND CLYDE

Spiritual Care Policy

Introduction: Definition, Vision and Values.

We are committed to providing holistic health care that is responsive to the physical, psychological, emotional and spiritual needs of our patients.

The Scottish Executive Health Department issued NHS HDL (2002) 76 'Spiritual care in NHS Scotland' in October 2002. This laid a responsibility upon NHS Boards to develop a Spiritual Care Policy for the populations they serve and asserts that Spiritual Care is not only for religious people but is for all people regardless of faith or belief.

The NHSGG&C area has a population of approximately 1.2 million and includes areas of great social need, deprivation and also an increasing diversity of ethnic minority groups. (For a summary of local demographics see Appendix A.) Fair For All (HDL (2002) 51) commits the NHS to design its services so that persons of all faiths and beliefs, cultural and ethnic backgrounds, have equal access to its services.

The Equality Act 2006 makes it unlawful to discriminate on the grounds of faith in the provision of goods and services and NHSGG&C's Equality Scheme establishes the organisation's commitment to fulfilling the legislative requirements.

Underlying this Spiritual Care policy are these values:

- That spiritual care is addressing the fundamental human need to have a sense of peace, security and hope particularly in the context of injury, illness or loss. (For further definitions of spiritual care and need see Appendix B.)
- That spiritual care is offered and usually given "in a one-to-one relationship, is person centred and makes no assumptions about personal conviction or life orientation." (HDL (2002) 76, paragraph 3)
- That religious care is an aspect of spiritual care and is "given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community." (HDL (2002) 76, paragraph 3)
- That it is inappropriate for any member of staff to impose upon another person in the workplace their own religious beliefs, faith or values.
- That the delivery of spiritual care to patients and their carers is a responsibility of NHS staff working in partnership with those employed with specific responsibility, training and skills in spiritual and religious care.
- That spiritual care must be accessible to all who use the services NHSGG&C provides, as in-patients or out-patients, visitors or staff, in hospitals or community based services.
- That access to Spiritual Care is grounded in an ethos of respect, support and compassion and includes the availability of information and staff trained in spiritual care.

- That Health Care Chaplains are key providers and enablers of spiritual care to patients and their carers and all NHS staff.

These values are consistent with the principles of a spiritual care service as described in NHS HDL (2002) 76. The NHSGG&C Spiritual Care service will develop and deliver its services in accordance with these values.

Structures

Health Care Chaplaincy, as a publicly funded service within the NHS, is regarded as an integral component, among many, working for the well-being of patients, their carers and staff.

- The Chaplaincy / Spiritual Care Service is located within the Rehabilitation and Assessment Directorate with a designated director who has managerial responsibility.
- Service delivery is managed by the Head of Chaplaincy and Spiritual Care and, at a local level, responsibility lies with Chaplaincy Departments (which may be known by that name or another) covering the Acute Services Division, The Mental Health Partnerships and Community Health (Care) Partnerships.
- The delivery of healthcare within the NHS is multidisciplinary in nature and individualised care plans should consider the physical, social, psychological and spiritual needs of patients
- Chaplains have an important role to play as fully integrated members of the multidisciplinary health care team and also, where appropriate and practical, as members of local multi-disciplinary teams.
- Provision for the Chaplaincy / Spiritual Care of patients from the smaller faith communities will be monitored and where necessary reviewed.
- Health Care Chaplains are bound by the same policies and codes of conduct (e.g. patient confidentiality) as all NHS employees and volunteers.
- The Chaplaincy Service will be consulted, where appropriate, to ensure that policies and procedures incorporate the role of chaplains / spiritual care givers (for example, Major Incident Procedures, Bereavement, Race Equality etc.)

Practices

The Chaplaincy Service will ensure that Health Care Chaplains deliver their care in accordance with the principles below and the Professional Standards/Code of Conduct of the Health Care Chaplaincy Professional Organisations.

It has been the practice, since the formation of the NHS in 1948, for Health Care Chaplains to be employed to deliver religious and spiritual care. Clergy and faith community leaders who come to a hospital to visit a member of their community are not NHS Health Care Chaplains. The understanding of spiritual and religious care has evolved due to increased recognition of the religious needs of ethnic minorities and the spiritual needs of those who do not identify themselves with any particular belief or faith. In this pluralist society, individual beliefs find expression in a multiplicity of forms.

This entails:

- Impartiality, accessibility and availability (including a 24hour on call service).
- Sensitivity, compassion and the ability to make and maintain attentive, helping and supportive relationships.
- Respect for the diversity of faiths, beliefs, lifestyles and cultural backgrounds within the population.
- The sensitive addressing of pastoral needs through worship, liturgies, ceremonies and rituals that have religious and spiritual integrity.
- Good working relationships with other health care professionals, leaders of local faith communities, voluntary groups, trade unions and professional organisations.

People

People are the key to the delivery of spiritual care.

The Chaplaincy Service will therefore ensure that:

- Working with Learning and Education / Practice Development, training in spiritual needs and spiritual care will be included in staff training programmes, including induction programmes, and training will be available to all staff.
- Training will include awareness of the religious traditions and needs of faith communities.
- Health Care Chaplains personal learning needs will be identified and supported
- Health Care Chaplains will receive an appropriate form of supervision for their own emotional, psychological, pastoral and spiritual support.
- Chaplaincy Volunteers, where used, will be integrated into the Volunteering Policy and will receive appropriate training. The valuable role of volunteers in assisting the delivery of spiritual care is recognised and affirmed.
- Health Care Chaplains will support staff within the organisation and provide a confidential service of pastoral care.

Place

NHSGG&C is responsible for reviewing on an ongoing basis the provision of facilities for their Departments of Spiritual and Religious Care.

- Facilities will include places appropriate for use by people of all faiths or no faith for the purposes of:
 - Quiet reflection, meditation and prayer;
 - Meetings and pastoral counselling;
 - Spiritual and religious ceremonies.
- Facilities will be available for use by patients, visitors and staff. This might comprise a Chaplaincy Centre but, where reasonably possible, additional rooms must be provided in easily accessible locations for use by patients and visitors for quietness, prayer and pastoral counselling.

- Where NHSGG&C is commissioning new buildings the provision of accommodation for spiritual and religious care services must be included as part of the specification. Consultation with local faith communities will be undertaken with reference to the design, decoration and furnishings of any new facility for spiritual and religious care. Whilst a space for prayer and quiet is necessary so also is attention to the physical surroundings of a building. The architecture, design and decoration of health care facilities, the level of noise, the outlook from windows, can all contribute to the spiritual well-being of patients and so to their total health.

Partnership

- NHSGG&C will promote partnership between the Chaplaincy / Spiritual Care service and local faith communities on the provision of services and the appointment, employment and training of chaplains. It will ensure that procedures are in place for the spiritual and religious care of those who belong to smaller faith communities.
- Where there is a requirement that care is provided to members of those communities by their own religious leaders, necessary arrangements will be made. Where these include paid remuneration the Chaplaincy Service will ensure that appropriate standards are set and maintained.
- NHSGG&C recognises that the faith communities are a resource for training NHS staff in care which is culturally competent .
- NHSGG&C will promote partnership between its Chaplaincy / Spiritual care service and other healthcare providers, self-help organisations, voluntary bodies and educational institutions.
- The NHSGG&C Spiritual Care Committee will promote dialogue with faith communities and create opportunities for information sharing and education.
- NHSGG&C will ensure that where NHS funds are used to secure services from non-NHS bodies that these services will include provision of spiritual care.

Accountability and Governance

- To facilitate communication between service providers, faith communities, chaplains and managers, NHSGG&C established a Spiritual Care Committee which follows the remit and membership suggested in NHS HDL (2002)76 (see Appendix C.)
- The Committee will receive regular reports on the service through the Head of Chaplaincy and Spiritual Care.
- The Spiritual Care Committee is a sub-committee of NHS Greater Glasgow and Clyde Involving People Committee and will report to that Committee through the submission of its minutes.

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Appendix A: Local Demographics

	Glasgow (%)	Argyll & Clyde (%)	Scotland (%)
Church of Scotland	31.5	41.6	42.4
Roman Catholic	29.2	24.4	15.9
Other Christian	4.1	6.1	6.8
Buddhist	0.2	0.1	0.1
Hindu	0.2	<0.1	0.1
Jewish	0.2	<0.1	0.1
Muslim	3.1	0.3	0.8
Sikh	0.4	0.1	0.1
Another religion	0.7	0.3	0.5
None	22.7	21.1	27.5
Not answered	7.8	6	5.5

The source of these figures is the 2001 Census. The figures are indicative only as the areas covered in the census are not the same as that for NHSGG&C. A proportion of the population of Argyll and Clyde are within NHS Highland.

Appendix B: Definitions of Spiritual Care and Spiritual Need.

Spiritual care and spiritual need, while discussed in medical, nursing and pastoral care journals, are difficult to define.

The delivery of spiritual care is a responsibility of all clinical staff insofar as, at one end of the scale, spiritual care is about being sensitive and compassionate and at the other end of the scale it is about helping people to articulate their fears and hopes, the beliefs and values which undergird their lives. Also on this scale is the provision of more overtly religious practices: prayer, sacraments, special services/events which address individual and corporate needs.

The following are offered to help understand this aspect of human need and care.

“Among the basic spiritual needs that might be addressed within the normal, daily activity of health care are

- The need to give and receive 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”

(Narayanasamy A (1991) ‘Spiritual Care: A resource guide’ Lancaster Quay Books)

“Everyone, whether religious or not, needs support systems, especially in times of crisis. Many patients, carers and staff, especially those confronting serious or life threatening illness or injury, have spiritual needs and welcome spiritual care. They face ultimate questions of life and death. They search for meaning in the experience of illness. They look for help to cope with their illness and with suffering, loss, fear, loneliness, anxiety, uncertainty, impairment, despair, anger and guilt. They conjure with the 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 realities of their human condition. Those actively associated with a faith community, now statistically in a minority, expect to derive help and comfort from their religious faith and from the faith communities to which they belong. The beliefs and rituals of their religion and the ministry of its leaders and members are often sufficient to meet their spiritual needs. On the other hand, the majority who have no such

religious associations yet recognise their need for spiritual care, look for a skilled and sensitive listener who has time to be with them. A person who will acknowledge the deep desires and stirrings of their spirit, recognise the significance of their relationships, value them and take them seriously. A person who can help them to find within themselves the resources to cope with their difficulties and the capacity to make positive use of their experience of illness and injury. The NHS must offer both spiritual and religious care with equal skill and enthusiasm.”
(NHS HDL (2002) 76 Paragraph 4)

Appendix C: A Spiritual Care Committee

Paragraphs from NHS HDL (2002) 76 - Spiritual Care in NHS Scotland

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NHS Boards are required, in consultation with its service providers, to establish a Spiritual Care Committee to support the integrated planning and delivery of spiritual care services across the area they serve. The Committee should normally meet at least twice a year. Its membership should reflect the size and nature of the NHS organisations and faith communities in the area served. As a minimum it should consist of:

- An NHS Board nominee to act as convenor;
- Representatives of the main faith communities in the area served, nominated by the appropriate presbytery, bishop, faith community governing body or inter faith council;
- Two lay persons nominated by the local Health Council, or other appropriate patient representative organisation, such as a Patients' Council;
- Representatives of NHS staff with an interest in spiritual and religious care;
- Representatives of the area's spiritual care staff and volunteers; and
- The Head of the Department of Religious and Spiritual Care and the Spiritual Care Manager of each local service provider.

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The remit of a committee should include:

- Providing advice on, and a forum for developing the NHS Board's spiritual care policy and overseeing its local implementation;
- Maintaining partnership between the local healthcare system, its spiritual care staff and local faith communities;
- Providing an advisory function to spiritual caregivers; and
- Overseeing the process of appointment of spiritual care staff.

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Each local service provider may wish to establish a local sub-committee to oversee the delivery of the local spiritual care service. Membership of the sub-committee should reflect the size and nature of the organisation and faith communities in the area it serves.