



Chaplaincy Service Standards

To whom this document applies: **All Trust staff**

Procedural Documents Approval Committee

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Responsibility for review: **Principal Chaplain**

Contributors: Please See Procedural Development, Consultation Proposal Form – page 2

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Procedural Development Consultation Proposal Form

Title: Chaplaincy Service Standards		
Policy <input type="checkbox"/>	Procedure <input type="checkbox"/> Guideline <input type="checkbox"/> Protocol <input type="checkbox"/>	Standard <input checked="" type="checkbox"/>
Name of person presenting document: Reverend David Flower – Principal Chaplain		
Reason for document development/review: Personnel Changes and Evidence Base of working documents.		
Names of development team (including a representative from all relevant disciplines): Principal Chaplain Community Chaplain Hospital Chaplain Roman Catholic Chaplain Jewish Chaplain Muslim Representative		
Who has been consulted? Principal Chaplain Community Chaplain Hospital Chaplain Roman Catholic Chaplain		
Does this document require presentation and agreement from Health and Safety Committee or Staff Partnership Forum prior to PDAC approval? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Specify groups of staff to whom the document relates: All Trust staff.		
Source of supporting evidence (references etc.): See Evidence Base.		
Are there resource implications? If yes please detail them: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Does the Procedure/Guideline meet latest NHSLA, Risk Management Standards, Essential Standards of Quality and Safety (CQC)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Does this Procedure/Guideline include children, if applicable?		
1. Does this document apply to children? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. <i>Are there aspects of this document that differ with regard to the treatment of children?</i> If yes, please state who has been consulted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
A Trust review will occur every two years unless national guidance states otherwise.		
Date: March 2013		

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Introduction

Colchester Hospital University NHS Foundation Trust (CHUFT) recognises the fact that health, wellbeing and happiness are reliant on physical, psychological and spiritual needs being met. Most people, at some point in their lives, need support. This is particularly true in time of uncertainty, loneliness, stress, illness, guilt or death. This standard has been developed to make arrangements to enable, where possible, the spiritual, religious and cultural requirements of all staff, patients, and visitors, whatever their belief, to be met.

Objectives

The Trust is committed to working in collaboration with others, including faith communities, to develop a service that meets the needs of all who come into contact with it. The Trust will engage in honest and open discussion, and actively listen to the views of others, to ensure that a relationship of trust grows in order to support and encourage the development of the service. The Principal Chaplain's line manager will be accessible to Hospital Chaplains in order to discuss any aspect of the service or its delivery.

Privacy, Dignity and Respect

The Trust will encourage individuals to understand, respect and value diverse religious and spiritual behaviours and to eliminate discrimination.

Related Documents

027 – Trust Consent for Examination or Treatment Procedure

187 – Privacy and Dignity Procedure

1.

Definition of Terms

The Chaplaincy Service aims to share in the healing process by enabling patients, their visitors and staff to express their spiritual, emotional, religious and cultural needs, and to respond appropriately, whatever their beliefs, culture or lifestyle.

‘A tradition of caring for the sick and supporting those who care for them is common to all faiths. It is often at the time of sickness, or in watching a loved one experience illness that some of the deepest spiritual questions are asked and the greatest challenges to the spirit arise. In their unique role Chaplains work with all healthcare professionals and across the whole organisation to provide the spiritual elements of the holistic care offered by the NHS’.

(Caring for the Spirit: November 2003)

The Service promotes links between the Trust and local communities and helps to facilitate spiritual, religious and cultural care within a context that is alien to many and thus providing people with comfort, counsel and care.

The service will:

- have a visible and accessible presence.
- adopt a person centred and patient led approach.
- act as a link between staff and patients etc.
- provide an opportunity for worship.
- provide pastoral care.
- offer non-judgemental counsel and support.
- act as an informed resource in ethical, theological and pastoral matters.
- plan and deliver educational and training programmes to staff members.

2. Roles and Responsibilities

Board Level Lead

The Board Level Lead for meeting the spiritual and religious needs of patients, carers and visitors is, at present, the Deputy Director of Nursing and Patient Experience.

The Principal Chaplain will:

- be accountable for the performance of the Chaplains, to the Deputy Director of Nursing and Patient Experience.
- adhere to the Code of Conduct for Healthcare Chaplains.
- ensure compliance with the clinical and corporate governance arrangements in conjunction with Trust staff.
- offer professional leadership to Hospital Chaplains.
- act as an information resource on issues of spiritual and pastoral care, faith, religion and culture.
- advise the Trust on national and local policy.
- monitor the provision of Chaplaincy services.
- undertake the annual appraisals of the Chaplains and produce personal development plans in line with the Knowledge and Skills Framework.
- facilitate the meeting of all Trust Hospital Chaplains quarterly.
- arrange access to appropriate mandatory and individual training and development sessions through the central training system.
- act as a point of contact and liaison on matters of spiritual care and Chaplaincy for the Trust, patients and local faith groups.

Chaplains will:

- be accountable for their performance, in the first instance, to the Principal Chaplain and ultimately to the Deputy Director of Nursing and Patient Experience.
- be accountable to their faith communities for the aspects of care they provide.
- adhere to the Code of Conduct for Healthcare Chaplains.
- be responsible for identifying risk, reporting the risk via the Datix electronic incident reporting system, completing and forwarding a risk assessment form to the appropriate Service Manager.
- retain the religious responsibility for his/her own faith community.
- be a resource to advise on dietary requirements and food in relation to their religious and cultural needs.
- respect the values of other faiths.
- supervise the work of and offer support to volunteers.
- retain responsibility for the Chapels.
- Follow the Guidelines for the Capabilities and Competencies Framework for Healthcare Chaplains as set down by the United Kingdom Board for Healthcare Chaplains.

Line Managers will:

- act in a positive way when issues of a spiritual or religious nature are raised.
- ensure that individuals are able to practise, where this does not adversely affect patient care or compromise essential operation of the Trust's work, their own religion or belief.

Ward Sisters/Charge Nurses will:

- ask patients whether they wish to have their religious affiliation recorded.
- advise patients of the availability of the Chaplain and Chaplaincy Service.

- ensure patients' religious and spiritual needs are recorded and communicated to the Chaplaincy Team.
- work with the Chaplain in the provision and religious care of staff, patients and carers.

Staff will:

- promote the creation of an environment of diversity.
- treat the religious and spiritual beliefs of others with dignity and respect.
- challenge discrimination.

3. Process

Recruitment/Volunteers

Chaplains are appointed through NHS recruitment procedures and will hold the authority of the faith community to act as a representative. Candidate selection and interview panels will have representation from the faith community concerned.

Chaplaincy volunteers will be recruited through the existing Chaplaincy Scheme and Trust recruitment procedures and will be nominated by their faith communities. All volunteers will receive an appointment letter, contract, job description, training and support appropriate to their role. The contract is issued through the Chaplaincy Department and approved by the Human Resources Department.

Availability

It is accepted best practice, certainly in acute hospitals, that the Chaplaincy Service is available at all times. The Chaplains are on call 24/7 and the on call Chaplain can be contacted through accessing the on call Chaplaincy rota via the intranet or through switchboard.

Arrangements

Where possible, a suitable room/chapel should be identified in each of the hospitals, where prayer, reflection and/or religious services can take place. The rooms should, if at all possible, have wheelchair access. Patients who are unable to leave their bed will receive Chaplaincy Services at their bedside, taking into account the requirements for privacy and dignity as far as possible.

Bereavement Services

All NHS Trusts provide support and advice to families and staff at the time of bereavement and chaplaincy should be a part of this. The Trust will extend this support to staff who suffer personal bereavement.

Emergency and Major Incident

The Chaplaincy Service will offer support to staff and casualties involved in any major incident either during or after the event. The Principal Chaplain will be included on the list of major incident contacts and be included in training activities relating to Major incident planning.

Confidentiality and Data Protection

Religious affiliation is classed under the Data Protection Act 1998 as "sensitive personal data" and any disclosure would, therefore, be required to satisfy a condition under Schedule 3 of the Act unless a relevant exemption applies. (Schedule 3 sets out the specific conditions that allow the processing of sensitive data). Further conditions regarding the processing of sensitive personal data are listed in the Data Protection (Processing of Sensitive Personal Data) Order 2000.

Staff should not pass on information to the Chaplain on the spiritual or religious beliefs of a patient without the patient's explicit informed consent. Patients will also be advised that they are free to change their mind at any time (see NHS Chaplaincy DH 2003 via the www.gov.uk website).

The NHS Confidentiality Code of Practice states: 'If a patient is unconscious or unable, due to a mental or physical condition, to give consent or to communicate a decision, the health professionals concerned must take decisions about the use of information. This needs to take into account the patient's best interests and any previously expressed wishes, and be informed by the views of relatives or carers as to the likely wishes of the patient. If a patient has made his or her preferences about information disclosures known in advance, this should be respected.'

If a patient, who is capable of providing informed consent, fails to respond to consent seeking questions this should be interpreted as unwillingness to have their religious affiliation recorded or disclosed to the Chaplaincy Service. Any disclosure should be noted in the patient's health record.

Further guidance can be sought from the Caldicott Guardian (Medical Director) or the Head of Information Governance.

Awareness

Awareness of the service will be raised through:

- information leaflets.
- welcome packs.
- ward staff.
- visits by the Chaplains.
- posters.
- intranet.

Supervision

Professional supervision will be available from the Principal Chaplain.

4.

Training

Recording

The Chaplain will record details of their work and training, which will be available to the Principal Chaplain upon request.

Training

On appointment, or soon after, all Hospital Chaplains will have training allowing them to practice as a Healthcare Chaplain within the NHS. Ongoing and specific training requirements will be identified through appraisal, undertaken by the Principal Chaplain, and will be provided following agreement of their personal development plans. All new Chaplains will attend Trust induction and other in-house training as appropriate. They will also attend one national training course a year organised by either the College of Healthcare Chaplains or the Multi-Faith Group for Healthcare Chaplaincy.

Emergency and Major Incident

The Chaplaincy Service will offer support to staff and casualties involved in any major incident either during or after the event. The Principal Chaplain will be included on the list of major incident contacts and be included in training activities relating to Major incident planning.

5. Evidence Base

The Department of Health (DH) is committed, through the NHS Plan, to support delivery of NHS services that 'put patients at the heart of everything they do'. This includes having a Chaplaincy Service in the hospitals that meets needs of the people who come into contact with it. This commitment is supported by the following documents in which the information has been taken into account in developing these standards:

- The Human Rights Act 1998 Article 9, introduced in October 2000, enshrines in law the right of the individual to religious observance.
- NHS Chaplaincy [DH] 2003: Meeting the Religious and Spiritual Needs of Patients and Staff
- Caring for the Spirit [DH] 2003 including:
 1. a minimum data set for Spiritual Healthcare
 2. Models of Spiritual Healthcare
- Code of Conduct for Healthcare Chaplains and Capabilities and Competencies for Chaplains 2006 UKBHC
- Standards for Healthcare Chaplaincy Provision – Multi Faith Group for Healthcare Chaplains 2010
- Spiritual and Religious Care Capabilities and Competencies for Healthcare Chaplains UKBHC 2011
- National Profiles for Chaplains
- Spiritual Care Pathway Model – Bolton Hospitals NHS Trust

6. Monitoring Compliance and Audit

The Principal Chaplain will be responsible for monitoring the implementation and success of this standard and the progress against the actions identified. The frequency and reporting structure for the audits is carried out on a quarterly basis.

The Quarterly Audit is the result of the recording of Spiritual Care encounters with patients, relatives and staff and is presented to the Patient and Staff Experience Group every quarter, by the Principal Chaplain. Recent activity of the Chaplaincy Service is also audited and presented to the Patient and Staff Experience Group as outlined above.

7. Dissemination, Implementation and Access to the Document

These Standards are available on the Trust intranet. All staff are notified via email, of the Standards and any amendments.

Appendix A

Census Data 2011

61.40% of the Colchester population regard themselves as having some religious affiliation (2011 census). Faith groups make a particular and distinctive contribution to the development of stronger communities that are truly cohesive.

% of people stating religion as:	Colchester
Christian	57.7 %
Buddhist	0.6
Hindu	0.7
Jewish	0.2
Muslim	1.6
Sikh	0.1
Other Religion	0.5
No Religion	31.4
Religion not stated	7.3

UK National Figures

Faith Group	United Kingdom %
Christian	59.3
Muslim	4.8
Buddhist	0.4
Hindu	1.5
Jewish	0.5
Sikh	0.8
Other Religion	0.4
No Religion	25.1
Religion not stated	7.2