Spiritual Care UHL Policy

(Chaplaincy)

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Board Director Lead:	Chief Nurse
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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Changes made in April 2024 review:

- Checking all the Web links in section 9 and the addition of recent NHS guidance

- Addition of "Honorary Chaplaincy visitors" to 2.1

- Addition of reference to NHS England Chaplaincy Guidelines 2023

- Removal of 'Bereavement Services' to 4.2

- Update of reference to 'Healthcare Chaplaincy Appointment Advisors Panel'

- Removal of 'Feedback from the Bereavement Support Services' from 7.2

- Updated email LPT Chaplaincy office in Appendix 4

KEY WORDS

Chaplaincy
Spiritual care
Pastoral care
Religion
Chapel
Prayer Room
Belief
End of Life care

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1   INTRODUCTION AND OVERVIEW

1.1   The University Hospitals of Leicester NHS Trust (the Trust) aspires to deliver high quality care to patients.

1.2   This policy recognises that everyone may have "spiritual needs", whether or not they view this in terms of a faith or belief system.

1.3   The Trust is committed to ensuring that all patients and carers receive competent and compassionate care that takes their spiritual needs seriously, irrespective of any religious affiliation or belief held by patient or staff.

1.4   When patients are receiving end of life care or are facing a life changing illness or event, it is important to consider their spiritual needs.

1.5   The Trust is committed to making spiritual care available at every stage of hospital care to the patient and those important to them.

1.6   The Trust is committed to providing consistently high quality, safe and dependable spiritual care.

1.7   This policy outlines the specialist role of Chaplaincy in delivering and supporting spiritual care. However, the Trust recognises that spiritual support is a core component of care delivered by all nurses and staff caring for patients.

1.8   This document sets out the Trust's process for delivering high quality spiritual, religious and pastoral Care to service users.

1.9   It sets out how the Trust meets its commitment to its vision of high-quality care through recognising and where possible accommodating spiritual, religious, pastoral and cultural needs.

1.10   It sets out the Trust's provision of Chapels and Prayer Rooms for the use of patients, relatives and staff.

1.11   It sets out the provision of care to staff by the Chaplaincy service.

1.12   It ensures that the Trust provides spiritual care in accordance[1] with the latest NHS guidelines.[2]

1.13   In addressing religious, cultural and spiritual needs, it is also supporting our delivery of the Equality Act 2010[3] and the Public Sector Duty 2011 (Equality and Human Rights Commission, 2015)[4].

2   POLICY SCOPE

2.1   This policy applies to all members of the Chaplaincy team, including Honorary Chaplaincy visitors and Chaplaincy volunteers.

2.2   The general provisions of this policy also apply to all who work in and for the Trust, whether as staff or volunteers, whatever their personal beliefs and views, particularly those caring for patients. The referral procedures for LPT are different from those for UHL hospitals that are outlined in Appendix Two.

2.3   Whilst a Service Level Agreement (SLA) is in place with Leicester Partnership Trust (LPT) to provide a Chaplaincy service, the provisions of this policy also apply to the

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[1] This policy is in response to the 2015 guidelines' stipulation that, "The chaplaincy has a written policy or guidance document describing the service and what care those using the service can expect to receive." p12
[2] NHS England - NHS chaplaincy Guidelines for NHS managers on pastoral, spiritual and religious care. https://www.england.nhs.uk/wp-content/uploads/2023/08/B1073i-nhs-chaplaincy-guidelines-for-nhs-managers-on-pastoral-spiritual-and-religious-care-august-23.pdf
[3] http://www.legislation.gov.uk/ukpga/2010/15/contents
[4] https://www.equalityhumanrights.com/guidance/public-sector-equality-duty-psed

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provisions of a Chaplaincy service to LPT. The SLA does not provide for 24/7 cover as outlined in 4.2 and 5.17.

3	DEFINITIONS AND ABBREVIATIONS

3.1 Abbreviations

LPT   Leicestershire Partnership NHS Trust
SLA   Service Level Agreement
UHL   University Hospitals of Leicester NHS Trust

3.2 CareView

CareView is a computerised record keeping system for Chaplaincy which also prints lists for ward visiting. Access to notes on patient visits made by chaplains is restricted by password protection.

3.3 Chaplain

Throughout this policy the term "chaplain" refers to the employed members of the Chaplaincy team who provide pastoral and spiritual care to patients, family and staff, some of whom also provide religious care. In this context the term includes our non-religious pastoral and spiritual care provider(s).[5]

3.4 Pastoral Care

Pastoral care comprises support and care to help the patient meet personal and emotional challenges. This care includes the giving of time, attention and respect to the needs and concerns the patient presents and includes the skill by the carer of appropriately revealing him or herself as a person within the pastoral conversation.

3.5 Religion/Belief

Religion or belief is as defined in the 2006 Equality Act:
(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.

3.6 Religious Care

Religious care includes the provision of specific religious advice or ministration, such as prayer or a religious rite according to the religion of the service user. In almost all cases it can only be provided by a chaplain of the same religion as the service user.

3.7 Spiritual Care

Spiritual care is supportive care provided in the context of illness which addresses the expressed spiritual, pastoral and religious needs of patients, staff and service users. These needs are likely to include one or more of the following:

- ways to support recovery

- issues concerning mortality

- religious convictions, rituals and practices

- non-religious convictions and practices

- relationships of significance

- a sense of the sacred

- exploration of beliefs

It is important to note that people who do not hold a particular religious affiliation may still require spiritual support in times of crisis.

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[5] NHS England – NHS Chaplaincy Guidelines 2015 - Promoting Excellence in Pastoral, Spiritual & Religious Care, 6th March 2015. Page 5.

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4 ROLES

4.1 The Board Director Lead for this policy is the **Chief Nurse**, delegated to the **Deputy Chief Nurse** who will oversee the implementation of and compliance with this policy.

4.2 The **Head of Chaplaincy** is responsible for:

- Advising the Trust, supporting spiritual care across all services, and highlighting to the relevant leads where delivery of spiritual care is not adequate or appropriate.

- Advising the Trust on religious and cultural issues.

- Ensuring that the Chaplaincy team, both employees and volunteers, have the appropriate skills and training to contribute to the provision of spiritual care.

- Ensuring the Chaplaincy service is delivered 24/7.

- Undertaking an annual review of the service and produce annual report of activities and outcomes, making this available to a wide audience, including the Trust Board and local communities of religion and belief.

- Reviewing this policy at regular intervals, no more than three years apart (or earlier in response to changes in national guidance).

4.3 The **Chaplaincy staff and volunteers** are responsible for adhering to the provisions of this policy. They must comply with all relevant Trust policies and procedures, with particular regard to issues of privacy, dignity, data protection and confidentiality.

4.4 **Staff with patient contact** are responsible for identifying that a patient has spiritual needs[6]. The Chaplaincy is available to provide training to staff who wish to receive guidance on identifying spiritual needs (see 6.2).

4.5 Registered healthcare professionals have responsibility for making appropriate referrals for spiritual, religious and pastoral care. In particular when caring for a patient nearing end of life, the offer of spiritual care should be made to patients and/or their loved ones.

4.6 **All staff** must follow the procedures set out in the text and appendices of this policy.

5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

CHAPLAINCY TEAM

5.1 The Chaplaincy team must be led and managed by a designated lead chaplain.

5.2 The appointment of chaplains must be in line with national guidance and involve the *Healthcare Chaplaincy Appointment Advisors Panel*, where appropriate.[7]

5.3 All the chaplains must be reflective practitioners and engage in ongoing continuing professional development.

5.4 The chaplaincy team staff should reflect the multi-religious and belief profile of the groups with significant patient numbers. This will be monitored whenever a member of

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[6] See for example NICE 2004 - *Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer.* Page 99.
[7] https://www.ukbhc.org.uk/for-employers/appointing-a-chaplain/

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staff leaves or is appointed. The gender of chaplains will also be considered where there are significant issues relating to gender within a religious community.

5.5   All volunteers will be recruited and supported in partnership with the Trust Volunteer Services and in line with the procedures set in place at the time. The Chaplaincy will run volunteer training events for existing Chaplaincy volunteers at least annually.

5.6   The Chaplaincy will be resourced by the Trust to enable the provisions above to be achieved whilst providing efficient use of resources.

ENABLING SPIRITUAL CARE

5.7   All reasonable efforts should be made to ensure that the religion or belief of every patient is accurately recorded. Patients will be advised that if they tell the Trust their religion it will be made available to the Chaplaincy service for the purpose of offering spiritual care. If a patient does not wish to disclose their religion/belief this fact must be recorded. Patients may ask for the record of their religion/belief to be removed their record at any time (See Appendix One).

5.8   Information regarding the religious affiliation of patients will be passed to the Chaplaincy for the purpose of spiritual care. This will be done in accordance with information governance principles.

5.9   All reasonable efforts should be made to publicise the availability of spiritual support, for example through the Trust website, patient placemats, leaflets and posters.

5.10   Clinical staff must be made aware of the chaplaincy service and know when to offer support from the service to patients and their loved ones.

5.11   Patients who request spiritual support must be referred to the Chaplaincy in an appropriate and timely way (see Appendix Two).

DELIVERING SPIRITUAL CARE

5.12   When supporting a patient, chaplains should make a spiritual assessment and plan care (as outlined in Appendix Three).

5.13   Spiritual, religious and pastoral care must be provided to a high standard and in a timely fashion.

5.14   All chaplains and chaplaincy volunteers are available to speak to any patient of any religion or belief. The patient may choose to speak to a chaplain of a particular religion or belief.

5.15   All significant episodes of care[8] delivered by chaplains must, where possible, be documented immediately in the patient's medical notes following Trust procedures. A standard sticker is available for this purpose.

5.16   Records of all visits made by Chaplains or Chaplaincy volunteers must be kept in the Chaplaincy CareView patient record. The purpose of these records is to ensure the continuity of care of the patient.

5.17   An out-of-hours on-call service will be provided[9], ensuring that a chaplain can attend within one hour of receiving the call. Where practical the person who responds should be of the same broad faith group as the patient (eg CofE/Free Church, Roman Catholic, Hindu, Muslim, and Sikh). Separate arrangements will be made to facilitate emergency access to religious leaders where demand is less frequent than one call per week.

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[8] "Significant" in this context excludes brief "social" encounters with patients in passing.

[9] In accordance with the NHS England guidelines (*NHS Chaplaincy Guidelines 2015 - Promoting Excellence in Pastoral, Spiritual & Religious Care*) and Leadership Alliance for the Care of Dying People's *One Chance to get it Right* (2014). The guidelines set the "one call per week" demand criterion.

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5.18   Chaplains must work collaboratively with all departments seeking to improve patient experience, in particular with Bereavement Services in the support of bereaved relatives and in conducting Hospital Funerals.

5.19   The Chaplaincy must be a part of the Trust Major Incident policy and procedures.[10] This should highlight the value of deploying chaplains to support attending relatives as well as the injured. Chaplains can play an important role in subsequent staff support and debriefing.

5.20   The Chaplaincy will be available to advise local religious and belief representatives who visit patients who already have a relationship to their religious or belief community. As with any visit from a member of the public, such visits must always be made with the consent of the ward staff who will check that the patient would like to be visited by the representative. If ward staff are in doubt as to whether a representative should be permitted to visit a patient they should contact the on-call chaplain for advice (see Appendix Four).

PRAYER ROOMS

5.21   Suitable areas for worship, prayer, contemplation, reflection, meditation, stillness and peace will be provided. These areas should, where possible, be close to areas of clinical practice which patients, relatives and staff can access without difficulty. Corporate acts or worship should be arranged as appropriate. Ritual washing facilities, religious imagery and devotional religious texts will be provided for Leicester's major faiths.

STAFF SUPPORT

5.22   Chaplains are available to staff working in the Trust to provide informal spiritual, religious or pastoral support. Any member of staff can refer themselves to the Chaplaincy at any time. This service is publicised in the staff handbook and is provided as a more informal support alongside and complimenting the other forms of staff support provided by the Trust. A record of the number of staff support episodes is maintained. Chaplains will also work with individual staff, their managers and the Head of Equality, Diversity and Inclusion to support staff with particular religious or cultural needs in the workplace.

5.23   The Chaplaincy team are available to provide advice and/or local training on spiritual, religious and cultural issues.

6   EDUCATION AND TRAINING

6.1   The policy will be incorporated into staff induction programme for Chaplaincy staff and volunteers.

6.2   Chaplaincy will contribute to staff induction training and other ongoing training opportunities. Any UHL or LPT staff member who is planning to organise staff induction or training should contact the Head of Chaplaincy to discuss the proposed training.

6.3   This policy will be available to all Trust staff through the Trust intranet, *INsite*.

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[10] See UK Government (Home Office and Cabinet Office), 'The Needs of Faith Communities in Major Emergencies: Some Guidelines' (accessed 11 March 2016) 2005:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61226/faith_communities.pdf

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7 PROCESS FOR MONITORING COMPLIANCE

7.1 The audit criteria for this policy and the process to be used for monitoring compliance are given in the table below:

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Referrals	Head of Chaplaincy	Statistical reporting	Annual	Chaplaincy Annual Report
Use of the Chapels and Prayer Rooms	All chaplains	Local monitoring	Ongoing	Issues must be reported to the Head of Chaplaincy
Religion/belief mix of the chaplaincy staff	Head of Chaplaincy	The religious demography report in CareView	When staff leave or appointment are made	Chaplaincy Annual Report
Comments, concerns, complaints and compliments	Head of Chaplaincy	Local monitoring	Ongoing	To the Deputy Chief Nurse
Compliance with the NHS England Guidelines	Head of Chaplaincy	Local tool derived from the guidelines	Annual	To the Deputy Chief Nurse

8 EQUALITY IMPACT ASSESSMENT

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1 NHS England - *NHS Chaplaincy Guidelines - Promoting Excellence in Pastoral, Spiritual & Religious Care* (2015). Available at: https://www.england.nhs.uk/ourwork/pe/chaplaincy/

9.2 *Information Governance: NHS Chaplaincy and Non-Religious Pastoral Support* (2019). Available at: https://www.england.nhs.uk/publication/information-governance-nhs-chaplaincy-and-non-religious-pastoral-support/

9.3 Department of Health - *The NHS Constitution 2015*. Available at: https://www.gov.uk/government/publications/the-nhs-constitution-for-england

9.4 *Equality Act (2010)*. Available at: http://www.legislation.gov.uk/ukpga/2010/15/contents

9.5 *Public Sector Duty 2011* (Equality and Human Rights Commission, 2015). Available at: http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty

9.6 Leadership Alliance for the Care of Dying People, *One Chance to get it Right* (2014). Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf

9.7 NICE (2004) - *Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer.* Available at: http://www.nice.org.uk/guidance/csgsp/resources

9.8 UK Board for Healthcare Chaplaincy (UKBHC) Standards for Healthcare Chaplaincy Professional Conduct (2014). Available at: https://www.ukbhc.org.uk/for-employers/professional-conduct/

9.9 UK Government (Home Office and Cabinet Office), *The Needs of Faith Communities in Major Emergencies: Some Guidelines* (2005):

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61226/faith_communities.pdf

9.10 UHL - *Care of Dying Adults in the Last Days of Life (Guidance)*. Available at: http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Last%20Days%20of%20Life%20UHL%20Guideline.pdf

9.11 UHL - *Last Offices - Care of the Deceased Patient Policy* (B28/2010)

9.12 NHS England - NHS chaplaincy Guidelines for NHS managers on pastoral, spiritual and religious care. https://www.england.nhs.uk/wp-content/uploads/2023/08/B1073i-nhs-chaplaincy-guidelines-for-nhs-managers-on-pastoral-spiritual-and-religious-care-august-23.pdf

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10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 Once this policy has been approved by the UHL Policy & Guidelines Committee, Corporate and Committee Services will allocate the appropriate Trust Reference number for version control purposes.

10.2 This policy will be reviewed every three years.

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	Recording a Patient's Religion/Belief
1	On admission to UHL all patients should be asked their religion/belief. If they choose to disclose it, then it will be recorded in their patient record.[11] [12]
2	Patients may choose not to disclose their religion/belief; it must be recorded as "0A - Religion Withheld". Patients who request for the record of their religion/belief to be removed must be recorded on Patient Centre as "0A - Religion Withheld". ("0A" appears in the religion list immediately above "1A").
3	Recording a patient's religion/belief is important for the purposes of spiritual care, but also for purposes of equality monitoring and the planning of healthcare services.
4	Upon readmission the patient's recorded religion/belief should be checked with the patient.
	Offering Spiritual Care
1	All staff who have contact with patients should be sensitive to their broader needs for support, including, but not limited to, emotional, spiritual, religious and pastoral needs.
2	It is best practice to offer support from the chaplaincy on pre-admission. Forms are available from the chaplaincy to make referrals.
3	Referrals for chaplaincy support can be made by any member of staff, the patient or the patient's family. Details of how to make a referral are in Appendix Two.

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[11] NHS England – NHS Chaplaincy Guidelines 2015 - Promoting Excellence in Pastoral, Spiritual & Religious Care, 6th March 2015. Page 24
[12] UHL - HISS Waiting List Procedures (accessed 11/3/2016) http://moss.xuhl-tr.nhs.uk/together/Documents/IT Training/HISS Waiting List Procedures (RTT Edition).doc

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	Urgent Referrals
1	If the need is urgent - **at all times** contact the hospital switchboard and ask them to contact the on-call chaplain. Please make sure you tell them the religion/belief of the chaplain that is needed.
2	Out of hours & at weekends - a duty chaplain is on call 24 hours per day contactable by phoning the switchboard.
3	The on-call chaplain will be able to advise on any further steps to arrange for a chaplain or other representative of the patient's own religion or belief to attend.
4	It is not always possible to arrange for someone from the patient's own religion or belief to attend, but the on-call chaplain will be willing to attend to provide generic spiritual or pastoral support.
	Non-urgent Referrals
1	Non-urgent referrals or requests for support can be made by phone to the chaplaincy office on each site or by email to chaplaincy@uhl-tr.nhs.uk. Phone messages and emails are normally checked by the next working day, but not always. IT IS IMPORTANT NOT TO LEAVE URGENT MESSAGES BY PHONE OR EMAIL.
2	If a referral has been made that was not urgent, but the need becomes urgent staff must refer the patient again using the urgent referrals procedure above.
3	Referrals can also be made in person at the chaplaincy office, if someone is present who can take a message. Not all volunteers would be able to take and pass on a referral.
4	It is not always possible to arrange for someone from the patient's own religion or belief to attend, but the on-call chaplain will be willing to attend to provide generic spiritual or pastoral support.
	Examples of Urgent and Non-urgent Referrals
1	Examples of an urgent call for a chaplain - to attend immediately 24/7: • Calling a Christian chaplain to baptise a baby or child urgently (also called a Christening) • Calling the Hindu Chaplain to a dying patient, to say prayers. • Calling a Christian chaplain to say prayers and a blessing for a dying patient. This is often called Prayers of Commendation & Anointing. • Calling a priest to a Roman Catholic patient to say the Last Rites (or Sacrament of the Sick). Only a Roman Catholic Priest can do this. It is always important to check the religion of the patient.
2	Examples of a non-urgent call for a chaplain - to attend during office hours: • A patient has asked to borrow a copy of a sacred book from his/her faith - these are available from the Chaplaincy. • A patient has asked for someone of their faith to come and visit them. If there is not an appropriate person within the team we will contact someone. • A patient does not get any visitors and wants someone to talk to. • A patient would like to talk about how they are feeling about their illness.

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Spiritual Assessment and Care Planning

NHS
University Hospitals of Leicester
NHS Trust
Appendix Three
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	Spiritual Assessment
1	There are various structured Spiritual Assessment tools that can be used as part of assessing a patient's spiritual needs, UHL Chaplaincy team has not adopted a specific tool for use by the service.
2	Chaplains conduct a spiritual assessment when they visit a patient using the following principles: a) Building a Relationship Chaplains will work to build a pastorally supportive and therapeutic relationship with the patient and/or his/her family (even in those encounters that are brief). This relationship becomes the means of discerning the needs of the service user so that the care can be planned. b) Building on Common Ground Where the chaplain shares in and understands the underlying faith, beliefs or culture of the patient, this becomes a bridge that enables the chaplain to engage at deeper level than would normally be possible in an encounter. This shared foundation and understanding creates a means for therapeutic relationship. c) Listening In all encounters chaplains will be listening out for and observing visual cues to help him/her discern the way the patient and/or family are approaching the issues they are facing.
3	The outcome of the spiritual assessment will be recorded in the CareView notes so that other chaplains are able to deliver appropriate care if called to the patient.
	Spiritual Care Planning
1	Once the chaplain has completed a spiritual assessment he/she will plan care accordingly. Possible options for the care plan include: • Referral to an end of life MDT • Referral to another chaplain • The offer of saying a prayer • The offer of performing a suitable religious rite • Flagging the patient in the CareView system for follow-up visits • Ongoing support on a regular basis • With the consent of the patient, referring the patient to a community pastoral care contact to support them after hospital discharge
2	An outline of the spiritual care plan should be documented in the CareView system in such a way to ensure continuity of care if the chaplain who devised the plan is not available or an out-of-hours call relating to the patient is received by another chaplain.

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Non-urgent requests for support, advice or any other matter	
1	**Phone:** Ring the Chaplaincy office at each hospital: **Leicester Royal Infirmary:** **0116 258 5487** **Leicester General Hospital:** **0116 258 4243** **Glenfield Hospital:** **0116 258 3413** **Leicestershire Partnership Trust:** **01509 564218** **DO NOT USE THIS METHOD FOR URGENT REQUESTS FOR SUPPORT OR ADVICE**
2	**Email:** There is one email for UHL Chaplaincy, which is usually checked each working day **chaplaincy@uhl-tr.nhs.uk** There is one email for LPT Chaplaincy, which is usually checked each working day **Lpt.chaplaincy@nhs.net** The email addresses of individual chaplains are in the UHL Global Address Book. **DO NOT USE THIS METHOD FOR URGENT REQUESTS FOR SUPPORT OR ADVICE**

Urgent requests for support or advice (24/7)	
1	Phone the Hospital Switchboard and ask them to contact the chaplain who is on-call for the hospital site where the support is required: **Dial 7777 from an internal phone** (and ask for Switchboard) or **Dial 0300 303 1573 from outside the Trust**