



NHS CHAPLAINCY: MEETING THE RELIGIOUS AND SPIRITUAL NEEDS OF PATIENTS AND STAFF: A DRAFT DOCUMENT

Executive Summary

This guidance replaces HSG(92)2 and is intended to set out the future of chaplaincy services in the NHS in terms of service provision and standards of quality.

The NHS Plan and Your Guide to the NHS set out the national standards of respect for privacy and dignity and the respect of religious and cultural beliefs. The Human Rights Act sets out the right of the individual to respect of religious observance.

These commitments require Chaplaincy services to be provided to meet the spiritual needs of all patients and staff within each individual NHS Trust.

Action

All NHS Trusts should:

- Make provision for the spiritual needs of all patients and staff from all faith communities.
- Decide how to provide these services after consultation with their local community.
- Health Authorities should consider the following annexed guidance when commissioning services.

Spiritual and religious care has been part of the NHS provision since 1948. Since 1992 all NHS Trusts have provided spiritual support for patients, staff and relatives through Chaplains and Faith Community representatives. These arrangements need to be revisited to ensure that they are sufficient to meet the religious and cultural needs of the hospital community.

The Human Rights Act, introduced in October 2000, enshrines in English law the right of the individual to religious observance. This further reinforces the need for NHS Trusts to provide appropriate faith representatives in the person of a Chaplain and a worship space appropriate to all faith community needs.

Introduction

This document is intended to assist Chief Executives and managers responsible for the implementation of Government policy on Chaplaincy - Spiritual Care in the NHS. It highlights the most appropriate ways in which Trusts need to respond to the changing and developing multi-cultural life of the nation, as reflected in their patient and staff composition. It also updates previous guidance on chaplaincy in line with current best practice.

This document is the product of collaboration between the Department of Health and the Multi-Faith Joint National Consultation Working Party representing the main world faith communities and NHS Chaplaincy organisations. It gives guidance about providing spiritual care in a manner that is equal, just, effective and efficient between peoples of all faith communities.

A list of those who have contributed to the writing of the document is included as annexe 1.

No theological or doctrinal judgements are made in this document. Its purpose is to enable the NHS to provide Chaplaincy - Spiritual Care for all patients, their carers and staff according to the faith or particular spiritual tradition to which they belong.

Using this guidance document commissioners of health care services should engage with Trusts to agree flexible and innovative responses to the religious and spiritual needs of patients and staff in whatever setting Trusts operate.

Making Appointments In Chaplaincy - Spiritual Care Services

Trusts appointing Chaplains - Spiritual Care Givers should:

A Ensure that appointments of suitable and authorised persons to Chaplaincy – Spiritual Care posts are made in partnership with the representatives of the appropriate faith community. For details of who to contact please see <http://www.nhs-chaplaincy-spiritualcare.org.uk>

B Ensure that arrangements are in place to provide appropriate and timely access to services from the smaller faith communities (as well as minorities within faith groups).

C Ensure that appointments are of sufficient number for the size and scope of the Trust's overall responsibility for all patients and staff.

D Make adequate arrangements for the religious, sacramental, ritual, and cultural requirements appropriate to the need, background and tradition of all patients and staff, to be met.

E Establish a management structure which will enable a consistent standard and quality of service for all patients and staff at all times.

F Provide sufficient resources and opportunity for training and professional development.

The Size And Scope Of The Trust's Overall Responsibility For Spiritual Care

The recommended basic minimum is set out below and updates previous guidance.

Stages In The Calculation Of Total Chaplaincy Sessions For All Trusts

Chaplaincy Sessions are calculated thus:

(In the calculation 1 Session = 3 and a half hours per week, and 10 Sessions = One Whole-Time Equivalent)

Stage 1:

Every 35 beds = 1 Chaplaincy - Spiritual Care Session

Every 500 WTE Staff = 1 Chaplaincy - Spiritual Care Session

Stage 2: for Acute Services

Add Sessions for the following specific responsibilities

Type of Health Care Service/Responsibility:	Minimum session numbers:
Day Hospital	1 session
Day Surgery Unit	1 session
Nurse Education/Supervision	2 sessions
Specialist Palliative Care Services	2 sessions
Specialist Units, e.g. Regional	1 session per unit
Teaching responsibilities/Ethics Committees	1 session
Management responsibility for coordinating Chaplaincy - Spiritual Care teams.	4 sessions – to be allocated to the Chaplaincy Team Leader
Managing (Chaplaincy - Spiritual Care) Volunteers.	1 session
Bereavement Services according to the involvement of the Chaplaincy Team	1 session
Sessions in response to specific local circumstances, e.g. locum cover, travel time.	As appropriate
Staff support, teaching, acting as a Trust Resource for Spiritual Care for all the faith communities	2 sessions

Research Units	1 session
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Stage 2: for Mental Health Services

Add Sessions for the following specific responsibilities

Type of Health Care Service/Responsibility:	Minimum session numbers:
Responsibility for referrals, counselling, pastoral therapy per 40 patients	2 sessions
Day Hospitals, Day Clinics, Drop in Centres, etc. per 40 patients	2 sessions
Domiciliary visits and maintaining contacts and support systems	2 sessions
Staff support, teaching, acting as a Trust Resource for Spiritual Care for all the faith communities	2 sessions
Management responsibility for co-ordinating Chaplaincy – Spiritual Care teams	4 sessions - to be allocated to the Chaplaincy Team Leader
Managing (Chaplaincy – Spiritual Care) Volunteers	1 session
Specialist Regional Units/Forensic (according to size)	1+ session per Unit
Other specialist services	1 session
Visiting and Travel Time	1 session
Nurse Education/Supervision	2 sessions
Teaching Responsibilities/Ethics Committees	1 session
Bereavement Services according to the involvement of the Chaplaincy Team	1 session
Sessions in response to specific local circumstances, e.g. locum cover	As appropriate

A worked example of this application may be found on <http://www.nhs-chaplaincy-spiritualcare.org.uk>

At the end of this Stage the Trust will have identified the sessional resources required to meet its commitment for Chaplaincy – Spiritual Care.

Stage 3: Making Adequate Provision For The Needs Of All Faiths

Having calculated the total number of sessions required for the Trust, consideration will need to be given to the allocation of sessions between Chaplaincy functions and the needs of patients and staff.

Any sessions arising from Stage 2 that need to be allocated to an individual chaplain by reason of a specific function within the chaplaincy but not involving patient contact (e.g. management, travel time, ethical committee membership, etc.) need to be allocated.

The remaining sessions are then allocated to each faith group chaplain(s) in proportion to patients' faith group declarations.

Where sessions remain unallocated by reason of the non-declaration of faith allegiance, these should be allocated within the chaplaincy team as is appropriate for local circumstances. Safeguarding the spiritual needs of individuals in the less widely represented faith communities is vital. In order to achieve this the Trust must provide access to accredited resources where no sessional allocation is warranted.

Establishing A Trust Structure For Chaplaincy - Spiritual Care

The development of policy for Chaplaincy - Spiritual Care should be led by a Board-level Director. The standard and quality of the service provided for patients, carers and staff by the Chaplaincy Team should be monitored regularly by the Trust, and subject to review. The Chaplaincy service should be headed by a designated member of the Chaplaincy – Spiritual Care Team. Chaplaincy provision should be available Trust wide out of normal hours, through an on call system.

In respect of the distinctive religious needs of patients and staff, each member of the Chaplaincy – Spiritual Care Team retains the religious responsibility (as the Trust's officially appointed representative), in caring for his/her own faith community.

Practical Advice For Managers Making Appointments Of Chaplains - Spiritual Care Givers

Trusts should formally appoint a Chaplaincy – Spiritual Care Team Leader to a clear job description.

All Chaplaincy – Spiritual Care Giver appointments should be made in partnership with the appropriate faith community.

Part-Time vacancies should be advertised by the appropriate faith community and a shortlist of candidates put forward to the Trust for interview and appointment in line with standard HR procedures.

For Whole-Time appointments, the DoH Panel of Assessors - through its Co-ordinator – should be consulted before national advertisements are placed.

National Panel Of Assessors For Whole-Time NHS Appointments

The Department recommends that Trusts making Whole-Time appointments use a member of the DoH Panel of Assessors. Assessors, who are Chaplains of some seniority, are involved in the appointment process to monitor and assess the professional suitability and status of candidates. Assessors can also provide information on recruitment, advertisements, job descriptions, etc. as well as advise on the skill mixes required within teams

The Panel of Assessors has strong links with spokespersons from the World Faiths represented in this Country. Those representatives, also, may be accessed, through the panel, for any appointment as the occasion demands.

Trust managers should contact: -

The Panel of Assessors Co-ordinator, Hospital Chaplaincies Council, Church House, Great Smith Street, London SW1P 3NZ. Tel: 020 7898 1894. Email: liz.paffey@c-of-e.org.uk

Data Protection

The advice of the Office of the Information Commissioner has been sought regarding requirements of handling information regarding a patient's religious affiliations. The Data Protection Act defines such information as "sensitive personal data". As such, the way in which information is collected and how this information is passed on to the Chaplaincy Team is very important.

If information regarding a patient's religious affiliations is recorded, the patient must be asked for explicit permission for that information to be passed on to the Trust's Chaplaincy Team.

Hospitals must, therefore, ensure that an appropriate element is included in the admissions and registration system to specifically ask the patient's permission to pass the information on to the Chaplaincy Team.

None of this prevents a Chaplain/Spiritual Care Giver visiting wards to enquire about new patients and to offer spiritual care assistance or support to any patients who may have declined the offer on admission.

Volunteers In Chaplaincy - Spiritual Care

Trusts should ensure that their established arrangements for supporting volunteers are applied equally to Chaplaincy – Spiritual Care services. In particular, it would be helpful if the Chaplain were assisted in the administration of Chaplaincy Volunteers including the drafting of contracts, appointment letters and the preparation of clear job descriptions. Care should be taken to ensure that Chaplaincy Volunteers are acceptable to the appropriate faith communities and are supervised for their work within the Trust.

Worship Space

Accessible and suitable space for prayer and for religious services will be needed for patients and staff. Different religions have specific requirements, and more than one space may be required with flexibility of furnishing and use of religious symbolism to allow for the multiple use by different faith traditions as required. Members of the Chaplaincy Team will be able to advise on appropriate faith community requirements.

Information on Trusts who have recently refurbished or built chapels or prayers rooms is available on <http://www.nhs-chaplaincy-spiritualcare.org.uk>

Space for prayer and religious services has well-established value as a place of calm in time of anxiety. An appropriate location and 24 hour access is vital.

New provision of worship space will normally include adjacent siting of the Chaplaincy-Spiritual Care office and interview accommodation.

Training and Development

Appropriate training and development support for both Whole-Time and Part-Time Chaplaincy Spiritual Care staff should be planned, including consideration to the training and development needs of volunteer and lay visitors, in accordance with Improving Working Lives. (Standard published in conjunction with HSC 2000/30 on 04/10/2000 available at www.doh.uk/iwl.htm)

A statement of Healthcare Chaplaincy Standards will be published in 2002. This statement sets out the skills, competencies and knowledge expected of Healthcare Chaplains and will form the basis of the training programme organised by chaplaincy bodies from 2002 onwards. The training and development programme is also being updated to incorporate other demands in spiritual care including induction and annual study courses and events aimed at a wider audience interested in multi-faith issues.

Any advice and details regarding Standards and Training Courses may be obtained from the joint Hospital/Healthcare Chaplaincy Training & Development Office, Church House, Great Smith Street, Westminster, London SW1P 3NZ. Tel: 020 7898 1895/1893; Email: mary.ingledew@c-of-e.org.uk

Bereavement services

At times of Bereavement the Chaplain/Spiritual Care Giver is central to providing support and assistance to the bereaved. Trusts should ensure that in line with their obligations in respect of provision of Bereavement Services, that the Chaplaincy Team is viewed as integral to that service. Appropriate links and procedures should be put in place to underline the assistance and support that a Chaplain/Spiritual Care Giver can offer to the bereaved.

Emergency Planning

Chaplains – Spiritual Care Givers have an important role to play in disaster and emergency planning as their services may be needed by a wide range of users at short notice. Chaplaincy Teams should be fully involved in preparing Trust Emergency Plans so that their important contribution can be accessed readily.

Annexe 1

Working Party Members and Consultees

The Rev'd Canon Neil Barnes

Manager of Chaplaincy Services, Mental Health Services of Salford NHS Trust.
Spokesperson for the College of Health Care Chaplains

Mr Ervad Rustam Bhedwar

World Zoroastrian Organisation

The Rev'd Robert Clarke, OBE

Chief Executive, Hospital Chaplaincies Council
Co-ordinator of the Multi-Faith Joint National Consultation (to October 2000)

Ms Carol Dawson

Patient Empowerment Team, Department of Health

Mrs Carol English

MSF/College of Health Care Chaplains Liaison Officer

Miss Jacquie Flindall

Vice Chairman, Hospital Chaplaincies Council

Ms Lesley Hilton

Section Head Patient Empowerment Team, Department of Health (from July 2001)

Mr Duncan Innes

Section Head Patient Empowerment Team, Department of Health (to June 2001)

Mr Barney Leith

Secretary General, National Spiritual Assembly of the Bahá'ís of the United Kingdom

The Rev'd Edward Lewis

Chief Executive, Hospital Chaplaincies Council
Co-ordinator of the Multi-Faith Joint National Consultation (from November 2000)

Mr Sital Singh Maan

Sikh Spokesperson

Mr Manhar L Mehta

Chairman, The National Council of Vanik Associations (UK)

Mr Chowdhury Mueen-Uddin

The Muslim Council of Britain

Mr Deepak G Naik

National Council of Hindu Temples

Rev'd Christine Pocock

Free Churches Secretary for Health Care Chaplaincy, Health Care Chaplaincy
Steering Committee, Free Churches Group within Churches Together in England

HM Shafiqur Rahman

Chaplain, Barts & The London NHS Trust

Mr Iqbal Sacranie OBE

Secretary-General, The Muslim Council of Britain

Mr Paul Seto

Honorary Secretary, Network of Buddhist Organisations (UK)

Mr Indarjit Singh

General Secretary, Sikh Council for Inter-Faith Relations

The Rev'd Preb Peter Speck

Trust Chaplaincy Team Leader, Southampton University Hospitals NHS Trust
Spokesperson for the DoH National Panel of Assessors for Hospital Chaplaincy

The Rt Rev'd Howard Tripp

Auxiliary Bishop in Southwark
Spokesperson for the Roman Catholic Bishops' Conference of England & Wales

The Most Venerable Dr Pandith Vajiragnana

The London Buddhist Vihara

Rabbi Martin van den Bergh

Senior Hospital Chaplain, Visitation Committee representing the Jewish Community