

SPIRITUAL CARE POLICY

CARING FOR THE WHOLE PERSON

True healing involves not only the body and the mind but also the spirit. We all have spiritual needs. These might include:-

A need to give and receive love

A need to be understood

A need to be valued as a human being

A need for forgiveness, hope and trust

A need to explore beliefs and values

A need to express feelings honestly

A need for meaning and purpose in life

SPIRITUAL CARE POLICY

Health is a dynamic state of complete physical, mental, spiritual and social well being and not merely the absence of disease or infirmity.

(WHO definition of health approved by the 52nd World Health Assembly 1999)¹

Introduction

In NHS Forth Valley we are committed to provision of holistic Healthcare and value the various elements, which contribute to personal well-being.

The Government White Paper 'Partnership for Care' outlines the NHS Scotland commitment to patient focus and public involvement in Health Services. In this context the Scottish Executive Health Department issued NHS HDL (2002) 76, 'Spiritual Care in NHS Scotland' in October 2002. This placed a responsibility upon NHS Boards to develop a Spiritual Care Policy for the populations they serve and give direction to local health service providers in the delivery of Spiritual Care. In addition 'Fair for All', HDL (2002) 52 commits the NHS to design its services so that persons of all backgrounds, faiths and beliefs have equal and appropriate access to its services. In Forth Valley we recognise this is an evolving agenda and we aim to respond positively at all times.

We also recognise that 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 about 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, loneliness, anxiety, uncertainty, impairment, despair, anger and guilt. They conjure with ethical dilemmas which advancing technology and heightened expectations generate at the beginning and end of life. Through this policy we aim to support patients, carers and staff and promote well being.

Policy Statement

NHS Forth Valley is committed to developing and implementing this Spiritual Care Policy for the provision of Chaplaincy, religious and Spiritual Care services across the range of Health Service provision within Forth Valley. This includes meeting the spiritual and religious needs of any faith community and those who do not identify themselves with any particular faith or belief.

The Spiritual Care needs of the people who work in NHS Forth Valley are also important to us.

NHS Forth Valley will ensure that this policy is taken forward in partnership with local faith communities, Health Service users & carers, staff, staff representatives

¹ Working definition under active discussion by WHO

and Local Authority partners. As a consequence of this partnership approach local service providers will prepare meaningful and practical implementation plans.

Scope of the Policy

The policy applies to all employees and NHS contractors within NHS Forth Valley and to all users of Health Services within NHS Forth Valley.

Definitions

NHS HDL (2002) 76 offers the following definitions. These definitions will be applied in this policy.

Religious Care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community.

Spiritual Care is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation.

Spiritual Care is not necessarily religious. Religious care, at its best is always spiritual.

Visions and Values

A workshop held in May 2003 saw the range of participants affirm the vision that is contained in the Forth Valley Local Health Plan. We want to "Make Forth Valley a Better Place to Live" through the promotion of good health and excellent Health Care Services. This can be best achieved by having patient focussed care and services designed with public and carer involvement.

All those who work in NHS Forth Valley are integral to the achievement of this vision. The positive impact of good working conditions, opportunities for training and development and recognition of the Spiritual Care needs of those who work in NHS Forth Valley are recognised.

The underlying principles and values developed were: -

- That Spiritual Care addresses the human need to have a sense of hope, security and peace, particularly when suffering injury, illness or loss, and to seek meaning, purpose and fulfilment in life, death and suffering.
- That Spiritual Care is person focussed and respects the diversity of our local population.
- No assumptions are made about beliefs, faith or life orientation.
- That religious care is an aspect of Spiritual Care and those with religious needs have a right to have these met.
- That the delivery of Spiritual Care is a responsibility of NHS staff in partnership with those employed with specific responsibility, training and skills

in spiritual care.

- That Chaplains are specialist providers and enablers of Spiritual Care to patients, their carers and NHS staff.
- That Spiritual Care will be characterised by openness, sensitivity, integrity and compassion.
- That Spiritual Care will be offered in a confidential manner and safe environment.
- Affirms the right of choice to be visited (or not) by any chaplain, religious leader or Spiritual Care giver, and
- Acknowledges that awareness raising and training in spiritual care, religious traditions and needs of faith communities is essential.

Current Service Provision

The Spiritual Care Service in NHS Forth Valley is currently provided through a number of dedicated part time chaplains working in the main Acute and long stay hospitals.

The service generally follows a traditional model with sessions provided by either ministers of the Church of Scotland or Roman Catholic Priests. Demographic analysis of local communities would be valuable as part of a review to assess future service provision. Line management responsibility for the Chaplains is predominantly within Support Services functions. This arrangement also requires to be reviewed.

An initial assessment of quiet space, facilities and equipment across Forth Valley suggests this is limited and a base line audit is required to determine current provision.

It is clear that there is much to be done to achieve the aspirations detailed in HDL (2002) 76.

Consultation and Partnership Working

In developing this policy a working group was established which brought together representatives of relevant groups, chaplains and managers from across Forth Valley.

Appendix 1 provides a list of the members of the group and their designation.

Through a programme of meetings, a workshop and consultation involving a diverse range of stakeholders a partnership approach to our work was established and maintained. It is this partnership approach which will be built upon as part of the policy implementation phase.

Future Service Delivery

It is envisaged that we will create a ??? Forth Valley service which is accountable under the structures in place to deliver Patient Focus, Public Involvement

The following are components of the future service.

- **Culture**

Managing diversity in Health Care is a key challenge for NHS Forth Valley. The provision of a Spiritual Care service is one element of addressing this challenge.

Awareness raising about the benefits of providing a Spiritual Care Service and its part in personal well-being is necessary.

Awareness of religious traditions and needs of faith communities is also required.

- **Education**

Spiritual Care is an essential part of pre and post professional training, but it is not exclusively a training need for clinical staff. Often people talk at the right moment for them. This means staff with patient contact have to demonstrate at recruitment stage or acquire and use skills and competencies i.e. listening skills, which enable them to provide informal but informed support when required.

- **Environment**

Facilities ought to include places appropriate for use by people of all backgrounds and faiths for

- Quiet Reflection
- Spiritual or Religious Ceremonies
- Counselling

Attention to the physical surroundings of buildings is also important to promote well-being. The architecture, design and decoration, safe & secure premises, level of noise and outlook from windows all affect spiritual well-being and so health.

- **Community Based Services**

Increasingly Health Care will be community based. Community Health Care teams also require to address Spiritual Care needs of people in the local communities. The link between Primary and Acute Care services in this area is also important to ensure a full exchange of information to support personal well-being.

- **Clinical Care**

Improved outcomes for patients is central to the work of Clinical staff. Clinical Care pathways exist but the benefits of Spiritual Care as an integral part of the pathway for care for specific conditions is not clear. Spiritual Care is often

particularly relevant for illness or disease which is life changing e.g. Mental Health problems, CHD, Cancer, Stroke. It is also important to recognise the relationship between life changes and spirituality i.e. child birth. One approach to developing Spiritual Care is to develop its contribution to improved health and well-being and so it becomes fundamental to the Clinical agenda.

- **Volunteers**

A Forth Valley policy on volunteering is currently being developed and will be used to benefit the development of spiritual care.

- **Structure**

To be effective Spiritual Care services requires to be integrated in organisational structures with support and accountability at a senior level.

We anticipate a redesign of existing provision, and consistent with the aims of the national circular we will

- review existing service provision arrangements and as appropriate make provision for smaller faith communities.
- develop a management structure to ensure Spiritual Care is integrated within local services.

- **Accountability and Monitoring/Evaluation**

NHS HDL (2002) 76 on Spiritual Care proposes the establishment of a Spiritual Care Committee as a sub committee of the NHS Board. In Forth Valley the work on Spiritual Care is an integral part of the Patient Focus, Public Involvement Strategic Agenda and will therefore report to the relevant Board Committee on issues of Strategic Policy and resourcing.

Monitoring and evaluation will be undertaken locally with the assistance of the Healthcare Chaplaincy Training and Development Unit.

It is envisaged that Spiritual Care will be an integral part of our Clinical Governance Agenda.

APPENDIX 1

SPIRITUAL CARE SHORT LIFE WORKING GROUP

MEMBERS LIST

Helen Kelly, HR Director, Forth Valley Primary Care Trust

Ian Aitken, General Manager, Intermediate Care & Rehabilitation Unit, Forth Valley Acute Trust

Chris Levison, Policy Development, Healthcare Chaplaincy Training & Development Unit

Andrew Moore, Policy Development Officer, Healthcare Chaplaincy Training & Development Unit

Tom Hart, Staff Side Representative, Forth Valley Primary Care Trust

Richard Lenton, Consultant, Forth Valley Acute Trust

Peter Murdoch, Consultant, Forth Valley Acute Trust

Janett Sneddon, Employee Director, Forth Valley Acute Trust

Ruth Warner, Deputy Director of Nursing, Forth Valley Primary Care Trust

Joanne Finlay, Chaplain, FDRI

Isabel Smyth, St Francis Community Centre

Anne Millard, Deputy HR Director, Forth Valley Acute Trust

Rev Jim Landels, Chaplain

Angela Wallace, Acting Director of Nursing, Forth Valley Acute Trust

Marjory Russell, Local Heath Council