Policy Document Control Sheet

County Durham and Darlington NHS Foundation Trust

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Department	Nursing: Patient Experience/Quality					
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Executive Sponsor's Signature	
Name & Job title of Executive Sponsor	Noel Scanlon, Executive Director of Nursing
Master copy held at:	Corporate Records Office, Trust Headquarters, Darlington Memorial Hospital

Version Control Table

Date Ratified	Version Number	Status
June 2014	1.0	Procedure
June 2016	2.0	Converted to policy
June 2019	3.0	Updated policy template, minor revisions to policy, referenced to DPA 2018 and EUGDPR 2018

Table of Revisions

Date	Section	Revision	Author
May 2016	all	Previously known as PROC/NQ/0001 – prior to Nervecentre introduction. Superseded by this policy (effectively policy v2.0) from May 2016 to accommodate Nervecentre referral practices.	K. Tromans
June 2019	all	Updated policy template, minor revisions to policy, referenced to DPA 2018 and EUGDPR 2018	K. Tromans

This Policy/Procedure/Guideline has been reviewed and updated to comply with the EU General Data Protection Regulations and Data Protection Act 2018.

Contents

1 Introduction

This document relates to chaplaincy input and support of patients, informal carers and professionals where the patient is experiencing illness or living with a condition from which death could be a reasonably expected outcome in the relatively short term future. It relates particularly to the care of those thought to be ill enough to die within hours or days.

County Durham and Darlington Foundation Trust (the Trust) seek to ensure that care towards or at the end of life is of the highest quality. An integral part of this high quality care is spiritual/pastoral care and support. This is available to patients and their families/carers, and to staff who are working with them and, whilst it may be provided by ward staff, specialist provision is available from the members of the Chaplaincy team – all of whom are authorized by the Trust specifically to provide such care.

In order to provide spiritual/pastoral care that is consistently of the highest quality it is therefore both appropriate and necessary that chaplains are advised of patients identified as receiving “End of Life Care” in order that any specific spiritual/ pastoral needs may be assessed and addressed appropriately.

2 Purpose

This procedure is concerned with the notification to chaplains of the name and location of patients identified as either

- experiencing an illness from which death could be reasonably expected within the relatively short term future, or
- “being ill enough that they may die within hours or days;”

and with the action required by chaplains upon receiving such notification.

3 Scope

This policy/procedure also applies to persons who, although not employed by The Trust, have authorised access to the Internet through the computers owned or managed by The Trust. This includes staff working for any affiliated organisations and includes County Durham and Darlington NHS Services (CDD NHS Services

4 Definitions

Chaplain: a trust authorized and badged substantive, bank or honorary chaplain. This definition specifically excludes chaplaincy volunteers and members of the local clergy/faith group leaders who may visit their parishioners/adherents from time to time.

5 Duties

This procedure applies to clinical staff and to chaplains.

6 Main Content of Policy

The clinical team concluding that a patient with whom they are working is either

- experiencing an illness from which death could be reasonably expected within the relatively short term future, or
- "ill enough that they may die within hours or days;"

Will

- Advise the patient and/or their family that the chaplaincy/pastoral care service will be informed and that a member of the chaplaincy team will visit them to offer spiritual/pastoral care.
- During normal working hours (Sunday –Friday 9am-5pm) identify the patient on "Nervecentre" as requiring an "End of Life Spiritual/Pastoral Care Visit." "Nervecentre" will electronically contact the chaplain on duty and advise that a visit is required
- Outside of normal working hours (i.e Sunday-Friday 5pm-8am, Saturday and bank holidays) contact via switchboard the chaplaincy team member on call, advising the name and location of the patient.
- Record in the patient's care notes the date and time that the chaplaincy/pastoral care service was notified.

The Chaplaincy team member, on receipt of the call from the clinical team

Will

- Visit as soon as is practicable and introduce him/herself both to the ward staff and to the patient/family.
- Explain why they have come and offer support – availability to be there: a listening ear, reassurance, prayer/sacramental support if required.
- Provide such spiritual/pastoral support as is agreed with the patient/family. If support is declined advise that, should there be a change of mind, they (or a member of the team) will still be available to respond in the future.
- On concluding the visit, whether care has been given or not, ask the patient's permission to record the visit in the patient's nursing notes. If the patient is

unconscious or otherwise unable to communicate, permission will be sought from next of kin either present at the time of the visit or responsible for the referral.

- When permission to record is received, write a summary record of their care in the patient notes, as outlined in the Chaplaincy: Recording of Spiritual Care nterventions in Patient Notes procedure, indicating their name, the date and the time of the visit.
- When permission to record is withheld, advise the nursing team that the visit has been made and ask them to log this in the nursing notes.
- In all cases the chaplain will record their attendance and any spiritual/pastoracare provided, in the chaplaincy visits log kept in the chaplaincy office.

7 Monitoring

7.1 Compliance and Effectiveness Monitoring

Compliance with this policy will be monitored as outlined in the table below.

7.2 Compliance and Effectiveness Monitoring Table

Monitoring Criterion	Response
Who will perform the monitoring?	Chaplains are always pleased to discuss their work with members of staff and welcome their suggestions. The Senior/Lead chaplain will ensure the policy is reviewed frequently, usually at least every three years or whenever major changes in practices have been introduced. The Associate Director of Workforce is responsible for monitoring the application of this policy and to ensure that the procedure is reviewed no later than three years from the date of issue.
What are you monitoring?	Compliance with the policy in practical day to day working of the chaplaincy/spiritual care service.
When will the monitoring be performed?	Ongiong, as currently, with a policy review every three years
How are you going to monitor?	Review of chaplaincy activity records (a useful tool witll be the annual NACEL audit); feedback from wards and departments.
What will happen if any shortfalls are identified?	These will be dealt with as they arise; should they result form a policy failure or loophole, this will be addressed by immediate policy review.

Where will the results of the monitoring be reported?	Annual reports of chaplaincy activity, produced for the trust board shortly after the end of the financial year. NACEL audits highlighting the provision of spiritual/pastoral care
How will the resulting action plan be progressed and monitored?	Senior Chaplain regularly meets with manager; team meetings; 1-1s with team members. Chaplains meet regularly with ward and palliative care team staff
How will learning take place?	Service user/ward staff/palliative care team feedback, reflected in forward planning for chaplaincy/spiritual care department.

8 Glossary of Terms

Explain any abbreviations

9 Associated Documentation

References
EU General Data Protection Regulations and Data Protection Act 2018

Northern England Strategic Clinical Networks: “Guidance for the care of patients who are ill enough to die.” (June 2014)

NHS England, Chaplaincy Guidelines (2015)

Associated Documentation

CDDFT Chaplaincy/Spoiritual Care Policy (June 2018)

Care After death policy (revised 2018)

Caldicott Principles (amended 2014)

CDDFT tri-fold Chaplaincy/Spiritual Care information leaflet

10 Appendices

Appendix 1 - Equality Impact Assessment

10.1 Appendix 1 - Equality Analysis/Impact Assessment (v4/2018)

Division/Department:	Patient Experience and Safeguarding
Title of policy, procedure, decision, project, function or service:	End of Life Care, Chaplaincy/Spiritual & Pastoral Support Policy
Lead person responsible:	Senior Chaplain
People involved with completing this:	Kevin Tromans & other members of the chaplaincy team. Church healthcare advisors; National Chaplaincy Advisors

Type of policy, procedure, decision, project, function or service:

Existing	☒
New/proposed	☐
Changed	☒

Date Completed:	June 24th 2019

Step 1 – Scoping your analysis

What is the aim of your policy, procedure, project, decision, function or service and how does it relate to equality?

The Chaplaincy Department, consists of employed Chaplains and Volunteers, who are part of the multi-disciplinary team of Health Care staff providing care to patients, carers and staff with a direct responsibility for ensuring that the Trust seeks to meet the Spiritual and Religious needs of Patients, Carers and Staff irrespective of a person's Religion, Belief, faith or no faith.

The Chaplaincy Department is a reference point for Spiritual/Religious matters within the organisation and a link with Religious/Belief/Community agencies outside the organisation.

Chaplains will:
- be available to patients, carers, visitors and staff on the wards and in departments across the organisation.
- respond to referrals made from patients, carers, visitors, staff, and outside agencies. with sensitivity, confidently and
appropriately to their specific needs and requirements, accessing appropriate resources as necessary.
- provide private and corporate worship ensuring that proper Sacramental Care is provided.
- be available to escort relatives to the Viewing Chapel in line with the Trust's Operational policy.
- be available to provide Bereavement support/counselling.
- be available to provide staff support/listening/counselling in line with Trust policy.
- be available/prepared to respond the Trust's Major Incident Plan.
- be available to respond to request from departments to help with de-briefing following critical incidents.
- Ensure that Religious and Spiritual Care needs are addressed by the Trust, including representation/participation on the Trust's
Equality and Diversity Group.
- Ensure that local contacts and faith group information is maintained and updated for use by the trust.
- Contribute to Trust policy and procedures as appropriate.

Chaplains are part of the corporate services provided by the Trust, under the umbrella of Patient Experience and Safeguarding

Who is the policy, procedure, project, decision, function or service going to benefit and how?

Everyone who uses or visits the hospitals or works within them including: patients, their families and carers, friends, staff, volunteers and contractors etc – providing for a comprehensive, sensitive and responsive chaplaincy service, and making sure a record of that care is kept contemporaneously in nursing notes, provided permission to do so is not withheld.

What barriers are there to achieving these outcomes?

Lack of information, lack of resources bearing in mind the smallness of the chaplaincy team, issues in communicating the service, prejudice and fear; failure to disemminate information outside of chaplaincy team

How will you put your policy, procedure, project, decision, function or service into practice?

Advertise the availability of the chaplaincy service on wards and departments, on the trust intranet and external-facing websites; through regular visiting of wards and departments; through teaching sessions which involve chaplaincy/spiritual care input. Specifically request permission of patients/families; provision of a tri fold explanatory leaflet.

Does this policy link, align or conflict with any other policy, procedure, project, decision, function or service?

Chaplaincy Policy (2018) Chaplaincy: Recording interventions in patient notes policy (2019)

Step 2 – Collecting your information

What existing information / data do you have?

Logs of Chaplaincy activity with patients, departments and staff. "Nervecentre" Records demonstrating chaplaincy activity with patients approaching the end of life. Records of activity during out of hours call outs Registers of services/ceremonies conducted in the chapel/wards/departments or on behalf of the Trust in Cemeteries/Crematoria etc. Feedback received from the Chaplaincy team and the faith communities they represent. Staff feedback received formally and informally regarding the service delivery to patients. Staff feedback received informally on an ad hoc basis regarding the services used by staff. Complaints and concerns raised through the patient experience team (very few) "Thank You" notes to chaplaincy team following our contact/intervention with patients, familes, staff etc Workforce data. Daily lists of patients in the two main hospital sites (DMH and UHND) identifying patients by religious affiliation declared on admission. Census information, which indicates that whilst the County Durham and Darlington area is still largely "white, nominally Christian" there are a number of small but significant other world faith groups, and a growing group of people who claim allegiance to no faith. Links established with all faith communities within the area – especially the Islamic community (mainly through staff links) and the Jehovah's Witness community through the Hospital Liaison Committee. Support, by means of information and facilities, are offered to meet the needs of local faith and non-faith communities; informal feedback indicates a general willingness to be supportive of the service chaplains offer.

Who have you consulted with?

Bishops' Advisors for the Diocese of Hexham & Newcastle, and the Diocese of Durham. Trusts's equality and Diversity advisor; Regional Chaplaincy Advisor based at Newcastle; Service users informally; Humanists UK

What are the gaps and how do you plan to collect what is missing?

We aren't aware of any at them moment

Step 3 – What is the impact?

Using the information from Step 2 explain if there is an impact or potential for impact on staff or people in the community with characteristics protected under the Equality Act 2010?

Ethnicity or Race

The Chaplaincy/Spiritual Care service has an inclusive ethos and welcomes people of all ethnic backgrounds. An inclusive approach is cultivated through training, supervision and contact with local community groups.
This includes where patients wish support from specific minority ethnic community religious centers.
People from Gypsy and Traveler Communities have been specifically supported through baptism and end of life care/ funerals.
Spiritual and Religious needs training is provided by Chaplaincy to multi-disciplinary teams, particularly those working with patients approaching the end of life.
Religion, Belief and Cultural Practice Guidance
Information available in other formats on request
Health Improvement Service for Ethnic Minorities available for advice and support,.
There is potentially a link between race and religion, as some religions have a bigger concentration in some ethnic groups. Religious affiliation can be seen as part of a national / cultural identity which would explain such a concentration.

Staff working in the community should have access to chaplaincy services.(NHS Chaplaincy Guidelines 2015, Promoting Excellence in Pastoral, Spiritual & Religious Care) Chaplains are available to offer advice and, where necessary 1-1 support to those working in the community.

Sex/Gender

The impact is positive because the Chaplaincy/Spiritual care service has an inclusive ethos and welcomes men and women. An inclusive approach is cultivated through training, supervision and contact with local community groups.
Chaplains are sensitive to provide gender appropriate support.
Male and female Chaplains are available.
Patients can request a Chaplain of the same sex if this is required.
Spiritual and Religious needs training is provided to multi-disciplinary teams, particularly those working with patients approaching the end of life.
All Chaplains are required to undergo Safeguarding training provided by their Faith/Belief Communities to maintain their good standing with them. (This is extra to the Trusts safeguarding training). Being in Good standing with a faith/belief community is an essential requirement to work as a Health care Chaplain
According to the Office of National Statistics 2011 Census, it appears that there is a difference between men and women in terms of their reported religion or belief. 62.8% of women compared to 55.8% of men report themselves as Christian.
Males are more likely to report no religion (27.7%) compared to females (21.9%)
(NHS England Chaplaincy Guidelines 2015; Equality Analysis) – link above
No local evidence available, however, snapshot assessments of patient lists identifying patients by religion would suggest approximately 22% of the hospital inpatient population

are either religion "unknown" or "none" (the actual % of "none" varies between approximately 5% and 15%).

Age

The service has an inclusive ethos and welcomes people of all ages. An inclusive approach is cultivated through training, supervision and contact with local community groups..
An automatic "Nervecentre" alert for Chaplains has been developed around End of Life Care- so that the Chaplaincy Team can assist staff with an assessment about patient and family's needs and ensure delivery of care in response to that assessment.
The Chaplaincy department holds a range of memorial services for individual units across the organization to provide ongoing support to bereaved families
The service has significant input into services used by the very young and the elderly. The main users of this service have historically been people over 60 years, white British, Christian. A significant number of users are younger adults who have experienced miscarriage, stillbirth or neonatal loss.

Disability

Positive impact. The service has an inclusive ethos and welcomes disabled people. An inclusive approach is cultivated through training, supervision and contact with local community groups.
Reasonable adjustments are made for disabled people. An example of this is support to attend worship services. Wheelchairs are available for volunteers and/or chaplains to use to bring patients unable to walk, to services.
Chaplains and volunteers visit patients on the ward who may not be able to attend services.
Versions of chaplaincy information and service books are available in easy read, large print, and upon request audio and Braille can be made available.
Interpretation for deaf people can be arranged on request for all of the chaplaincy services.

Religion or Belief

The Chaplaincy/Spiritual Care Service has an inclusive ethos and is available for patients, carers and staff irrespective of an individual's Religion/Belief or no Religion/Belief and welcomes people of all ethnic backgrounds. Chaplaincy staff are mainly Christian and work ecumenically in a service which reflect the needs of the local community which still identifies itself as largely "Christian." Job descriptions and Person Specifications make it clear that Chaplains are employed to meet the Spiritual, Pastoral and Religious needs of Patients, Carers and Staff irrespective of a person's Religion, Belief, faith or no faith.
Chaplains never impose their presence or views on patients with whom they have contact. Chaplains have lists of other faith contacts so can access other faith support for patients when necessary; this includes a contact list of local Humanist "ministers" and celebrants.
The service works with recognition that Spirituality is different from Religion: Spirituality being the many ways in which people make sense of life and that which motivates people in life whilst Religion being the way in which some people find an answer to their Spiritual Search and the motivation for their life itself.
An inclusive approach is cultivated through training, supervision and contact with local community groups.
An assessment of Spiritual and Religious Needs is part of the Trusts End of Life Care and Chaplains are electronically notified of a patient who needs end of life care so that they can support the patient, their visitors and staff in the assessment and delivery of care. Patients and relatives have said the care received has been an extremely positive experience – this is evidenced by cards and notes received from patients and families..
A recent NHSI report observed as "good practice" the chaplaincy system of referral to

specific faith/community leaders when requested, recognizing it as an important aspect of compassionate personalized care. NHSI also identified as good practice the "Nervecentre" system of referring patients to the chaplains.
In the past year (2017-18) chaplains attended 135 out of hours calls to provide specifically spiritual and religious care either to patients nearing the end of life, extremely distressed, or to conduct blessings (and occasional baptisms) following stillbirth, miscarriage or neonatal loss.

Sexual Orientation

The Chaplaincy/Spiritual Care service has an inclusive ethos and welcomes LGBT people and there is no strong evidence to suggest that members of the LGBT community would suffer any adverse impact because of the work of Chaplaincy /Spiritual Care Team. Stonewall's report, Living Together, a survey with over 2,000 nationally representative people in the UK, found that people of faith are no more likely to be prejudiced against lesbian and gay people than anyone else.
However, it is possible that the teachings of some organisations against same-sex or bisexual relations may impact how chaplains affiliated to that organisation are perceived. (NHS England Chaplaincy Guidelines 2015; Equality Analysis).
Our Chaplaincy/Spiritual Care policy has been amended to make clear that whilst chaplains from Anglican and Roman Catholic Churches cannot (under Canon Law) be compelled officiate at a civil wedding or civil partnership ceremony, they may (but must not be expected to) be permitted to offer prayers after such occasions.
Chaplains are able to advise on the preliminaries required before religious or civil weddings, and before civil partnerships, in Hospital – and have done so on a number of occasions.

Marriage and Civil Partnership (applies to workforce issues only)

Not applicable as this is not a workforce issue, however chaplains are able to offer advice to those wishing to enter into marriage (religious or civil) and partnership. If requested Chaplains may (subject to the requirements of Canon law) officiate at the religious weddings of staff members.
Chaplaincy/Spiritual care has an inclusive ethos and welcomes people whatever their family dynamics.
An inclusive approach is cultivated through training, supervision and contact with local community groups.
Examples of care in practice are the offering of prayers and blessing of civil marriages and/or partnerships, reaffirmations of marriage vows, blessings or wedding rings and assistance with the arranging of both civil and religious marriage ceremonies in the hospitals..

Pregnancy and Maternity

No negative impact. Chaplains are available to support those who during pregnancy or at the time of delivery lose a baby through miscarriage or stillbirth/neonatal loss.

Gender Reassignment

The service has an inclusive ethos and welcomes trans-people and those undergoing or having undergone Gender reassignment. An inclusive approach is cultivated through training, supervision and contact with local community groups.
Spiritual and Religious needs training provided by Chaplaincy/Spiritual Care to multi-disciplinary teams emphasizes the importance of the unique individual and of providing person – centered care

Other socially excluded groups or communities e.g. rural community, socially excluded, carers, areas of deprivation, low literacy skills etc.

Positive impact. Service specially valued by minority local groups, e.g. travelling community

Step 4 – What are the differences?

Are any groups affected in a different way to others as a result of the policy, procedure, project, decision, function or service?

Potentially, owing to the requirements placed on (particularly Anglican and RC ordained) chaplains to abide by Canon Law and be accountable to their respective Bishops in all their working

Does your policy, procedure, project, decision, function or service discriminate against anyone with characteristics protected under the Equality Act 2010?

Yes ☐ **No** ☐

If yes, explain the justification for this. If it cannot be justified, how are you going to change it to remove or mitigate the affect?

Step 5 – Make a decision based on steps 2 - 4

If you are in a position to introduce the policy, procedure, project, decision, function or service? Clearly show how this has been decided.

The Chaplaincy/Spiritual Care service is already in place; this is an updated EIA to ensure we are up to date. Staff are appointed to Chaplaincy posts based in line with NHS guidance; A Trust requirement is that they work inclusively and provide services for all people irrespective of their religion, belief or non–belief. Faith representation accords with the demographics identified in patient lists and though daily and on call activity with service users. Chaplains mitigate the effect of potential perceived discrimination by providing a flexible and tailored service to meet individual needs; and offering explanation if/when chaplains are unable to fulfill the desires of patients/families and staff. This is emphasized in the chaplaincy/spiritual care policy.

If you are in a position to introduce the policy, procedure, project, decision, function or service, but still have information to collect, changes to make or actions to complete to ensure all people affected have been covered please list:

The policy is already in place, this version is merely a revision and re-templating

How are you going to monitor this policy, procedure, project or service, how often and who will be responsible?

Continue to monitor effectiveness of service through patient surveys – via patient experience team; EOL Care surveys and specifically the results of the annual NACEL audit Continue to log chaplaincy activity and to record services taken both within and outside the hospitals. Continue to review/update the policy – Lead/Senior Chaplain every two years. Continue to extend representation in the chaplaincy team – ongoing.