****



**Chaplaincy Department**

**Operational Policy 2014**

**Contents**

**Our Vision**

**Service Provision**

**Patient Referrals**

**Access to Urgent Care**

**Inpatient Care**

**Safe Practice**

**Safeguarding**

**Staff Training and Education**

**Job plans / workforce model**

**Our Vision**

The vision we have is of a chaplaincy service that is able to deliver compassionate patient-centred care in a comprehensive and timely way. The service is also a resource for staff, and has a part to play in the life of the organisation in promoting patient’s interests and concerns.

Characterised by:

* a service with a broad appeal offering spiritual care to all
* prompt and effective response to referrals for religious or pastoral support
* being pro-active in work with patients and staff as we support many more people through being out on the wards and departments than specifically ask for our help
* participation in the corporate work in CHFT to promote patient wellbeing and a positive experience of care
* seamless service involving well-trained, confident and competent volunteers
* on-call service for out of hours emergencies
* specialist support for those experiencing the loss of a baby in pregnancy
* high quality regular worship and ‘one-offs’
* committed team-working with other healthcare staff
* involvement in training with staff on our areas of expertise, and facilitating staff to feel confident as holistic care-givers
* offering confidential support to staff
* as patients become increasingly cared for in the community to be clear about our contribution in holistic healthcare, and how that dovetails in with existing community services
* networked into local faith communities and interfaith bodies
* efficient administration and safe record-keeping, including timesheets and travel expense claims

**Service Provision**

The service is delivered by a team of chaplains of different denominations and world faiths.

In General

1. We seek to be available to patients of all faiths and none.
2. We seek consent to each patient interaction.
3. Working together – we will support all patients as far as we are able – respecting the limitations of denomination and faith - and with a patient’s consent, will refer them on to colleagues of different denominations and faiths as appropriate.
4. In our practice we follow the UKBHC (UK Board of healthcare Chaplaincy) Code of Practice, working ethically and respecting patients’ views, beliefs and wishes.
5. We are committed to a vision of supporting and co-working with healthcare staff to facilitate attention to spiritual values and compassionate working. To this end we seek to offer and participate in the education of healthcare colleagues. This is essential to inform practice and reduce prejudice through inexperience and misunderstanding of working with patients and families of all faith groups, and to promote holistic care.
6. We constructively contribute a significant role in promoting compassionate care within the Trust at a strategic level.
7. We seek to celebrate the life of the Hospital Community with appropriate liturgy and multi-faith / interfaith events.
8. In working in the area of baby loss, we take particular care to articulate the wishes of parents in a personalised manner, and to support our partners.
9. The service includes volunteers who help with Sunday services and befriending in in-patient areas.

We also have dedicated Admin support (part-time).

All chaplains are required to be in good standing with their faith community.

Operationally

All chaplains seek to meet the pastoral, spiritual and religious needs of patients, their families and staff. Some work ‘generically’ – undertaking pro-active work intended to engage the service with a clinical area or patient/staff group. Others work mainly within their denomination or faith-group, to maximise the availability of their religious or cultural tradition to those by whom it will be most appreciated.

We are located in the Corporate Division of the Trust, and strategically line managed by a deputy director of nursing. Decisions about the operational functioning, direction of travel and core business of the Department are discussed and made at the Quarterly Team meeting, but in conformity with the Trust’s aims and aspirations. The Co-ordinating Chaplain will take a lead on ensuring that decisions made are delivered on and will liaise with the deputy director of nursing.

Two team members, the Co-ordinating Chaplain and the generic chaplain at Calderdale Royal, work full-time for the Trust. As well as undertaking core work, the Co-ordinating chaplain performs the duties of Departmental Manager, overseeing the work of the team, and ensuring its development and welfare in accordance with Trust policies.

Other team members combine working for a set number of hours for the Chaplaincy with outside commitments of a paid or voluntary nature.

We provide three on call systems 24/7 for:

a) Roman Catholic patients,

b) Muslim patients

c) Anglican/Free Church/other patients.

Our volunteers receive HR (DBS) screening and vetting similar to that for all Trust employees, and receive training and supervision. Support is offered through regular contact with chaplains and volunteers’ meetings (2 per year).

Our Admin worker is responsible for:- production of documents and correspondence on behalf of chaplains, managing the process of recruiting volunteers, procurement, processing contributions to, and claims from, our charitable funds.

**Patient Referrals**

* Referrals are made either by
1. the patient themself or their family
2. clergy/community representative at the request of the patient or their family
3. healthcare staff
* Referrals can be – direct via face-to-face or telephone contact,

Or – via indirect contact, using email, referral slips and ansaphones available in the Hope Centre (Chapel) / Office on either site.

All urgent requests for support should be communicated directly to chaplains via the Switchboard in either hospital at any time of day or night.

Staff should ensure they know:-

1. The faith community / denomination required
2. The Patient’s name and ward
3. The patient / their carers consent to the visit

**It is not sufficient to leave messages in urgent situations – staff should speak directly to the chaplain they require and Switchboard have a rota of on call contacts.**

**In cases of difficulty the co-ordinating chaplain will assist (usually available Mon – Fri 8.30-5 p.m. – or their deputy) - or the on call Free Church/Anglican chaplain (out of hours).**

* A response (usually by visiting in person) is made as soon as is reasonable (within 24 hours during the working week), and if an urgent ‘on call’ referral, we aim to be on site within 30 minutes – hour.
* We record referrals and action taken in confidential records, observing Information Governance measures. We record the nature of the referral, the patient’s faith standpoint and dates of visits. We will record any particular ministry undertaken during visits or chapel visits and gauge the complexity of the involvement.
* A separate record is kept of on-call activity.
* We adhere strictly to the Trust’s practice concerning confidentiality – both as chaplains and volunteers.
* With patient’s consent, we will inform the referrer of the patient’s progress and seek to pass on any appropriate information, e.g. on discharge.

**Inpatient Care**

* We seek to adhere to the National Guidelines 2014 of allocating one chaplaincy session for every 35 inpatient beds.
* It is accepted that ward involvement may vary depending on other activities undertaken (e.g. a baby funeral), and it is understood a chaplain may find a few patients take up all of their time on ward visiting. This is an acceptable part of offering responsive care.
* Ward visiting is recorded as being –
1. General ward “trawl”
2. General visiting with some in-depth work
3. Specific visiting (in response to a referral)
4. Check in with ward staff only - resulting in no patient interaction
* Chaplains and volunteers may keep a note of patients visited as an aide-memoir subject to Information Governance provisions.
* Chaplains keep an anonymised record of their patient contacts their nature / complexity, to be submitted to the Co-ordinating Chaplain as agreed.

**Safe Practice**

* We have a lone worker policy to support us when out visiting (usually only on funeral visits).
* We adhere to CHFT’s practice concerning Risk Management and undertake mandatory training in Fire Safety, safeguarding (level 2), Information Governance and “Prevent” (anti-radicalisation of vulnerable persons).
* The UKBHC Code of Conduct enjoins an awareness of us to do no harm, avoid proselytising and to work in a way which does not exploit the vulnerable and frail.

**Quality Issues**

We seek to put the patient fist in all we do, and embrace the supremacy of compassion.

We endorse the standards set out for a quality chaplaincy in the National Guidelines, and are currently proofing their implementation, namely:-

* “Chaplains must abide by the requirements of their sponsoring faith or belief community, their contracting organisation, the Code of Conduct and all relevant NHS/NICE standards
* Patients, service users and staff must be made aware of the nature, scope and means of accessing the chaplaincy within their setting.
* Patients, service users and staff should be able to access chaplaincy at any time on any day of the week in facilities where urgent out-of-hours support is requested on average at least once a week.
* Where requests for support relate to a particular religion or belief the chaplaincy should be able to access appropriate support for the patient and, when this cannot be matched, other chaplaincy support should be offered.
* Patients and service users can expect to receive care from chaplains which is in accordance with the current competencies and capabilities (see http://www.ukbhc.org.uk).
* Where an instance of safeguarding arises during the course of spiritual care the chaplain must alert the patient or member of staff to the reporting obligations of the chaplain. The policies of the chaplain’s NHS organisation must be followed in all circumstances.
* To ensure safety, accountability and continuity of care chaplains should maintain a record of their work in a format agreed by their employer and in accordance with NHS policies for record keeping.
* Patients and service users have a right to expect that chaplaincy care will be experienced as neither judgemental nor proselytising.
* Compassion should inform chaplaincy practice and is a key outcome of the patient’s experience of the service being provided.

The following is a check-list of what should be expected:

* The service has a designated lead chaplain.
* The chaplaincy has a written policy or guidance document describing the service and what care those using the service can expect to receive.
* A method of assessing spiritual, religious and pastoral needs should be described in the above document or separately.
* The chaplaincy staffing is calculated in accordance with nationally agreed recommendations and staffing is reviewed annually.
* Employed chaplains and chaplaincy volunteers collectively share the skills, knowledge, experience and insight to offer a comprehensive service.
* The chaplaincy is fully included in relevant provider meetings and forums to ensure that spiritual care is integral to the holistic response to patient need.
* The chaplains have access to office space, administrative support, networked computers and data essential to the performance of their role.
* As part of annual appraisals development plans are written for each chaplain and supported (recognising that not all AHP funding sources are available for chaplains, e.g. research develop
* chaplaincies have procedures for auditing their work, both in terms of quality and quantity, so that the service is fully accountable within the organisation.
* There are regular opportunities for the chaplain(s) to engage in reflective practice either in a group or one-to-one.
* Staff employed to provide a chaplaincy service should receive regular supervision from an appropriately qualified person.”

**Safeguarding**

All chaplains may come into contact with children and vulnerable adults and have a statutory duty to safeguard and promote their welfare.

All chaplains have undertaken Level 2 Safeguarding Training and are aware of procedures on disclosure / suspicion of abuse.

We recognise it is the responsibility of us all to report all safeguarding concerns where there is suspicion that children or vulnerable adults are or maybe suffering significant harm. Concerns should be shared with the co-ordinating chaplain or failing that our line manager, or the Safeguarding Unit within the trust (Anne Brier / Karen Marsden).

The Trust works within the joint Safeguarding Procedures as outlined by the Calderdale and Kirklees Safeguarding Boards. All staff should be aware of these procedures. They can be accessed on the following websites:

[www.calderdale-scb.org.uk](http://www.calderdale-scb.org.uk)

[www.kirklees.gov.uk/safeguardingchildren](http://www.kirklees.gov.uk/safeguardingchildren)

There is also the Trust Safeguarding Children Policy on the intranet to advise staff what steps to take and who to contact should they need support dealing with any safeguarding concerns.

**Training and Development**

We acknowledge the contribution of continuing training and development to a safe, effective and professional chaplaincy.

As well as using appraisal with the Co-ordinating Chaplain as an opportunity to identify training and development needs, each chaplain acknowledges a part in seeking out and accessing any relevant in-house or external training. Funding is usually available to support this: application is made to the Co-ordinating Chaplain.

Chaplains should keep a record of training undertaken.

The Department holds quarterly Reflective Practice sessions which everyone is encouraged to attend. The sessions are a means of learning from each other in a safe and confidential setting. We will always seek to have them facilitated by a trained counsellor.

Retreats: spiritual formation and refreshment is seen as important in helping us to be a resource for others. One ‘working week’ (i.e. however many sessions a chaplains work in a week) per calendar year may be taken on retreat and is regarded as being ‘at work’. The format of the retreat should be one recognised by the chaplain’s faith community.

Supervision: At present this is undertaken informally by the Co-ordinating Chaplain. The team is to discuss developments in this area at a Quarterly Meeting. It is acknowledged the frequency of supervision may vary due to the variation in hours worked. The Co-ordinating Chaplain receives monthly supervision from his line manager.

**Individual Work Plans**

Co-ordinator

* Delivers of Prevent Training, End-of-Life Training for Nursing and Healthcare staff on a regular and recurring basis. He also participates in the Equality and Inclusion Board, Sensitive Disposal of Foetal Remains Meeting, and the Patient Experience and Quality Group. Further training is delivered once a year together with a Muslim chaplain at Huddersfield University for midwives in training.
* Undertakes the day to day management of the department and support of the team, including managing the budget and resources and representing/promoting the Department, and liaising with line manager as necessary.
* Supports development of initiatives such as the local SANDS Group (loss of babies in pregnancy), and with colleagues prepares and leads group services of remembrance in the summer and at Christmas.
* Prepares and manages Quarterly Chaplains Meetings and implements decisions
* Liaise with admin worker to manage department
* Leads advertised, regular weekday and Sunday worship.
* Prepares and leads funeral services for parents who have lost babies in pregnancy and adult funerals (contract funerals).
* Delivers pastoral, spiritual and religious care for patients, their families/carers and staff – both of a generic and denominational character as appropriate.
* Supports staff
* Participates in on call.

Generic Chaplains

* Supports development of initiatives such as the local SANDS Group (loss of babies in pregnancy), and with colleagues prepares and leads group services of remembrance in the summer and at Christmas.
* May lead advertised, regular weekday and Sunday worship as agreed.
* Participates in Quarterly Team meetings and fulfils agreed responsibilities arising from it.
* Prepares and leads funeral services for parents who have lost babies in pregnancy and adult funerals (contract funerals).
* Delivers pastoral, spiritual and religious care for patients, their families/carers and staff.
* Supports staff.
* Participates in on call.

Denominational / Faith Community Chaplains

* Represents community in relation to Trust policies and procedures affecting minority and seeks to develop solutions as required.
* May lead advertised, regular weekday and worship as agreed.
* Participates in Quarterly Team meetings and fulfils agreed responsibilities arising from it.
* Prepares and leads funeral services for parents who have lost babies in pregnancy and adult funerals (contract funerals) as appropriate.
* Delivers pastoral, spiritual and religious care for patients, their families/carers and staff.
* Supports staff.
* Participates in on call.

Revised 7-10-16