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WHAT IS SPIRITUALITY?

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

NHS National Services Scotland is committed to the principle that, in the delivery of its services, the spiritual needs of patients, donors, public, stakeholders and staff are respected and that the functions of the organisation are carried out with respect for the wide range of beliefs, lifestyles and cultural backgrounds of communities in Scotland.
1. Introduction

1.1 NHS National Services Scotland (NSS) works at the very heart of the health service, providing a diverse range of support services to ensure that frontline patient care is delivered effectively across Scotland. As well as direct services, we deliver support services that are crucial to the efficient and effective operation of NHScotland. The business of NSS is health, and everything that underpins the modern NHS. As part of the SEHD policy *Fair for All: Working towards a culturally-competent services (HDL (2002) 51)*, a key aspect in the delivery of care is to ensure that the spiritual needs of those using, and delivering NHS NSS’s services, are met. The principles of a Spiritual Care are outlined in SEHD HDL (2002) 76 which requires that this Service should:

- Be impartial, accessible and available to persons of all faith communities and none faiths, and facilitate spiritual and religious care of all kinds;
- Function on the basis of respect for the wide range of beliefs, lifestyles and cultural backgrounds found in NHS NSS, NHScotland and in the wider Scotland community, today.
- Value diversity.
- Be a significant NHS resource in an increasingly multicultural society.
- Be a unifying, and encouraging presence in an NHS organisation.
- Help make and maintain attentive, helping, supportive and caring relationships

2. Context within which NHS NSS will Address Spirituality

2.1 Every person, whether religious or not, needs a support system, especially in times of crisis. Patients, carers and staff confronting serious or life-threatening illness or injury, have inner spiritual needs and most welcome some sort of spiritual care. Many people are also faced with profound personal anxieties, or are seeking help to cope with suffering, loss, fear, loneliness, uncertainty, impairment, despair, anger or guilt. Ethical dilemmas are also presented with advancing technology and the heightened expectations that are generated at the beginning and end of life. All these issue have to be addressed – and where possible – confronted in a way that suits the spiritual feelings of an individual.

2.2 In confronting these issues, some derive help and comfort from religious faith, or from the faith communities to which they belong. Others, with no religious convictions, may seek guidance from other beliefs, or from family or friends, or may just wish to act on their own to work out a solution. The role of NHScotland organisations is to seek to try and help by providing a framework in which everyone can find the right solution to their spiritual needs.

2.3 **Definitions.** In order to assist with understanding spirituality, a Working Group reporting to the Scottish Executive Health Department offered the following distinction between religious and spiritual care:

**Religious care** is given in the context of the 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.
2.4 NHS NSS’s approach is by implementing HDL (2002) 76 in a way that:

- Ensures that a spiritual care framework is offered to all who receive, or deliver its services that is responsive to their needs;

- Ensures that the spiritual care framework is are adequately staffed, regulated and funded;

- Ensures that proper arrangements are made for the spiritual needs of those who receive NHS NSS services and belong to smaller faith communities;

- Promotes a close working partnership between those who will support NHS NSS in delivering a spiritual care framework.

Implementation by NHS NSS

3. NHS NSS has implemented a Spiritual Care Policy within the terms of the HDL since 2004. The Policy has now been reviewed in the light of experience, and in consultation with stakeholders, and staff. As a result, the detailed implementation of the Policy, to meet the criteria laid down in the HDL, is as follows:

| A. SPIRITUAL CARE POLICY | The responsibility for overseeing Spiritual Care is vested in the Staff Governance Committee of the NHS NSS Board. The Committee has ensured that proper consideration of the spiritual care interests of patients, donor, public and staff has been carried out. The Executive Officer is the HR and Workforce Director, with detailed delivery delegated to the NHS NSS Equality & Diversity Co-ordinator. NHS NSS has a Spiritual Care Committee, chaired by the Equality & Diversity Co-ordinator. Since 2004, NHS NSS has delivered Spiritual Care using a link with regional chaplaincy services. The intention was allow localised support. The Spiritual Caregivers were all either service NHS chaplains, or ministers of religion who had previous NHS experience. However, a detailed review of the current services, and full consultation with staff, revealed that the impact of this type of spiritual care was not considered relevant to the daily lives of staff within NHS NSS, nor was it having an impact on services delivered to those receiving services from the organisation. This despite the best efforts of the Caregivers themselves. The Policy has therefore been re-oriented towards providing a support framework based on counselling and ‘Listener’ services, together with a reinforcement of the role of managers within the organisation, to ensure that staff and the public have full access to spiritual care support. |
| B. SPIRITUAL CARE COMMITTEE | NHS NSS’s Spiritual Care Committee composition has been: Equality & Diversity Co-ordinator - Chair |
• Regional Spiritual Caregivers
• NHSScotland Spiritual Care Co-ordinator and Healthcare Chaplaincy Training and Development Officer
• NHS NSS Board Member with special interest in Equality Diversity
• Staffside representation

The Committee has met 3 times and its Minutes are published on the NHS NSS website.

New Committee Profile. With the emphasis now on counselling as framework support for spiritual care, the Committee profile will now be:

• Equality & Diversity Co-ordinator - Chair
• Representatives from counselling networks
• NHSScotland Spiritual Care Co-ordinator and Healthcare Chaplaincy Training and Development Officer
• HR & Workforce Development Director
• NHS NSS Board Member with special interest in Equality Diversity
• Staffside representation

C. LOCAL SPIRITUAL CARE SERVICE

NHS NSS already has various existing mechanisms in place to support staff who, may have spiritual care issues. These mechanisms are:

• Normal Line Management responsibilities - for the care and support of staff. This should be the first point of call for those needing spiritual care. Managers are supported by a range of services to deal with cases according to priority and background.

• ‘Listener’ Service. This is a network of staff who have volunteered to provide a service to staff whereby concerns/fears are heard in strict confidence. Listeners are usually well-known and trusted members of staff. Listeners do not have the remit to pass on such concerns – but will clearly explore options for members of staff to consider.

• Occupational Health Service (OHS). OHS provides a first line service for staff who may have medical issues, but quite often this was also cover spiritual issues. OHS have professional staff who can understand any deep-seated problems and can refer staff to professional counselling services.

• Employee Counselling Service (ECS). The ECS is an external organisation, which provides professional counselling services to staff referred to them by Line Management or OHS. Again, the ECS are equipped to deal with all spiritual care concerns.
| D. SPIRITUAL CARE MANAGER | The HDL requires that organisations have a Spiritual Care Manager. NHS NSS – due to the nature of its structure and services, does not have a Manager per se, but vests that role in the governance structure referred to in Section 1 above. The Chief Executive of NHS NSS is clearly the Accountable Officer for all staff, and public-interface matters, but responsibility for managing the Policy is delegated to the Staff Governance Committee, Executive Officer and Spiritual Care Committee. |
| E. SPIRITUAL CAREGIVERS | Since the review of Spiritual Care services in NHS NSS and the decision to move to a counselling-based framework, the role of Spiritual Caregiver has moved from that of a regional basis, to one of using existing counselling support. This support is open to all staff, and will be used to guide the organisation in its relations with the public, donors and stakeholders. Therefore, any person/organisation called upon to provide spiritual care in a counselling context, may be referred to as a Caregiver. |
| F. HEAD OF DEPARTMENT | The HDL requires nomination of a Head of Department. In this context, the HR and Workforce Development Director will be the Head of Department. |
| G. CARE TEAM MEMBERSHIP | The Care Team will refer to any part of the counselling organisation tasked to support a member of staff, or provide guidance to external bodies who interact with NHS NSS. |
| H. CONFIDENTIALITY | NHS NSS follows the provisions of its current Privacy and Confidentiality arrangements. This has already been well tested with the ‘Listeners’ policy. |
| I. VOLUNTEERS | NHS NSS is already committed to the SEHD policy of Patient Focus Public Involvement (PFPI) and will consider how to integrate any voluntary assistance currently provided under PFPI to the spirituality policy. |
| J. ADEQUATE FACILITIES | Under the HDL, NHS NSS is required to provide, where possible, necessary Quiet Rooms, 'Sanctuaries' or Worship Space and Rooms for Meeting and Teaching. The details are: |
| | a. Sanctuaries. All NHSScotland organisations should have at least one room set aside exclusively for worship, meditation and reflection. The room's title should make it clear it is a multi-faith facility, readily adaptable for the use of members of all faith communities or none. It might be called a 'quiet room', 'spiritual care room', 'sanctuary' or 'prayer room'. Accessories for the worship of all faith communities and space to store them when not in use should be provided as required. NHS NSS has undertaken, where possible, to provide the necessary facilities and where that has not been possible, managers are alert to the need for ‘space’ for individuals where so required. |
| | b. Meeting Rooms. NHS NSS has pressures on all accommodation throughout the organisation. However, it is a matter for operational divisional directors to provide whatever suitable meeting accommodation where they are able to meet with staff in privacy (possibly in distressed circumstances). |
c. Information and Signage. Information about the counselling framework of the spiritual care service is made available to line management, through the HR and Workforce directorate and on the organisation’s internal website. In addition OHS information is available through leaflets, employee induction and training sessions. Where available, signage is provided for quiet rooms.

K. TRAINING

Spiritual Care training is integrated into the general NHS NSS Equality & Diversity Awareness training syllabus.

L. COMMUNICATION

NHS NSS provides copies of this policy on its internal and external website. Staff are also briefed on the arrangement for the counselling services. The organisation also has an induction programme which brings counselling services to the attention of new starts.

5. Detailed Action Plan and Timetable for NHS NSS to Continue to Meet its Spiritual Care Duties

5.1 The timetable and targets for NHS NSS to meet the Spiritual Care requirements are outlined in Annex A.

6. Performance Management

6.1 Performance Management is integrated into the Staff Governance plan for NHS NSS and linked to the following reporting structure:

   a. Twice-yearly meeting of the Spiritual Care Committee
   b. Twice-yearly Reports to the Staff Governance Committee
   c. Reports submitted to the NHS NSS Partnership Forum
   d. Reports submitted to the NHS NSS Board

7. Summary

7.1 NHS NSS is committed to maintaining an environment where the spiritual care of its staff, and the wider public/stakeholder community it serves, remains a high priority.
## NHS NSS SPIRITUAL CARE ACTION PLAN AND TIMETABLE

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Action</th>
<th>Responsibility</th>
<th>Timeframe</th>
<th>Progress/Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS NSS Spiritual Care Policy</strong></td>
<td>Endorsed by NHS NSS Board in May 2003</td>
<td>HR and Workforce Development Director</td>
<td>30 May 2003</td>
<td>Completed by May 03 – Reviewed and updated in July 2004</td>
</tr>
<tr>
<td>1.3</td>
<td>Review of policy – every 6 months</td>
<td>Staff Governance Committee</td>
<td>From May 2003</td>
<td>See above</td>
</tr>
<tr>
<td><strong>NHS NSS Spiritual Care Committee</strong></td>
<td>Establish Committee</td>
<td>Staff Governance Committee</td>
<td>Established December 2003</td>
<td>Meetings at 6 monthly intervals</td>
</tr>
<tr>
<td>2.1</td>
<td>Establish Committee</td>
<td>Staff Governance Committee</td>
<td>Established December 2003</td>
<td>Meetings at 6 monthly intervals</td>
</tr>
</tbody>
</table>
| **NHS NSS Spiritual Care Service** | Establish Care Service – have in place Chaplaincy arrangements to cover all NHS NSS regional offices. | Staff Governance Committee and Diversity Co-ordinator. | By 30 May 2003 and updated from Nov 2006 | a. Spiritual Caregivers in place for:  
PSD A’deen  
SNBTS I’ness  
PSD Glasgow  
SCIEH  
GPASS  
SNBTS G’gow  
Further plans were subject to funding:  
NHS NSS E’burgh  
PSD Livingston  
SNBTS Dundee  
b. Service reviewed in April 2006 and move to Counselling-based framework endorsed by NHS NSS Board – to be implemented in Nov 2006 |
| 3.1 | Establish Care Service – have in place Chaplaincy arrangements to cover all NHS NSS regional offices. | Staff Governance Committee and Diversity Co-ordinator. | By 30 May 2003 and updated from Nov 2006 | a. Spiritual Caregivers in place for:  
PSD A’deen  
SNBTS I’ness  
PSD Glasgow  
SCIEH  
GPASS  
SNBTS G’gow  
Further plans were subject to funding:  
NHS NSS E’burgh  
PSD Livingston  
SNBTS Dundee  
b. Service reviewed in April 2006 and move to Counselling-based framework endorsed by NHS NSS Board – to be implemented in Nov 2006 |
<p>| <strong>Spiritual Care Manager</strong> | Chief Executive, NHS NSS is Accountable Officer, with delegation to Executive Officer (HR and Workforce Development Director). | Chief Executive HR and Workforce Development Director | 30 May 2003 and updated Nov 2006 | Completed in 2003, with update as a result of review in April 2006 for implementation of counselling-based framework from Nov 2006 |
| <strong>Head of Department</strong> | Head of Department to | Executive Officer | 30 May 2003 | Due to regional location of |</p>
<table>
<thead>
<tr>
<th><strong>Care Givers</strong></th>
<th>be combined with role of Executive Officer</th>
<th>Staff Governance Committee</th>
<th>chaplains, this is vested in Staff Governance Committee, working with chaplains</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Confidentiality</strong></td>
<td>6.1 Confidentiality for Spirituality is subject to current Privacy and Confidentially guidelines in NHS NSS.</td>
<td>NHS NSS Board Staff Governance Committee</td>
<td>By 30 August 2003 Completed by Aug 03</td>
</tr>
<tr>
<td><strong>Volunteers</strong></td>
<td>7.1 Volunteers are only applicable to the NHS NSS Listener Service (found from members of staff)</td>
<td>Staff Governance Committee</td>
<td>By 30 December 2003 Linked Listeners Service</td>
</tr>
<tr>
<td><strong>Facilities</strong></td>
<td>8.1 Spiritual Care, Sanctuary and Quiet Rooms to be designated within each NHS NSS facility where suitable space allows and to be notified to staff</td>
<td>Staff Governance Committee</td>
<td>By 30 May 2003 Completed by May 03 – some facilities are designated as Quiet Rooms and Divisions provide rooms when necessary.</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>9.1 Spiritual Care is covered as part of NHS NSS’s core Equality &amp; Diversity training and as part of routine Induction and Awareness Training in NHS NSS.</td>
<td>Staff Governance Committee</td>
<td>By 30 May 2003 Updated with annual Equality &amp; Diversity training for staff</td>
</tr>
<tr>
<td><strong>Communications</strong></td>
<td>10.1 The necessary communication of the Spiritual Care requirements is made through websites, intranets and through articles in the House Magazine.</td>
<td>Staff Governance Committee NHS NSS Communications Team</td>
<td>By 30 May 2003 Communications is an integral part of NHS NSS operations</td>
</tr>
</tbody>
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