



Integration Joint Board
Clinical and Care Governance Committee

7th February 2019

This Report relates to
Item 7 on the Agenda

Patient Services Report – Spiritual Care, Volunteering and Patient & Carer Information

(Paper presented by Joan Pollard)

For Discussion and Noting

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List of Background Papers	None
Appendices	None

SECTION 1: REPORT CONTENT

Title/Subject: Patient Services Report – Spiritual Care and Volunteering
Meeting: IJB Clinical and Care Governance Committee
Date: 7th February 2019
Submitted By: Joan Pollard
Action: For Discussion and Noting

1. Introduction

- 1.1 This paper provides an update on the progress and activities of the Patient Services team related to Spiritual Care, Volunteering and Patient and Carer information for the period of September and October 2018.

2. Recommendations

- 2.1 **The Clinical and Care Governance Committee is asked to:**
- Discuss this report
 - Note the progress within Spiritual Care and Volunteering

3. Background

- 3.1 NHS Dumfries and Galloway is undergoing a reinvigoration of its volunteering programme, initially in response to new ways of working in Dumfries and Galloway Royal Infirmary and is now working to offer volunteering opportunities across the region.
- 3.2 NHS Scotland defines Spiritual Care which can be given in one to one or group relationships, is person-centred and makes no assumptions about personal conviction or life orientation and requires NHS Boards to provide Spiritual Care in accordance with the Draft CEL (2013) National Delivery Plan (NDP) for Health and Social Care Chaplaincy and Spiritual Care.

4. Main Body of the Report

Spiritual Care

- 4.1 NHS Education for Scotland is in discussion with the Scottish Government to work towards finalising the NDP which was initiated by NHS Scotland's Spiritual Care Professional Lead Group (PLG) in 2013. The key points with amendments are copied below as follows:

- “Within Health and Social Care in Scotland, it is widely recognised and accepted that question of meaning, purpose, hope (or the lack of it), identity and relationship become acute when wellbeing and stability are threatened by illness, injury or loss in oneself or in a loved one. At such times people may need spiritual or religious care.
- **Spiritual care** can be given in one to one or group relationships, is person-centred and makes no assumptions about personal conviction or life orientation. Spiritual care:
 - offers a space in which individuals and their needs are regarded as central;
 - offers person centred care rather than staff or system-centred care;
 - elicits and honours an individual’s story;
 - journeys with an individual further into the pain, darkness, uncertainty or unknowing;
 - holds out the possibility of other ways of seeing or understanding, without imposing personal views or frameworks;
 - fosters autonomy and self-management rather than dependence and direction;
 - is characterised by an equitable, respectful and non-judgemental relationship between two human beings.

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

Spiritual care is not necessarily religious, but religious care should *always* be spiritual.

These developments are driving six paradigm shifts with which the spiritual care community has been working actively since 2009:”

Paradigm Shifts in Health and Social Care		
1	treating ill-health	promoting wellbeing
2	professional prescribing	empowering patient self management
3	working with what is broken and needs fixed	naming and fostering assets in healthcare
4	focusing on Acute Care	enhancing and developing Primary and Community Care
5	focusing on the individual	helping groups and communities become resilient and make sense of things
6	institutionally based activity	Community based activity
<i>Table 1: Paradigm Shifts in Health and Social Care (Kelly 2013:53)</i>		

Core to the paradigm shifts above - the spiritual care services that served the minority of the population in acute settings, are now expected to serve a wider profile of the population in primary care and community settings.

The paradigm shifts have profound implications for spiritual care services, which include:

- the balance of activity expanding from almost exclusively one to one contact in institutions towards also facilitating group processes across acute, primary care and community settings;
- supporting people to make sense of their circumstances and illness and helping them to recognise and utilise their personal and communal assets with a view to proactively developing their own wellbeing;
- spiritual care staff becoming strategic leaders who can plan and develop services that bridge acute, primary and community healthcare settings;
- the need to work in partnership with third sector organisations and community groups to maximize the available resources and avoid duplication;
- the need to revisit and revise the *Standards for NHS Scotland Chaplaincy Services* (AHPCC, CHCC, SACH, 2007) and the *Spiritual and Religious Care Capabilities and Competencies for Healthcare Chaplains* (NES, 2009), which are benchmarks for spiritual care practice and were designed with the former model in mind;
- the need for more trained and skilled volunteers to work under the close supervision of employed spiritual care staff; and
- the need to further develop and embed different or emerging models of practice (e.g. Values Based Reflective Practice and Community Chaplaincy Listening) which support individuals to build resilience and enhance their capacity for improvement.

It is worth noting the legal position stated below given the 2018 GDPR update. These changes have been applied operationally within NHS Dumfries and Galloway regarding access to patient information and visits to patients in any hospital:

“The legal position is that a patient’s or service user’s faith or belief is sensitive information that may only be made available to another party with informed consent. Guidance from the UK and Scottish Information Commissioner’s Offices indicates that consent to make available information relating to a patient’s or service user’s faith or belief stance, may be given, either in writing or orally, at any time throughout the care process. In exceptional circumstances where informed consent is impossible to obtain (e.g. if a patient or service user is unconscious or impaired) then the views of carers, family and staff should be sought and common sense should prevail.”

Interfaith Week in DGRI

- 4.2 The local Interfaith Group hosted an evening on Wednesday 14 November during Interfaith Week 11 – 18 November in the DGRI sanctuary to:
- Strengthen good interfaith relations at all levels
 - Increase awareness of the different and distinct faith communities in the UK, in particular celebrating and building on the contribution which their members make to their neighbourhoods and to wider society.
 - Increase understanding between people of religious and non-religious beliefs

Bereavement Support

- 4.3 There has been an increase in invitations for the Spiritual Care lead to speak to and provide support for NHS acute, community and locality teams and GP practice staff teams in recent weeks due to ongoing bereavement needs. This is due to the deaths of colleagues, some of whom were patients. The overlap of both professional and personal relationships being affected is high as would be expected within the relatively small population of Dumfries and Galloway. Staff, patients and loved ones are also signposted, when appropriate to Third Sector bereavement charities, online support and to books for adults and children to read.

Staff Care and Support

- 4.4 The breakdown of staff support referrals August – October 2018:

Referrals	August	September	October
New referrals for Staff support	2	5	1
Return appointments	1	10	4
Total	3	15	5
	Appointments		
Reason for support	August	September	October
Bereavement/Loss	2	8 *	2
Family/Personal	1	4	2
Health/Physical/Mental	0	1	
Work Concerns	0	2 *	1 *
Total	3	15	5

*Appointments included supporting teams

Spiritual Care Volunteering

- 4.5 The spiritual care volunteer team in DGRI will increase to seven by the end of 2018 with the aim to have a total of 12 in DGRI by the end of 2019. The two new volunteers will be trained in spiritual care in November and as is our customary practice begin their volunteer role shadowing more experienced spiritual care volunteers to familiarise themselves with wards in DGRI before they visit patients on their own. The trial of the colour-coded spiritual care sticker for volunteers is proving helpful in recording visits with patients. Discussions to have a spiritual care volunteer in all community hospitals are ongoing with the Volunteer Co-ordinator and NHS D&G community hospital senior nursing staff.

Patient Listening Service

- 4.6 A local GP Practice is exploring the Patient Listening Service. Communication is ongoing regarding this and a decision will be made by the GPs in due course.

There has been an increase in GP referrals and self-referrals to the volunteer Listeners at current Patient Listening Services in Gillbrae Health Centre, Dumfries and Craignair Health Centre, Dalbeattie. NHS National Education for Scotland, Glasgow and the Community Chaplaincy Listening (CCL) training service continue to oversee the revision of the CCL training handbook for the Patient Listening Service.

Volunteering

Investing in Volunteers Award

- 4.7 Volunteer Scotland Quality Assurance Panel met recently to consider the report NHS D&G had submitted. Volunteer Scotland announced that NHS D&G have been granted the Investing in Volunteer Award (iV) for the next three years for the Volunteering Programme and send their congratulations. Thanks go to the 26 volunteers and 11 staff that took part in the formal interviews with the assessor in August and to the amazing volunteers for their daily contributions to the patients and families of NHS D&G.

The Communications Team are working with the Volunteer Co-ordinator regarding a press release and social media to highlight this great achievement and raise the profile of volunteering throughout the region.

Rural Communities

- 4.8 The scoping exercise carried out by the Volunteer Co-ordinator to identify volunteering needs and aspirations in the eight rural Community Hospitals and the Galloway Community Hospital is now complete. Role descriptors are now in place and a calendar for Recruitment Days throughout the region commenced on Tuesday 13 November with final event on 28 November in Annan Community Hospital. These events will give an opportunity to also recruit volunteers for Breastfeeding Peer Support (BFPS) and Midpark.

The scoping exercise indicated that there are 66 new volunteering opportunities in NHS D&G rural areas with an average of seven to ten volunteers required in each location each week.

Recruitment and Training

- 4.9 Recruitment and training is ongoing, with the Corporate Induction for new volunteers taking place late November. The statistics table (appendix 1) indicates that NHS D&G currently have 207 volunteers with 27 volunteers of those volunteers who are regularly involved in dual roles or taking part in multiple sessions of volunteering.

In addition to these statistics, interviews have taken place with over 30 new volunteers many from local secondary schools, all will take part in the next November Corporate Induction Training. This will assist in replenishing the spaces available from those who have exited and have gone onto college or university.

New Roles

- 4.10 Four new roles have been identified and implemented giving over 20 new volunteering opportunities within Combined Assessment Unit (CAU), Specialist Outpatient Rheumatology, Pets as Therapy (PAT) and the Intervention in Dementia, Education, Assessment and Support (IDEAS) Team:

PAT: This was introduced to the Volunteering Programme through the NHS D&G Infection Control Manager. The Animals in Hospital Policy has now been approved by Board opening the door to new opportunities in volunteering for the region. Molly and her owner from PAT started volunteering during September initially in the Atrium at DGRI and in the reception/cafe area at Midpark to familiarise Molly with surroundings before meeting patients. PAT is now meeting patients in Wards B3, C4 and D8 and will be extending to Community Hospitals in the New Year.

IDEAS Team: The role of the Volunteer in Dementia Awareness is to assist the team/Dementia Nurse Consultant in increasing the understanding of dementia, in those staff attending the simulation training. In addition, it is also anticipated that this role will increase the volunteers' knowledge and enhance their confidence and skills. Three volunteers are currently involved bringing their new found learning and experience into their role as ward volunteers and welcome guide. The benefits to the volunteers:

- Satisfaction gained from contributing to training focused on increasing awareness of dementia
- Gain useful tips and skills

In addition to this a group of seven existing volunteers are involved in designing Stage 2 Dementia Awareness for Ward volunteers and will be involved in shaping the next IDEAS Team Activity Fayre in Dumfries & Galloway.

Good News Stories

- 4.11 **Two good news stories to share:**

- 1) Recently one of the doctors contacted the Volunteer Co-ordinator about his concern for a patient who had no family or friends to visit and was becoming very low. A request was made for ward volunteers to make contact and visit with the patient. All ward volunteers in this particular ward and Spiritual Care volunteers were contacted giving this long-term patient consistent daily visits.
- 2) Finally, the recent media/social media with Macmillan Cancer Information and Support Centre (CISC) volunteers has helped raise the profile of volunteering making the volunteers themselves feel really valued. This concentrated on the relocation of the centre from the old DGRI site to the new DGRI with photo of eight of the volunteers. The article said:

'Claire is backed by a team of trained volunteers, many of whom have personal experience of cancer or of caring for a family member with the disease....Janice Preston, Macmillan's head of services in Scotland said, we know Claire and her team of volunteers have made a huge

difference to the lives of people affected by cancer in Dumfries and Galloway....'

Patient and Carer Information

Easy Read Information

- 4.12 Patient Services and Health Facilitators have worked together with colleagues from Ophthalmology to develop a step by step guide for people attending eye tests at Mountainhall. The leaflet provides clear and easy to understand information about what people can expect during their appointment, from the time they arrive at the front door to when their appointment is finished. Each step is accompanied by a photo.

A suite of other easy read leaflets are being developed for a range of services so that people attending appointments and having treatments will understand better what will happen when they attend.

Celebration Event

- 4.13 Patient Services attended the Celebration Event Easterbrook Hall to promote Patient and Carer Information to staff and members of the public in attendance. The team shared information about the information leaflets available through Beacon, NHS inform and EIDO. The event stand also promoted existing easy read leaflets.

Bedside Folders

- 4.14 Patient Services have undertaken the first review of the bedside folders introduced to Dumfries and Galloway Royal Infirmary on opening in December 2018. The review has taken in to account feedback from staff, volunteers and patients. As a result of feedback a number of improvements will be made to the folders, including the use of a larger font to make the contents easier to read.

Appendix 1

Volunteering Statistics

Statistics	
Current Volunteer Roles	As @ 30th Sept 2018
BFPS (6) / Maternity Link (4)	10
Combined Assessment Unit (CAU)	4
Cancer Information & Support	10
Food Satisfaction	5
IDEAS Team	4
Infection Control	8
Specialist Outpatient Rheumatology	3
Specialist Outpatient Cancer Neck & Head	1
Spiritual Care DGRI	6
Patient Listening	2
Ward Children Family Entertainer	1
Ward Paediatrics	2
Ward Volunteer	90
Ward Volunteer Care of Older People	9
Ward Volunteers - Hand and Arm Massage	2
Welcome Desk (MHTC)	13
Welcome Guides	60
Welcome Guides - Critical Care Unit	4
Total Volunteering Opportunities **	234
Less: Dual Roles/Multiple Sessions	27
Total Number of Current Volunteers	207

Exit 1st Aug – 30th Sept 18	
Study	11
Retired (30years)	1
Family commitments	8
Unable to commit	2
Total Exit	23

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

5. Resource Implications

5.1. There are no resource implications within this paper.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1. Provides evidence towards delivery of local integration outcomes:

- Outcome 3 – People who use health and social care services have positive experience of those services and have their dignity respected
- Outcome 5 – Health and social care services contribute to reducing health inequalities
- Outcome 7 – People using health and social care services are safe from harm
- Outcome 8 – People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

6.2. This paper provides event to support the ambition of the strategic plan to actively promote, develop and support volunteer opportunities

6.3. The paper links to national policy direction as below:

- Healthcare Quality Strategy (2010)
- Patient's Right (Scotland) Act (2012)
- Person Centred Health and Care Collaborative
- Scottish Government Commitment – A Nation with Ambition
- Refreshed Strategy for Volunteering in NHS Scotland and the supporting Volunteering in NHS Scotland A Handbook for Volunteering (2014)
- Dumfries and Galloway Health and Social Care Strategic Plan 2016-19
- Supports delivery of HDL (2002) 76
- Draft CEL (2013) National Delivery Plan for Health and Social Care Chaplaincy and Spiritual Care

7. Legal & Risk Implications

7.1. None identified

8. Consultation

8.1. Not required

9. Equality and Human Rights Impact Assessment

9.1. Not undertaken as spiritual care and opportunities for volunteering apply to all

10. Glossary

10.1.	DGRI	Dumfries & Galloway Royal Infirmary
	NDP	National Delivery Plan
	PLG	Professional Lead Group
	DGRI	Dumfries & Galloway Royal Infirmary
	CCL	Community Chaplaincy Listening
	BFPS	Breast Feeding Peer Support
	CAU	Combined Assessment Unit
	PAT	Pet's As Therapy
	IDEAS	Intervention in Dementia, Education, Assessment and Support
	CISC	Cancer Information and Support Centre