Chaplaincy Policy

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Date approved
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Approval

<table>
<thead>
<tr>
<th>Signature of Chairman of Approving Body</th>
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| Name / job title of Chairman of approving Body:
Signed paper copy held at (location):

Version control table

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<td>1.0</td>
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<td>March 2007</td>
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<td>November 2010</td>
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Table of revisions

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<tr>
<th>Date</th>
<th>Section</th>
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<tbody>
<tr>
<td>April 2004</td>
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<td></td>
<td>Brian Selmes, Chaplain</td>
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<tr>
<td>March 2007</td>
<td></td>
<td>Minor updates</td>
<td>Brian Selmes, Senior Chaplain</td>
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<tr>
<td>November 2010</td>
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<td>New format and amendments</td>
<td>Brian Selmes, Senior Chaplain</td>
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<tr>
<td>March 2011</td>
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<td>As above + amendments from churches and team.</td>
<td>Brian Selmes, Senior Chaplain</td>
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Distribution

Trust Wide e-mail
Trust Intranet

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1. INTRODUCTION

The Trust recognises the importance of the spiritual dimension of care. It appreciates that a patient’s faith can make a contribution to his / her recovery and sense of wellbeing. To this end the Trust provides a chaplaincy service to meet spiritual needs as described in this policy.
Spiritual care is not confined to this one group, the chaplaincy, and to this one policy.

The Trust serves many rich and diverse communities and it wishes to facilitate people of all faiths to practice their religion in hospital. (Trust Policy: Equality and Diversity.)

As a good employer the Trust encourages its staff and not just its patients to practice their faith in ways that are respectful and helpful. (Trust Policy; Religious Observance by Employees.)

2. PURPOSE

Spiritual resources are a rich resource available to everyone and all staff and volunteers have a duty of care for the whole person, body, mind and spirit. Nevertheless the spiritual area is a sensitive and complex one and good spiritual care requires the special skills and responsibilities of the chaplaincy service described in this policy.

3. AIM AND OBJECTIVES

The aim of the hospital chaplaincy is to discern and make provision for the spiritual needs of the hospital community. Chaplains encourage patients, relatives and staff to recognise and fulfil their spiritual needs, whatever they may be.

4. PERSONNEL

The Chaplains

The chaplains are part of the wider ‘healing team’ of the hospital within the Nursing & Quality Directorate. The chaplains are authorised by the churches and faith communities that they represent as well as by the Trust. The chaplaincy works as an ecumenical / multi-faith team with full-time and part-time paid staff and also honorary staff, volunteers and students. The service is co-coordinated by the Senior Chaplain. The chaplaincy team meets regularly for planning and support. All members of the team, employed and voluntary, abide by the Trust dress code, and health and safety regulations.

Chaplaincy Volunteers

Volunteers visit on particular wards, meet patients and distribute information about the chaplaincy. Some administer Holy Communion. On some sites volunteers take patients to the chapel in wheelchairs and help them during the service. All are an extension of the care of the chaplaincy and build up relationships with patients and staff.

Volunteers have to be sixteen years of age, and are accountable to the chaplains, and abide by the same rules of confidentiality. Names of the volunteers are listed with the hospital Voluntary Services Organiser and, in the case of ward visitors, with the Ward Sister/Charge Nurse. Volunteers who visit on the wards record their attendance in the visitors’ book and meet regularly with the chaplains.
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Chaplaincy Students

Students from local theological colleges are given placements in the hospitals and visit designated wards, bring patients to chapel, lead worship and administer the sacraments. All are trained and supported by the chaplains. They are authorised by the Trust through the Personnel Department at DMH.

5. ON WARDS AND UNITS

Working as part of a team

The chaplains liaise with other members of the ward team to ensure patients receive good quality spiritual care. They and the team visit the wards and departments regularly, happy to listen to anyone and to give counsel on any matter. When visiting wards and units all will observe Trust policy with regards to Infection Control and Privacy and Dignity and will act with due caution and discretion.

Assessing spiritual need

Ward staff have a responsibility to assess a patient’s spiritual need as part of the nursing process. Spiritual need can be seen in a broad human context; the need for meaning and purpose; the need to give and receive love; the need to find hope and creativity. Spiritual need can also be seen in a more particular, religious context; the need for faith and the ministry of the church.

Giving spiritual care

It is the responsibility of the nurse in charge of the ward to alert the chaplains to patients who might have a particular spiritual need. Chaplains are a usual means of support for people in times of anxiety, serious illness, loss and bereavement. The assistance of the appropriate chaplain should be offered to the patient and or her / his relatives as part of the End of Life Care Pathway.

The chaplains can be contacted by the ward staff through the hospital switchboard, please see the next section.

6. ON CALL SERVICE

The provision

The Trust provides a 24 hour on-call chaplaincy service staffed on a rota basis by the Trust's paid chaplains. The chaplains are contacted through the hospital switchboard. Out of hours (5pm – 8am Sundays to Fridays + Saturdays) only one chaplain is available (could be any denomination). There is a separate on-call rota for Roman Catholic Priests.

Calling the chaplain
Chaplaincy Policy

A Rota identifies which chaplain is on call and the chaplain is contacted by page. Out of hours (5pm – 8am Sundays to Fridays + Saturdays) the on-call chaplain is contacted by (1) home phone number or (2) page. If the patient has particular communication problems or particular needs these should be pointed out.

Response

When contacted the on-call chaplain will say who they are, and offer their support. If requested to attend the on-call chaplain will visit within one hour or at a time agreed with the ward. If coming by road in bad weather and the police advice is “not to travel,” the chaplain will explain this and not attend until conditions improve.

Ministry

On arrival the chaplain will introduce her/himself to the nurse in charge and meet the patient / family. The chaplain will offer pastoral support and minister in a way that is pastorally appropriate to the patient and consistent with the chaplain’s own integrity. If the chaplain’s proposed ministrations are not acceptable to the patient / family, the chaplain will help the family / ward contact the patient’s own religious leader.

Follow-up

The on-call chaplain notifies the chaplaincy office of the hospital of his attendance so that the call can be logged and followed up locally.

7. MAJOR INCIDENT

When an incident is declared the on-call chaplain will be notified by the switchboard “call-out cascade.” When attendance is requested the chaplain will report to the appropriate hospital information centre (main reception.) He/she will review the situation and unless anticipated numbers are very small will call in another member of the team. Chaplains will be based in the Patient Discharge / Reunion Area (Main Outpatients) and play a key role in receiving and looking after the relatives and friends of causalities as well as responding to calls for particular ministries (last rites etc.) After the incident chaplains will offer further support to staff who have worked during the incident.

8. CHAPELS AND PRAYER ROOMS

Organisation

The prayer rooms and chapels are accessible, safe, welcoming places where people of all faiths, and none, can pray or enjoy the silence. The Senior Chaplain will be responsible for the day to day running of the chapels and prayer rooms, liaising with local faith groups. Unresolved issues will be referred to the Trust’s Director of Nursing and Quality.

Facilities
The trust will ensure that the prayer rooms and chapels are suitably decorated, heated and lit. It will also be responsible for their cleaning, safety, security and upkeep. The location will be well signed and washing and toilet facilities will be provided close by.

Prayer rooms and chapels will be open 24 hours a day. If there have to be restrictions on opening because of security problems a notice on the door will give details of how access can be gained.

Equipment

The prayer rooms and chapels will be equipped with chairs, bookcases and places for storing religious artefacts. The walls will be kept clear. The chapels will have in addition an altar table, reading desk and removable cross. The prayer rooms will have in addition a shoe rack and the direction of Makah marked on the floor or wall. Prayer mats will be made available. Scriptures of the main world religions will be provided and made available in the prayer rooms or on request from the chaplains. Chaplaincy leaflets and some basic religious texts are available in big print versions. The Trust-wide Chaplaincy Leaflet is available in an easy read version.

Use

Users are welcome to use these facilities in ways that suit their needs and use the aids to prayer that they find helpful. However, in order for the rooms to be welcoming to all, users are asked to place the furniture back where they found it and to store aids to prayer in the places provided. Any items left out will be tidied away and any items, posters or literature deemed prejudicial to other users will be removed.

Etiquette

All users of the prayer rooms and chapels are asked to respect the needs of other users and the quiet ethos of the rooms themselves. If someone is already using the room it is helpful if others enter quietly or perhaps return to use the room later.

The hospital and the Senior Chaplain are similarly responsible for the mortuary chapels/viewing rooms. Arrangements can be made for a chaplain to accompany bereaved relatives on a visit to the mortuary chapels/ viewing rooms.

A full code of practice for chapels and prayers rooms is available.

9. WORSHIP IN CHAPELS AND PRAYER ROOMS

Attendance at Chapel Services.

If a patient wishes to attend a chapel service the nurse in charge of the ward should check to see if the patient is fit to attend and alert the chaplains. It might be possible to arrange with the chaplaincy for someone to take the patient along to the service. Again, communication problems or other needs that the patient may have should be pointed out.

Holy Communion
If a patient is deemed unfit to attend the service where he/she would normally receive Holy Communion, arrangements can be made with the appropriate chaplain to administer Holy Communion at the bedside. A time for this should be arranged which both will avoid disrupting clinical procedures and interrupting the communion service.

**Contract Funerals**

Contract funerals are arranged at the request of the Trust’s PAL’S officer / Bereavement Midwife through the Trust’s Funeral Director. This is normally arranged at a time to suit the chaplain. The person taking the service should be appropriate to the patient’s professed religion / religious denomination. The chaplain will endeavor to have a conversation with the next of kin in order to make the service appropriate to the deceased and helpful to the family. This may or may not involve a home visit. Funerals will be kept simple. No fee is taken by the chaplain.

**Other Services**

Baptisms, anointings, confessions, carol services, memorial services, marriages and all other kinds of religious services which take place in the hospital should be arranged through the chaplaincy.

**Collections and donations.**

The chaplains do not actively canvas for funds from patients or staff. Any donations made are paid into the chaplaincy trust fund for that hospital.

**10. INFORMATION GOVERNANCE**

**Data sets**

The chaplaincy team will keep data sets of information recording: activity with patients and wards and areas visited, religious services held and sacraments administered. This information will be kept for seven years. All records containing patient information will be shredded on disposal in accordance with Trust procedures.

A report of chaplaincy activity will be made to the board at the end of each year.

**Referrals**

Referrals on to other agencies / churches / chaplains may be made but only with the patient’s express permission. Referrals can be made through letter, or phone call. Within the NHS referrals can also be made by e-mail but only in an encrypted form following Trust policy. Chaplains receiving a referral should acknowledge receipt to the sender.

**11. WIDER CONCERNS**
World Religions

The Trust intranet site has information about the chaplaincy; details about different religions and cultures and how they might affect nursing care; lists of local contacts; a language interpreting policy and procedure. More information and help is available from the chaplaincy.

The Hospital, the Church and the Community

Chaplains try to build up good relations between the hospital and the community.

Hospital Staff

Spiritual care, expressed in terms of friendship, support and counsel, and the services of the church are equally available to members of staff.

The chaplains will contribute to staff training as required.

Hospital Life

The pastoral tasks of listening, understanding, reconciling, sustaining and seeking the truth have repercussions throughout the hospital, and so the chaplaincy is concerned with the whole of the hospital and its corporate life.

12. EQUALITY AND DIVERSITY STATEMENT

The Trust is committed to providing equality of opportunity, not only in its employment practices but also in all the services for which it is responsible. As such, an Equality Impact Assessment has been carried out on this policy to identify any potential discriminatory impact. The Trust also values and respects the diversity of its employees and the wider community it serves. In applying this policy, representatives of the Trust will have due regard for the need to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

For further information, please refer to the Trust's Equality and Diversity Policy.

13. MONITORING AND REVIEW

Chaplains are always pleased to discuss their work with members of staff and welcome their suggestions.

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 two years from the date of issue. The Procedure may be amended at any time by joint agreement.
Equality Impact Assessment

The preliminary impact assessment is a quick and easy screening process. It should:

- Identify those policies, procedures, services, functions and strategies which require a full EIA by looking at:
  - negative, positive or no impact on any of the equality groups
  - opportunity to promote equality for the equality groups
  - data / feedback

- Prioritise if and when a full EIA should be completed
- Justify reasons for why a full EIA is not going to be completed

Division/Department

<table>
<thead>
<tr>
<th>Division/Department</th>
<th>Nursing &amp; Quality / Chaplaincy</th>
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Title of policy, procedure, function or service

<table>
<thead>
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<th>Chaplaincy policy</th>
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Type of policy, procedure, function or service

<table>
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<th>Existing</th>
<th>New/proposed</th>
<th>Changed</th>
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Q1 - What is the aim of your policy, procedure, project or service?

<table>
<thead>
<tr>
<th>Q1 - What is the aim of your policy, procedure, project or service?</th>
<th>To meet the spiritual needs of all people in hospital.</th>
</tr>
</thead>
</table>

Q2 - Who is the policy, procedure, project or service going to benefit?

<table>
<thead>
<tr>
<th>Q2 - Who is the policy, procedure, project or service going to benefit?</th>
<th>Everyone</th>
</tr>
</thead>
</table>
Q3 - Thinking about each group below, does, or could the policy, procedure, project or service have a negative impact on members of the equality groups below?

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>No</th>
<th>Unclear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Race</td>
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<td>x</td>
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<tr>
<td>Gender</td>
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<td>x</td>
<td></td>
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<tr>
<td>Transgender</td>
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<td>x</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Religion or belief</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Relationships between groups</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Other socially excluded groups</td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

If the answer is “Yes” or “Unclear” complete a full EIA

Q4 – Does, or could, the policy, procedure, project or service help to promote equality for members of the equality groups?

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>No</th>
<th>Unclear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>x</td>
<td></td>
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<tr>
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<td>Gender</td>
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<tr>
<td>Other socially excluded groups</td>
<td></td>
<td>x</td>
<td></td>
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</tbody>
</table>

Q5 – Do you have any feedback data from equality groups that indicate how this policy, procedure, project or service may impact upon these groups?

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes No Impact</th>
<th>Yes Impact</th>
<th>No</th>
<th>Unclear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>x</td>
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<td>Relationships between groups</td>
<td>x</td>
</tr>
<tr>
<td>Other socially excluded groups</td>
<td>x</td>
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</table>

If the answer is “Yes Impact”, “No”, “Unclear” or opinion is divided complete a full EIA

Q6 – Using the assessments in questions 3, 4 and 5 should a full assessment be carried out on this policy, procedure, project or service?

<table>
<thead>
<tr>
<th>Yes</th>
<th>X</th>
<th>No</th>
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</table>

If you have answered “Yes” now follow the EIA toolkit and complete a full EIA form

Q7 – How have you come to this decision?

Policy has been written with equality issues in mind and is intended to be as inclusive as possible but there are sensitive areas covered here that require a full assessment.

Q8 – What is your priority for doing the full EIA

<table>
<thead>
<tr>
<th>High</th>
<th>Medium</th>
<th>Low</th>
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<tbody>
<tr>
<td>X</td>
<td></td>
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</table>

Q9 – Who was involved in the EIA, and how?


This EIA has been approved by:

Date: ___________________  Contact number: ___________________

Please ensure that a copy of this assessment is attached to the policy document to which it relates.
Full Assessment Form  v1/2009

Division/Department: Patient Experience and Safeguarding

Title of policy, procedure, function or service: Chaplaincy Policy

Policy lead: Brian Selmes

People involved with completing the EIA: Brian Selmes  Jillian Wilkins

Type of policy, procedure, function or service:

- Existing
- New/proposed
- Changed

Step 1 – Make sure you have clear aims and objectives
What is the aim of your policy, procedure, project or service?

The aim of the policy is to describe the functions of the chaplaincy service specifically in relation to University Hospital of North Durham, Bishop Auckland Hospital, Darlington Memorial Hospital, Chester-le-Street Community Hospital, Shotley Bridge Community Hospital.

Who is the policy, procedure, project 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.

What outcomes do you want to achieve?

Appropriate spiritual care for all people within the scope of the policy.

What barriers are there to achieving these outcomes?

Lack of information, lack of resources, communicating the service.

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

Publish the policy, distribute it, communicate its contents and monitor that the provisions within it are working appropriately.
Step 2 – Collecting your information

What existing information / data do you have?

| Patient experience team have conducted surveys with patients regarding their spiritual care. |
| Patient Questionnaires include a question on whether their spiritual needs have been met whilst in our care. |
| Feedback is received from the Chaplaincy team and the faith communities they represent. |
| Staff feedback is received informally regarding the service delivery to patients. |
| Staff feedback is received informally on an ad hoc basis regarding the services used by staff. |
| Complaints and concerns raised through the patient experience team. |
| Census information regarding County Durham and Darlington Workforce data. |

Using your existing data what does it tell you?

- The data indicates that the service is operating well and meeting the spiritual needs of patients.
- We need to be very sensitive to people’s particular needs.
- Local faith communities want to be involved and be jointly accountable for the service.
- Census information illustrates that there is a small but diverse range of religions within County Durham and Darlington. Links have been established with all faith communities within the area however establishing representation within the teams have proved more difficult.
- Staff information shows a larger diverse range of faiths than that of the local community and support and facilities are offered to meet their needs.
- The main users of this service have historically been people over 60 years, white British, Christian.
Step 3 – What is the impact

Is there an impact on some groups in the community? (think about race, disability, age, gender, religion or belief, sexual orientation and other socially excluded communities or groups)

**Ethnicity or race**

| Positive impact. The service is sensitive to these issues. Ethnicity can often be linked with religion or belief but it is important not to make assumptions about this – for this reason there is no specific mention of race/ethnicity within the policy linked to particular religions or beliefs. The policy can be translated into other languages at request. Interpreters can be arranged to facilitate the service as required and is detailed in the policy |

**Gender**

| Neutral impact. Service will try to accommodate requests for gender specific ministry but only where this is specific to their particular religious faith. |

**Age**

| Positive impact. The chaplaincy has significant input into services used by the very young and the elderly. |

**Disability**

| Positive impact. Versions of chaplaincy information and service books in easy read, large print, audio and upon request can be made available in Braille. A number of wheelchairs are available for volunteers to use to bring patients unable to walk to services. Interpretation for deaf people can be arranged on request for all of the chaplaincy services. |

**Religion or belief**

| High positive impact to promote equality and support people with their spiritual needs. |

**Sexual Orientation**
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<table>
<thead>
<tr>
<th>Category</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage and Civil Partnership</td>
<td>Negative impact. The chaplaincy is unable to offer an equal service (that is conducting weddings / blessing weddings) to all couples by all chaplains in these two categories due to the rulings of the various religious bodies that they represent.</td>
</tr>
<tr>
<td>Pregnancy and Maternity</td>
<td>Neutral impact.</td>
</tr>
<tr>
<td>Gender Reassignment</td>
<td>Neutral impact.</td>
</tr>
<tr>
<td>Other socially excluded groups or communities e.g. rural community, socially excluded, carers, areas of deprivation, low literacy skills</td>
<td>Positive impact. Service specially valued by local groups, e.g. travelling community.</td>
</tr>
</tbody>
</table>

**Step 4 – What are the differences?**

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

Yes. Due to the restrictions placed on the service by the various religions and faiths.
Does your policy, procedure, project or service either directly or indirectly discriminate?

Yes X  No  

If yes how are you going to change this?

This is beyond the control of this policy / organisation. However, the policy is written in such a way to be as inclusive as possible and the chaplains are committed to working in a sensitive way with all people.

Step 5 – You’re almost there – now you need to consult!

Who have you consulted with?

Volunteers from various faith groups.
Bishops’ advisors from the Anglican and Roman Catholic Churches.
Members of the chaplaincy team.

If you have not consulted yet please list who you are going to consult with

How are you going to consult with specific groups or communities?

Step 6 – Make a decision based on steps 2 - 5
If you are in a position to change or introduce the policy, procedure, project or service clearly show how it was decided on

Introduce the policy with amendments around accessible communication. Mitigate the effect of discrimination by providing a flexible and tailored service to meet individual needs which is emphasised in the policy.

What are the main effects and benefits?

Promote a service which is available to all people in all places at all times, sensitive to their needs.

If you are in a position to introduce the policy, procedure, project or service but still have information to collect or actions to complete to ensure all equality groups have been covered please list

Step 6 – Make a decision based on steps 2 – 5 continued …

If you are not in a position to introduce the policy, procedure, project or service what action are you going to take?

How are you going to monitor this policy, procedure, project or service, how often and who will be responsible?
Step 7 – Congratulations you’ve made it! Now publish your results

Once completed this EIA should be signed and forwarded to Jillian Wilkins, Equality and Diversity Lead. jillian.wilkins@cddft.nhs.uk.

Please ensure that this assessment is attached to the policy document to which it relates.

This EIA has been completed by: Brian Selmes. & Jillian Wilkins.

Approving Director/ Ass Director: 

Date: Contact number: 

Continue to monitor effectiveness of service through patient surveys – survey from patient experience team.
Continue to update the policy – Senior Chaplain every two years.
Continue to extend representation in the chaplaincy team – ongoing.