County Durham and Darlington NHS
NHS Foundation Trust

CDDFT Policy

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Approval

Signature of Chairman of Approving Body	
Name / job title of Chairman of approving Body:	Prof Chris Grey, Executive Medical Director
Signed copy held at (location):	Corporate Records Office, DMH

Contents

Document Control Information

Version control table

Date of issue	Version number	Status
June 2014	1.0	
May 2016	2.0	Revision from procedure to policy

Table of revisions

Date	Section	Revision	Author
June 2014	all	New procedure	EOL Care Steering Group/ DoN/ Chaplaincy
May 2016	all	Clarification of both terminology and specificity of the protocol for visiting and recording in patient notes	Chaplaincy, EOL Steering Group

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 Duties

This procedure applies to clinical staff and to chaplains.

4 Spiritual/pastoral care practicalities

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 within the hour 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 Interventions 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/pastoral care provided, in the chaplaincy visits log kept in the chaplaincy office.

5 Key Performance Indicators (KPIs)

- Consistent provision of spiritual/pastoral care at the end of life,
- Consistency in the recording of spiritual/pastoral care having been offered and delivered
- Improvement in the spiritual care aspect of end of life baseline data

6 References

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

NHS England, Chaplaincy Guidelines (2015)

7 Associated Documentation

CDDFT Chaplaincy Policy (September 2013)

Care After death policy (August 2014)

Chaplaincy: Recording of Spiritual Care Interventions in Patient Notes Procedure (May 2016)

Appendices

Appendix 1

Equality Analysis / Impact Assessment

EAIA Assessment Form **v3/2013**

Division/Department:	Nursing/ Care Closer to Home
Title of policy, procedure, decision, project, function or service:	End of Life Care, Chaplaincy/Spiritual Support Procedure
Lead person responsible:	Revd. Kevin Tromans
People involved with completing this:	Chaplaincy Team, EOL Care Steering Group

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

Existing	☐
New/proposed	☒
Changed	☐

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?

To ensure Trust provides high quality, equitable, spiritual/pastoral care following a diagnosis of a patient being ill enough that they may die within hours or days.

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

Full Trust staff;

What barriers are there to achieving these outcomes?

Should be none.

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

Full distribution Trust wide; held on staff net policy central register

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

No

Step 2 – Collecting your information

What existing information / data do you have?

Follows the current policy in the trust

Who have you consulted with?

EOL Care Steering group

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

None

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

None

Sex/Gender

None

Age

None

Disability

None

Religion or Belief

None

Sexual Orientation

None

Marriage and Civil Partnership (applies to workforce issues only)

None

Pregnancy and Maternity

None

Gender Reassignment

None

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

None

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?

No

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.

Request reviewed at the EOL Steering Group meeting on September 12th 2014

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:

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

Chaplains will log and record activity, clinical staff will likewise. CQUIN Targets.

Step 6 – Completion and central collation

Once completed this Equality Analysis form must be forwarded to Jillian Wilkins, Equality and Diversity Lead. jillian.wilkins@cddft.nhs.uk and must be attached to any documentation to which it relates.