NHS
Bradford Teaching Hospitals
NHS Foundation Trust

Information Sheet 3

Spiritual, Pastoral and Religious Care

SPARC SERVICE STANDARDS

The Bradford Model has devised a set of service standards that are ambitious but grounded in established cross-belief practices and insights. Initial attempts to use the recommended UK Board of Healthcare Chaplaincy service standards proved constraining and insufficient as they do not track neatly to the realities or aspirations of the SPaRC team, anchored as it is to equality and person-centred care, with a diverse team membership able to input and respond to specific belief needs and enquiries. The Bradford Model's standards have specific relevance and validity for BTHFT, setting a course by which the SPaRC team can be measured and held accountable.

Ownership of standards that are *meaningful* and *relevant* is key to confidence and commitment in the service; particularly apparent in the attention paid to equality, person-centred care and data, and in the ambition to create inclusive, cross-belief teams rather than importing faith advice.

Anchor	Bradford Model Service Standards
1 Equality	1.1 There is advocacy for equality across all beliefs and provision of resources, expertise, training and guidance to see this achieved 1.2 There is an equal understanding amongst service users of the safety, relevance and use of SPaRC, across all beliefs 1.3 Observations of inequality and discrimination are highlighted and challenged 1.5 Diversity and inclusion of staff and volunteers (age, experience, class, culture, belief, etc.) enriches and adds value, insights and functionality to SPaRC 1.6 Recruitment to SPaRC always involves an equality assessment and considers the opportunity to enhance diversity and knowledge in the team 1.7 Discourse, forums and practice sharing within the team, wider colleagues and indeed, the public, increases skill sharing and trust in different approaches 1.8 Inequalities in SPaRC operations (such a referrals) are recognised and steps are taken to address this 1.9 Team identifies and trains its own equality champions to advocate for and safeguard inclusion in SPaRC services

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2 Person-Centred Care	2.1 There is advocacy for spiritual needs being integral to holistic care and monitoring that spiritual needs are appropriately assessed and recorded for each patient admitted 2.2 The focus, range and pace of any conversation is led by the patient / colleague with consent obtained and active listening being the main response 2.3 SPaRC responses will always aim to inspire self-belief, recognise realities, affirm the lived experience and convey acceptance 2.4 No assumption is made that conversations will be about belief; wishes not to engage with SPaRC are respected and protected, as is the right to change wishes on this 2.5 When specific requests are made to connect with SPaRC (e.g., about religious prayers, existential discussions, baby loss) best efforts are made to match the SPaRC Practitioner taking account of factors such as gender, language and culture 2.6 There is a mechanism for patient and staff involvement in the review of SPaRC

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3 Belief-Based Care	3.1 Requests for religious or spiritual ritual, prayer or guidance are responded to promptly and knowledgeably 3.2 Scheduled prayer and ritual is facilitated where there is demand 3.3 Accurate and relevant advice about diverse beliefs is made available to all Trust colleagues and awareness is promoted through events and updates 3.4 Support is given on where to draw the line between urgent / essential religious duties or needs and what can wait, or be done in a different way 3.5 Any liaison with local community religious and spiritual representatives over patient admissions and discharge is managed by SPaRC to ensure that safeguarding is in place, there is patient consent and confidentiality is observed 3.6 SPaRC acts as a key contact for national and local faith and belief communities; taking care to foster and maintain positive relations and promote dialogue over SPaRC services.

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4 Spiritual and Reflective Spaces	4.1 Suitable spaces are provided for religious observance and that this is properly cared for, signposted and supplied 4.2 Suitable reflective or quiet spaces are available where people of all beliefs can feel comfortable and included 4.3 Resources are available on wards for people to create their own spiritual or religious space 4.4 There are quiet and private spaces for confidential support from SPaRC 4.5 Communal spiritual wellbeing is addressed in relations to significant events 4.6 A calendar of religious and reflective days prompts opportunities to promote explorations of spirituality and appreciation of other beliefs 4.7 Digital spaces offer resources and signposts for individual and group spiritual support

Anchor	Bradford Model Service Standards
5 Collaborative Practice	5.1 Opportunities to collaborate are regularly identified, scoped, reviewed and evaluated 5.2 SPaRC supports staff and volunteers alongside Occupational Health and Psychology Services, making referrals with consent and contributing to wider wellbeing initiatives 5.3 Key contributions are made to Education Programmes about SPaRC and cultural competence (inductions, medical training, nurse training, etc.) 5.4 A spiritual dimension is fed into organisational responses to major incidents, staff deaths, national disasters, anniversaries, etc. 5.5 An ethical dimension is fed into consultations and strategic planning around change and priorities in the organisation 5.6 SPaRC Practitioners are available to contribute insights and perspectives to decisions about individual patients made by clinical teams

Anchor	Bradford Model Service Standards
6 Professional Practice	6.1 All SPaRC Practitioners and Volunteers can demonstrate a personal capacity to reflect deeply on spirituality, ethics and life issues and explain how they deliver SPARC in a competent and professional manner 6.2 Supervision ensures colleagues are supported and quality assured; core SPaRC Practitioners engage in monthly supervision; locum SPaRC Practitioners have pro-rata arrangements 6.3 Reflective practice is shared to engender complementary approaches, offer critique and provide mutual support 6.4 Regular team meetings promote cohesion and engagement 6.5 Opportunities for professional development in relevant skills and knowledge areas are promoted and fairly distributed 6.6 SPaRC Practitioners keep records of their professional development to feed into annual appraisals which give opportunity to review and plan further professional development 6.7 SPaRC Practitioners are endorsed or accredited by suitable professional associations or belief-based organisations 6.8 Current research and best practice in SPARC is regularly shared and discussed 6.9 A research approach is encouraged, whether collaboratively or independently 6.10 New or returning SPaRC staff are fully inducted 6.11 Training and supervision of Volunteers ensures they deliver services appropriately

Anchor	Bradford Model Service Standards
7 Data and Organising	7.1 The work and values of SPaRC are clearly and consistently communicated with accessible information about policies and procedures 7.2 Records are kept of incidence, location, and nature of interactions which yield quantitative data 7.3 Qualitative data is recorded (as case studies, reflective accounts, feedback from families, survey responses, intervention summaries, etc.) in order to analyse expressions of need and range of responses 7.4 Data is used for service review, to monitor inequalities, trends and performance, to review staffing and volunteering, to allocate resources and to support research activities 7.5 Where SPaRC insights can support the MDT and patient experience, SPaRC interventions are recorded on the Electronic Patient Record (EPR) 7.6 Digital records are used to locate and refer patients and to track referral fulfilment 7.7 Digital and telecommunication systems and devices are effective and efficient in recording, communicating and organising (e.g., on-call) 7.8 In recognition that demand may fluctuate and will always exceed SPaRC capacity, ongoing decisions about staffing levels and priorities (e.g., on call) are based on evidence and equality. 7.9 All data is safeguarded to protect confidentiality and stored in accordance with information governance policy.

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