



Delivering the best in care

University Hospitals 
Birmingham
NHS Foundation Trust

Chaplaincy Services University Hospitals Birmingham

Contents

	Page
Introduction	3
a. <i>NHS England Chaplaincy Guidelines</i>	
b. <i>Strategy Documentation</i>	
Context of Chaplaincy	4
Team Profile	4
Team Meetings	4
Chaplaincy Database	5
Patient Care	5
Chaplaincy Volunteers	8
Staff Support	9
Working alongside other Healthcare Professionals	10
Teaching	11
Faith and Community Centre	11
Muslim Liaison Group	13
Students and Ordinands	13
Areas of Development	13
a. <i>Multi-Faith Prayer Room Developments</i>	
b. <i>Activities Programme</i>	
c. <i>Spiritual Assessment</i>	
d. <i>Mindfulness Sessions</i>	
e. <i>Resource Boxes</i>	
f. <i>Closer working with the Bereavement Team</i>	
Regular Prayer, Meditation and Service Times	15
Activities Alive Programme	16
Chaplaincy Statement of Common Purpose (2012)	17

1. Introduction

This document seeks to provide a description of the spiritual, religious and pastoral care that the Chaplaincy team offers within UHB, describing our context, the Chaplaincy team including chaplaincy volunteers, details of work we have undertaken, key partnerships with clinical teams, areas of significant development and ideas for the future.

a) NHS England Chaplaincy Guidelines

The document *NHS England – NHS Chaplaincy Guidelines 2015. Promoting Excellence in Pastoral, Spiritual & Religious Care* replaces those published in 2003 and provides a comprehensive description of good practice in chaplaincy care for the NHS in England. The document responds to changes in the NHS, society and the widening understanding of spiritual, religious and pastoral care.

In the light of the 2010 Equality Act new guidance is provided for the care of patients and service users whatever their religion or belief. The guidelines recognise the development of chaplaincy in a range of specialities including General Practice, Paediatrics, Acute and Palliative care.

Research and innovation are affirmed as important areas for chaplaincy both for improved practice and as a basis for commissioners to understand the benefits of chaplaincy-spiritual care.

The implementation of the guidance will improve support for patients, carers, family members, volunteers and other people accessing NHS services and staff across the health service.

The Guidelines commend 6 key components of an effective chaplaincy service:

1. The Chaplaincy team has a written policy or guidance document describing the service and what care those using the service can expect to receive.
2. A method of assessing spiritual, religious and pastoral needs should be described in the above document or separately.
3. The chaplaincy staffing is calculated in accordance with the recommendations
4. Chaplaincies have procedures for auditing their work, both in terms of quality and quantity, so that the service is fully accountable within the organisation.
5. There are regular opportunities for the chaplain(s) to engage in reflective practice either in a group or one-to-one.
6. Staff employed to provide a chaplaincy service should receive regular supervision from an appropriately qualified person.

<https://www.england.nhs.uk/wp-content/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf>

b) Strategy Documentation

The Chaplaincy team at UHB has published its own' *Religious and Spiritual Care Strategy* document, the purpose of which is "to develop delivery of religious and spiritual care to patients, staff and carers, ensuring that this is considered as part of our whole person approach to care." Further, the document seeks to encourage the Chaplaincy team to develop "collaborative working with faith communities across Birmingham and beyond."

The Strategy document provides the Chaplaincy Department with a benchmark against which team appraisals are carried out, and action plans developed.

1. Context of Chaplaincy

At a national level The *Chaplaincy Leaders Forum* (CLF) was developed in September 2013 as an effective mechanism for dialogue between NHS England, and the wider chaplaincy associations. *The College of Health Care Chaplains* (CHCC) is our professional group within Unite Union, and the *UK Board of Healthcare Chaplains* (UKBHC) holds a voluntary professional register for chaplains.

In addition, there are regional CHCC groups, collaboratives, and faith/belief-specific groups that provide practical and professional support for Chaplains working in different contexts.

2. UHB Team Profile

Chaplain	Faith/ Belief Group
Reverend Canon Richard Wharton (Chaplaincy Team Leader)	Anglican
Akm Kamruzzaman	Muslim
Rehanah Sadiq	Muslim
Rakesh Bhatt	Hindu
David Harrison	Anglican
Father Charles Miller	Roman Catholic
Maureen Foxall	Methodist
Reverend Jackie Gayle	Pentecostal
Deacon Peter Middleton	Roman Catholic
Joga Singh	Sikh
Honorary Chaplains	
Dharmachari Mahasiddhi	Buddhism
John Roberts	Buddhism
Rabbi Yossi Jacobs	Judaism
Uzma Rafique	Islam
Hafiz Rahman	Islam
Rhiannon Williams	Paganism
Parkash Sohal	Sikhism
Administrative Support	
Man Kaur	

In order to sustain a high level of care for our patients, visitors and staff we also have a Service Level Agreement (SLA) with the Catholic Archdiocese of Birmingham and Birmingham St Mary's Hospice to support emergency on call work. Through the SLA with the Archdiocese, we currently work with a group of 9 additional Catholic priests who hold Honorary Contracts with the Trust.

Whilst the Chaplaincy team is made up of individuals from specific religious groups and denominations, we do not only see ourselves as a religious care service for religious patients, visitors and staff. We provide person-centred, spiritual care to all who seek support.

3. Team Meetings

Chaplaincy team meetings take place approximately 8 times a year. In addition to ensuring that the basics of the Chaplaincy service are in order, we welcome presentations and training sessions from a range of healthcare professionals from within the Trust to help us improve the care we offer.

Over the past year these have included the following:

Bereavement Services at UHB
Major Incident Planning at UHB
Mental Health & Spiritual Care
Dignity in Care at UHB

In addition, we also have a number of *special focus* meetings / study days throughout the year on a range of topics including:

Chaplaincy Guidelines 2015
Developing a Chaplaincy Database
Chaplaincy Team Away Day Review
Prevent Training
Research in Spiritual Care
Spiritual Assessment
Mental Health Study Day

4. Chaplaincy Database

In collaboration with colleagues from the informatics department, the Chaplaincy team have developed a bespoke database that enables the team to improve the efficiency of the service and to demonstrate activity. The details in the Chaplaincy database are populated from Lorenzo and are subject to the same Information Governance protocols. The key functions of the database include the following:

- i. Keep accurate records of referrals made to us (including source, reason for referral, etc)
- ii. Keep accurate records of visits made
- iii. Generates live visiting lists of those patients who have voluntarily disclosed their faith background to us, or requested our support in other ways
- iv. Ensure that confidential notes are safe
- v. Keep records of Chaplaincy and Chaplaincy Volunteer activities
- vi. Enables us to produce reports on Chaplaincy activities
- vii. Enables us to produce regular shift and on call rotas

5. Patient Care

Patient referrals come to us in a number of different ways. In our teaching and ward work, we encourage ward staff to refer their patients either by calling the department or an electronic referral through the Prescribing and Information Communication System (PICS) for non-urgent referrals. We offer 24/7 out of hours cover for emergencies and call-outs in urgent circumstances are made via the hospital switchboard to the appropriate member of the on call team.

All conversations with patients are strictly patient-led and patient-centred, and the specifics of those conversations remain confidential unless the patient asks us to record any particular details in their notes. However, members of the chaplaincy team do document that visits have been made, even if the details of those meetings are not recorded.

It is very clear to us that being in hospital itself, let alone living with pain, change in life-style, mobility or capacity, and associated fears can have an enormous and often detrimental impact upon people's sense of identity. We also witness great courage, inner 'growth' and deepening self-awareness and wisdom in our patients throughout their stay in hospital. When invited, we seek to

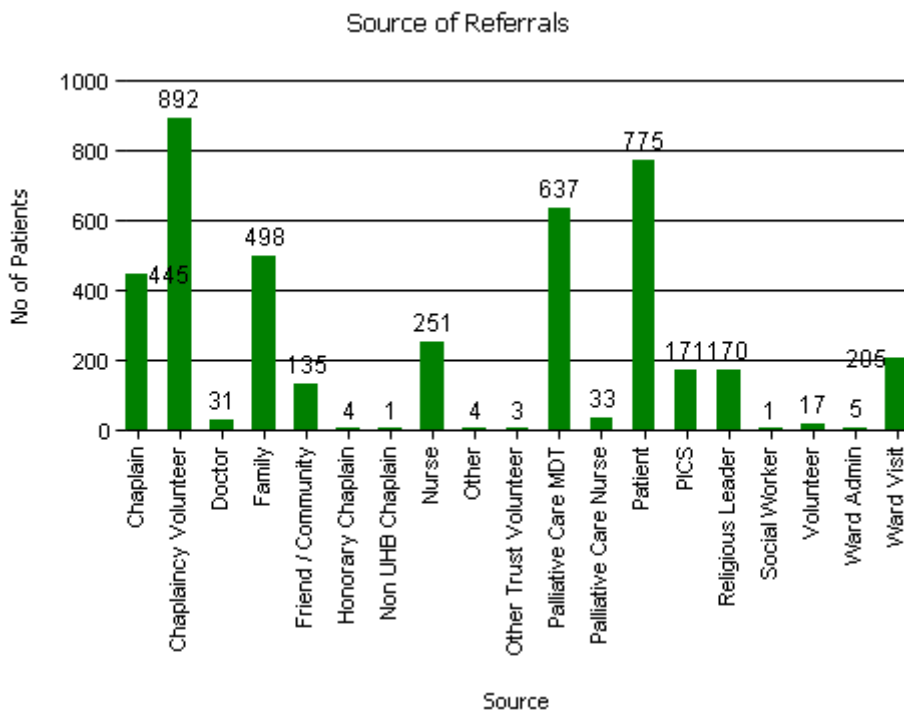
respond to these deeper, spiritual needs, whether the individual is religious or not. Common themes that emerge include the following:

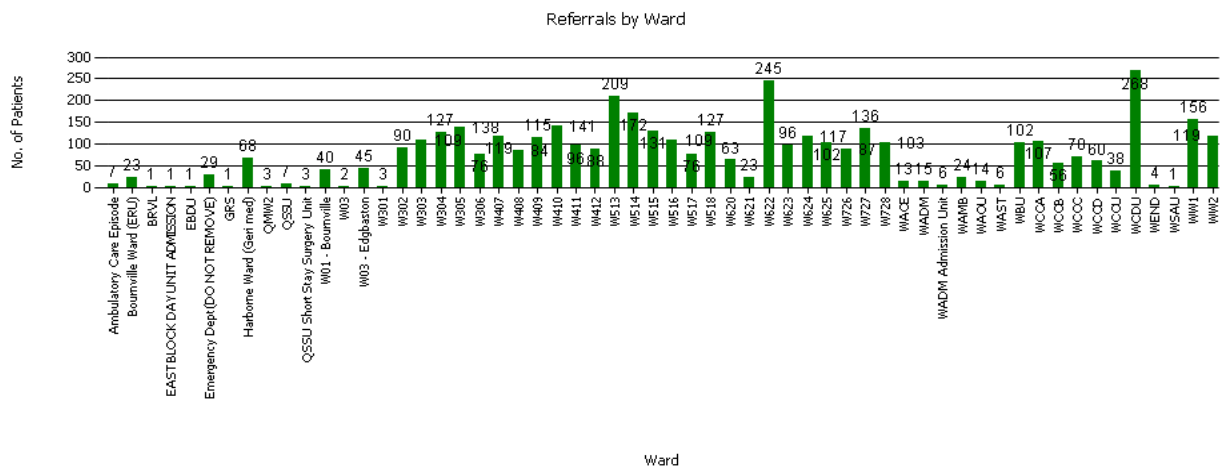
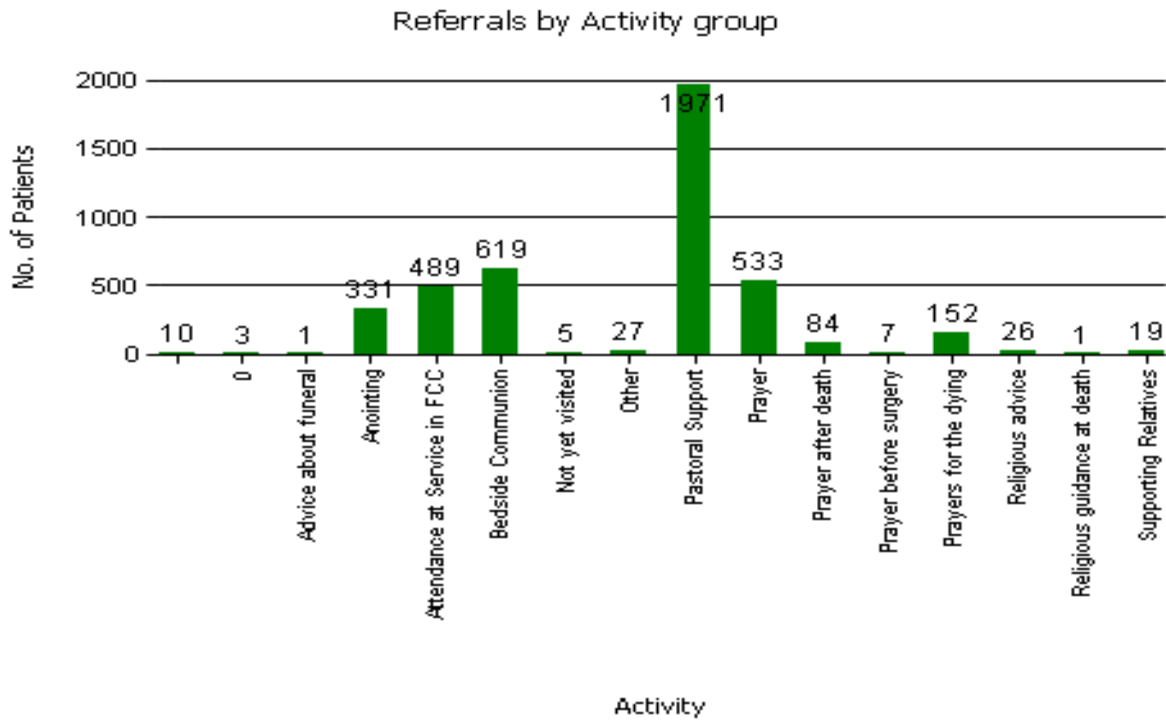
- i. Loss of, or change in identity
- ii. Loss of, or change in identity sense of purpose in life
- iii. Feeling under-valued
- iv. Lack of secure / safe space
- v. Loss of choice, structure and control
- vi. Feelings of powerlessness
- vii. Feeling as if they have space and time to think
- viii. Reactions to medication
- ix. Reactions to care given and other encounters with clinical / ward staff
- x. Feelings of guilt about not doing what they feel they 'ought to' be doing
- xi. Need for prayer
- xii. Being in hospital occasionally provides an opportunity for 'spiritual growth'
- xiii. Feeling the need to fulfil their potential
- xiv. Transition
- xv. Spiritual nurture
- xvi. Maintenance of spiritual healthiness

Data obtained from Chaplaincy database for year 1 September 2015 – 31 August 2016

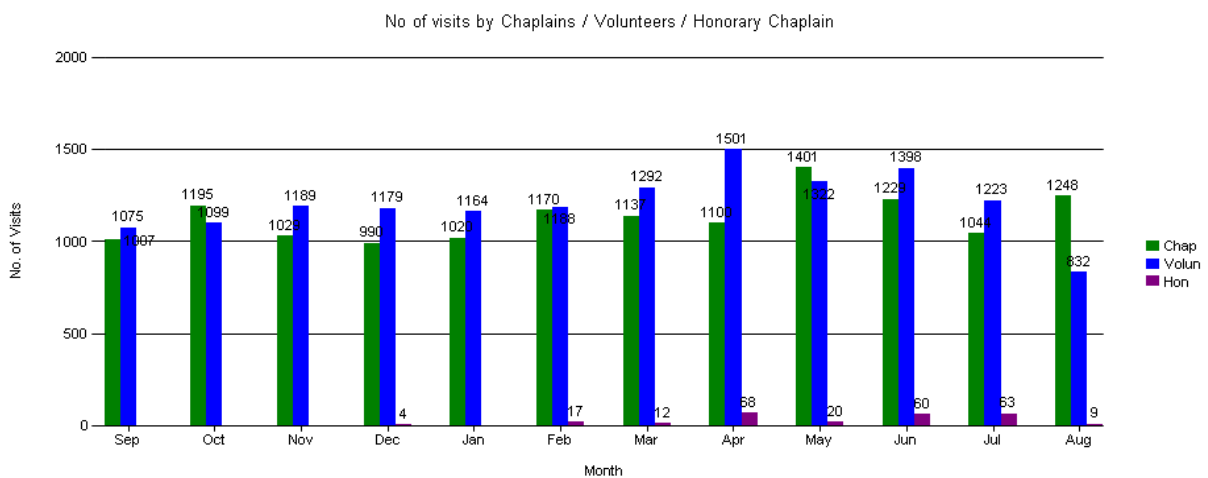
The Database used to generate the following information has only recently been created and continues to be subject to review and revision, as such this is not a complete picture of all activity for the time period.

Total Number of Referrals: 4278



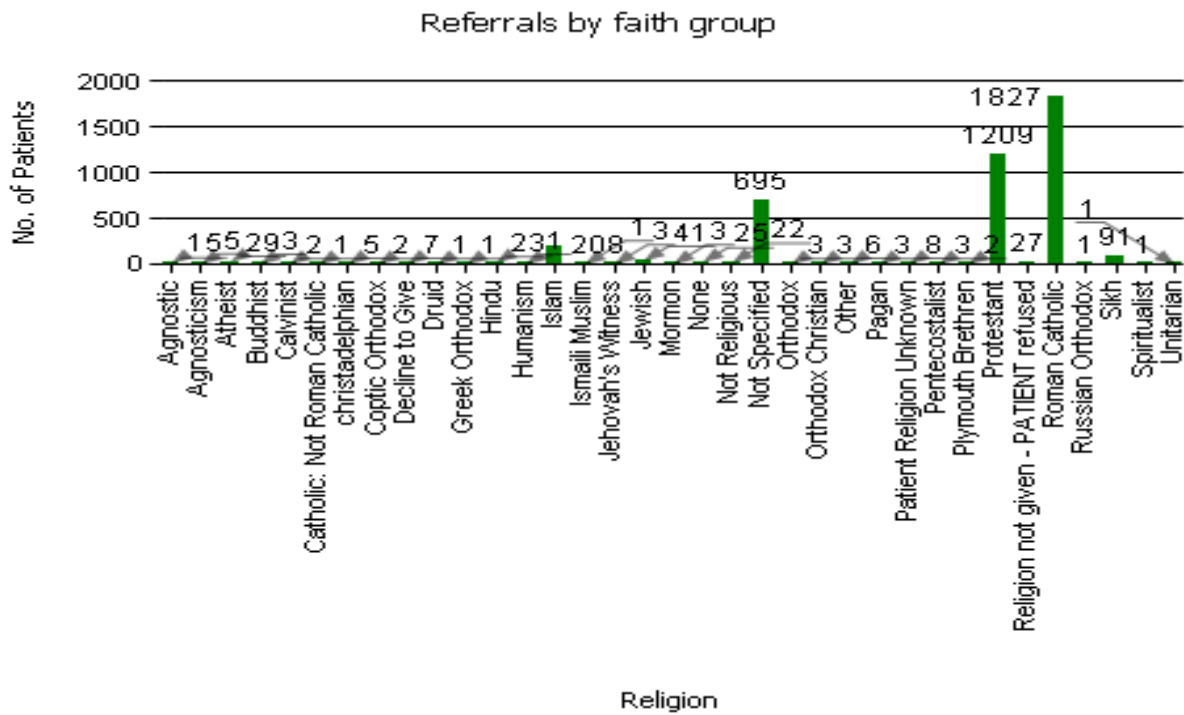


Total visits made: 28285.

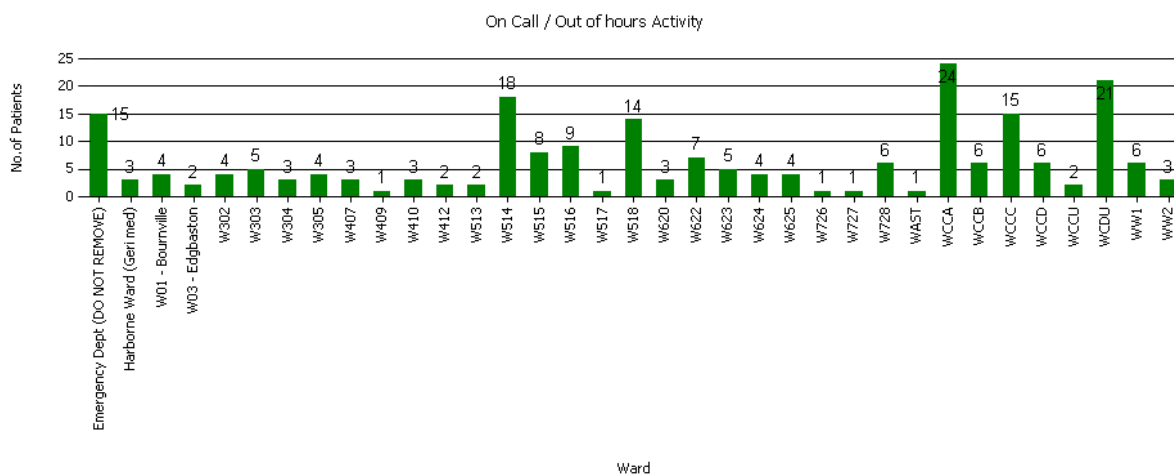


(Note: Only started recording number of visits made by honorary chaplains consistently since February 2016)

Total referrals by Faith group: 4278



Total emergency call-outs: 216



6. Chaplaincy Volunteers

The Chaplaincy team are very fortunate in having a cadre of very able volunteers supporting the spiritual care of patients, families and staff at the QEHB. There are a variety of roles but primarily volunteers visit patients on the wards. They also help transporting patients to religious services and events in the Faith and Community Centre or the Heritage Building Multi Faith Prayer Room.

Volunteers are recruited in partnership with the Voluntary Services Department. All voluntary ward visitors attend a training programme run in collaboration with Chaplaincy / Spiritual Care departments from most of the local NHS Trusts and hospices in Birmingham and the Black Country.

The Chaplaincy team provides regular supervision, group mentoring sessions for volunteers and additional training opportunities and study days. For example, there was a session in October 2015 looking at attitudes to organ donation and transplantation in the different faiths, and a Mental

health study day in January 2016.

In due course we will be training a team of dedicated Chaplaincy volunteers to become ‘*compassionate companions*’, who will support dying patients and their families.

Our volunteers also provide support for religious and secular events throughout the year organised by the Chaplaincy Department.

Some quotes about Chaplaincy Volunteers:

“A short note to thank you for your Chaplaincy support for me while my husband was at the QE for 3+ months. It was a very isolating time on the ward. Your volunteer’s kindness was very much appreciated by me and the family” (Comment from the wife of a patient)

A patient told a volunteer on the ward how pleased she was to see her and how she lifts her spirits when she visits.

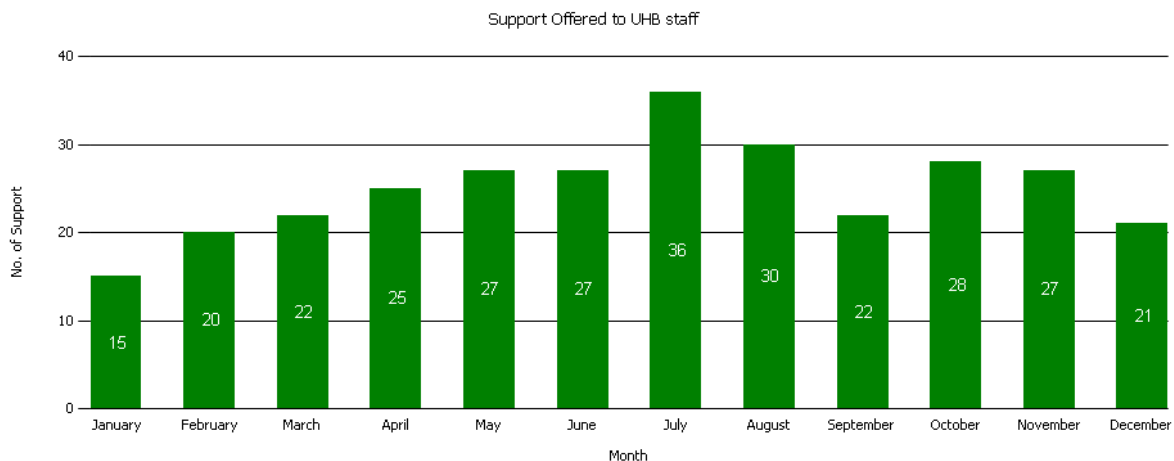
“She visited on a few occasions when I was feeling very lonely. My English is not good and to be able to speak in my language was so good.”

7. Staff support

As well as providing support for patients and their visitors, we also provide pastoral support for staff. The following graph shows the numbers of staff we have supported throughout the 2015-2016 year. Whilst the themes that our colleagues bring are inevitably similar to the list above, for recording purposes we have identified the following categories of support offered:

- i. Bereavement*
- ii. Stress*
- iii. Work-related support*
- iv. Prayer*
- v. Religious advice / guidance*
- vi. Sacramental*
- vii. Other pastoral*

Total number of staff supported: 300



We provide a 6-weekly reflective space for the Palliative Care Clinical Nurse Specialists. Sharron Griffiths (Lead Nurse for Palliative Care) has commented that :

“The ongoing monthly meetings with the Palliative Care team as a staff support measure, enhances our collaborative working. We find the sessions beneficial to reflect and learn on difficult situations.”

The Buddhist member of the Chaplaincy team, along with a Buddhist volunteer offer weekly meditation sessions for staff, patients and relatives. These have been running now for about 5 years and are becoming increasingly popular. Because of these regular sessions, more nurses, clinical nurse specialists and medics are calling upon our Buddhist colleagues to support patients with meditation at the bedside. Dharmachari Mahasiddhi, our Honorary Buddhist Chaplain writes:

“The chaplaincy has been pleased to offer meditation sessions for over five years now to staff across the wide range of occupations represented in the Trust as well as to ambulatory patients. These have proved so successful that we have for the past two years introduced a well-attended Saturday every quarter. There is a great sense of community and some close friendships and networks of support have arisen as people have come to share their lives with one another whilst occasionally touching the still point of the turning world. Although they are led by our Buddhist chaplain and more recently with the addition of a Buddhist volunteer no one is expected to be a Buddhist and most are not.”

8. Working alongside other healthcare professionals

In addition to the regular pattern of close working with individual medics, nurses and therapists on the wards, the Chaplaincy department has invested much time in the last year in developing closer working relationships with different clinical teams. We understand that physical and spiritual wholeness / healing go hand in hand.

With the intention of improving patient care, in the past year we have focussed particularly upon strengthening our professional relationships with colleagues in the following teams:

- i. Specialist Palliative Care Multi-Disciplinary Team(MDT)
- ii. Young Person’s Unit (YPU)
- iii. HIV Social Workers
- iv. Dignity in Care Team
- v. Ward 518 & Ward 516 MDT
- vi. Nursing and medical staff working in the Heritage Building
- vii. Bereavement Care Services
- viii. Communication Skills Task and Finish group
- ix. UHB Inclusion Group

For example, in the YPU the chaplaincy focus is on supporting not only patients and their families but also staff. Relationships are built through social activities, which provide a more relaxed environment to initiate conversations. These conversations build up trust allowing for more difficult conversations as the need arises. Chaplaincy also play a significant part in running the annual memorial event at the National Memorial Arboretum and support the Family Fun Day and social activities on the ward.

Nicky Pettit (Teenage Cancer Trust Lead Nurse) writes:

“The Teenage and Young Adult Service aim to see the young person first and the cancer

diagnosis second. We are very conscious that the impact of a diagnosis is very individual for the patient and their loved ones and requires holistic care. Our relationship with Chaplaincy is a strong one; they understand that the focus for our patient group is mainly a spirituality one, not necessarily about religion. The impact of Chaplaincy 'just being there' through the activities of the day is often unnoticed, until there is a crisis. At this point the relationship benefits not only patients and relatives, but the staffs wellbeing"

John Speakman (*Consultant in Palliative Medicine*) writes:

"Our team continues to be grateful for the input that the UHB chaplaincy service provides to both to our weekly MDT meeting but also to our day to day working. We feel the chaplaincy service provides excellent support for the patient group we see. Their support for patients, families and staff is valuable and much appreciated. Their insight into family dynamics is very much evident. Our chaplaincy service has the ability to provide a listening ear, pastoral and spiritual support together with an approach that is tailored to the patient and their situation."

We have also worked closely with colleagues in helping to develop and sustain a creative relationship with the Sparkhill Food / Clothing bank. As a Trust we are now able to distribute either emergency food boxes or referrals to local food banks to patients being discharged from hospital. We are also able to distribute emergency clothing items to those in need.

9. Teaching

We understand that the provision of spiritual care is not only the responsibility of members of the Chaplaincy Team. It forms the basis of best practice for all who work to improve patient care. With this in mind and throughout the last year, we have continued to develop our contribution to training and development. We deliver peer-reviewed sessions on spiritual, religious and pastoral care, bereavement, palliative care, ethics as well as communication and listening skills on a wide range of teaching programmes. These programmes are aimed at nurses, auxiliary nurses, medical students, doctors in their foundational years, and therapists. We also contribute to the teaching of student nurses at University of Birmingham.

10. Faith and Community Centre

The Faith and Community Centre, which was part-funded by QEHB Charity is located on Level 1 of the QEHB, near the Main Entrance. The chaplaincy team is based within the Faith and Community Centre. The Centre offers the following facilities:

- Chapel
- Prayer rooms with male and female wudu facilities
- A 'Quiet corner'
- Meeting rooms
- Chaplaincy offices

Everyone is welcome to use these facilities, regardless of their religious or belief backgrounds. The Chapel, Prayers Room and Quiet Corner are open 24/7/

Throughout the year the Faith and Community Centre hosts on behalf of the Trust the celebration

of religious festivals. In addition, different members of the Chaplaincy team provide regular acts of worship, prayer and meditation for the hospital community, as well as on occasion, staff memorial services, baptisms and even a marriage ceremony or two! (See appendix for regular activities in the Centre)

With Birmingham being such a diverse city, the different members of the Chaplaincy team provide a valuable link between the Trust and the different religious and cultural communities in the region. We are currently exploring further ways of developing these links to enhance patient care.

One of the forthcoming developments within the Faith and Community Centre is the redesigning of one of our teaching rooms as a Youth Hub for teenagers and young adults. This will be done in consultation with the Trust's Young Person's Council.

Mihrab Project

Families from across the Muslim community in Birmingham were invited to contribute to the creation of a piece of spiritual artwork at QEHB. The unique spiritual artefact - a Mihrab, is embedded with over 1,000 mosaic tiles, with each tile representing one individual's du'a (prayer). People of all generations from within the Muslim communities in Birmingham were invited to participate.

A Mihrab is usually a semi-circular niche in the wall of a mosque that indicates the direction of the Ka'abah in Makkah, the holiest city in Saudi Arabia – the direction that Muslims face when praying.

The work has been the brainchild of QEHB's Muslim Chaplain, Rehanah Sadiq who sought donations three years ago for the creation of a free-standing Mihrab that would create a true focal point for the Muslim Prayer Room in the hospital's Faith and Community Centre.

Ms Sadiq said: "The uniqueness of this Mihrab is that each tile is a representation of an individual's sincere and heartfelt du'a, a spiritual act of prayerfulness.



The visual impact of the unity of so many peoples' prayers reflected in the mosaic patterning of the tiles is both powerful and moving to the visitor, knowing that these prayers were made for them as well as for patients, relatives and staff."

The QE Chaplaincy team at the Faith and Community Centre celebrate its diversity and the way in which people of different faiths work together.

The Mihrab's tiles, which are painted in turquoise blue, green and cobalt blue, to match UHB trust colours, are set in a simple geometric pattern that draws from Islamic and Eastern architecture. Some of the colours also being traditional core Islamic colours.

We were delighted that the Mihrab project won the '**Brighter Futures Award**' at the UHB Best in Care award Ceremony 2015.

11. Muslim Liaison Group

The Muslim community both regionally and within UHB is diverse. In order to ensure that that diversity is represented well and also in order to ensure that the activities in the Prayer Room are appropriately administered, the two Muslim Chaplains are supported by a Muslim Liaison Group.

This consists of Muslim members of UHB staff who meet quarterly, and who also assist the Muslim Chaplains in organising Eid celebrations, Islam Awareness Week as well as the ongoing running and development of the Prayer Room.

12. Students & Ordinands

During the past year, a number of people have come to the hospital on placement with the chaplaincy team. Some of these have been candidates for ministry or ordination; others have come as part of a course of study. Institutions to which they have been attached have included: the Maryvale Institute; Newman University; the Queen's Foundation; the Society of Jesus' British/Irish Novitiate; the Markfield Islamic Institute and St Mary's College, Oscott.

Placement experiences have included not only time on the wards with the chaplains but also contact with other teams within the hospital. These placements have provided them with a broad experience. Their presence has enriched the life of the chaplaincy team and fostered contacts between the hospital and the wider community. Further placements are planned for the coming year.

13. Areas of Development

a. Multi-Faith Prayer Room Developments

With the generous support of QEHB Charity and Friends of QEMC, the old chapel on the first floor corridor was reopened in October 2015. This '*Multi-Faith Prayer Room*' is now available for patients, visitors and staff of any faith background, or none, to use for prayer and quiet reflection.

As we are unable to transfer patients from the Heritage Building wards to the Sunday services in the Faith and Community Centre, we have a short, fortnightly Holy Communion Services in the Multi-Faith Prayer Room.

b. Activities Programme

In March 2016, we started a creative arts programme for elderly patients called "*Activities Alive*" in the Multi-Faith Prayer Room. The first session was a 'Knit and Knatter' afternoon jointly coordinated by Chaplaincy staff and the Mothers Union. A total of 10 participants attended. See page 17 for the *Activities Alive* Programme.

Chaplaincy will continue to trial the '*Activities Alive*' programme with various creative activities (including music and singing, games, art and craft and storytelling) to suit patient's interests. (See Programme on page 18.) Research has shown that these sorts of activities are very beneficial for patients, especially those living with dementia. If the evaluations are positive and the sessions can be resourced the events will take place on a more frequent basis.

c. Spiritual Assessment

In the Executive Summary of the Chaplaincy Guidelines 2015, Simon Stevens (Chief Executive, NHS England) writes: "At its best, our National Health Service is there when we need it, at the most profound moments in our lives. At the birth of our children. At the deaths of our loved ones. And at every stage in between - as we grapple with hope, fear, loneliness, compassion - some of the most fundamental elements of the human spirit."

Further, Norman Lamb MP (Minister of State for Care Services, Department of Health, Commons Written Answers 17 December 2013) comments that "Local NHS trusts are responsible for determining, delivering and funding religious and spiritual care in a way that meets the needs of their patients, carers and staff."

In response, the guidelines encourage Chaplaincy / Spiritual Care teams across the country to carry out an appropriate form of spiritual assessment of pastoral, spiritual or religious need when individual patients are referred to us.

In February 2016 the Chaplaincy team examined a variety of approaches to spiritual assessment, and are working towards developing a consistent approach within UHB.

d. Mindfulness Sessions

As part of the Trust's wellbeing agenda, we are currently in discussions with the Wellbeing Lead and exploring ways in which the research-driven practice of mindfulness could be of further benefit to UHB staff.

A funding stream has become available to support two experienced practitioners to facilitate mindfulness sessions on a regular basis. Amongst the possible outcomes which will be scrutinised as the project develops are a development of resilience in the work-force, a workforce that is better able to work in stressful situations, and a reduction in the number of people going off sick through work-related stress.

e. Resource Boxes

Over the past decade, as a Trust we have seen the bedside bibles, generously provided by the Gideons, being used less and less.

In response to this and also in the light of greater diversity of faith and belief traditions amongst our patients, we are currently exploring the possibility of providing a Chaplaincy Resource Box to each ward. These boxes may contain resources from different faith / belief traditions, information about the Chaplaincy service within UHB and other resources that relate to the spiritual, religious and pastoral care of our patients.

f. Closer working with the Bereavement Team

The Chaplaincy and Bereavement teams are exploring closer ways of working together to support patients near the end of their lives, the relatives of these patients, and also the ward staff who care for them.

One of the things that we have begun to put into practice is an offer to bereaved relatives for chaplaincy support when they visit the mortuary for viewings.

Faith and Community Centre

Christian Services

Day	Service	Start Time
Sunday	Holy Communion	11.00 a.m.
	Catholic Mass	4.00 p.m.
Monday	Prayers	12.00 p.m.
	Catholic Mass	1.00 p.m.
Tuesday	Prayers	12.00 p.m.
	Catholic Mass	1.00 p.m.
Wednesday	Prayers	12.00 p.m.
	Catholic Mass	1.00 p.m.
Thursday	Holy Communion	12.00 p.m.
Friday	Catholic Mass	1.00 p.m.
	Prayers	12.00 p.m.

Muslim Congregational Prayers

Monday - Thursday		Zuhr	
Winter	1 st	1:15 p.m.	
	2 nd	1:30 p.m.	
Summer	1 st	1:20 p.m.	
	2 nd	1:35 p.m.	
<i>See notice board for additional congregational prayer times and other information</i>			
Friday Jumu'ah Prayer		Khutbah	Jama'ah
Winter	1 st	12.30 p.m.	12.45 p.m.
	2 nd	1.15 p.m.	1.30 p.m.
Summer	1 st	1.15 p.m.	1.25 p.m.
	2 nd	1.35 p.m.	1.45 p.m.

Quiet Corner

The Quiet corner is always open for quiet reflection, prayer and meditation

Buddhist Meditation: Mondays at 1.30 p.m.

Yoga & Puja (Hindu Prayers): By arrangement

Simran & Ardaas (Sikh Prayers): By arrangement

If you have any queries, please call us on either 14574 or 14570. Thank you.



Chaplaincy Activities Alive Programme

Activities Alive

Recognising how beneficial creativity is for patients, a new and exciting creative arts, music and activities programme has been developed by the Chaplaincy Team.

Designed primarily for elderly adults and those with dementia, *Activities Alive* takes place on a monthly basis in the Heritage Building Wards or in the QEHB Faith Centre Quiet room. (Level 1 of the QEHB near the Main Entrance).

Activities Alive Programme

DATES/TIMES	ACTIVITY	LOCATION
27 July 16 11-11.45am	Knit n Natter	QEHB Faith Centre Quiet Room
10 August 16 11-12 & 1-3pm	Table Games	Heritage Building Wards
7 September 16 11-12 & 1-3pm	Singing	Heritage Building Wards
19 October 16 11-11.45am	Knit n Natter	QEHB Faith Centre Quiet Room
30 November 16 11-12 & 1-3pm	Sensory Story Telling	Heritage Building Wards
21 December 16 1-3pm	Christmas Carol Singing	Heritage Building Wards
25 January 17 11-11.45am	Knit n Natter	QEHB Faith Centre Quiet Room
15 February 17 11-12 & 1-3pm	Art Work	Heritage Building Wards



The Heritage Building Multi-Faith Prayer Room, QEHB Prayer Rooms, Chapel and Quiet Rooms are all open 24 hours, 7 days per week.
For further information contact 14574 and 14569.



Chaplaincy Department

'Statement of Common Purpose'

(February 2012)

As part of the University Hospitals Birmingham NHS Foundation Trust, the Chaplaincy Department continues in its commitment to enrich the work of health and healing by highlighting the religious, spiritual and pastoral care of patients, relatives, visitors and staff.

Having worked within a Christian Covenant since 1995, a Christian/Muslim Statement of Common Purpose since 2002, and more recently a 'Statement of Common Purpose and Practice for a Chaplaincy Team of many faiths', we now wish to acknowledge our developing Team and reflect the changing patterns of Chaplaincy.

Our role is to provide care which is sensitive and appropriate to the religious, spiritual, emotional and cultural needs of patients, relatives and staff. We offer this so that people, whatever their beliefs, can begin to find strength, support and meaning within their varied experiences of life, death, illness or injury.

While acknowledging that our shared ministry is limited by matters of doctrine and patterns of worship we celebrate our diversity and pledge ourselves to deeper understanding and consideration. Therefore we commit ourselves to a deepening of our partnership and understanding.

We believe that...

...Spiritual well-being and pastoral care are essential elements in promoting health and healing

...Respect and sensitivity should be shown to people's spiritual, religious and cultural needs

...People's privacy, dignity and confidentiality should be respected and maintained at all times

We seek to be...

...a Team where people celebrate their particular faith and religious tradition

...a Team where people can explore their differences and acknowledge their boundaries

...a Team which encourages and supports multi-faith dialogue

...a Team which meets the religious, spiritual and pastoral needs of the hospital community

We seek to offer...

...a place underpinned by prayer, meditation and contemplation

...a place where difficult questions are explored with honesty and respect

...a place where patients, staff and visitors -regardless of belief - can find comfort and acceptance

...a place where health and healing is celebrated in all its diversity.

We commit ourselves...

...to work in collaboration with each other and with other hospital staff

...to retain an openness to discerning how this relationship will develop

...to trust in each other to share in general spiritual oversight

...to explore practical ways of being present together at times of prayer

...to meet together regularly for information-sharing, planning, learning and growth in friendship

...to learn from our faith traditions about the experience of suffering, dying and getting well

...to offer both our difficulties and our achievements in developing a multi-faith partnership

...to offer support and encouragement to each other

We commend this document to our Foundation Trust and our religious authorities