

Heart and soul

The language of kindness and compassion

A spirituality strategy for the 21st century NHS 2019-24

what will you do?



Introduction

The purpose of this strategy is to help bring the PRIDE values to life and embed them in the way we care for ourselves and others in the workplace, so that we excel in being human together, being the best that we can be.

- Professionalism
- Respect
- Innovation
- Dignity
- Empowerment

Why 'Heart and Soul?'

Because:

- Bringing the best out of the whole person in work, in our care, and in caring means attending to, promoting and improving the health and wellbeing of the whole person – heart and soul, mind and body.
- When we meet and connect, heart and soul, we can transform the experience of being at work and the experience of those in our care. We know that staff and patient experience are two sides of the same coin. Everyone benefits from being part of a community of care that is person-centred and holistic in its appreciation of who we are and what makes us function; heart and soul, mind and body [NHS England, Staff Experience 2018].
- We believe that 'heart and soul' is a more accessible and less problematic way of talking about, exploring, working with and promoting the spiritual aspect of being alive and living with and beyond suffering.

1. This strategy is all about reconnecting what we do with who we are

It's an individual matter

Many people are spiritual and religious, and we have a statutory duty to protect the religion and beliefs of such a person. Many people are spiritual but not religious, and we have a duty to care equally well for them as well as those who do not want to be considered or identify themselves as religious *or* spiritual.

We all might understand what it is we have in common as human beings; heart and soul. We bring these heart and soul values, beliefs and understanding of our place in the world to our role. Employees don't leave heart and soul at home when we come to work. People coming into our care don't leave heart and soul at home. Carers pour heart and soul into caring for a loved one in their distress, their recovery and, indeed, at the end of their lives.

It's a corporate matter too

The *way* we do things is of equal value to what we do in treating or caring for people. How we measure the value and effectiveness of our care needs to reflect this

balance [Leading Change, Adding Value, NHS England 2016]. Succeeding in this will help the Trust in its journey from being rated a 'good' CQC rated healthcare organisation we can take pride in, to being 'outstanding' and a beacon for others.

2. Current situation

- The need of human moments

Focus group participants contributing to this strategy called for more human connection with one another and to be equal partners in the creation of human moments with those in our care. They observed that it was often the tiniest moments that were the most memorable and meaningful. Their overwhelming feedback was that it is hard at times to even to pause for breath, this strategy helps create breathing space through a consistent focus on the broader, softer and more social aspects of what it means to be well.

- A different landscape

Over the past few years the Trust has expanded its services to include physical health as well as mental health. This strategy reflects the shift in our service provision and reflects the need to care for both our physical and mental health and the co-dependency of these. The first year of this strategy will see new connections being made with those integrated physical and mental health services that are a part of CPFT.

Connections will be made with the service user, patient and stakeholder partnerships and the Carers' Board, to ensure that the voice and participation of carers, service users and volunteers are truly a part of creating a culture rich in heart and soul. Co-production, collaboration and a shared purpose for how we wish to develop the culture of heart and soul is at the heart of this strategy.

- Aligning value-based approaches to employment and professional development

There is a commitment to bring together other Trust services in delivering and supporting this strategy; by aligning the way we wish to develop the culture of heart and soul we will have shared purpose and goals. This will include a range of teams including Communications and Engagement, Human Resources, Learning and Development, to bring the best out of the talent that CPFT attracts, to retain and grow these people, to effectively engage them in a shared purpose and to establish the ways in which the heart and soul culture weaves itself into and across these functions.

3. Shaping our strategy

The following strategies, networks, services and partnership arrangements will underpin and support the goals set out within the Spirituality Strategy:

Name of strategy, network or partnership arrangement	What it aspires to achieve	How it supports the Spirituality Strategy
The Trust Strategy	Helping people be the best they can be	<ul style="list-style-type: none"> • Improves the experience of working in CPFT by offering more holistic moments of self-care and replenishment • Ensures the health and wellbeing of our staff with its focus on pastoral care for them • Helps create a workforce that recognises the diversity of its population and is positive about inclusion – working in a more holistic way with people in our care
Health and Wellbeing Strategy	Creating and sustaining a healthy workforce	<ul style="list-style-type: none"> • Aligns programmes of work with the Corporate Affairs family of initiatives; caring for people at work - their mind, body and spirit.
Equality and Diversity Network	An inclusive workforce: a stronger, more resilient workforce	<ul style="list-style-type: none"> • Affirms and brings the best out of the whole person at work
Volunteers Strategy	Creating a confident and diverse body of volunteers, fully involved across all CPFT services	<ul style="list-style-type: none"> • Gives an entry point into CPFT for volunteers through the chaplaincy community, and beyond as spirituality practitioners, giving pastoral care
Recovery and Inclusion Strategy	Building a recovery and co-production culture within CPFT and strengthening the benefit of kindness and	<ul style="list-style-type: none"> • Listening to one another and celebrating the compassion and kindness that brings the best out of the care we give and receive

	compassion on everyone within the CPFT family	<ul style="list-style-type: none"> Including more and more the contribution of people with lived experience through volunteering and caring opportunities
End of Life Care	Brings psychological, social and spiritual support to the person, their family or carers.	<ul style="list-style-type: none"> Links the experience and learning from holistic care with a good death to all of the care we offer in helping someone make for themselves a good life
Nursing Strategy	Caring for the whole person	Emphasis on the need and value of holistic assessments in person-centred care
Carers Strategy	Valuing and recognizing carers as equal partners - included in the way their relative and loved one is cared for. Carer influence the way services are planned and delivered	Responding and valuing the place of spirituality in the life a carer deepens the bond and trust between them and the healthcare professionals caring for their loved one

4. Strategic Goals

Strategic Goal 1:

“Honour compassion, reward compassion, [celebrate compassion] and make it real. Make it the standard of care.” Dr. B.J. Miller.

The milestones for this will include -

- Unfurling the Heart and Soul banner: campaigning, marketing, and promoting events, training, information and support initiatives to raise the level of awareness and involvement in a heart and soul movement.
- All directorates taking ownership and responsibility for their contribution to the Heart and Soul strategy - implementing their own initiatives and/or participating in wider ones.
- Resetting the holistic balance of our approach to assessments and healthcare bringing equal weight to spiritual pain: the affairs of heart and soul in someone’s suffering [Total Pain].

TOTAL PAIN
(BASED ON CICELY SAUNDERS' S MODEL)

Physical Pain <ul style="list-style-type: none"> • Physical pain • Other symptoms • Adverse effects of treatment • Co-morbidities 	Psychological Pain <ul style="list-style-type: none"> • Anger • Anxiety • Depression • Fear of suffering • Past experience of illness
Spiritual Pain <ul style="list-style-type: none"> • Hopelessness • Finding meaning • Loss of faith • Fear of the unknown • Anger at fate/anger at higher power 	Social Pain <ul style="list-style-type: none"> • Dependency • Worry about future of family • Financial concerns • Loss of job • Loss of role and social status

- d. Launching a pioneering training programme for up to 100 accredited spirituality coaches, 20 in each year of the strategy.
- e. Launching a service to help improve the health, wellbeing and resilience of those people in primary care settings whose main need is to have someone to talk to.
- f. Launching a Kindness Award for meaningful acts or to people who act as role models of kindness and compassion in practice.
- g. Celebrating the language of kindness and compassion in diversity through a Heart and Soul Newsletter (replacing the Chaplaincy newsletter), delivered directly to CPFT employees and the other stakeholders.
- h. Holding an annual event to celebrate kindness and compassion in healthcare in all its diversity, under the Heart and Soul banner - on 'what matters to you'.
- i. Protecting religious and belief characteristics by ensuring there is a sufficiently and safely staffed professional pastoral, religious and spiritual care service team managed by a diverse body of CPFT NHS Chaplains, *NHS specialists in pastoral, religious and spiritual care*, [see NHS Chaplaincy Guidelines, 2015]
- j. Increasing the diversity mix and range and scope of the chaplaincy team to ensure there is scope and the capacity to bring a chaplaincy service to older people and end of life care [the established chaplaincy team is mental health chaplaincy only].

Strategic Goal 2

Reconnecting who you are with what you do

The milestones for this will include -

- a. Introducing a Schwartz Rounds pilot with Older People's and Adult Community Services.
- b. Ensuring that the new Resource Centre building on the Fulbourn site is one where people meet as people; to ensure that the new building's environment

lifts the heart and soul, and that the vitality of the community of people that put the current centre to such creative and dynamic use is translated to this new setting.

- c. Establishing a front-of-house space for information, meeting and exchange in The Cavell Centre, for Chaplaincy volunteers, volunteering, carers, Head to Toe, Embrace, Recovery College - that community of people charged with the task of raising awareness of ways in which we connect heart and soul to what we do and in the task of caring for one another.
- d. Establishing and launching a special interest group for clinicians that provides a forum especially for - and lead by – clinicians that will explore in depth the spiritual challenges presented by those in our care and how best to respond to patients' spiritual concerns.
- e. Inviting the special interest group of clinicians to 'own' the process of planning and presenting occasional case studies in matters of religion, belief and spirituality to the wider community of clinicians.
- f. Taking the Heart and Soul message to a wider audience of colleagues through the NHS England training curriculum – lead and coordinated by CPFT chaplains with other CPFT partners.
- g. To seek NHS England funding support for the innovative training the trainers programme for spirituality coaches.

Strategic Goal 3

Developing sustainable communities of recovery, kindness, care and safety

The milestones for this will include –

- a. Re-launching the Spiritual Care Forum under the Heart and Soul banner. CPFT Chair and Chaplaincy take the Forum to all parts of the trust, three times per annum.
- b. Continuing to offer safe spaces in hospital and the community for people who feel vulnerable to gather and stay connected to a community of hope in recovery.
- c. Providing training and guidance in mental health matters and informal joint working with a diverse group of faith communities and community groups across the trust area.
- d. Continued chaplaincy training and guidance for staff groups in the religious and cultural aspects of understanding illness and healing in minority communities.
- e. Becoming a centre of excellence for volunteers' training in pastoral care - providing the next step for individuals within that community to develop their roles as pastoral care practitioners, bringing their contribution into mainstream physical and mental health service areas for people who are in recovery.
- f. Caring for carers and exploring opportunities to link holistic care initiatives with the role, knowledge, experience and expectations of carers will be a feature of how we put this strategy to work.

5. Key areas of risk to delivery of the plan

As with any strategy, there are inherent risks and barriers to implementation, which will be monitored and mitigated:

- a. The capacity of the current chaplaincy team is limited and therefore current resources will need to be monitored and allocated carefully.
- b. The success of the strategy requires engagement from the whole organisation- there needs to be collective ownership for its delivery
- c. Current financial constraints of the Chaplaincy team will require us to be resourceful and creative in delivery of the strategy
- d. The challenge of delivering the cultural transition as set out in the strategy, whilst maintaining the operational focus and providing a responsive service to those who need us

6. How will we measure success and report on our progress?

A series of Key Performance Indicators will help to measure success, as set out below, with further detail in the one year operational plan:

- To report on progress directly to the Executive Team and Board bi-annually
- The brand and approach to spirituality as set out in the Heart and Soul strategy will be recognised and understood by all CPFT staff by 2025, and by 75% of the wider 'CPFT family'
- 20 spirituality practitioners will be trained each year
- Development of a 'kindness award' that is aligned with the Trust's existing awards process will be promoted
- Holistic healthcare assessments will be routinely used by clinical staff
- Training and guidance in the religious and cultural aspects of understanding illness and healing in minority communities will continue to be given by the Chaplaincy pastoral, religious and spiritual care team
- The religious and belief characteristics of people in our care will continue to be protected
- Schwartz Rounds will be offered to staff

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Patient Advice and Liaison Service

For information about CPFT services or to raise an issue, contact the Patient Advice and Liaison Service (PALS) on Freephone 0800 376 0775, or e-mail pals@cpft.nhs.uk

Out-of-hours service for CPFT mental health service users

Please call **NHS 111** for health advice and support.

If you require this information in another format such as braille, large print or another language, please let us know.

CPFT supports the **HeadtoToe Charity** – visit www.HeadToToeCharity.org for details on how you can help

