



NHSGGC Spiritual Care Service 2024-25 Annual Report

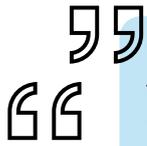
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1. Executive Summary



“We all have a part of us seeking to connect and discover meaning, purpose and hope in those aspects of our experience that matter most to us. This is often referred to as “spirituality” which is present in our lives; informing our personal values and beliefs, and affirming that tears, laughter, pain and joy are all part of the human experience...

Within health and social care, it is widely accepted that questions of meaning, purpose, hope (or the lack of it), identity and relationship can become acute when wellbeing and stability are challenged or threatened by illness, injury, or loss in oneself or in a loved one. At such times people often need spiritual care...”

Scottish Government’s 2023-28 Framework, [“Discovering Meaning, Purpose, and Hope through Person-Centred Wellbeing and Spiritual Care.”](#)

In 2024-25 the spiritual care service, delivered by Registered Chaplains, continued to provide compassionate, specialist support to patients, families and staff of **all faiths and none**, meeting the essential need for meaning, purpose, and hope in healthcare settings.

The spiritual care service directly supported NHSGGC’s corporate objectives and NHS Scotland’s priorities. This report illustrates examples of how this was achieved, including:

- Service Reach: Spiritual care was provided across all **22** NHSGGC hospital sites, supporting patients, families and staff, mitigating key risks across the organisation of staff burnout and patient distress
- Key Activities: The spiritual care team facilitated **3769** discrete staff and patient contacts throughout the year, including one-to-one direct support, follow up support, and group sessions. **59% of referrals** were responded to within **one hour**.
- Faith and Belief Support: The team responded to requests across faith and belief groups, ensuring inclusive access and person-centred care for all.
- Development Milestones: The service continued to develop in line with the 2024-29 Quality Strategy, [“Quality Everyone Everywhere,”](#) and the Scottish Government’s 2023-28 Framework, [“Discovering Meaning, Purpose, and Hope through Person-Centred Wellbeing and Spiritual Care.”](#), progressing work to ensure continued compliance with the Health and Care (Staffing) (Scotland) Act 2019.



2. Foreword



“It is with immense pride that I present the achievements and impact of NHSGGC’s Spiritual Care Annual Report for 2024-25. Spiritual care underpins NHSGGC’s vision for person centred care and workforce wellbeing; as such and as the Strategic Lead for Spiritual Care, I am continually inspired by the stories I hear from staff, patients, and their loved ones about the profound difference our spiritual care team makes to people of all faiths and none.

It is particularly encouraging to see how the service has continued to develop in alignment with local and national frameworks, which guide our commitment to providing high-quality, specialist, and professional spiritual care.

The spiritual care team’s unique skills—including undivided attention, empathetic and active listening, bereavement care and facilitation of religious or faith-based support—remain central to their impact. Situated in hospital settings, chaplains are able to respond quickly to referrals, and are visible among clinical teams. Their professionalisation over recent years, guided by national frameworks, has enabled holistic support that improves health outcomes, care experiences, overall value, and workplace culture. Their expert support ensures spiritual care is delivered to an exemplary standard, supporting the ongoing wellbeing of staff, patients, and families throughout Greater Glasgow and Clyde.

I extend my heartfelt thanks to the spiritual care team for their dedication and commitment to serving the population of Greater Glasgow and Clyde. Their work is a testament to the power of compassion and the importance of holistic care in our healthcare system.

I look forward to seeing the continued evolution of spiritual care in the years ahead; with the service’s focus on person centred and holistic support for people of all faiths and none, I am confident we can meet challenges ahead by continuing to fulfil patient, family and staff needs for meaning, purpose and hope in our healthcare settings.”

Fiona Smith, AHP Director and Spiritual Care Lead, NHSGGC



3. Service Overview

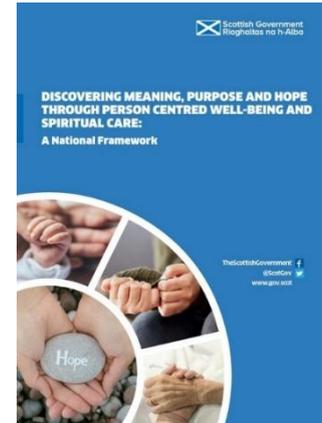
3.1 What is spiritual care?

Healthcare Chaplaincy has evolved as a specialist profession. The Scottish Government's [National Framework](#) offers the following perspective on spiritual care within health and social care:



“We all have a part of us seeking to connect and discover meaning, purpose and hope in those aspects of our experience that matter most to us. This is often referred to as “spirituality” which is present in our lives; informing our personal values and beliefs, and affirming that tears, laughter, pain and joy are all part of the human experience...

Within health and social care, it is widely accepted that questions of meaning, purpose, hope (or the lack of it), identity and relationship can become acute when wellbeing and stability are challenged or threatened by illness, injury, or loss in oneself or in a loved one. At such times people often need spiritual care...”



Scottish Government's 2023-28 Framework, [“Discovering Meaning, Purpose, and Hope through Person-Centred Wellbeing and Spiritual Care.”](#)

3.2 Who provided spiritual care?

In NHSGGC, the spiritual care service is hosted in the Nursing, Midwifery and Allied Health Professions (NMAHP) structure, in alignment with the National Framework.

All clinical staff have a role to play in the initial identification of spiritual care needs. When the need for spiritual care is of a specialist or acute level, it is provided by the Spiritual Care team.

The Spiritual Care service support patients, families and staff to find meaning, purpose and hope; working collaboratively with ward staff, Occupational Health, and Psychology, they are based on hospital sites and able to respond timeously, often preventing escalation of need.

In 2024-25 Spiritual Care was further embedded into patient and staff pathways through:

- inclusion in new Digital Clinical Notes tool for patients as part of the admission and assessment process by Registered Nurses
- Representation in NHSGGC's Staff Health Strategy Group, supporting clarity of referral criteria across and between different staff support services.

Healthcare Chaplains are registered, or working towards, registration with the UK Board of Healthcare Chaplains. In NHSGGC a team of 11.6 WTE Chaplains are supported by a Practice Development Lead, a part time administrator, and a Team Lead.

Chaplains provide specialist spiritual care on hospital sites Monday – Friday, 9am – 5pm. Urgent referrals only are responded to on weekdays 5pm-10pm, and on weekends and public holidays 9am – 10pm.



4. Better Health – improving the health and wellbeing of the population

In 2024-25, the spiritual care service continued to foster good relationships with faith and belief communities, thereby enhancing the valued support hospital patients and staff could receive from faith and belief groups in their local communities.

4.1 Case study - relationships with local faith communities

For example, the Healthcare Chaplain aligned to Stobhill hospitals identified a service gap for patients, families and staff regarding specialist Roman Catholic support:



“... As I wanted to build relationships with the local religious, spiritual and wellbeing support communities [near Stobhill], I made contact with two [local] Catholic churches... I went to the Mass, and afterwards, met Canon Anthony Gallagher and his dogs – two big greyhounds - and was shown round before having a cup of tea in the manse kitchen.

I discussed the work that we do as chaplains and told him about some of the activities and the needs of patients on the mental health campus on Stobhill, and on the Acute/rehab wards.

I requested that he comes over and I would introduce him to some patients who are Catholic... in time, he allocated another person who was willing to come on perhaps a weekly basis, and he saw our longer-term patients for communion, confession and Catholic pastoral care.

This brought a lot of peace to several patients for whom their religion offered a way to emotional connection, spiritual and religious expression and indeed, to a sense of peace. The impact on the ward was clear – ... their behaviour would settle and they became more calm, easier to connect with and, therefore, to support. For this, the ward staff have expressed their appreciation... When I would ask them how they got on with the Deacon, the Priest, they would tell me of their gratitude that they/their needs could be met in this way, and sometimes were quite emotional that it could finally happen...

I have built similar working relationships with people from the Sikh and Pagan communities, and also with an organisation that supports sport (especially football – often a context for connecting with their needs for belonging, acceptance and meaning/mattering) for young men with Mental Health challenges.”

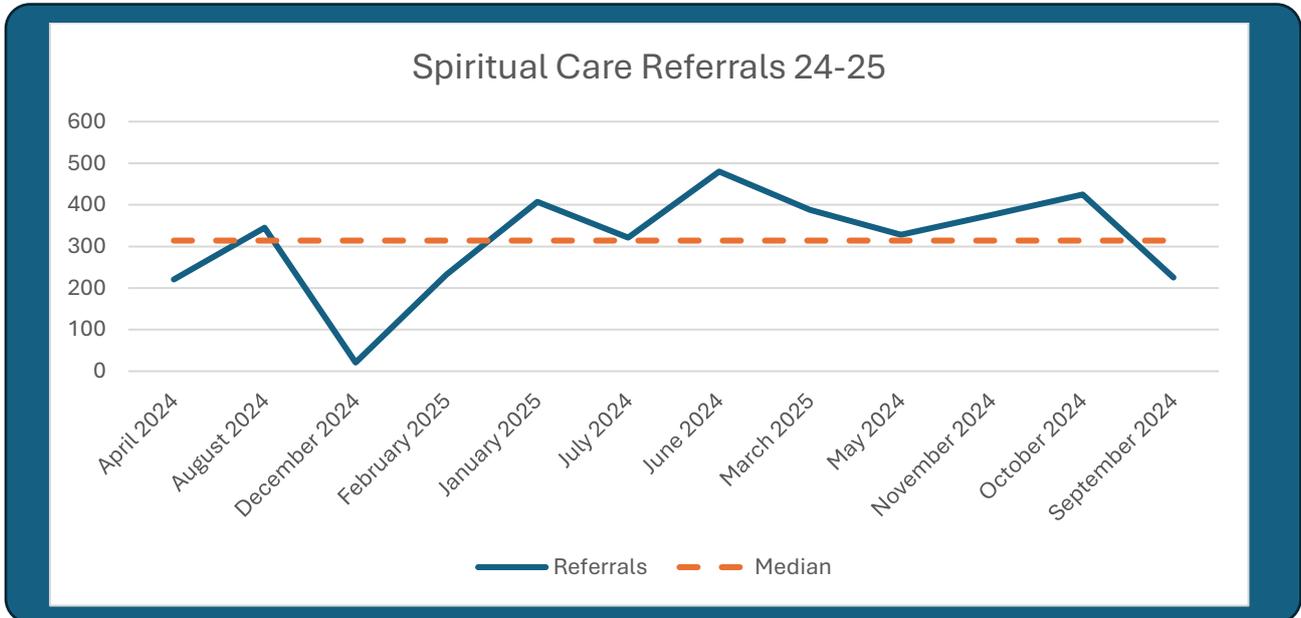
Amitashuri Yule, Healthcare Chaplain



5. Better Care – improving individual experience of care

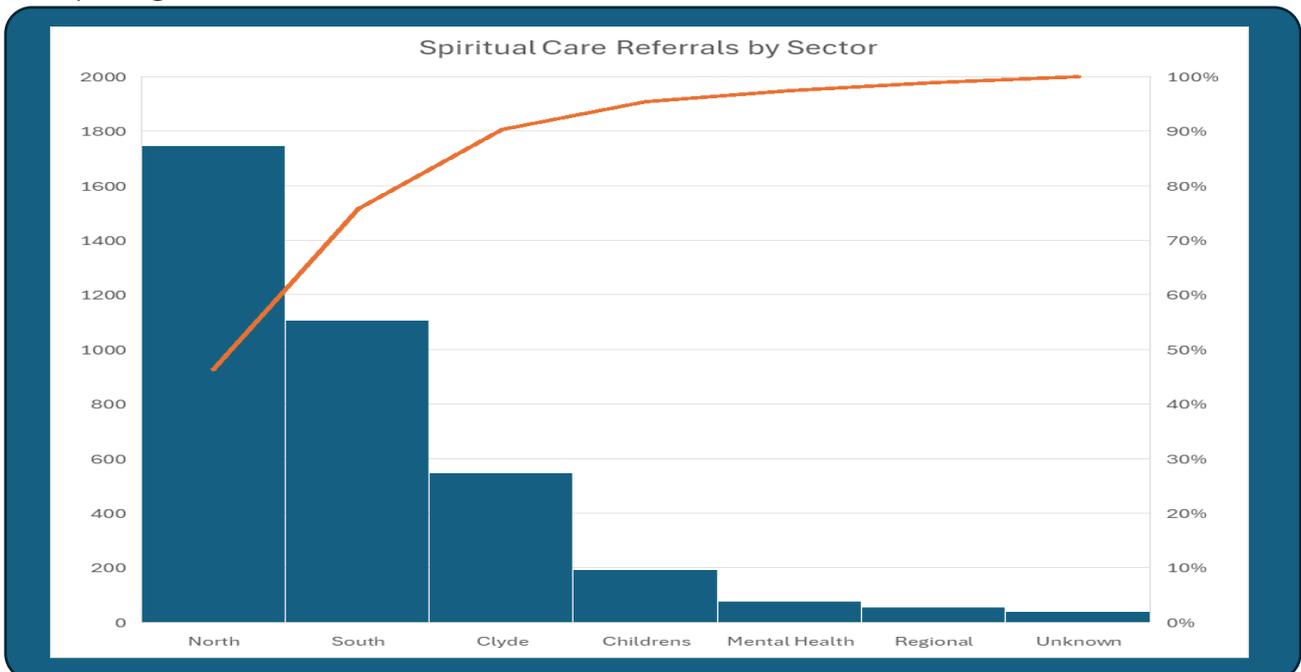
5.1 How many people received spiritual care?

In 2024-25, the spiritual care team reported providing spiritual care on **3769** occasions, an average of **314 per month** over the year.¹ This was spread evenly throughout the year, apart from a dip over the Christmas period – which is an expected and typical variation:



5.2 Where were they?

In 2024-25 the **North** recorded the greatest number of referrals (45%). This will be explored further in 2025-26 to understand the reasons behind this, and any improvements required in reporting, awareness or resource:



¹ This includes self, return and new referrals



5.3 When did people need spiritual care?

97% of episodes of care were **during core hours**, 3% were urgent referrals received during evenings, weekends or public holidays.

5.4 How were people supported?

68% of episodes of care were delivered **1:1**; 28% in small groups of less than 5 people. The remainder of spiritual care was provided in groups of more than 6 people.

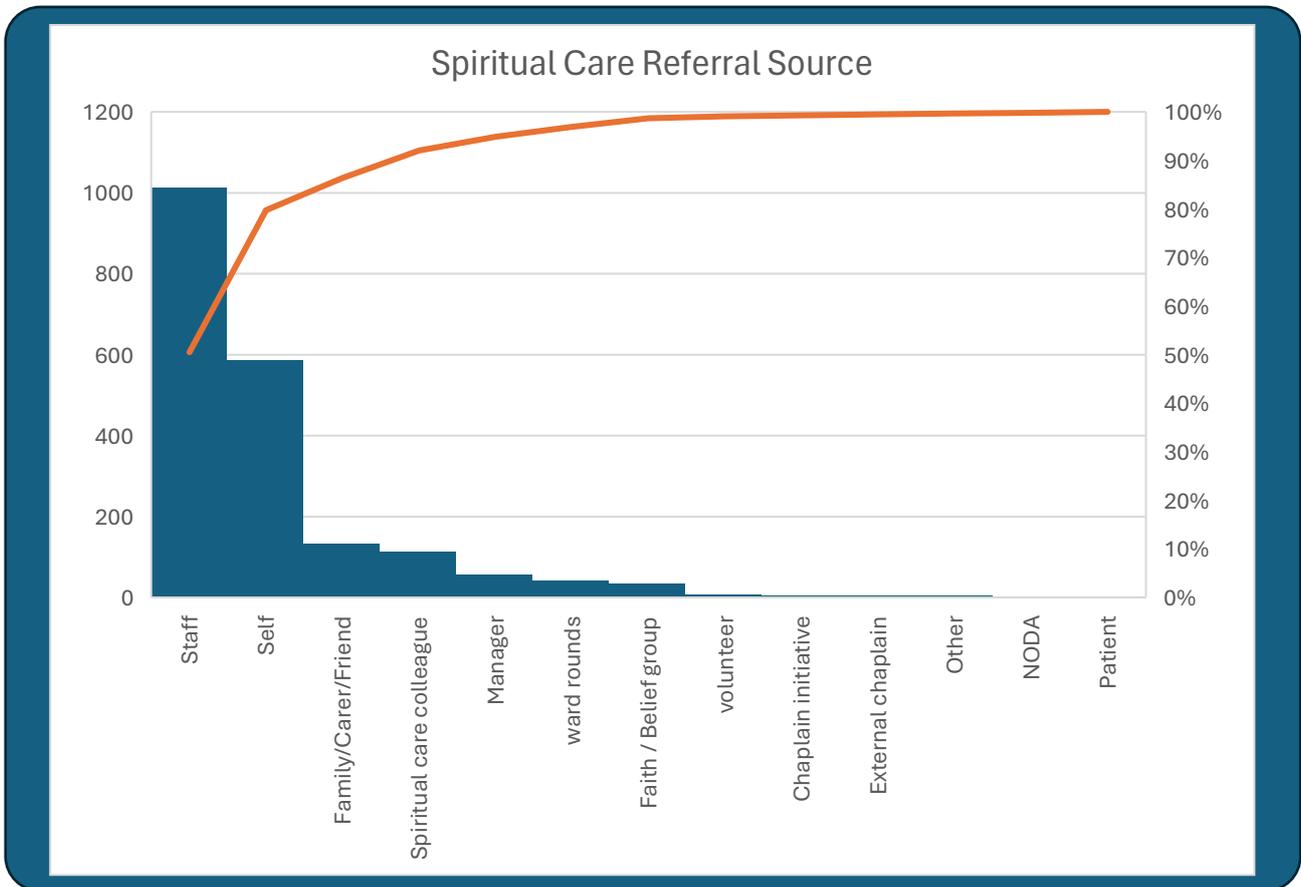
5.5 How long did people have to wait before receiving spiritual care?

The spiritual care team assess referrals and respond appropriately, e.g. if a referral is urgent, they respond within 24 hours, whereas more routine requests for support are responded to within 48 hours.

Where response time was recorded, the team were generally able to respond very quickly to referrals received; **59% within one hour, 19% within four. No episodes of care were recorded as being provided with a timeframe of over 72 hours.**

5.6 How did people come to the spiritual care service?

Over half (**51%**) of recorded new referrals were **received via staff**, demonstrating the crucial role they play in recognising, assessing and referring to specialist spiritual care. In addition, a significant proportion (**29%**) of recorded new referrals were **self-referrals**, indicating a good awareness of the spiritual care service in some areas:



There was an even spread of **new (48%) and return (46%)** referrals.



5.7 What did people need support with?

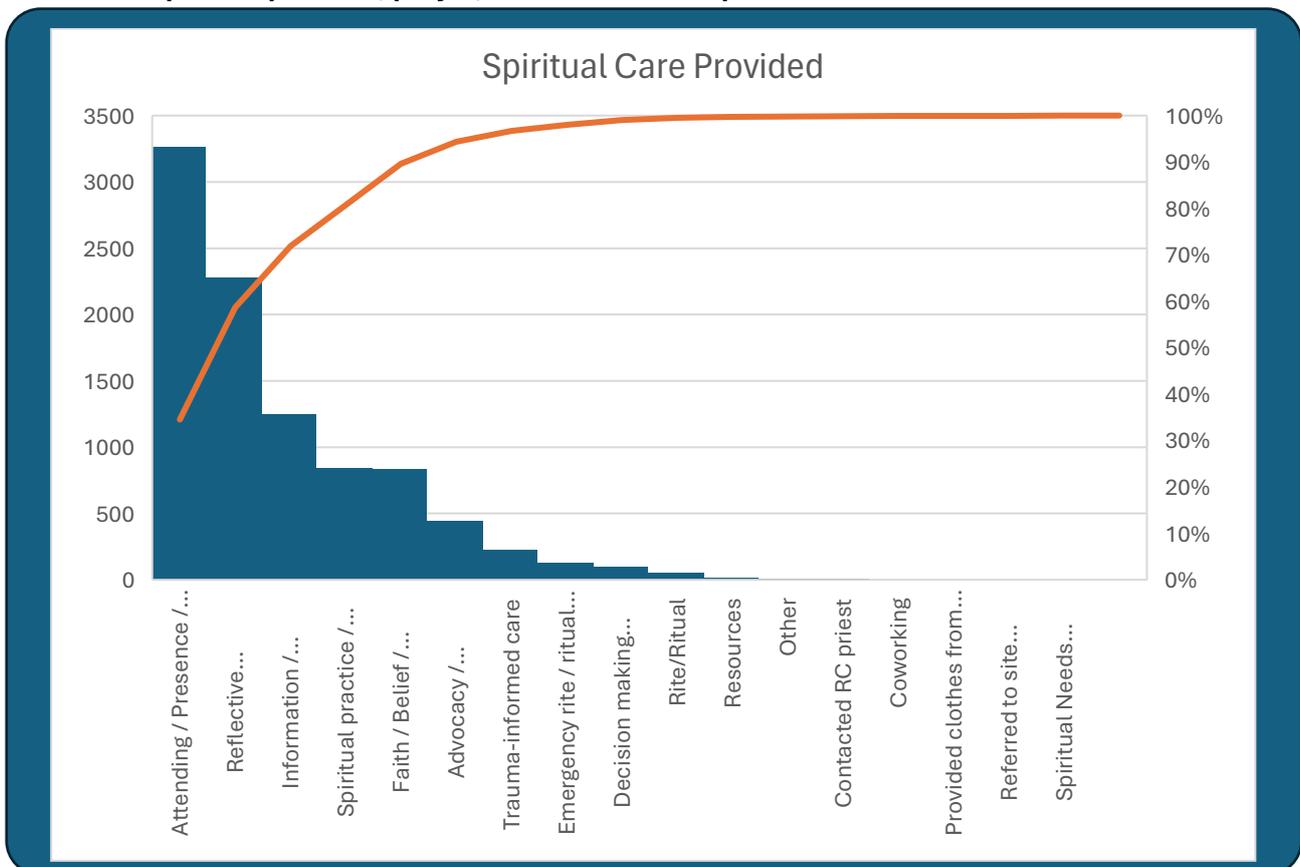
Chaplains assessed people as presenting with multiple complex and multifaceted spiritual care needs. 80% of peoples assessed spiritual care needs were for:

- **Mood or peace**
- **Changes in life, circumstances or diagnosis**
- **Hope, security or identity**
- **Faith or belief**
- **Relationships – complex or the perceived lack of them**
- **Complex needs (e.g. addiction, mental health, trauma, PTSD, secondary trauma, or social)**
- **Bereavement or loss**
- **Meaning, purpose or identity.**

5.8 What care did people receive?

80% of spiritual care provided was:

- **Attending, presence or listening**
- **Reflective accompaniment**
- **Information or signposting**
- **Spiritual practice, prayer, ritual or self-compassion.**



5.9 What follow up was required?

80% of interactions required some form of **follow up by the on-site spiritual care team.**



5.10 What was peoples' experience of spiritual care?

In 2024-25, 3 people took the time to share their experience of receiving Spiritual Care on **Care Opinion**:

5.10.1 "Mum's Care"

“One of the staff asked if my mum was religious, and if we as a family would like to chat with the chaplain. We did this, and Chaplain James came into mum's room to speak with us. He spent a considerable amount of time chatting to us, reassuring us that he knew how we felt, it was so kind of him to do this. When he left the room, we all felt that the vibe we got from him was so warm and caring, he had a genuine feeling of peace and a knowledge of what we thought of mum.

We actually asked him to perform the service for my mum when the time came, which was sadly too soon. James did in fact deliver the service for mum, and I'm pretty sure she would have loved it...”

5.10.2 "The service provided by the staff was of the highest order"

“... the availability of a room called the ‘Sanctuary’ where you can go in times of distress was a truly welcomed place of refuge. In the sanctuary I was very fortunate to meet a lovely chaplain called Amitashuri and we discussed various matters...”

5.10.3 "My father's care"

“My father was recently re admitted to the Queen Elizabeth University Hospital where he sadly passed away.

Sadly the family arrived not long after his death... I would especially like to thank Karen who sat and prayed with my dad as he passed away (he had asked for a chaplain, however they were unable to arrive in time).”

The ward was very busy at the time but Karen took the time to be with him and had a quick chat with us prior to us leaving the hospital and described the peaceful manner in which he passed, which was a great comfort to the family...She completely embodied the values of the NHS in her compassionate, caring and professional manner.”

5.10.4 Patient Reported Outcome Measure

The service continued to pilot use of a Patient Reported Outcome Measure (PROM) in two hospitals. Spiritual Care's Scottish PROM is a internationally validated tool developed to help individuals and spiritual care services in NHS Scotland understand and improve patient, family & carer experience of spiritual care.

Key learning from this test period included the importance of QI tools and methodologies in implementing the tool, and testing the potential inclusion of the PROM in Digital Clinical Notes, to be used as a potential screening tool.



5.10.4.1 Examples of feedback shared using the PROM



“Our mother had a serious fall which required neurosurgery and a stay in critical care. During her time there, our father died suddenly, making what was already a traumatic situation even more devastating.

As [three] siblings we sought out the support and guidance of the chaplain, and she became a lifeline for us. Her immense grace, wisdom, empathy and kindness was like a lighthouse for us during and extremely distressing and bewildering time.

When we would have ordinarily relied on one of our parents for support and counsel, we found ourselves without either of them to turn to. The chaplain sat patiently with us on many occasions and became our North Star in what was an incredibly fragile time in life.

To know that she was ‘there’ for us was an incredible gift and we appreciate her deeply and will never forget what she did for us.”



“The offering of this, your service has been nothing short of life saving for me.”

5.10.4.2 Next steps

The PROM has been included as a key recommendation of the Scottish Government’s National Framework – the Spiritual Care team will align development of the pilot with a national approach.

Scottish PROM* for Spiritual Care

1. This next set of questions covers the outcomes that seem to be important to people receiving spiritual care.

We are interested in understanding how you saw your situation at the start of the referral process. For each statement please tick the box that best describes your experience before the referral was made.

Before I started the sessions I was feeling:

| | None of the time | Rarely | Some of the time | Often | All of the time |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I could be honest with myself about how I was really feeling | <input type="radio"/> |
| Anxious | <input type="radio"/> |
| I had a positive outlook on my situation | <input type="radio"/> |
| In control of my life | <input type="radio"/> |
| A sense of peace | <input type="radio"/> |

2. During my meeting(s) with the Listener I felt...

| | None of the time | Rarely | Some of the time | Often | All of the time |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I was listened to | <input type="radio"/> |
| I was able to talk about what was on my mind | <input type="radio"/> |
| My situation was understood | <input type="radio"/> |
| My beliefs or faith were valued | <input type="radio"/> |

3. Finally, for each statement please tick the box that best describes your experience over the last two weeks.

In the last two weeks I have felt:

| | None of the time | Rarely | Some of the time | Often | All of the time |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I could be honest with myself about how I was really feeling | <input type="radio"/> |
| Anxious | <input type="radio"/> |
| I had a positive outlook on my situation | <input type="radio"/> |
| In control of my life | <input type="radio"/> |
| A sense of peace | <input type="radio"/> |

4. Do you have any other comments you would like to share?



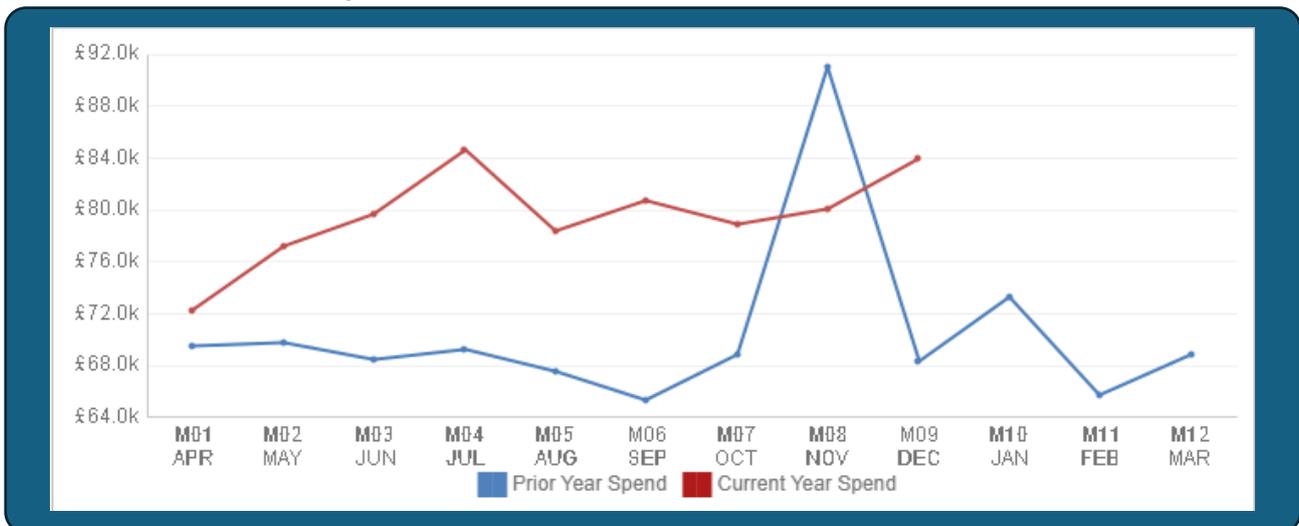
6. Better Value – reducing the cost of delivering healthcare

The spiritual care service continued to streamline and modernise processes in 2024-25, to support more efficient ways of working and ultimately free up more time to care. Achievements included:

- continuing to offer spiritual care virtually, where appropriate
- a registered chaplain achieving facilitator/ trainer status for Values Based Reflective Practice® (VBRP®), meaning less dependence on national support (and therefore travel)
- refinements of the team’s data collection tool, resulting in reduced time spent on this administrative process
- focused supportive, compassionate and effective management of multiple long-term absences in the team in alignment with relevant policies, leading to improved attendance.

6.1 Financial governance

In 2024-25 the spiritual care team achieved an **underspend of £41,112**, primarily due to multiple long term absences in the team. These absences were successfully resolved towards the end of the financial year:



In 2024-25 the spiritual care service continued to deliver an out of hours on call service, in alignment with the National Framework. The spiritual care budget is designed to be delivered in core hours and has no provision for out of hours service. This is likely to result in overspend in 2025-26, taking into account incremental drift.

6.1 Case study – streamlining team processes collaboratively

During the 2024 iMatter action plan session, team feedback indicated that a significant amount of time was spent travelling between hospital sites for meetings. In response, the team agreed to consolidate meetings and utilize virtual platforms where appropriate. Subsequent reviews have yielded positive feedback, with all members noting improvements resulting from this streamlined approach, releasing staff time and achieving financial savings.

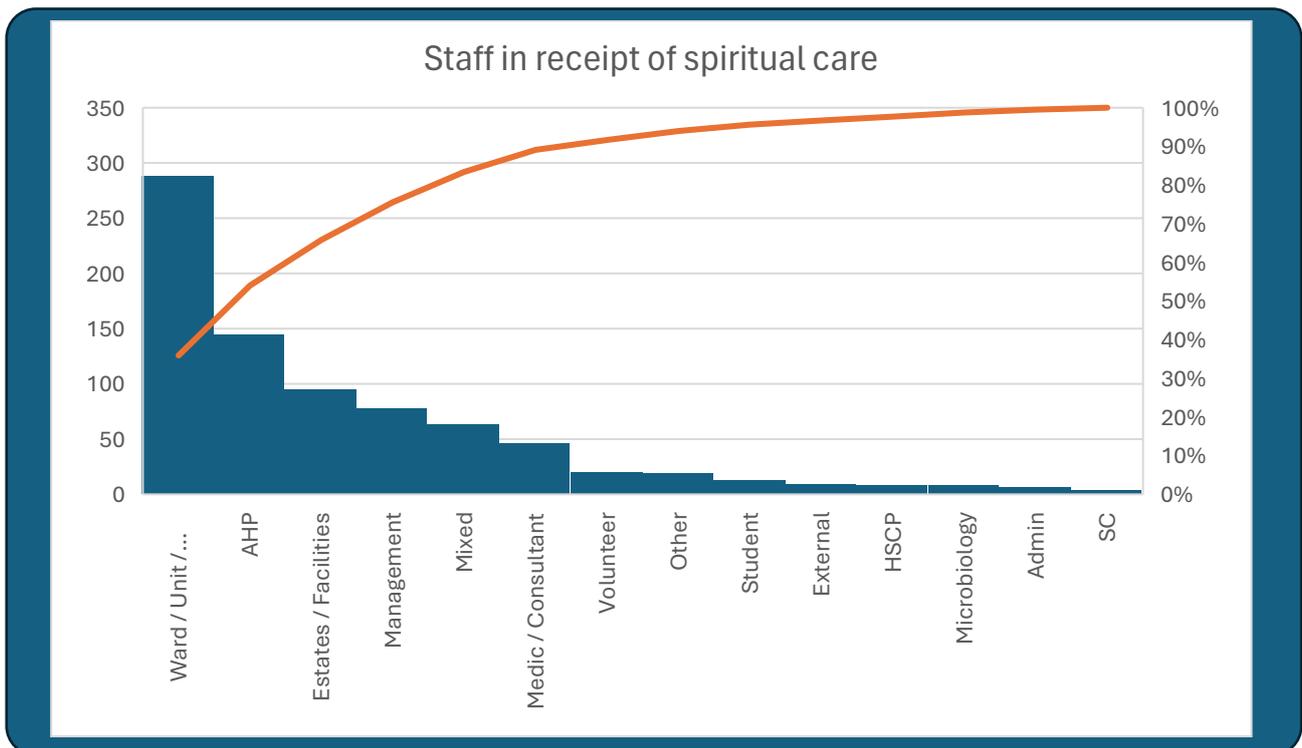


7. Better Workplace – creating a great place to work

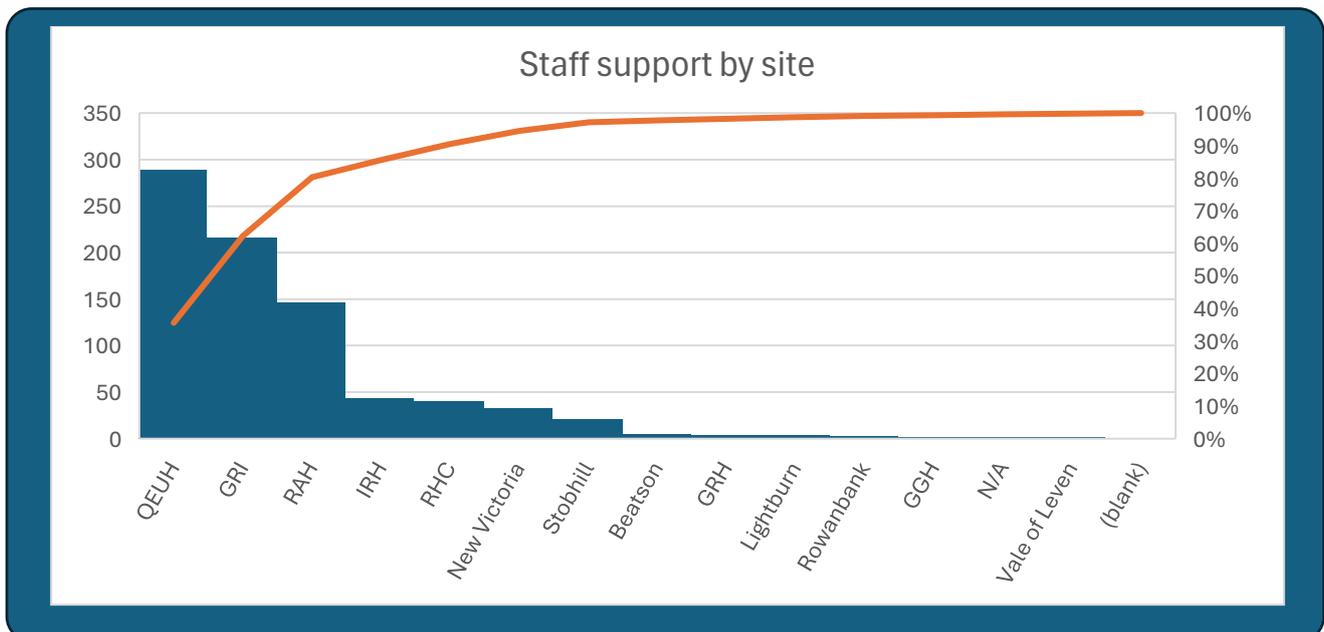
7.1 Spiritual Care for staff

Spiritual care for staff can reduce sickness absence, improve retention, and contribute to a positive workplace culture for NHSGGC employees. As might be expected, the spiritual care team reported supporting primarily patients, and those who mattered to them. Nonetheless, in 2024-25, **800 (22%) of spiritual care referrals were for staff.**

Staff from a range of professions and backgrounds received spiritual care. As one might expect, most of the support was provided to ward teams:



Numbers of staff supported aligned with site size across NHSGGC:





In addition to the support mentioned in previous sections, staff were provided with the following specific, tailored care by the chaplains. 80% of this support was around:

- **Advocacy**
- **Reflective supervision**
- **Reflective group (e.g. VBRP)**
- **Crisis debrief or postvention support**
- **Training, education or induction**
- **Return to work companionship.**

This staff specific spiritual care supports NHSGGC colleagues to maintain wellbeing, increase resilience and improve connections.

7.1.1 Spiritual Care for staff experiencing bereavement

The team routinely support staff in their bereavement, grief and loss of colleagues, patients, friends and family. One such example of this support for staff was featured as a [case study](#) for NHSGGC's [Quality Strategy](#):

Example 2: Spiritual Care

NHS Greater Glasgow and Clyde registered chaplains are trained professionals who offer confidential, compassionate, inclusive, non-judgemental, person-centred spiritual, emotional and bereavement care and support for all hospital communities in our health board.

The spiritual care team are available to support and listen to everyone, including family and friends, staff, students, and volunteers – this includes people of all backgrounds, faiths, and non-religious beliefs, who have equal access to the spiritual care service.

In this video we hear from one of the Healthcare Chaplains and two members of staff who received support from the Spiritual Care Team following the sudden bereavement of one of their colleagues.





7.1.2 Values Based Reflective Practice®



“Values Based Reflective Practice® (VBRP) is a model which has been developed by NHS Scotland to help staff deliver the care they came into the service to provide. It does this by promoting regular inter-disciplinary group reflection.

VBRP® can be used by anyone working in health and social care and is applicable across all disciplines and professional groups. VBRP® uses the principles of reflective practice to enable practitioners to understand and recognise their personal and professional value and by doing so supports them in delivering safe, effective and person-centred care.”²

The spiritual care service provide VBRP® sessions to groups of staff across NHSGGC. In 2024-25, the spiritual care team facilitated:²

- **63 group VBRP® sessions**, with approximately **791 participants**
- Approximately **30 1-1 VBRP® sessions**
- **20 Practice Placement Assessor** sessions for University of Glasgow students on the Post Graduate Certificate in Healthcare Chaplaincy course, with approximately **3 participants each session**.



² [Values based reflective practice \(VBRP®\) | Turas | Learn](#)



Feedback from participants in 2024-25 includes:



"I really appreciate how facilitator guides the sessions, and I have enjoyed the simple, practical exercises we do. They also enhance our group discussion."

"The sessions with facilitator have been incredibly valuable."

"I have found them beneficial. They allow me to pause and reflect in a supportive atmosphere, providing a safe space for thoughtful input from the other managers."

"The sessions have created a stronger sense of 'team' within our group."

"The facilitator actively encourages participation from the group and creates an opportunity for everyone to contribute in a 'safe' space."

"There's a simple and effective format to the sessions that works really well"

"I'm doing an outside course and something was shared which made the person very vulnerable. Instead of advising or trying to fix it for them, I reacted with a notice and wondering and got a wonderful reply back about being compassionate. So, I can see it working outside work!"

"I've been using the language of noticing and wondering with patients and found it works really well."

Due to the model's focus on promoting values based practice, VBRP® was included as a key deliverable in the first year of NHSGGC's Quality Strategy.

A key focus for next year is to design and implement an evaluation framework for VBRP®, to enable the service to articulate the difference VBRP® makes for staff and the care they provide.

7.1.3 Staff Safe Spaces Pilot

7.1.3.1 Origins

Like other NHS Boards, NHSGGC is experiencing increased staffing pressure, workload, turnover, and staff absence³. The spiritual care service explored trialling a safe space for staff to mitigate this pressure in one department.

7.1.3.2 Trial protocol

The trial in GRI involved 12 staff. Each was offered a 1-1 confidential listening space in which they would experience being heard, valued, understood and given space by a Registered Chaplain to reflect on their current context.

The participation rate was 80%. 100% of participants felt the space had value for themselves and real potential in offering support to a wider range of staff.

³ [NHSGGC Workforce Plan 2022-2025](#)



7.1.3.3 Outcome

The person-centred focus was of great value for staff in prevention, which could be made available prior to any Occupational Health and/or counselling referral. The trial identified many staff do not have accessible safe spaces to openly express their feelings, coping mechanisms or to discuss events that may be occurring in their working or personal lives. The trial concluded this was a valuable resource within the organisation to facilitate person centred care with a minimum of managerial input and outcomes that would benefit a wide range of staff.

7.1.3.4 Pilot at GRI

A subsequent pilot on the GRI campus offered the listening space on an appointment basis. The sessions lasted around 45 minutes and can be one-off or booked over several weeks.

During the pilot period, in 2024-25 there were **18 members of staff using the space from AfC bands 2-8**, from disciplines such as **microbiology, Practice Education, nursing and radiology**.

7.1.3.5 Initial outcomes

Feedback from participants in the Safe Spaces pilot includes:



“I felt very well supported by Paul [the Registered Chaplain] and have noticed a positive difference in myself since having the time to attend ‘Safe Spaces’.”

“I feel the Safe Space initiative has been an extremely useful and beneficial service. It provides a space for individuals to express their feelings openly and honestly, which can help reduce stress and anxiety.”

“Great confidential Safe Space and service. I have recommended to a few of my staff to support them.”

“The chaplain who supported me managed to rescue me from my anxiety on what was probably one of the worst days I have ever felt.”

7.1.3.6 Next steps

The focus for the Safe Spaces workstream in 2025-26 includes:

- scale and spread to other areas of GRI, and the Royal Hospital for Children
- application for funding to Glasgow Healthcare Charity, to secure Registered Chaplain resource to support the workstream whilst it is in a development phase
- development of existing mechanisms to understand and evidence the difference Safe Spaces makes.

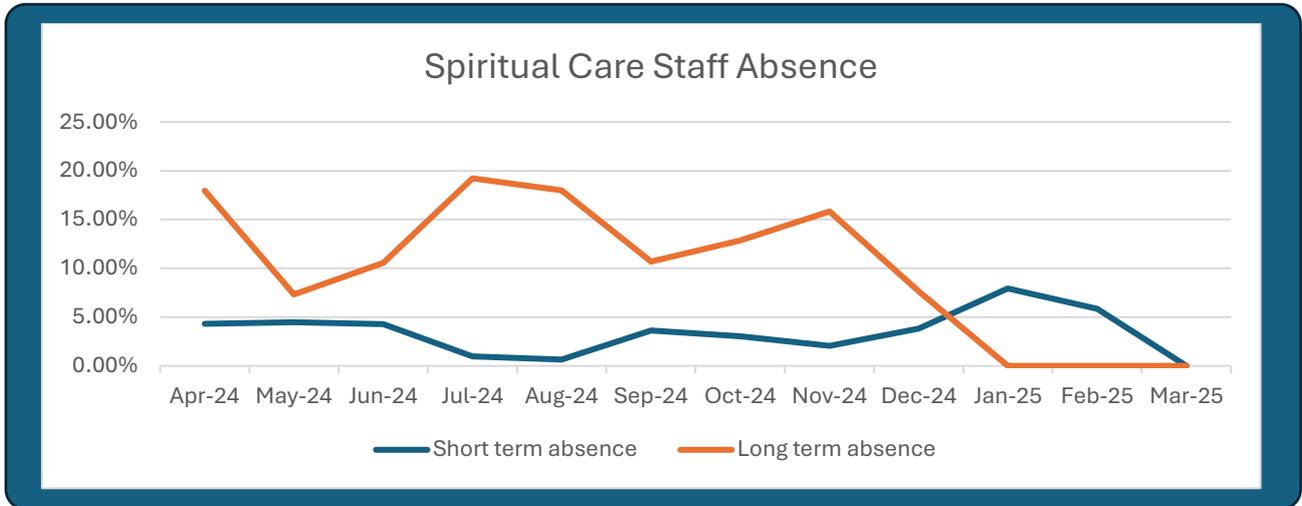
7.2 Staff Governance

7.2.1 The Spiritual Care Workforce

At December 2025, the Spiritual Care team were **85%** compliant with **Statutory Mandatory Training**, and **100%** compliant with **PDPs**.



Absence management was a key focus in 2024-25 – an improving picture can be evidenced as the year progressed:



7.2.2 Pastoral Supervision

It is crucial that Registered Chaplains receive appropriate support for themselves, to ensure confident, competent practitioners; particularly given the nature of their profession⁴:



“The emotional and spiritual demands on chaplains can be significant. Pastoral supervision provides a rare space to process these demands, ensuring that chaplains receive the necessary support to maintain their own spiritual wellbeing, preventing burnout, and promoting resilience.

Pastoral supervision enables chaplains to learn from and reflect on practice to impact future practice, obtain support for their own wellbeing, and deal with the spiritual, emotional, mental and physical impact that the work of chaplaincy has upon them.”⁴

To this end and in alignment with the National Framework, Registered Chaplains received pastoral supervision every 2-3 months; supporting their own experience of a better place to work.

7.2.3 Health and Care (Staffing) (Scotland) Act 2019

In November 2023, Registered Chaplains were named as a professional clinical staff discipline role within scope of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

As such, in 2024-25 work progressed within the Spiritual Care Service to reach a state of readiness for compliance with the HCSSA:

- Drafting of Time to Lead and Real Time Escalation Standard Operating Procedures
- Scoping of communication mechanisms to identify, mitigate and escalate staffing risk
- Identification and agreement of minimum acceptable Registered Chaplain staffing levels.

This work has been welcomed by the spiritual care team, as an indication of investment in, and value of, their profession and work life balance.

⁴ Position Statement on the Provision of Supervision to Healthcare Chaplains in Scotland



8. Next year

2024-25 saw the development of a refreshed 2025-26 workplan for the spiritual care service. Aligned with NHSGGC Corporate Objectives and the National Framework, the workplan sets out a clear direction of travel for Spiritual Care for 2025-26:

| Aim | What are we trying to accomplish? | What change can we make that will result in improvement? | How will we know that a change is an improvement? |
|---|--|---|--|
| Better Health | External communications - A better understanding of spiritual care | Develop and deliver 1 patient story video illustrating how it feels to receive spiritual care, to be shown at NHSGGC Board of Directors' Meeting | <ul style="list-style-type: none"> Number of video views Feedback on video # referrals |
| | | Celebrate Spiritual Care at NHSGGC's first Spiritual Care Day | <ul style="list-style-type: none"> Feedback from event attendees # referrals |
| Better Care | External capacity building - clinical colleagues have an awareness of SC to provide holistic care and know how to refer to SC Team | Refresh Spiritual Care Policy , including governance approval and publication | <ul style="list-style-type: none"> Feedback on refreshed policy Policy alignment with national and local governance frameworks |
| | | Develop Service Specification | Baseline established |
| | | Develop Spiritual Needs Assessment to support non specialist colleagues to assess patient spiritual care need | |
| | Availability - Spiritual care is available at time of need | Ensure robust and consistent approach to Major Incidents protocols | Learning from simulation exercises/ MI |
| | | Assess and plan how to meet SG recommendation of 24/7 SC provision | Feasibility plan and recommendations presented to identified governance route |
| | | Ensure Safe Staffing Act compliance | Quarterly review of reported incidents |
| Reporting - the difference spiritual care makes is clear and visible | Design and develop Reporting Framework for spiritual care to ensure appropriate support, oversight and governance | <ul style="list-style-type: none"> Reporting framework designed, approved and in use Feedback | |
| | Design and develop approach to data collection (including PROM) to ensure awareness and understanding of spiritual care provision across NHSGGC | Spiritual care activity is recorded, reported and reviewed | |



| Aim | What are we trying to accomplish? | What change can we make that will result in improvement? | How will we know that a change is an improvement? |
|---------------------------------|--|--|---|
| Better Value | Sustainability - SC team fulfil NHSGGC's service specification | Secure 2.5 days admin support , to release time to care | Review of Time to Lead incidents and job plans, when in place |
| | | Secure full time practice development support, to support the team and wider colleague's confidence and competence in delivery of SC | |
| | | Plan how to provide sustainable spiritual care staff support in GRI | <ul style="list-style-type: none"> Review of safe staffing incidents Ability to scale and spread staff safe space project |
| | | Continue to manage attendance robustly and compassionately, in line with NHS Scotland workforce policies | Improvement in absence levels |
| | Efficient - team employ a standardised approach where appropriate | Standardise team processes through development and adherence to team SOPs to support efficient and equitable working practice | Team aware of and adhere to identified standardised processes for e.g. annual leave and absence reporting |
| | | Develop a suite of presentations regarding the role of the team to support consistent understanding and awareness | Customisable templates for key audiences developed and in use |
| Better Workplace | Health and Safety - team work safely and securely | Ensure safe working practices, focusing on lone working and ligature risks | <ul style="list-style-type: none"> Quarterly review of incidents Compliance with relevant policies and guidance |
| | Learning and Development - highly skilled and well supported specialist workforce | Develop a consistent, high quality approach to induction of new members of the SC team, in line with NHSGGC and registration requirements | Induction plans for new staff members, in alignment with local and national frameworks |
| | SC team support - team receive appropriate pastoral supervision | Identify funding for long term pastoral supervision for chaplains | Appropriate pastoral supervision funded on a recurring basis |



9. Conclusions

2024–25 has demonstrated the enduring value and evolving role of the NHSGGC Spiritual Care Service. Through compassionate, specialist support delivered by Registered Chaplains, the service has continued to meet the essential needs of patients, families, and staff across all faiths and none, underpinning the organisation’s commitment to person-centred care and workforce wellbeing.

The service’s reach—spanning all 22 hospital sites—has been significant, with 3,769 episodes of spiritual care provided and a strong emphasis on timely responses, inclusivity, and holistic support. Notably, 78% of referrals were addressed within four hours, and the team’s ability to respond quickly to urgent needs has been a cornerstone of their impact.

Feedback from those who received spiritual care, as well as the piloting of the Patient Reported Outcome Measure (PROM), has highlighted the profound difference the service makes in moments of vulnerability and distress. Stories from patients, families, and staff consistently reflect the team’s empathy, presence, and professionalism, affirming the importance of spiritual care in supporting meaning, purpose, and hope within healthcare settings.

The service has also contributed to organisational efficiency and value, streamlining processes, embracing virtual care where appropriate, and supporting staff wellbeing through initiatives such as Values Based Reflective Practice® and Safe Spaces pilots. These efforts not only enhance the quality of care but also foster a positive and resilient workplace culture.

Looking ahead, the refreshed workplan for 2025–26 sets a clear direction, focusing on strengthening external communications, building capacity, ensuring availability, and evidencing the impact of spiritual care. Priorities include developing robust reporting frameworks, expanding staff support, and ensuring compliance with national standards and the Health and Care (Staffing) (Scotland) Act 2019.

In summary, the NHSGGC Spiritual Care Service remains a vital and dynamic part of the healthcare system, dedicated to supporting the wellbeing of all who come into contact with it. The achievements of the past year, coupled with a clear vision for the future, position the service to continue making a meaningful difference in the lives of patients, families, and staff across Greater Glasgow and Clyde.