

Chaplaincy Recruitment

Reference Number: RDF2267-24

Date of Response: 08/02/24

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

Dear Royal Devon University Healthcare NHS Foundation Trust),

We are aware that you are currently in the process of recruiting to a Chaplaincy / Spiritual Care post. We have noted that your advertisement has restricted the vacancy on the grounds of religion or belief - one of the characteristics protected in law. Chaplaincy guidelines do permit such restriction but also make it clear that posts should only be restricted where there is a genuine occupational requirement to do so.

In order to help us understand the specific circumstances in your organisation that led it to restrict the post, can you please:

- 1. Send us a copy of your Equality Impact Assessment that identifies and evaluates the requirement to restrict the post on the grounds of religion or belief.*

Answer: Please find the Equality Impact Assessment attached.

Our Chaplaincy team works in an inclusive manner, and posts advertised are almost always open. Our Chaplains come from different faith and belief traditions, but each is trained and experienced in Healthcare Chaplaincy. Exceptionally, we do restrict a post when we need a particular service to be in place, such as providing emergency cover to Roman Catholic patients that requires a priest.

Further information can be found on the Royal Devon's Trust website, please visit <https://royaldevonstaff.nhs.uk/chaplaincy>

- 2. In the event that no Equality Impact Assessment was completed, can you please state that this is the case.*

Answer: Not applicable, please see response to question 1.

Name of document	Chaplaincy Appointment plan
Division/Directorate and service area	Chaplaincy
Name, job title and contact details of person completing the assessment	[REDACTED] Head of Pastoral and Spiritual Care
Date completed:	19/9/23

The purpose of this tool is to:

- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

1. What is the main purpose of this document?

To set out the principles by which we intend to conduct future recruitment in order to meet specific equality challenges facing a chaplaincy team. These are as follows:

- a) we intend to offer all posts on an open basis, in line the best practice guidance from CHCC, UKBHC and in line with NHS England guidelines (2023)
- b) we will consider the impact on shared on call of any permanent or fixed term appointment -but this will not be used as a barrier to recruitment
- c) Before significant posts are advertised, we may consider our local faith and belief demographic to see if we need to consider a GOR, but feel that this is, at present, unlikely, as most work carried out does not rely on the chaplain being a co-religionist.
- d) Our rolling exemption to this process will be the appointment of a Roman Catholic Chaplain at Exeter and Barnstaple. This does require a priest who is suitably authorised, and so they will be male, ordained and given authorisation by Plymouth diocese. This does not preclude Catholic appointment to other roles (male or female priest or lay). Payment made for the RC chaplain also cover supporting 24/7 responses and support from other priests in the area. This is a Genuine Occupational Requirement and accounts for a small percentage of our staffing.

2. Who does it mainly affect? (Please insert an "x" as appropriate:)

Carers Staff Patients Other (please specify)

3. Who might the policy have a 'differential' effect on, considering the "protected characteristics" below? (By differential we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)

Please insert an "x" in the appropriate box (x)

Protected characteristic	Relevant	Not relevant
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex - including: Transgender, and Pregnancy / Maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion / belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation – including: Marriage / Civil Partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. **Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to...** (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

Not that I am aware of.

5. **Do you think the document meets our human rights obligations?**

Feel free to expand on any human rights considerations in question 6 below.

A quick guide to human rights:

- **Fairness** – how have you made sure it treat everyone justly?
- **Respect** – how have you made sure it respects everyone as a person?
- **Equality** – how does it give everyone an equal chance to get whatever it is offering?
- **Dignity** – have you made sure it treats everyone with dignity?
- **Autonomy** – Does it enable people to make decisions for themselves?

6. **Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?**

We have chosen to follow NHS Guidelines, and are seeking to maximise equality of opportunity whilst also meeting the particular needs of patients and their families with a protected characteristic

7. **If you have noted any ‘missed opportunities’, or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.**