

# The Bradford SPaRC Model A Year On



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Spiritual, Pastoral and Religious Care



# A new paradigm – how is it different?

- Uses 'belief' as an inclusive term
- Signals inclusivity and a other opportunities through a new name, retiring 'Chaplaincy'
- Starts from realities of 2021, not traditions of 1948 – respectful of the past but looking to the future
- Included range of views and beliefs in its evolution (not in a tokenistic way) - 'cross-belief' rather than 'multi-faith' ethos
- Places equality and person-centred care at its core



# Spiritual, Pastoral and Religious Care



Bradford Teaching Hospitals  
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## 7 Anchors

1. 12 Characteristics
2. 54 Service Standards
3.
  - To inform data gathering
  - By which to monitor and evaluate
4. Consistency and transparency
5. Basis for recruitment and person specifications
6. Professional Practice
7. Data and Organising





# Progress so far (1) ...

Relocation to  
Prospect  
Cottage



Revision of team structure  
(core and bank) and rotas



Bodywarmer  
with logo  
unifies team



Closer liaison started with wards  
/ services (e.g. maternity  
handovers, guest dialogues,  
bereavement)



### **Email from Maternity Ward Manager**

Myself and the M4 team agree that the pilot period that you have spent on M4 has been very beneficial and something that we would be very keen to carry on.

I think that prior to this pilot, if you asked a midwife when they might refer to the SPaRC team, the majority would say in bereavement cases, and not be able to give many other examples of how you could be utilised.

Since coming up to M4 on a regular basis the midwives and student midwives have seen that you aren't just there as bereavement support, but you can be there to support staff if they are in need, and a friendly ear for our patients. The time that you are able to spend with patients is so invaluable, you get to spend the time with patients that we as midwives want to be able to, but due to the pace of the job are unable to. The time that you spend with them lets them feel heard and able to raise any concerns and stressors, which you are then able to address and it stops it from snowballing into an even bigger problem. I also think that it is really beneficial to the woman's mental health, having the opportunity to speak to yourselves, and that it will have a real impact on how the patient views her time on m4.

I really hope that this is something that can be rolled out in the rest of the hospital. I am 100% convinced that having this in place will reduce complaints as it improves patients experience by allowing them to have a conversation with somebody that isn't capped on time, which unfortunately a lot of the midwife interactions are.

The positive feedback jar that Rubina started is also a lovely idea as a 'pick me up' if members of staff are having a hard day.



# Progress so far (2)...

Ramadan Fast packs



More systematic gathering of data against service standards

Steering group meets Thursday 1 December 2022

First non-religious hospital funeral delivered

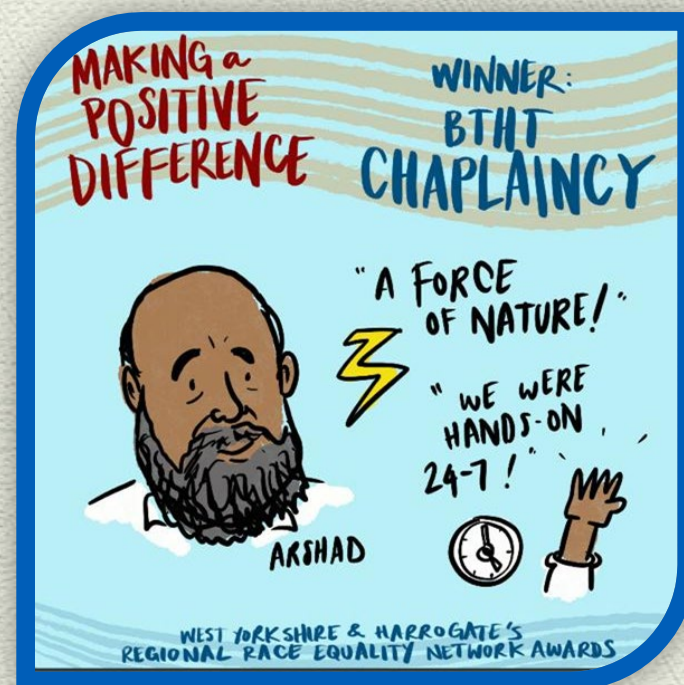
Establishing SPaRC response to colleague bereavement when staff die

Regular slots in Let's Talk



# Progress so far (3)....

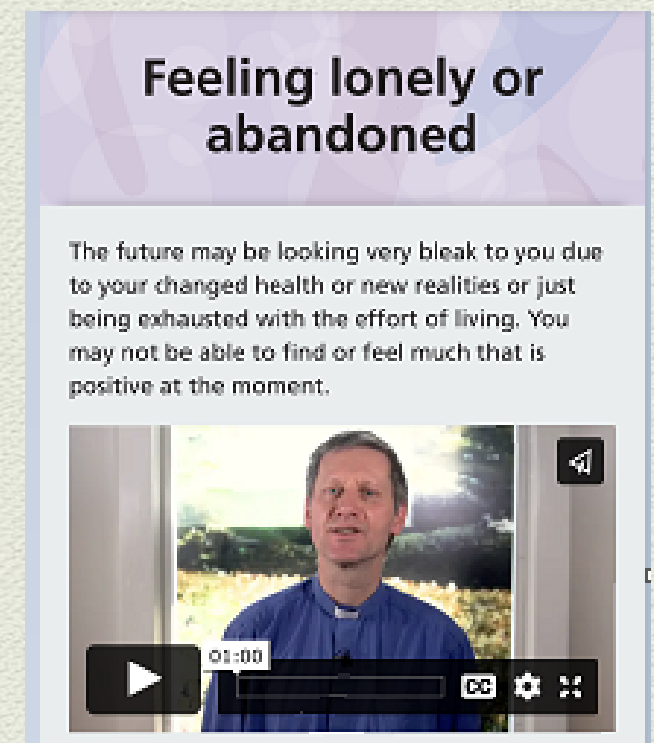
Award winner



External enquiries about the Bradford Model and how it came about

De-escalation and complaint reduction

About to launch SPaRC App developed with University of Bradford





# Some next steps ...

- Embed diversity in SPaRC team with active recruitment and refreshed SLAs
- Re-engage SPaRC volunteers (old and new)
- Establish regular SPaRC presence across all sites
- Roll out SPaRC App (linked to other promotional activities – November?)
- Work with education to deliver cultural competence and SPaRC awareness
- Develop tranquillity and worship spaces
- Establish robust methods for data recording (including EPR)



# Contact details

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Thank you



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