

Introduction

This draft set of standards is circulated for comment to chaplains between beginning July and end September 2005. The standards themselves are based on current good practice in chaplaincy and are set out in clusters of related standards. Each cluster has standards which are thought to be robust currently and these are assigned a number. There are 33 standards proposed here which is thought not to be excessive for a service of this importance.

Those standards which have known variability are shown as not being proposed as a standard currently. The issues encompassed by these standards are still important and standards will be suggested in due course.

After the comments of chaplains have been assimilated, a formal listening exercise will be undertaken with NHS bodies with the intention of agreeing a statement of standards for spiritual healthcare in early 2006.

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OVERARCHING STATEMENT:

There is a chaplaincy-spiritual care service that is equal, just, humane and respectful, and which meets the spiritual and religious needs of people of all faiths and people of no faith. Users of the service receive holistic spiritual care which conforms to best practice and is delivered in a seamless way across organisational boundaries.

	Service Delivery and Training		
SHS 1	Spiritual healthcare is delivered by appropriately authorised and practicing caregivers within there are clear lines of accountability.	<i>Guidance: Chaplains are accountable to their Trust for their performance but represent their faith community. Their accountability is complex but both aspects need to be sustained appropriately</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003</i>
SHS 2	The chaplaincy-spiritual care service complies with arrangements for authorisation agreed from time to time by the faith communities and with the need for adherence to agreed codes of practice.	<i>Guidance: there is guidance about authorisation by faith communities within the service. Training is available for staff in the compliance requirement of any code of practice agreed by the Trust for the spiritual healthcare workforce. For Priests, Ministers, Rabbis and Leaders in Christian and Jewish traditions, there is 100 % compliance. For other world faiths, the service is in the process of development in partnership with the Multi-Faith Group for Healthcare Chaplaincy. Sponsorship by local faith communities may be available on an interim basis.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>

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SHS 3	Where the chaplaincy-spiritual care service workforce includes volunteers, these are integrated fully into the service, are selected and screened appropriately and are acceptable to the appropriate faith communities they are representing.	<i>Guidance: there should be a formal process of recruitment, selection, screening and training, including contracts, appointments letters and job descriptions for chaplaincy volunteers as for other volunteers within the Trust.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
SHS 4	Chaplains have access to all levels of Trust management for confidential briefing and/or feedback.	<i>Guidance: Chaplains have a unique role in supporting patients, staff and the wider organisation. The balance between these three elements will vary from Trust to Trust and may alter over time.</i>	<i>Reference: Caring for the Spirit: A strategy for the chaplaincy and spiritual healthcare workforce, SYWDC, Nov 2003</i>
SHS 5	A named member of the chaplaincy-spiritual care staff is responsible for all aspects of safety, including awareness and update training.	<i>Guidance: all personnel working within the chaplaincy-spiritual care service are aware of and comply with Trust policies relating to health and safety, security, fire, infection control, manual handling and the health safety and welfare of all others affected by the activities of the service</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
SHS 6	The chaplaincy-spiritual care service is involved in the development of the trust's emergency plans, and its role is clearly defined within major incident plans.		<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>

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SHS 7	A named member of the chaplaincy-spiritual care staff is responsible for leading the planning and response to major incidents, and for ensuring that awareness and training is up to date.	<i>Guidance: records exist of training and updates for relevant aspects of major incidents.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
SHS 8	There are documented protocols which inform practices in spiritual healthcare that might attract risk, including for the administration of communion to barrier-nursed patients, advice about a patient's wish to position themselves on the floor for worship or other reasons, use of lighted candles, care with wheelchairs in crowded spaces such as chapel/ Sanctuary.	<i>Guidance: Chaplains may see patients in a range of environments often away from the main base. Guidance such as that developed by the mental health resource group of the College of Health Care Chaplains for lone working is relevant.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
SHS 9	The service meets spiritual, religious, sacramental, ritual and cultural requirements appropriate to the needs, background and tradition of its patients and staff, including those with no specified faith.	<i>Guidance: DH guidance is that there should be one 3.5 hour unit of chaplaincy-spiritual care for every 35 beds and every 500 WTE staff, with additional units allocated for specific responsibilities (for example, day surgery unit, nurse education/supervision, specialist palliative care services, bereavement services, mental health services support and management responsibilities). Services should be proportional to the faiths/denominations within the patient and staff population of the trust, and there should be appropriate and timely access to services by smaller faith communities.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>

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SHS 10	Each member of the chaplaincy-spiritual care service retains the religious responsibility for his/her own faith community.		<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
SHS 11	The chaplaincy-spiritual care service is aware of up-to-date research and other evidence of the efficacy of spiritual healthcare and uses this information to review and update its procedures and practice and to inform its delivery of appropriate and individual care.	<i>Guidance: there is an evidence base of, agreed statements of best practice in spiritual healthcare and evidence of progress towards modern spiritual healthcare workforce processes. The Service has access to journals and articles published by relevant organisations and bodies and access to www and library resources through Trust IM&T systems.</i>	<i>Reference: Standards Committee, MFGHC, Nov 2004</i>
No Standard currently proposed	The service actively seeks the views and comments from patients/users and carers, and uses these in the development of its service.		<i>Reference: Standards for Better Health, DH, Jul 2004</i>
No Standard currently proposed	Appointments to chaplaincy-spiritual care service are made in partnership with the appropriate faith community (ies) and representatives of the faith community (ies) are involved in the selection of persons appointed to the service.	<i>Guidance: standard human resources procedures should be followed. Appointments panels should include a representative of the faith community concerned and a member of the NHS panel of assessors for chaplaincy appointments. An assessor should be identified as soon as a vacancy becomes available, to provide advice on issues such as job description, advertisements, skill mix and job evaluation.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003</i>

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No Standard currently proposed	Staff in the chaplaincy-spiritual care service are debriefed after each incident and have the opportunity to receive support.		<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
No Standard currently proposed	Links are maintained between all members of the chaplaincy-spiritual care workforce and their faith community.		<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
No Standard currently proposed	There are sufficient funds available for training and updating members of the chaplaincy-spiritual care workforce and supporting their professional development needs.	<i>Guidance: funding is available for 100% of mandatory training and meets 75% of demand for external development and training events.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
	Care Environment		
SHS 12	There is space(s) designated and suitable for worship and communal activities, including prayer and reflection, which are accessible by patients/users and staff 24 hours a day, seven days a week.	<i>Guidance: the trust recognises the needs of and gives priority to achieving sacred spaces for all world faiths. Appropriate locations should be able to accommodate at least 20-seated people; the needs of those in beds and wheelchairs should also be considered. Different religions have specific requirements and it is likely that more than one space will be required, with the flexibility of furnishing and use of religious symbolism to allow for use by different faiths. Where new locations are planned, the chaplaincy-spiritual care service should be involved at the earliest opportunity.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>

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SHS 13	There is a documented protocol for use of space(s) designated for worship activities and there are arrangements in place for the safe and secure storage of religious artefacts and symbols	<i>Guidance: this should include topics such as use of music, food, items on display, walking across others praying and use of a variety of religious leaders.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
SHS 14	There is access to equipment out of normal working hours, including Bibles, Korans, prayer mats, Hindu tapes, etc.		<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
SHS 15	There are special arrangements to ensure that the dying and recently bereaved have access to chaplaincy-spiritual care services at the appropriate time.	<i>Guidance: for example providing liturgies and ceremonies, especially in the case of neonatal and child death, and annual services of remembrance. The service should develop and maintain close links with all those involved in bereavement care for example emergency services, critical care units, maternity services and providers of post-mortem services. The workforce may also provide support to staff that suffer personal bereavement. The chaplaincy-spiritual care team should also play a part in educating staff in the issues surrounding bereavement.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
SHS 16	The spiritual healthcare service is delivered within a timescale agreed to with the referrer and recorded at the time of referral.	<i>Guidance: Out of normal working hours, the spiritual caregiver responds within 30 minutes to a referral.</i>	<i>Reference: Standards Committee, MFGHC, Nov 2004</i>

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SHS 17	There is information about the spiritual healthcare referral system available in all clinical areas undertaking or managing emergency healthcare.		<i>Reference: Standards Committee, MFGHC, Nov 2004</i>
No Standard currently proposed	There is space(s) designated and suitable for individual discussion in all patient areas to ensure privacy and patient confidentiality.	<i>Guidance: there is agreement with managers in ward and clinical areas about use of space for private and confidential discussions. Users' needs for privacy and confidentiality in discerning their spiritual needs can be met; users can express their religious and spiritual feelings appropriately.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
No Standard currently proposed	Arrangements are in place to ensure that those with emergency healthcare needs receive spiritual healthcare promptly.	<i>Guidance: the spiritual healthcare service is available 24 hours a day, seven days a week. There is appropriate accommodation and necessary equipment available out of routine working hours.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
No Standard currently proposed	The chaplaincy-spiritual care workforce provides services in an appropriate environment suitable for individual and/or communal care with due regard to user privacy and confidentiality.		<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>

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	Food and Dietary requirements		
SHS 18	Chaplaincy-spiritual care services advise on the general dietary requirements for patients, staff and visitors of the major world faiths and for special dietary requirements related to sacraments and rituals.	<i>Guidance: the service has access to appropriate advice from world faiths concerning dietary requirements.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
No Standard currently proposed	Patients and visitors receive food of a choice which meets their religious and cultural needs, whilst also complying with the advice of their medical adviser.	<i>Guidance: the Trust policy on catering services and diversity (or equivalent) supports patient choice with regard to religious and cultural dietary requirements. Spiritual care givers of world faiths are involved in the development of catering services and quality assurance of facilities. There are training programmes for trust staff which reference dietary requirements.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
	Protection of Children and vulnerable Adults		
SHS 19	All personnel working within the chaplaincy-spiritual care service are aware of and comply with trust policies relating to child protection.	<i>Guidance: trust policies, including those for CRB checks, are available and accessible in the departmental offices, and records exist of relevant inspections/ incidents/ risk management assessments.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
SHS 20	A named member of the chaplaincy-spiritual care staff is responsible for all aspects of care of children and vulnerable adults, with a responsibility to ensure that awareness and training is up to date.	<i>Guidance: records are kept of training and updates in child protection and other safety issues.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>

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SHS 21	Clear and concise information about spiritual healthcare services is made available to all potential users.	<i>Guidance: leaflets and notices about the chaplaincy-spiritual care service are available in all Trust departments. Admissions staff ensure that all patients receive information about spiritual healthcare services. Ward staff have ready access to referral information which facilitates access to spiritual healthcare services.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
SHS 22	Leaflets and notices are updated regularly and reflect the world faiths of the chaplaincy-spiritual care workforce, the staff profile and the local community profile.		<i>Reference: Standards Committee, MFGHC, Nov 2004</i>
No Standard currently proposed	The complaints review process ensures that the inclusion of spiritual issues in complaints, especially those where bereavement has occurred, is interpreted correctly and lessons learned.		<i>Reference: Standards for Better Health, DH, Jul 2004</i>
No Standard currently proposed	Protocols are in use to inform practice in spiritual healthcare which might attract risk for children and vulnerable adults.		<i>Reference: Standards for Better Health, DH, Jul 2004</i>

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	Consent and Patient confidentiality		
SHS 23	The chaplaincy-spiritual care workforce treats its users with dignity and respect seeking appropriate consent for contacts and the use of information and treating all information confidentially.		<i>Reference: Standards for Better Health, DH, Jul 2004</i>
SHS 24	Spiritual healthcare staff are trained in the implementation of Trust policies governing information usage, confidentiality and consent.		<i>Reference: Standards for Better Health, DH, Jul 2004</i>
SHS 25	There are mechanisms in place to ensure that consent for the spiritual healthcare workforce to have access to patient information is obtained.	<i>Guidance: The Information Commissioner's interpretation of access requirements as they relate to chaplaincy has lead some Trusts to require explicit consent for chaplains to be able to gain access to patient information. Systems for obtaining consent are not always fully developed and Trusts may find that patients cannot access spiritual healthcare easily without additional systems or processes.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
SHS 26	The chaplaincy-spiritual care service maintains records in accordance with Trust policies in order to ensure continuity and effectiveness of care and for audit purposes.	<i>Guidance: all members of the chaplaincy-spiritual care workforce have received training in the associated records policies for data protection, confidentiality and record taking</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>

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SHS 27	The service maintains the minimum data set advised in the workforce development strategy.	<i>Guidance: South Yorkshire WDC issued a consultative document on a minimum dataset for spiritual healthcare in mid-2004. An update on this statement is available on www.sywdc.nhs.uk from August 2005</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
No Standard currently proposed	The service maintains links with all local faith communities and is aware of and involved in local faith communities' calendars of worship, prayer and festivals.	<i>Guidance: the Trust recognises local faith communities' calendars in its activities and events.</i>	<i>Reference: Standards Committee, MFGHC, Nov 2004</i>
No Standard currently proposed	The chaplaincy-spiritual care service works within a framework focused on disease prevention and health promotion.	<i>Guidance: the service has access to advice about public health, occupational health, health and safety and risk management. It identifies activities which are beneficial/detrimental and considers their impact on users. Changes to methods and process are made arising from these considerations.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
No Standard currently proposed	Formal procedures exist within the service which govern the exchange of patient information with community-based ministers and leaders.	<i>Guidance: these procedures are compliant with the trust's policies on confidentiality and consent.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
No Standard currently proposed	Local faith communities are offered education in NHS policies about confidentiality and consent.		<i>Reference: Standards Committee, MFGHC, Nov 2004</i>

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No Standard currently proposed	Referral and discharge systems ensure that appropriate and relevant communication is achieved.		<i>Reference: Standards Committee, MFGHC, Nov 2004</i>
	Management and Staffing		
SHS 28	The chaplaincy-spiritual care service is supported by a board-level director, who is responsible for monitoring and reviewing the effectiveness of the service.	<i>Guidance: the standard and quality of the service provided to patients/users, carers and staff should be monitored regularly and subject to regular review.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
SHS 29	The spiritual healthcare workforce is lead and directed by a chaplaincy manager who is qualified appropriately and trained for this task.	<i>Guidance: the chaplaincy manager is expected to adhere to the NHS code of conduct for managers and to other relevant codes. Arrangements are in place for supervising the chaplaincy-spiritual care workforce on a continuing basis.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
SHS 30	The chaplaincy-spiritual care workforce adheres to operational procedures specific to the work of the service.	<i>Guidance: procedures may include those concerned with lone working, care of patients who are dying, management of volunteers, receipt and management of referrals between faith communities, out of hours access/ cover, care of children and vulnerable adults etc.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>

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SHS 31	The chaplaincy-spiritual care workforce is aware of and adheres to the chaplaincy occupational standards.	<i>Guidance: The chaplaincy occupational standards are available on the website of the Multi-Faith Group for Healthcare Chaplaincy at www.mfghc.com. They are due to be replaced by National Occupational Standards when these are defined through a current project lead by South Yorkshire Workforce Development Confederation.</i>	<i>Reference: Health Care Chaplaincy Standards, Chaplaincy Education and Development Group care of Hospital Chaplaincies Council, 1993 and 1998, updated 2002</i>
SHS 32	Members of the chaplaincy-spiritual care workforce have access to appraisal, development review and team briefing. Chaplains also have access to spiritual direction spiritual and professional supervision as necessary.	<i>Guidance: the appraisal process should identify training needs and ways to meet them, and contribute to the continuing professional development of each member of the workforce. The development review process is set out in the NHS KSF (October 2004)</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
No Standard currently proposed	Chaplaincy-spiritual care provision is available out on 24 hr basis and staffing levels reflect this.	<i>Guidance: There is a need to balance the demands of users with the impact on chaplains of providing services throughout the 24 hour period. Trust policies on meeting the requirement of the EU Working Time Directive apply.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
No Standard currently proposed	The manager of the spiritual healthcare service holds the budget for the service under delegated arrangements from the Chief Executive.	<i>Guidance: the service has explicit arrangements for budget management and monitoring and for developing business cases for gaining resources. Local income collection and disbursement of chaplaincy funds accords with Trust policies. Arrangements exist for matching workload to resources and user views.</i>	<i>Reference: National Survey of Chaplaincy-Spiritual Healthcare Issues 2002/03, South Yorkshire WDC, Feb 2002</i>

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No Standard currently proposed	There is a documented strategy for the service and an annual business plan.	<i>Guidance: members of the chaplaincy-spiritual care workforce are aware of and able to explain its aims and objectives. The strategy and business plan are available to all members of the chaplaincy-spiritual care workforce.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
	Audit and Review		
SHS 33	Chaplains and spiritual caregivers regularly review their skills, attributes and behaviours and audit their service for effectiveness.	<i>Guidance: there is annual review of individual and departmental practice. Professional supervision is available</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
No Standard proposed	Chaplaincy-spiritual care services are updated and reviewed regularly through the examination of individual measures of effectiveness.	<i>Guidance: where necessary, the service has access to training in audit and individual appraisal techniques. Established audit activity within the local faith communities is identified and shared.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
	Research Governance		
No Standard proposed	Chaplaincy-spiritual care research is carried out in accordance with the Trust research governance framework and trust policy.	<i>Guidance: the chaplaincy occupational standards for research were approved in October 2004</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>