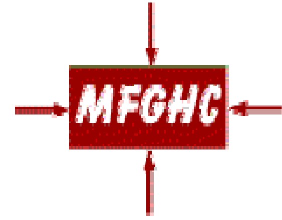

STANDARDS FOR HEALTHCARE CHAPLAINCY PROVISION

December 2010

The Multi-Faith Group for Healthcare Chaplaincy

The Multi-Faith Group for Healthcare Chaplaincy is an advisory body to the Department of Health. We comprise representatives of the nine major world faiths and representatives of the chaplaincy bodies operating in England. Our origins are in the working party established in 1998 by the Secretary of State to advise on the development of multi-faith chaplaincy and which drafted the current policy guidance. Further information about our work is available at www.mfghc.com.

These standards for healthcare chaplaincy provision are based on current good practice in healthcare chaplaincy and are set out in clusters of related standards. The statement of standards has been prepared in consultation with chaplains and spiritual care-givers (2005) and with NHS Authorities (2010). Each cluster has standards which are thought to be robust currently and these are assigned a number. Those standards which have known variability are shown as not being proposed currently. The issues encompassed by these latter standards are still important and standards may be suggested in due course.

Overarching statement

There is a chaplaincy and spiritual care service that is equal, just, humane and respectful, and which meets the spiritual and religious needs of people of all religions and beliefs. Users of the service have access to holistic spiritual care when needed which conforms to best practice and is delivered in a seamless way across organisational barriers. The service is accessible to all users regardless of gender, race, disability, sexual orientation, belief and age.

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Correspondence about these standards of provision should be addressed to the Revd Debbie Hodge, Chief Officer, MFGHC, at chief.officer@mfghc.com

Service Delivery and Competence			
SD&C 1	The chaplaincy and spiritual care service meets spiritual, religious, sacramental, ritual and cultural requirements appropriate to the needs, background and tradition of its users, patients, carers, staff and visitors.	*Guidance: DH guidance is that there should be at least 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).* *Chaplaincy and spiritual care services should be proportional to the faiths/denominations and beliefs within the patient and staff population of the Trust, and there should be appropriate and timely access to services provided by smaller faith communities and belief groups.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.*
SD&C 2	Spiritual healthcare is delivered by appropriately authorised chaplains and spiritual care-givers. .	*Guidance: there is guidance about authorisation of chaplains and spiritual care-givers by faith communities and belief groups in the arrangements for appointing healthcare chaplain and spiritual care-giver and spiritual care-givers issued by the MFGHC in 2007.* *The nine major world faith communities have established authorisation bodies to support chaplains and spiritual care-givers in their formation and over matters of religion and belief.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003* *Reference: The MFGHC has publicised a list of authorisation bodies on its website at www.mfghc.com*

SD&C 3	The chaplaincy and spiritual care service is delivered within clear lines of accountability which encompass performance management, religion and belief, and professional standards. Members of the service may need to abide by differing codes of practice.	*Guidance: Chaplains and spiritual care-givers are accountable to their NHS Trust for their performance. Chaplains and spiritual care-givers are also representatives of their faith community or belief group, to which they account for matters of religion and belief. Many chaplains are members of professional associations and account to them for the achievement of professional standards. Their accountability is thus complex but both aspects need to be sustained appropriately.* *Chaplains and spiritual care-givers are seeking recognition of their developing status as healthcare professionals. The work on professional registration is being guided by the UK Board for Healthcare Chaplains (UKBHC) comprised of the various chaplains membership associations. UKBHC has published a draft code of conduct for chaplains.* *The MFGHC is undertaking a three-year project on the future arrangements for regulating healthcare chaplains and spiritual care-givers in England. MFGHC has published a draft code of practice for chaplains and spiritual care-givers.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.* *Reference: Information about the work of UKBHC is available at* *http://www.ukbhc.org.uk/* *Reference: Information about the work of the MFGHC's project on authorisation and regulation is available at* *http://www.mfghc.com/regulation.htm*
SD&C 4	The chaplaincy and spiritual care service regards chaplaincy volunteers as an important part of the team and seeks to integrate their work fully into the chaplaincy-spiritual care team.	*Guidance: there should be a formal process of recruitment, selection, screening and training for chaplaincy volunteers as for other volunteers within the Trust. Volunteers also need continuing support, mentoring, supervision and appraisal.* *Chaplaincy volunteers should be distinguished from Voluntary Chaplains and Spiritual Care-givers who are part of the team but are not remunerated.* *The MFGHC project on authorisation and regulation is proposing to offer chaplaincy volunteers a process of regulation so that their work can be regulated appropriately where it involves part of the routine chaplaincy-spiritual care service.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.*

SD&C 5	The chaplaincy and spiritual care service has access to all levels of Trust management for confidential briefing and/or feedback.	*Guidance: Chaplains and spiritual care-givers 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.*	*Reference: Caring for the Spirit: A strategy for the chaplaincy and spiritual healthcare workforce, SYWDC, Nov 2003*
SD&C 6	There are documented protocols which inform activities and practice in the chaplaincy and spiritual healthcare service that might attract risk and these include the requirement to communicate such risks to clinicians responsible for the patient's care.	*Guidance: These protocols should be based on thorough individual and environmental risk assessment of each of the relevant spiritual healthcare scenarios.* *Scenarios may include the administration of communion to barrier-nursed patients; a patient's wish to position themselves on the floor for worship or other reasons; use of lighted candles; and care with wheelchairs in crowded spaces such as chapel/ Sanctuary but this list is not necessarily exhaustive.* *There are risks also to chaplain and spiritual care-givers who 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.*	*Reference: Standards for Better Health, DH, Jul 2004*
SD&C 7	The chaplaincy and spiritual care service respects the right of users to be cared for by a chaplain and spiritual care-giver of their own faith community or belief group.	*Guidance: Financial and workforce constraints have occasionally led to the practice of chaplains and spiritual care-givers offering spiritual care services across traditions and faiths without sufficient consideration of the issues concerned.* *The offering of generic spiritual healthcare on a routine basis is not welcomed by the Multi-Faith Group for Healthcare Chaplaincy although there is an understanding of circumstances when this is necessary and appropriate. Guidance on the circumstances in which generic chaplaincy is delivered will be issued by MFGHC in due course and after discussion with chaplaincy bodies.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.*

SD&C 8	The chaplaincy and spiritual care service actively seeks the views of and comments from patients/users and carers, and uses these in the development of its service.	*Guidance: There is guidance available about user involvement at* http://www.dh.gov.uk/en/Managingyourorganisation/PatientAndPublicinvolvement/DH_076402 *These documents outline the key strategic and policy objectives the Department have undertaken to secure a patient-led NHS.*	*Reference: Standards for Better Health, DH, Jul 2004*
SD&C 9	Appointments to the chaplaincy and spiritual care service are made by the NHS employer. These appointments are usually made in partnership with the appropriate faith community and with advice about the professional competence of chaplain and spiritual care-giver applicants.	*Guidance: Appointments panels follow standard human resource procedures and usually include a representative of the faith community or belief group concerned and a professional chaplaincy assessor.* *Assessors can be drawn either from the NHS panel of national assessors for chaplain and spiritual care-giver appointment or from the panel of assessors established by the UKBHC.* *It is helpful to seek the involvement of the assessor as early as possible as they can provide advice on issues such as job description, advertisements, skill mix and job evaluation.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003* *Reference: Appointments to chaplaincy posts- an update on best practice; letter from Chief Officer, MFGHC, to Directors of Human Resources; 15 July 2008*

SD&C 10	There are special arrangements to ensure that the dying and recently bereaved have access to chaplaincy-spiritual care services at the appropriate time.	*Guidance: These arrangements may include 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* *Chaplaincy-spiritual care teams may also facilitate the debriefing of staff members following bereavements, especially where there are unexpected or multiple deaths.* *In mental health care, the chaplaincy-spiritual care team may wish to develop specific guidance for colleagues working in areas such as suicide and deliberate self-harm so that the team would be able to respond to all concerned in a supportive and sensitive manner.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.* *Reference: National End of Life Care Programme at http://www.endoflifecare.nhs.uk/eolc/index.htm*
SD&C 11	The chaplaincy-spiritual care service is delivered within a timescale agreed with the referrer and recorded at the time of referral.	*Guidance: In Acute NHS Trust, out of normal working hours, the referrer should have been contacted by the chaplain and spiritual care-giver within 30 minutes of requesting contact in 95% of cases. That contact should also be the occasion to agree whether and when the chaplain and spiritual care-giver needed to visit. Usually a standard of visiting within 60 minutes would apply in these instances. Mental health Trusts will develop their own referral processes, with agreed timescales.* *Chaplain and spiritual care-givers who are called whilst taking funerals or providing counselling away from the referral site will need time to finish their commitment.*	*Reference: Standards Committee, MFGHC, Nov 2004*

	No Standards are currently proposed for: • specifying the linkages between the chaplaincy and spiritual care service and faith communities and belief groups locally, and for • ensuring that all those with emergency healthcare needs receive spiritual healthcare promptly.		
Care Environment			
CE 1	The chaplaincy-spiritual care services uses spaces 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.	*Guidance: the Trust recognises the needs of and gives priority to achieving sacred spaces for all world faiths. The chaplaincy-spiritual care service will need to recognise that space in all healthcare settings is at a premium and cannot readily be created quickly. Where new locations are planned, the chaplaincy-spiritual care service should be involved at the earliest opportunity.* *Ideally, an appropriate location might accommodate up to 20 -seated people but 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. As a rough guide, it is suggested that individual worship space would probably only be justified if the population concerned exceeded 5% of total.* *It is recognised that in community hospitals/ homes and environments, it is not possible for space to be designated in this way. It is usually possible for staff to create space for these purposes when requested.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.*

CE 2	The chaplaincy-spiritual care service maintains 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	*Guidance: this guidance should include topics such as a statement of the agreed use by different groups; arrangements for control of cross-infection; controls over the use of music and movement; consumption of food; range of items on display; behaviours when in use by other groups.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.*
CE 3	The chaplaincy-spiritual care service has access to equipment out of normal working hours, including Bibles, Korans, prayer mats, Hindu tapes, etc.	*Guidance: In secure healthcare environments, equipment use out of hours may need to be supervised.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.*
CE 4	The chaplaincy-spiritual care workforce provides services in an appropriate environment suitable for individual and/or communal care with due regard to user privacy, dignity and confidentiality.		*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.*
CE 5	There is information about how to access the chaplaincy-spiritual care service prepared by chaplains and spiritual care-givers available in all clinical areas undertaking or managing emergency healthcare.		*Reference: Standards Committee, MFGHC, Nov 2004*
	No Standard is currently proposed for designating space for individual discussion in all patient areas.		

Food and Dietary requirements			
F&D 1	The chaplaincy-spiritual care services supports the dietetic, nutrition and catering services in meeting special dietary requirements related to culture, sacraments and rituals.	*Guidance: the service has access to appropriate advice from world faiths concerning dietary requirement so that 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*	*Reference: Standards for Better Health, DH, Jul 2004*
Safeguarding people who use services from abuse			
SVP 1	All members of the chaplaincy-spiritual care workforce who come into contact with children and young people accept the duty to safeguard and promote their welfare. Action in the event of concerns is clear and understood.	*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.* *The generic competency framework for training is set out in the Intercollegiate document "Roles and competencies for healthcare staff"; RCPCH; April 2006*	*Reference: Standards for Better Health, DH, Jul 2004* *Reference: CQC Essential Standards of quality and safety; March 2010* *Reference: Working together to safeguard children; DCSF 2010* *Reference: The role of the Vetting and Barring Scheme carried out by the Independent Safeguarding Authority at www.isa-gov.org.uk*

SVP2	A named member of the chaplaincy-spiritual care workforce co-ordinates all aspects of the care of vulnerable people within the chaplaincy-spiritual care service.	*Guidance: records are kept of training and updates in child protection and other safety issues. The co-ordinator would need to ensure that issues of best practice are known and that relevant training is up to date.* *Members of the chaplaincy-spiritual care workforce may require additional skills in the identification of "signals of concern" as well as familiarity with the Trust "whistle blowing" or equivalent policies.*	*Reference: Standards for Better Health, DH, Jul 2004* *Reference: Mental Capacity Act 2005 at http://www.publicguardian.gov.uk/mca/mca.htm* *Reference: Deprivation of liberty safeguards at http://www.bild.org.uk/humanrights/docs/The%20Deprivation%20of%20Liberty%20Safeguards%20and%20You.pdf* *Reference: The role of the Vetting and Barring Scheme carried out by the Independent Safeguarding Authority at www.isa-gov.org.uk*
SVP 3	Clear, concise and up-to-date information about chaplaincy - spiritual care services is prepared to meet the needs of those with a learning disability or language or communication difficulty and is made available to all potential service users.	*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.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.*
SVP 4	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.		*Reference: Standards for Better Health, DH, Jul 2004*

	No Standard is currently proposed to ensure that members of the chaplaincy-spiritual care workforce are equipped to manage and communicate concern about others' welfare effectively		
Consent and Patient confidentiality			
CPC 1	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.	*Guidance: There is considerable guidance about confidentiality and the legal framework surrounding its protection. All NHS bodies will have local policies on information governance.*	*Reference: Standards for Better Health, DH, Jul 2004* *Reference: Data Protection Act 1998* *Reference: NHS Confidentiality code of practice at* *http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100550*
CPC 2	There are mechanisms in place to ensure that consent for members of the chaplaincy-spiritual care workforce to have access to patient information is obtained.	*Guidance: The Information Commissioner's interpretation of access requirements as they relate to chaplaincy has lead some Trusts to require explicit consent for chaplain and spiritual care-givers to be able to gain access to patient information. Systems for obtaining consent are not always fully developed.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.*

CPC 3	The chaplaincy-spiritual care workforce maintains agreed standards concerned with sharing information with other professionals.	*Guidance: these procedures are compliant with the Trust's policies on confidentiality, consent and information sharing.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.* *Reference: Information sharing: Guidance for practitioners and managers; DCSF; 2008*
CPC 4	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.	*Guidance: all members of the chaplaincy-spiritual care workforce have received training in the associated records policies for data protection, confidentiality and record taking*	*Reference: Standards for Better Health, DH, Jul 2004*
CPC 5	The chaplaincy-spiritual care service maintains the minimum data set advised in the national workforce strategy.	*Guidance: South Yorkshire WDC issued a consultative document on a minimum dataset for spiritual healthcare in mid-2004 which was finalised in 2005.*	*Reference: Standards for Better Health, DH, Jul 2004* *Reference: A minimum dataset for spiritual healthcare; South Yorkshire SHA; 2005*
CPC 6	Local faith communities and belief groups should be encouraged to access education in NHS policies and processes.	*Guidance: Such training could encompass confidentiality and consent; care pathways; access to services; PALs and advocacy services; complaints mechanisms; and mental health conditions, presentations and affects.*	*Reference: Standards Committee, MFGHC, Nov 2004*
	No Standards are currently proposed for use of a framework for disease prevention and health promotion, and links with local faith communities activities and events		

Management and Staffing			
MS 1	The chaplaincy-spiritual care service is supported by a board-level director, who is responsible for monitoring and reviewing the effectiveness of the service.	*Guidance: the standard and quality of the service provided to patients/users, carers and staff should be monitored regularly and subject to regular review.* *It is acknowledged that line accountability to a Board-level director may not be practical or appropriate.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.*
MS 2	The chaplaincy-spiritual care workforce adheres to operational procedures specific to the work of the service.	*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.*	*Reference: Standards for Better Health, DH, Jul 2004*
MS 3	The chaplaincy-spiritual care workforce is aware of and adheres to the chaplaincy occupational standards.	*Guidance: Chaplaincy occupational standards agreed by the chaplaincy bodies in 2002 are available on the website of the Multi-Faith Group for Healthcare Chaplaincy at www.mfghc.com.* *Other statements about chaplaincy capabilities developed since then are available based on work done in Scotland and endorsed wholly or partly in other parts of the UK or by other chaplaincy bodies. MFGHC is currently considering how best to incorporate these new statements in its own approach.*	*Reference: Health Care Chaplaincy Standards, Chaplaincy Education and Development Group care of Hospital Chaplaincies Council, 1993 and 1998, updated 2002* *Reference: Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains; NHS Education for Scotland; 2008* *Reference: Developing a healthcare chaplains' capabilities and competences framework; South East Coast SHA Chaplaincy Collaborative; 2010*

MS 4	A named member of the chaplaincy-spiritual care workforce is responsible for all aspects of the service's workforce safety within the responsibilities of the chaplaincy-spiritual care service including awareness and update training.	*Guidance: all personnel working within the chaplaincy and spiritual care-service are aware of and trained to comply with Trust policies.* *These include those 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.* *In mental health, learning disability and community settings, these policies also include those on lone working and on the management of actual or potential aggression.*	*Reference: Standards for Better Health, DH, Jul 2004*
MS 5	The chaplaincy and spiritual care service is involved in the development of the Trust's emergency plans, and its role is clearly defined within major incident plans.	*Guidance: Records exist of training and updates for relevant aspects of major incidents.* *The co-ordinator of the departmental plans should debrief members of the chaplaincy and spiritual care service after each major incident and members should have the opportunity to receive support.* *The lessons learned from the debriefing are usually included in meetings and opportunities for continuing learning and development of the chaplaincy and spiritual care service. Some lessons will need to be provided in feed-back to the Trust and other services.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.*

MS 6	Funds are available for updating members of the chaplaincy-spiritual care workforce and for help in supporting their professional development needs.	*Guidance: funding is available for 100% of mandatory update training and Trusts will usually seek to meet 75% of demand for external development and training events.* *Guidance about continuing professional development for chaplains and spiritual care-givers is available from both the NHS and UKBHC.* *The NHS policy requires updating to take account of progress made since 2006 and in changes of approach to CPD and patient benefit. As part of its project on regulation, MFGHC is seeking to update this guidance in conjunction with other chaplaincy and NHS stakeholders so that fresh and unified guidance can be issued in the near future.*	*Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.* *Reference: A strategy for continuing professional development in healthcare chaplaincy; South Yorkshire SHA; 2006*
	No Standards are currently proposed for 24 hour staffing, budget-holding, and business planning.		
Audit and Review			
AR 1	Chaplaincy-spiritual care services are updated and reviewed regularly through the examination of measures of effectiveness and quality.	*Guidance: where necessary, the service has access to training in audit and individual appraisal techniques.* *The service needs to be tested against defined outcomes which currently appear limited to user-based wellbeing. The draft guidance on commissioning services will assist with the need to attain standards such as those set by the Care Quality Commission.* *The results of audit should be reported to the Trust Board.*	*Reference: Standards for Better Health, DH, Jul 2004* *Reference: Improving healthcare chaplaincy services: a guide for commissioners; NHS Yorkshire and the Humber; 2007*

Research Governance			
RG 1	The chaplaincy-spiritual care service meets the minimum standard of research set out in occupational standards and has a strategy in place to increase its research capabilities in line with these standards.	*Guidance: the chaplaincy occupational standards for research were approved in October 2004*	*Reference: Standards for Better Health, DH, Jul 2004* *Reference: A standard for research in health care chaplaincy; Peter W Speck; 2004*
RG 2	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.	*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 chaplaincy-spiritual care 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.*	*Reference: Standards Committee, MFGHC, Nov 2004* *Reference: The potential for efficacy of healthcare chaplaincy and spiritual care provision in the NHS (UK); NHS Yorkshire and the Humber; 2008*

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