 **Quality Issues**

The draft national guidelines reflect an increasing concern with quality issues and the importance of a chaplaincy provision which is -

* Safe
* Professional
* Answerable / audit-able to the Trust like any other department.

They state;

“In order to provide safe and effective spiritual care those commissioning and managing chaplaincy services should take into consideration the following guidance:

* Chaplains must abide by the requirements of their sponsoring faith or belief community, their contracting organisation, the Code of Conduct and all relevant NHS/NICE standards
* Patients, service users and staff must be made aware of the nature, scope and means of accessing the chaplaincy within their setting.
* Patients, service users and staff should be able to access chaplaincy at any time on any day of the week in facilities where urgent out-of-hours support is requested on average at least once a week.
* Where requests for support relate to a particular religion or belief the chaplaincy should be able to access appropriate support for the patient and, when this cannot be matched, other chaplaincy support should be offered.
* For both patient and practitioner safety the current Lone Working policy of the provider, and professional bodies (Appendix A), must be followed.
* Patients and service users can expect to receive care from chaplains which is in accordance with the current competencies and capabilities (see http://www.ukbhc.org.uk).
* Where an instance of safeguarding arises during the course of spiritual care the chaplain must alert the patient or member of staff to the reporting obligations of the chaplain. The policies of the chaplain’s NHS organisation must be followed in all circumstances.
* To ensure safety, accountability and continuity of care chaplains should maintain a record of their work in a format agreed by their employer and in accordance with NHS policies for record keeping.
* Patients and service users have a right to expect that chaplaincy care will be experienced as neither judgemental nor proselytising.
* Compassion should inform chaplaincy practice and is a key outcome of the patient’s experience of the service being provided.[[1]](#footnote-1)

The following is a check-list of what should be expected:

* The service has a designated lead chaplain.
* The chaplaincy has a written policy or guidance document describing the service and what care those using the service can expect to receive.
* A method of assessing spiritual, religious and pastoral needs should be described in the above document or separately.
* The chaplaincy staffing is calculated in accordance with the recommendations made below and the staffing is reviewed annually.
* Employed chaplains and chaplaincy volunteers collectively share the skills, knowledge, experience and insight to offer a comprehensive service.
* The chaplaincy is fully included in relevant provider meetings and forums to ensure that spiritual care is integral to the holistic response to patient need.
* The chaplains have access to office space, administrative support, networked computers and data essential to the performance of their role.
* As part of annual appraisals development plans are written for each chaplain and supported (recognising that not all AHP funding sources are available for chaplains, e.g. research develop
* chaplaincies have procedures for auditing their work, both in terms of quality and quantity, so that the service is fully accountable within the organisation.
* There are regular opportunities for the chaplain(s) to engage in reflective practice either in a group or one-to-one.
* Staff employed to provide a chaplaincy service should receive regular supervision from an appropriately qualified person.
* From the NHS Chaplaincy Guidelines 2014 (NHS England) (draft)

1. [↑](#footnote-ref-1)