

UK Board of
Healthcare Chaplaincy



Audit Tool for Spiritual Care Service Standards 2020

Introduction

This assessment tool has been developed to assess and audit the Standards for Spiritual Care Services (Scotland) 2020, approved for use in Scotland by the UKBHC.

Audit

An audit of spiritual care services using the UKBHC Standards for Spiritual Care Services should be carried out within 1 year of their introduction to provide a benchmark for spiritual care services.

The UKBHC Standards for Spiritual Care Services should be used for services to be audited once in every 3 years. (A number of standards may be audited each year as long as all are audited within a 3 year period).

Using this self-assessment tool

This self-assessment tool has five columns, three of which require completion.

CRITERIA: This column is a duplicate of the spiritual care standards 'Criteria' column.

SELF-ASSESSMENT QUESTIONS: This column poses the audit questions to be answered.

ANSWERS AND EVIDENCE: This column is for answers to the questions in the previous column and for the evidence that supports these answers e.g. copies of documents, written protocols, results of surveys, policies and procedures etc.

REVIEWER COMMENTS: This column allows the reviewer to add comments and recommended next steps to the answers and evidence given.

MET / NOT MET: This column gives a choice of 'met' or 'not met' in terms of the delivery of the service standard, however, this may be amended to include 'partially met' or 'working towards' where appropriate.

Standard 1 Spiritual Care

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS AND RECOMMENDATIONS	MET / NOT MET
<p>(a) Spiritual 1.a.1. Spiritual needs are assessed and addressed and may include the following:</p> <ul style="list-style-type: none"> • The use of evidence-based assessment tools; • Systematic approach to record keeping; • Exploring the service user’s sense of meaning and purpose in life; exploring attitudes, beliefs, ideas, values and concerns around life and death; • Affirming life and worth by encouraging reminiscing of the past; exploring the service user’s hopes and fears regarding the present and future; • exploring the individual/service user’s concerns about how their illness will affect others. • Exploring the “Why?” question in relation to life, death, illness and suffering. 	<p>How do you ensure that patients and those important to them have had the opportunity for their spiritual needs to be assessed and addressed?</p> <p>Describe the process and how it is recorded and audited. (e.g. audit of patient information systems, patient notes (written or electronic), patient feedback etc).</p>			

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS AND RECOMMENDATIONS	MET / NOT MET
<p>1.a.2. Liaise with local or national resources for spiritual support and with the patient's permission contact relevant communities/individuals.</p> <p>(b) Religious</p> <p>1.b.1. Religious needs are assessed and addressed and may include ceremonies, meditation, prayer, rites, sacraments, and worship.</p> <p>1.b.2. With the service users' permission facilitate referrals to local faith communities and religious representatives.</p>	<p>What systems are in place to liaise with local resources for spiritual support?</p> <p>Give details of e.g. a directory of contacts for local / national organisations.)</p> <p>How do you ensure that patients and those important to them have had the opportunity for their religious needs to be assessed and addressed?</p> <p>Describe the process and how it is recorded and audited. (e.g. audit of patient information systems, patient notes (written or electronic), patient feedback etc).</p> <p>What systems are in place to refer to local faith communities and religious leaders?</p> <p>Give details of e.g. a directory of contacts for local / national organisations.</p>			

UKBHC - Standards for Healthcare Chaplaincy Services

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS AND RECOMMENDATIONS	MET / NOT MET
<p>(c) Person-centred Spiritual Care</p> <p>1.c.1 The service will advocate for service users, in a person-centred way, while considering their diverse spiritual background and needs.</p> <p>Appropriate action will be taken, consistent with the service's visiting policy, when made aware of a service user's wish not to receive visits from faith or belief communities or their representatives.</p>	<p>What measures are in place to ensure that person-centred spiritual care is being delivered?</p> <p>What measures are in place (e.g. in the service's visiting policy) to prevent a service-user from receiving unwanted visits from a faith or belief community representative? How are all staff made aware of these measures?</p>			

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS	MET / NOT MET
<p>2.3 The spiritual care service responds to requests from members of staff and volunteers for spiritual and religious support.</p>	<p>In what ways does the spiritual care service provide spiritual and religious staff support? Are incidences (not content) of support recorded? (e.g. a diary/log noting the time spent and whether spiritual or religious. No name or content need be recorded, preserving confidentiality).</p>			
<p>2.4 With the staff member's permission the spiritual care service facilitates referrals to other sources of support.</p>	<p>How does the spiritual care service facilitate referrals to other sources of support (give details e.g list resources referred to or resources available and referral procedure) What collaborative relationships are in place to help support staff?</p>			
<p>2.5 The use of one or more models of reflective practice is explicitly encouraged in policy documents associated with the spiritual care service. Examples include clinical pastoral education (CPE), pastoral reflective practice (PRP), value based reflective practice (VBRP), and/or clinical supervision.</p>	<p>What models of reflective practice are in place, associated with the spiritual care service? What records are kept of staff engagement with these models?</p>			

Standard 3 Partnership with faith and belief communities

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS	MET / NOT MET
<p>3.1 Spiritual care services are an informed resource on spiritual and religious care for NHS staff and local faith and belief community representatives.</p> <p>3.2 Spiritual care services will maintain links between the NHS and local faith and belief community representatives e.g. through a spiritual care committee and training events.</p> <p>3.3 A written protocol is in place for NHS staff to refer to local faith and belief community representatives. The protocol should include clear guidance stating that faith and belief community representatives can only be contacted with the permission of the patient or their family/carers.</p> <p>3.4 A directory of contact numbers for representatives from local</p>	<p>In what ways do your spiritual care services act as a resource on spiritual and religious care to staff? (give details)</p> <p>In what ways do your spiritual care services act as a resource to local faith and belief community representatives? (give details)</p> <p>In what ways do your spiritual care services maintain links with local faith communities and belief groups? (give details)</p> <p>Is there a written protocol for NHS staff to refer to local faith community leaders and belief group representatives? (Please attach a copy of the protocol as evidence). Does the protocol give clear guidance on receiving the patient's permission before contacting faith community leaders and belief group representatives? (Please give page/paragraph) How is this accessed?</p> <p>Is there a directory of contact numbers for representatives from local faith and belief</p>			

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS	MET / NOT MET
<p>faith and belief communities is available in hospitals and units. The directory should include regional / national contact numbers for smaller faith and belief communities, or numbers that are likely to change e.g. the representative lives in their own home.</p> <p>3.5 The local directory should be regularly updated and the faith and belief communities consulted on its content and updating.</p>	<p>communities? (please attach a copy of the directory as evidence)</p> <p>Does the directory include national contact numbers for contacts that might change? (give details)</p> <p>Where is the directory held? (e.g. in wards, on intranet)</p> <p>How do staff access the directory, including out of hours?</p> <p>When was the directory last updated?</p> <p>How did you consult with local faith communities and belief groups? (Give details).</p> <p>Are copies of the NES manual A Multifaith Guide for Healthcare Staff in use? (Give details).</p> <p>Is there a local manual outlining the principal beliefs and practices of faith and belief communities available? (Please attach a copy of the manual as evidence).</p> <p>Does any local manual outline religious/belief issues that can impact on healthcare practices for each religion/belief? (Please give page/paragraph number).</p> <p>Does any local manual outline</p>			

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS	MET / NOT MET
	<p>religious/belief needs that have implications for the patient's wellbeing for each religion/belief? (Please give page/paragraph number).</p> <p>Does any local manual have a section on what to do in the event of an unexpected death for each religion/belief? (Please give page/paragraph number).</p> <p>Does any local manual contain information about actions or situations where sensitivity is important for each religion/belief? (Please give page/paragraph number)</p> <p>Were local faith and belief communities consulted when preparing any manual? (Give details).</p> <p>When was the local manual last updated and were local faith communities and belief groups consulted? (Give details)</p> <p>Where is/are the manual(s) held? (e.g. on the wards).#</p> <p>How do staff access the manual(s), including out of hours?</p> <p>Is there a written protocol for liaison and exchange of</p>			

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS	MET / NOT MET
	<p>information with identified faith community leaders/belief group representatives? (please attach a copy of the protocol as evidence)</p> <p>In what ways does the protocol adhere to the hospital guidelines on the use of patient information? e.g. data protection, Caldicott guardians etc. In what ways do the service protocols protect patients from unwanted visits? (see also criteria 1.c.1)</p>			

Standard 4 Access to spiritual care services

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS	MET / NOT MET
<p>4.1 All patients receive written information on admission containing details of the spiritual care service available within the unit.</p>	<p>Do patients receive written information on the spiritual care service? (attach a copy as evidence) How is this system assessed and audited?</p>			
<p>4.2 The written information contains an explanation of the spiritual care service, examples of situations in which the spiritual care service might be used and how contact with the spiritual care service may be obtained.</p>	<p>Does the information: a. give examples of when to contact spiritual care services? (please give page/paragraph) b. examples of situations in which the spiritual care service might be used? (please give page /paragraph) c. explain how to contact the chaplain? (please give page/paragraph) What process is in place for the ongoing review of the material?</p>			
<p>4.3 The written information is supported by verbal explanation of access to the spiritual care service during assessment.</p>	<p>Is the booklet supported by oral explanation? (give details) how is this evidenced/audited?</p>			
<p>4.4 The admission procedure ensures a check that written information is given.</p>	<p>What procedure is in place to check information is given?</p>			

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS	MET / NOT MET
<p>4.5 There is a written protocol for referral to spiritual care services, including out of hours. (Note: The protocol may provide for the referrals themselves to be verbal)</p> <p>4.6 There is a systematic approach to recording keeping, i.e. recording contacts with the service user (within the constraints of GDPR).</p>	<p>Is there a written protocol? (Please attach a copy of the protocol as evidence). Where is the written protocol held? Is this accessible to staff? e.g. wards, patient notes, local computer network, local services manual etc.</p> <p>What record-keeping system is used, evidencing contacts with the service users? Give examples of these.</p>			

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS	MET / NOT MET
<p>5.3 Spiritual care services contribute to the healthcare team’s education and training programme. Topics may include:</p> <ul style="list-style-type: none"> • Spiritual and Religious Care; • The Role of the Spiritual care Service and Chaplains; • Loss, Grief, and Bereavement; • Making a spiritual assessment; • Diversity issues relating to religion and belief. <p>5.4 Complex ethical issues. Spiritual care services make recommendations for educational and training resources. e.g. recommendations for the unit’s library, an appropriate course or attendance at a conference.</p> <p>5.5 Spiritual care services are available to the healthcare team as an informed resource for ethical issues and discussion. E.g. serving on a local ethics committee, for consultation on individual cases, contributing to ethical debate and discussion (See also criteria 7.4).</p> <p>5.6 Spiritual care services initiate, support, and contribute to research within the healthcare setting, , e.g. local research projects, multi-site research projects and national research projects.</p>	<p>healthcare teams’ education programme? (give details) How does the spiritual care service contribute to healthcare teams’ training programme? (give details)</p> <p>How and in what ways does the spiritual care service make recommendations for educational and training resources? (give details)</p> <p>How, and by which means does the spiritual care service provide an informed resource for ethical issues and discussion? (give details)</p> <p>How does the spiritual care service initiate, support and contribute to research projects initiated outwith the Spiritual Care service? (give details) How does the spiritual care service initiate, support and contribute to research within spiritual care? (give details) In what ways does the spiritual care service ensure</p>			

Standard 6 Resourcing the Service

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS	MET / NOT MET
<p>(a) Spiritual care services should have:</p> <p>6.a.1 Access to quiet and private areas for confidential support of patients, carers, staff and volunteers.</p> <p>6.a.2 Access to a space acceptable for the religious observance of all faiths and beliefs.</p> <p>6.a.3 Access to patient information systems for providing and facilitating appropriate spiritual or religious care and recording information and interventions.</p> <p>6.a.4 Access to office accommodation and administrative support.</p> <p>6.a.5 Access to communication systems to facilitate internal communication and on-call cover. For example: Pager, mobile phone, Intranet, e-mail</p> <p>6.a.6 Appropriate level of staffing to meet the spiritual and religious needs of patients, carers, staff and volunteers, including out of hours cover.</p>	<p>Do the spiritual care services:</p> <ul style="list-style-type: none"> • Have access to quiet and private areas for confidential support? • Have access to chapel or prayer room? (please describe). • How do you ensure the chapel or prayer room is acceptable to all faiths? (give details) <ul style="list-style-type: none"> • Have access to the patient information systems? • Record interventions in the patient information systems? <ul style="list-style-type: none"> • Have access to office accommodation? (give details) • Have administrative support? (give details) <ul style="list-style-type: none"> • Have access to communication systems to facilitate internal communication? (give details) • Have access to communication systems to facilitate on-call cover? (give details) <p>Are the hours sufficient to meet the needs of patient’s carers, staff and volunteers? (give details/evidence e.g. needs unable to be met) Has a workforce plan been developed</p>			

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS	MET / NOT MET
<p>6.a.7 All chaplains have: Regular appraisal (at least annually) to review professional development and training needs. Identified needs to be resourced.</p> <p>(b) Chaplains should 6.b.1 Be a member of a professional associations for chaplains, "specialist interest group" if there is one.e.g. Association of Hospice and Palliative Care Chaplains (AHPCC) College of Health Care Chaplains (CHCC)</p> <p>Maintain professional registration for the protection of the public and to ensure safe and effective practice.</p>	<p>and applied across the board area? Please show this. What is your spiritual care service out of hours cover commitment? (give details) How does your spiritual care service meet the out of hours cover commitment? (give details/evidence)</p> <p>Have all new chaplains received an induction? Have all new chaplains undertaken introductory training? Have all chaplains received an annual appraisal within the last year? Have all chaplains had their training needs identified? (give details) Have resource implications for needs identified been agreed? (give details)</p> <p>Are all chaplains a member of a professional chaplaincy association and specialist interest group? (Give details e.g. AHPCC, CHCC) Is the membership confirmed? (e.g. a current letter/card confirming membership)</p> <p>Are all Chaplains registered or working towards registration?</p>			

UKBHC - Standards for Healthcare Chaplaincy Services

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS	MET / NOT MET
<p>6.b.2 Have a mature and reflexive world stance that evidences their 'intentional use of self'. To achieve this, health care chaplains should belong to a faith or belief community that provides a formational foundation for their values and behaviour out of which they can deliver their work</p>	<p>Do all chaplains demonstrate a mature and reflexive world stance?</p> <p>What faith and / or belief communities inform and nourish the work of Chaplains, and provide a formational foundation for the values and behaviours out of which their work is delivered? (give details)</p> <p>Do all chaplains have external supervision? (give details)</p>			

Standard 7 Spiritual Care Services to the organisation

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS	MET / NOT MET
<p>7.1 The spiritual care service has its policies and procedures clearly articulated. This is included in the hospital or unit’s policies and procedures for responding to major incidents. For example:</p> <ul style="list-style-type: none"> • The spiritual care service is included in the call out list; • Members of the spiritual care service are involved in emergency exercises; • Use of the spiritual care centre; • Liaison with local faith and belief communities. <p>The spiritual care service responds to:</p> <p>7.2 Events in the unit which are having an impact on staff and require a communal response or event. For example:</p> <ul style="list-style-type: none"> • Death or illness in a member of staff; • Unusual patient or family events. 	<p>How is the spiritual care service included in the hospital or unit’s major incident procedure? What internal departmental procedures are in place, should a Major Incident be declared? (Give details e.g. outline the role of the spiritual care service, e.g. its inclusion in the call out list, and include a copy relevant section of the policy/procedure manual)</p> <p>What training is given to the Spiritual Care Team with regard to their responsibilities in a Major Incident?</p> <p>How does the spiritual care service respond to:</p> <ul style="list-style-type: none"> • traumatic, stressful or difficult events? (give details: No name or personal content need be evidenced to preserve confidentiality) 			

CRITERIA	SELF-ASSESSMENT QUESTION	ANSWERS AND EVIDENCE	REVIEWER COMMENTS	MET / NOT MET
<p>7.3 Events external to the unit which are having an impact on staff and require a communal response or event. For example:</p> <ul style="list-style-type: none"> • National disasters; • World events; • Remembrance/anniversaries. <p>7.4 An awareness of issues or events affecting the morale or functioning of the unit which require management awareness to resolve. For example:</p> <ul style="list-style-type: none"> • Managing change; • Communication <p>7.5 Requests for consultation on ethical issues relating to restructuring, changes in buildings, local priorities and working practices. For example:</p> <ul style="list-style-type: none"> • Restructuring of services; • Impact on patients, carers and staff; • Equality and diversity. <p>(Also see criteria 5.5)</p>	<p>Give examples of situations in which the Spritual Care team created, co-created or facilitated communal rituals etc.</p> <p>Demonstrate how these are unique, person centred, flexible and adaptive to the needs of the hospital community</p> <ul style="list-style-type: none"> • external events? (give details) • matters or events affecting morale or functioning of the unit? (e.g. an advocacy role representing staff or management concerns without breaking confidence) • requests for consultation? (give details) Give examples of how chaplains engage formally in organisational change processes and patient improvement exercises? 			

