

Standards for

Healthcare Chaplaincy Services

2009

### Self Assessment / Audit Tool

### Introduction

This assessment tool has been developed to assess and audit the UKBHC Standards for Healthcare Chaplaincy Services (2009)

### Audit

An audit of chaplaincy services using the UKBHC Standards for Healthcare Chaplaincy should be carried out within 1 year of their introduction to provide a benchmark for chaplaincy services.

The UKBHC Standards for Healthcare Chaplaincy should be audited once in every 3 years. (A number of standards may be audit each year as long as all are audited within a 3 year period).

### Using the self assessment tool

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

**Criteria**

This column is a duplicate of the chaplaincy standards *Criteria* column

**Self assessment question**

This column poses the audit questions

**Answer and evidence**

This column is for answers to the questions in the **Self assessment question** column and the evidence to support the answer e.g. copies of documents and written protocols, results of surveys, policies and procedures etc.

**Reviewer** **comments**

This column allows a reviewer to comment on the answers and evidence

**Met / not** **met**

This column gives a choice of **met** or **not met**, however it may be that you wish to add to this by including **partially met** or **working towards**.

### Standard 1 Spiritual and religious care

| Criteria (standard 2) | | Self assessment question | Answer and evidence | Reviewer comments | Met / not met |
| --- | --- | --- | --- | --- | --- |
| **(a)** | **Spiritual** |  |  |  |  |
| 1.a.1 | Spiritual needs are assessed and addressed and may include the following:  exploring the individual’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 individual’s hopes and fears regarding the present and future;  exploring the individuals concerns about how their illness will affect others;  exploring the ‘WHY?’ questions inrelation to life, death, illness and suffering. | How do you ensure that patients and those important to them have had the opportunity for their spiritual and religious needs to be assessed and addressed? (describe the process and how audited e.g. audit of patient information systems (notes or electronic), patient feedback etc. |  |  |  |
| 1.a.2 | Liaise with local and national resources for spiritual support and with the patient’s permission contact relevant groups/individuals. | What systems are in place to liaise with local resources for spiritual support? (give details e.g. a directory of contact numbers for local/national organisations is available) (See also criteria 3.3) |  |  |  |
| **(b)** | **Religious** |  |  |  |  |
| 1.b.1 | Religious needs are assessed and addressed and may include the following:  ceremonies;  meditation;  prayer;  rites;  sacraments;  worship. | How do you ensure that patients and those important to them have had the opportunity for their religious needs to be assessed and addressed? (e.g. audit of patient information systems(notes or electronic), patient feedback etc.) |  |  |  |
| 1.b.2 | With the patient’s permission facilitate referrals to local faith groups and religious leaders. | What systems are in place to refer to local faith groups and religious leaders? (give details, e.g. a directory of contact numbers for local/national organisations is available) (See also criteria 3.3) |  |  |  |
| **(c)** | **Protecting patients** |  |  |  |  |
| 1.c.1. | Protect patients and their carers from unwanted visits from spiritual or religious groups and representatives. | How are patients protected from unwanted visits spiritual or religious groups or representatives? (e.g. is there a written protocol for the chaplain/staff member to contact/inform representatives/faith leaders of the patient’s decision? See criteria 3.6) |  |  |  |

### Standard 2 Access to chaplaincy services.

| Criteria (standard 2) | | Self assessment question | Answer and evidence | Reviewer comments | Met / not met |
| --- | --- | --- | --- | --- | --- |
| 2.1 | All patients receive written information on admission containing details of the chaplaincy service available within the unit. | Do patients receive written information on the chaplaincy service? (attach a copy as evidence) |  |  |  |
| 2.2 | The written information contains an explanation of the chaplaincy service, examples of situations in which the chaplaincy service might be used and how contact with the chaplaincy service may be obtained. | Does the information :  a. give examples of when to contact chaplaincy services? (please give page/paragraph) |  |  |  |
| b. examples of situations in which the chaplaincy service might be used? (please give page/paragraph) |  |  |  |
| b. explain how to contact the chaplain? (please give page/ paragraph) |  |  |  |
| 2.3 | The written information is supported by verbal explanation of access to the chaplaincy service during assessment. | Is the booklet supported by oral explanation? (give details) |  |  |  |
| 2.4 | The admission procedure ensures a check that written information is given. | What procedure is in place to check information is given? |  |  |  |
| 2.5 | There is a written protocol for referral to the chaplaincy service, including out of hours. (Note: The protocol may provide for the referrals themselves to be verbal) | Is there a written protocol? (Please attach a copy of the protocol as evidence) |  |  |  |
| Where is the written protocol held? (should be an area accessible to staff e.g. wards, patient notes, local computer network, local services manual etc.) |  |  |  |

### Standard 3 Partnership with faith communities and belief groups

| Criteria (standard 3) | | Self assessment question | Answer and evidence | Reviewer comments | Met / not met |
| --- | --- | --- | --- | --- | --- |
| 3.1 | Chaplaincy services are an informed resource on spiritual and religious care for NHS staff and local faith community and belief group leaders. | In what ways do your chaplaincy services act as a resource to staff? (give details) |  |  |  |
| In what ways do your chaplaincy services act as a resource to local faith community and belief group leaders? (give details) |  |  |  |
| 3.2 | Chaplaincy services will maintain links between the NHS and local faith community and belief group leaders e.g. through the spiritual care committee and training events. | In what ways do your chaplaincy services maintain links with local faith communities and belief groups? (Give details) |  |  |  |
| 3.3 | A written protocol is in place for NHS staff to refer to local faith community leaders and belief group representatives. The protocol should include clear guidance stating that faith community leaders and belief group representatives can only be contacted with the permission of the patient or their family/carers. | 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) |  |  |  |
| 3.4 | A directory of contact numbers for representatives from local faith communities and belief groups is available in hospitals and units. The directory should include national contact numbers for smaller faith communities and belief groups, or numbers that are likely to change e.g. the representative lives in their own home. | Is there a directory of contact numbers for representatives from local faith communities and belief groups? (Please attach a copy of the directory as evidence) |  |  |  |
| Does the directory include national contact numbers for contacts that might change? (give details) |  |  |  |
| Where is the directory held? (e.g. in wards, on intranet) |  |  |  |
| How do staff access the directory, including out of hours? |  |  |  |
| 3.5 | The local directory should be regularly updated and the faith communities and belief groups consulted on its content and updating. | When was the directory last updated? |  |  |  |
| How did you consult with local faith communities and belief groups (give details). |  |  |  |
| 3.6 | A manual outlining the principal beliefs and practices of the major faith communities and belief groups is available in all hospitals and units. It is recommended the NES manual *A Multifaith Guide for Healthcare Staff*is used. Where a local manual is also in use the local manual should include:  Religious/belief issues that have an impact on healthcare practice with suggested alternatives e.g. blood transfusions;  Religious/belief needs that have implications for the patients stay and well being e.g. diet, prayer, rites and ceremonies;  What to do in the event of an unexpected death e.g. a summary of common practices, dos and don’ts;  Information about actions or situations where it is important to be sensitive. | Are copies of the NES manual *A Multifaith Guide for Healthcare Staff* in use? (give details) |  |  |  |
| Is there a local manual outlining the principal beliefs and practices of the major faith communities and belief groups available? (Please attach a copy of the manual as evidence. |  |  |  |
| Does the local manual outline religious/belief issues that can impact on healthcare practices for each religion/belief? (please give page/paragraph number) |  |  |  |
| Does the local manual outline religious/belief needs that have implications for the patient’s wellbeing for each religion/belief?  (please give page/paragraph number) |  |  |  |
| Does the 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) |  |  |  |
| Does the local manual contain information about actions or situations where sensitivity is important for each religion/belief? (please give page/paragraph number) |  |  |  |
| Were local faith communities and belief groups consulted when preparing the manual (give details) |  |  |  |
| When was the local manual last updated and were local faith communities and belief groups consulted (give details) |  |  |  |
| Where is the manual(s) held? (e.g. on the wards) |  |  |  |
| How do staff access the manual(s), including out of hours? |  |  |  |
| When was the manual(s) last reviewed/updated? |  |  |  |
| 3.7 | A written protocol for liaison and exchange of information with the identified representatives of faith communities and belief groups is in place. The protocol should respect patient confidentiality, adhere to the hospitals guidelines on the use of patient information, and protect patients from unwanted visits (See Standard 1 Criteria 1.c.1). | Is there a written protocol for liaison and exchange of information with identified faith community leaders/belief group representatives? (Please attach a copy of the protocol as evidence) |  |  |  |
| 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 does the protocol protect patients from unwanted visits? (See also criteria 1.c.1) |  |  |  |

### Standard 4 Staff support

| Criteria (standard 4) | | Self assessment question | Answer and evidence | Reviewer comments | Met / not met |
| --- | --- | --- | --- | --- | --- |
| 4.1 | The chaplaincy service builds working relationships with members of staff and volunteers. | In what ways does the chaplaincy service seek to build relations with staff and volunteers? (give details e.g. include initiatives or practice to encourage relations with particular staff/volunteer groups) |  |  |  |
| Is there evidence of good working relationships? (give details, e.g. staff/volunteer survey?) |  |  |  |
| 4.2 | The chaplaincy service responds to requests from members of staff and volunteers for personal and professional support.  . | In what ways does the chaplaincy service provide personal and professional staff support? (give details) |  |  |  |
| Are incidences (not content) of support recorded? (e.g. a diary/log noting the time spent and whether professional or personal. No name or content need be recorded, preserving confidentiality) |  |  |  |
| 4.3 | The chaplaincy service responds to requests from members of staff and volunteers for spiritual and religious support | In what ways does the chaplaincy 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) |  |  |  |
| 4.4 | With the staff member’s permission the chaplaincy service facilitates referrals to other sources of support. | How does the chaplaincy service facilitate referrals to other sources of support (give details e.g list resources referred to or resources available and referral procedure) |  |  |  |

### Standard 5 Education, training and research

| Criteria (standard 5) | | Self assessment question | Answer and evidence | Reviewer comments | Met / not met |
| --- | --- | --- | --- | --- | --- |
| 5.1 | The chaplaincy service is committed to continuing professional development (CPD) within the Knowledge and Skills Framework and all chaplains keep an annual record / portfolio that evidences CPD. This can include:  Attendance or presentation at conferences;  Formal education (courses attended or taught);  Teaching delivered;  Articles and books written or reviewed;  Journal club;  Reflective practice, e.g. Clinical Supervision or Clinical Pastoral Education (CPE). | Do all chaplains have an up to date record / portfolio of CPD activity? (give details, e.g. a summary of areas of activity and objectives from Knowledge and Skills framework) |  |  |  |
| When required for registration  Have all chaplains achieved the required level of CPD to maintain registration as a healthcare chaplain? (give details e.g. the number of points required and achieved) |  |  |  |
|  |  | **How does the chaplaincy service:** |  |  |  |
| 5.2 | The Chaplaincy service contributes to staff induction for new members of the healthcare team. | contribute to staff induction? (give details) |  |  |  |
| 5.3 | The chaplaincy service contributes to the healthcareteam’s education and training programme.  Topics may include:  Spiritual and Religious Care;  The Role of the Chaplaincy Service and Chaplains;  Loss, Grief, and Bereavement;  Making a spiritual assessment.  Diversity issues relating to religion and belief | contribute to the healthcare team’s education programme? (give details) |  |  |  |
| contribute to the healthcare team’s training programme? (give details) |  |  |  |
| 5.4 | The chaplaincy service makes recommendations for educational and training resources. e.g. recommendations for the unit’s library, an appropriate course or attendance at a conference. | Make recommendations for educational and training resources? (give details) |  |  |  |
| 5.5 | The chaplaincy service is 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). | Serve as an informed resource for ethical issues and discussion? (give details) |  |  |  |
| 5.6 | The chaplaincy service initiates, supports and contributes to research within the healthcare setting, within the areas of chaplaincy, and spiritual and religious care, e.g. local research projects, multi-site research projects and national research projects. | initiate, support and contribute to research within the unit? (give details) |  |  |  |
| initiate, support and contribute to research within chaplaincy, spiritual and religious care? (give details) |  |  |  |
| 5.7 | The chaplaincy service is aware of current research and best practice and considers and implements its findings. | In what ways does the chaplaincy service ensure it is aware of current research and best practice? (give details e.g. access to the Scottish Journal of Healthcare Chaplaincy and the Journal of Health Care Chaplaincy) |  |  |  |
| How does the chaplaincy consider and implement current research and best practice findings? (give details) |  |  |  |

### Standard 6 Resources

| Criteria (standard 6) | | Self assessment question | Answer and evidence | Reviewer comments | Met / not met |
| --- | --- | --- | --- | --- | --- |
| **(a)** | **Chaplaincy services should have:** | **Do the chaplaincy services:** |  |  |  |
| 6.a.1 | Access to quiet and private areas for confidential support of patients, carers, staff and volunteers. | have access to quiet and private areas for confidential support? |  |  |  |
| 6.a.2 | Access to a chapel or prayer room acceptable for the religious observance of all faiths. | 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) |  |  |  |
| 6.a.3 | Access to patient information systems for providing and facilitating appropriate spiritual or religious care and recording information and interventions. | have access to the patient information systems? |  |  |  |
| record interventions in the patient information systems? |  |  |  |
| 6.a.4 | Access to office accommodation and administrative support. | have access to office accommodation (give details) |  |  |  |
| have administrative support (give details) |  |  |  |
| 6.a.5 | Access to communication systems to facilitate internal communication and on-call cover. For example:  Pager, mobile phone  Intranet  e-mail | Have access to communication systems to facilitate internal communication (give details) |  |  |  |
| Have access to communication systems to facilitate on-call cover (give details) |  |  |  |
| 6.a.6 | Sufficient hours to meet the spiritual and religious needs of patients, carers, staff and volunteers including out of hours cover. | 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) |  |  |  |
| What is your chaplaincy service out of hours cover commitment? (give details) |  |  |  |
| How does your chaplaincy service meet the out of hours cover commitment? (give details/evidence) |  |  |  |
|  | **Chaplains have:** |  |  |  |  |
| 6.a.7 | Received an induction to their post (new chaplains appointed 2006 on). | Have all new chaplains received an induction? |  |  |  |
| 6.a.8. | Undertaken introductory training with NES or the professional organisations (new chaplains appointed 2006 on). | Have all new chaplains undertaken introductory training? |  |  |  |
| 6.a.9 | Regular appraisal (at least annually) to review professional development and training needs. Identified needs to be resourced. | Have all chaplains received an annual appraisal within the last year? |  |  |  |
| Have all chaplains had their training needs identified?(give details) |  |  |  |
| Have resource implications identified and agreed? (give details) |  |  |  |
| 6.a.10 | Access to external professional supervision (see criteria 5.1). | Does the chaplain have external supervision? (give details e.g. clinical supervision every 4-6 weeks or CPE) |  |  |  |
| **(b)** | **Chaplains should:** |  |  |  |  |
| 6.b.1 | Be a member of a professional chaplaincy associationsand their professions ‘specialist interest group’ if there is one.  e.g.  Association of Hospice and Palliative Care Chaplains (AHPCC)  College of Health Care Chaplains (CHCC)  Northern Ireland Healthcare Chaplains’ Association (NIHCA)  Scottish Association of Chaplains in Healthcare (SACH) | Are all chaplains a member of a professional chaplaincy association and specialist interest group? (Give details e.g. AHPCC, CHCC, NIHCA, SACH) |  |  |  |
| Is the membership confirmed?  (e.g. a current letter/card confirming membership) |  |  |  |
| 6.b.2 | Have a recognised status within a mainstream faith communityor belief group. | Do all chaplains have a recognised status with a mainstream faith community or belief group? (give details) |  |  |  |

### Standard 7 Chaplaincy to the hospital or unit

| Criteria (Standard 7) | | Self assessment question | Answer and evidence | Reviewer comments | Met / not met |
| --- | --- | --- | --- | --- | --- |
| 7.1 | The chaplaincy service is included in the hospital or unit’s policies and procedures for responding to major incidents.  For example  The chaplaincy service is included in the call out list  Members of the chaplaincy service are involved in emergency exercises  Use of the chaplaincy centre  Liaison with local faith communities and belief groups | How is the chaplaincy service included in the hospital or unit’s major incident procedure? (give details e.g. outline the role of the chaplaincy service, e.g. its inclusion in the call out list, and include a copy relevant section of the policy/procedure manual) |  |  |  |
|  | **The chaplaincy service responds to:** | **How does the chaplaincy service respond to:** |  |  |  |
| 7.2 | Events in the unit which are having an impact on staff and require a communal response or event.  For example:  Death or illness in a member of staff;  Unusual patient or family events. | events in the unit? (give details: No name or personal content need be evidenced to preserve confidentiality) |  |  |  |
| 7.3 | Events external to the unit which are having an impact on staff and require a communal response or event.  For example:  National disasters;  World events;  Remembrance / anniversaries. | external events? (give details) |  |  |  |
| 7.4 | An awareness of issues or events affecting the morale or functioning of the unit which require management awareness to resolve.  For example:  Managing change;  Communication. | matters or events affecting morale or functioning of the unit? (e.g. an advocacy role representing staff or management concerns without breaking confidence) |  |  |  |
| 7.5 | Requests for consultation on ethical issues relating to restructuring, changes in buildings, local priorities and working practices.  For example:  Restructuring of services;  Impact on patients, carers and staff;  Equality and diversity;  (Also see criteria 5.5) | requests for consultation? (give details) |  |  |  |

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