

Religious, Spirituality and Pastoral Care Audit Report



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Date issued:	2 nd September 2009
Target audience:	All Chaplaincy Team Staff

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Religious, Spirituality and Pastoral Care Audit Report

1.0 Background

Birmingham Children's Hospital is committed to ensuring that patients are provided with the highest quality of care. Through a dedicated Chaplaincy Team the religious, spiritual and pastoral needs of both patients and their families are sought to be met in a supportive and effective manner. The aim of the Religious, Spiritual and Pastoral Audit was to examine the Chaplaincy Service provided within the trust to determine a baseline and identify where improvements could be made.

This was the first attempt at such a large review within the West Midlands and the results from this pilot audit will influence both the current service and the way subsequent re-audits are conducted.

2.0 Objectives

1. To gain a broader understanding of the effectiveness of the spiritual, religious and pastoral services provided at BCH
2. To establish if the elements of the Care Quality Commission (CQC) Standards for Better Health relating to spiritual, religious and pastoral care are being met.
3. To develop a series of improvement measures, based on the audit results, to improve these services offered to both staff and families at BCH

2.1 Standards

1. Clinical staff must identify and record the religion (or lack of religion) of 100% of patients
2. Clinical staff are required to identify and document the religious, spiritual and pastoral needs of all patients and their families as part of the admission and ongoing care processes.
3. All clinical staff must take the religious, spiritual and pastoral preferences of patients and families into account when providing care in accordance with the CQC Standards for Better Health.

3.0 Data Collection Tool

Three different strands of questionnaires were created; one for staff, one for patients and their families, and one to review the various religious and spiritual facilities available at the hospital. The audit contained a number of questions mainly looking at how the hospital approaches the religious, spiritual and pastoral needs of patients and then going on to determine staff views towards accommodating differing religious, spiritual and pastoral needs of patients. The staff survey also approaches questions around how well staff feel that their personal needs are met and whether they require more training in this area. Questionnaires were kept completely confidential however staff did have the opportunity to provide contact details if they wanted the Chaplaincy Team to contact them.

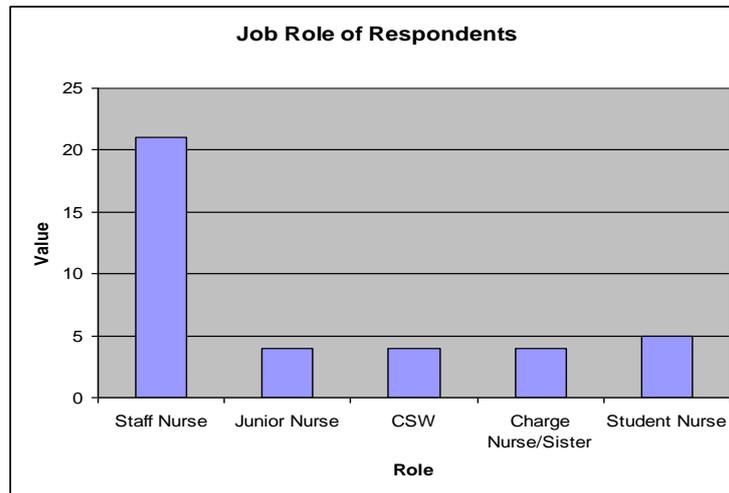
In order to provide some context to the questions and the responses gained, the Chaplaincy team were given a separate questionnaire to validate the services that they provide and how these are presented to the trust (advertising of events etc). Within this questionnaire, there was a particular focus on the one-to-one support given to families and how efficient this service was. This will be linked into the patient satisfaction questionnaire to identify how appropriate the families felt that this personal support was.

The data collection tool for staff was sent to 100 nursing staff members randomly. Each ward manager was sent 5 questionnaires and asked to distribute them randomly to a variety of nurses. Due to time and locality constraints only wards on the main hospital site were

included, therefore there are no results from CAMHS for this pilot audit. This is something that will be addressed in subsequent audits.

4.0 Results

In total 38 staff surveys were returned by the deadline date (staff were given one week to complete the survey). Responses were sent by 11 different wards and the majority of responses were provided by Staff Nurses (55%).



The patient questionnaires were given to a random selection of 100 patients who had received a visit from the chaplaincy team. A proportion of these patients and their guardian's had been approached by a member of the Chaplaincy team prior to them receiving the questionnaire to discuss the project and identify their willingness to participate in the pilot. The remaining families were approached by the individual Ward Managers to participate. Of the 100 questionnaires only 28 respondents submitted their questionnaire by the requested deadline. This was despite all participants being visited by a member of the Audit Team to identify any problems or concerns they had with the survey.

Overall, this gave the pilot audit a total response rate of 33%, which for a week period is very positive. For future audits this data collection period will be expanded to try and improve this figure.

4.1 Religious needs of patients and their families

Is the religion of every patient asked and recorded when admitted onto the ward?

The data indicated that the majority of patients (97%) are asked their religion and this is recorded when admitted onto the ward.

To ensure the validity and reliability of answers that were provided this result was cross referenced with a question on the Religious, Spiritual and Pastoral Questionnaire for patients. Patients were asked 'Did you provide information about your religion to the hospital either on the admissions form or by telling another member of staff? From the 28 respondents it was found that only 75% answered yes, that they had been asked their religion. As there is a difference between the data provided by patients and staff, the accuracy of the results may need to further be checked by linking the data with that stored on Lorenzo. Only 68% of patients were asked if they had any religious, spiritual or pastoral needs. Of those who were asked if they had any needs, 54% were asked by nurses upon being admitted.

Looking at admissions forms for patients currently on the ward: is the religion of the patient recorded on the admission form?

This question was asked to confirm whether all patients religions are in fact recorded on admission forms, staff were given the space to look at 20 patient notes. If they answered yes, the religion of the patient is recorded on the admission form they were asked to identify the religion of this patient. In total information from 244 different patients were provided by the respondents. From these 244 patient notes, 94% (230 responses) had the patients religion recorded, leaving 6% (14 responses) without having the religion recorded. Although the majority of patient records that were examined stated that the religion was present on patient notes, some nurses did not provide the patients religion.

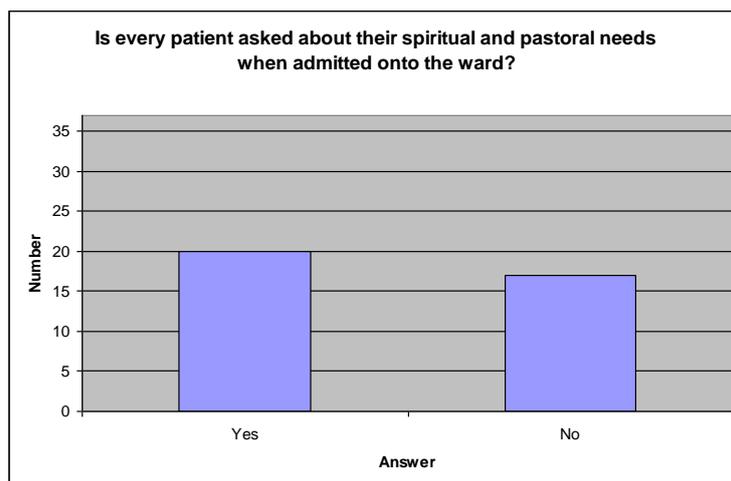
It must be remembered that some of these patient notes may have been seen by more than one respondent on the same ward, however when looking at the data it is not possible to determine how many of these patients notes were replicated as the information that was asked for on the data collection tool ensured that the patient details were confidential. If looking at the highest number of notes examined by each ward it suggests that only 88 patient notes were examined, but again this may not be accurate. For each ward which took part in this audit, no 5 questionnaires from the individual wards recorded the same number of patients. For example, 5 nurses may have completed this questionnaire from the same ward but their responses varied from recording 5 patients' data to 20 patient's data. It is therefore statistically invalid to further analyse this data. For a re-audit this question must be changed to ensure that patient notes are only looked at once and not duplicated.

Do you feel that it is important to know the religion of patients?

100% answered yes to this question. This question then went further to ask, 'why do you feel that it is/not important?' every nurse provided answers. The responses could be split into four broad areas. These were 'Respecting Patient Needs', 'Support and/or Comfort', 'Adapting Care' and 'Knowledge'. This is very positive and demonstrates that in principle, our nursing staff are aware of the importance of religion to patients.

Is every patient asked about their spiritual and pastoral needs when admitted onto the ward?

One respondent did not answer this question, however when disregarding this answer it was found that 54% (of 37 responses) answered yes, every patient is asked about their spiritual and pastoral needs when admitted onto the ward.



For the 20 respondents who answered yes there was a further question; 'If yes, is this information documented?' 90% answered yes that this information was documented. Again another question was asked to those who had answered yes; 'if yes, where is this documented?' all 18 of the respondents who answered yes, the information is documented provided details of where this information could be found. From the answers there were two main categories of answers for this question. The admissions form and the family Profile. One

respondent misunderstood the question and noted examples of the types of details that are required about the religious preferences of patients.

Again this is very positive and shows that our nursing teams are following trust guidelines and recording religion on the admission sheet and the family profile. In order to further quality assure this data however it would have been necessary to audit these two documents and to further compare this data with the data recorded on Lorenzo. This is a recommendation that will be taken into account for the re-audit.

4.2 Spiritual and pastoral needs of patients and their families

Do you feel that it is important to know the spiritual and pastoral needs of patients?

There was one no reply to this question, however when disregarding this response it was found that 89% answered yes, it is important to know the spiritual and pastoral needs of patients.



This question then went further to ask why the respondent had answered yes or no. Only 33 of the 38 questionnaires returned had answers to these questions. In total 4 respondents answered no, it is not important to know the spiritual and pastoral needs of patients. All responses to these questions were similar centring around the amount of time that a patient spends on that ward; arguing that **'they did not spend enough time on the ward for their spiritual and pastoral needs to be considered'**. This response requires some action to be taken in the form of education with the nursing staff as all patients, irrespective of their length of stay should have their spiritual, religious and pastoral needs met where possible.

Another answer that was provided by a nurse who stated that it was important to know the spiritual and pastoral needs of patients was **'to document in notes'**. This suggests that the needs of patients may be potentially being asked to simply ensure that staff are following trust protocol and the needs of patients may not actually influence the care provided.

However, the majority of other answers (who again answered yes, it is important to know the spiritual and pastoral needs of patients) centred around ensuring the best support and care was provided for the patient, indicating that needs are important in the care plan of a patient. The answers provided for this question were very similar to those provided about the importance of religion. This indicates that nurses may not be clear about the differences between religious, spiritual and pastoral needs. Again, an action to address this through awareness and education sessions may be most appropriate here.

How would you identify the spiritual needs of your patients?

For this question there were four no responses. The majority of other responses were to ask patients and/or family or carers about spiritual needs. One person responded that they were

'unsure of how to approach this'. Other responses include looking at admission paperwork or the child and family profile.

How would you identify the religious needs of your patients?

For this question all respondents provided answers. One respondent was unsure about how to identify the religious needs of patients and all other respondents answered that you should ask the family, carers or patients. In comparison to the previous and next question, this very positive response implies that nursing staff are confident to approach patients and their families about the subject of religion but perhaps not so when it comes to spiritual and pastoral needs. This may be linked to a misunderstanding of the term spirituality and the misconception that pastoral care is purely for the dying and terminally ill patient.

How would you identify the pastoral needs of your patients?

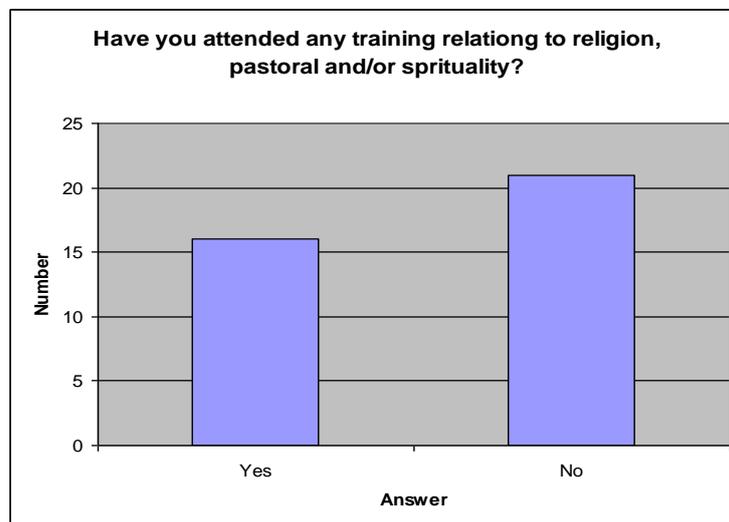
For this question, the majority of answers were similar to the previous questions; you should ask or discuss with the patient, family and/or carers. Again one person was unsure of how to identify the needs of patients. Four responses were to 'wait until they ask', which assumes that the nurses were not sure about how to actively go and identify patients needs. These results flag up some considerations for further analysis and discussion: do we expect our nurses to be pro-active in approaching this aspect of patient care or do we expect them to be re-active and wait for the patient to initiate these discussions.?

This questionnaire did not ask the respondent if their own personal faith and spirituality assisted them in identifying the needs of their patients. This is a very real source of education and confidence for some staff in asking and addressing the spiritual, religious and pastoral needs of their patients and will need to be included in the re-audit.

4.3 Education

Have you attended any training related to religion, pastoral and/or spirituality?

This question was used to determine what training staff had attended if any at all. One person did not reply to this question, however from the 37 nurses that did respond it was found that 43% of respondents had attended some form of training.



For the 16 people who answered yes to this question there was a further question, 'If yes, what training have you received'. Staff were allowed to provide multiple answers to this question.



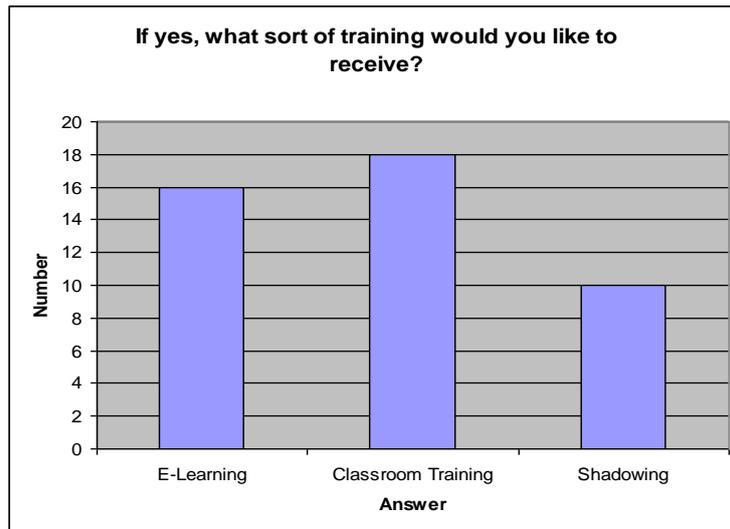
The majority of training that has been received is through induction, this is an important question as it indicates the areas where more training needs to be provided. Also it may mean that changes are made to training provided at induction, as this is the main form of training for most staff members, it may need to ensure that it covers more issues to allow staff to be comfortable in identifying and understanding religious, spiritual and pastoral needs. For those who answered other in this category it was found that the types of training that they received was either at university, on a Newly Qualified Nurse Course (NQN) and one answered that they received training on a Cultural Awareness Day at Birmingham Children’s Hospital.

To further benefit from this area of the audit, future questionnaires will include a question relating to length of time since training and if the nurse had received training within the first year of her employment with the Trust. Currently, training on diversity and bereavement provided by the Chaplaincy team is not mandatory for clinical staff. In order to capture all clinical staff and ensure that they receive a satisfactory degree of training, the education programme provided by the Chaplaincy Team needs to be reviewed to meet these needs to include a Training Needs Analysis. It may not be feasible to make this training mandatory, due to competing clinical needs, but the induction training could be reviewed and updates provided to staff through newsletters, intranet sources and notices if actual classroom training is not possible.

Do you feel that you have/or would benefit from training?

One person did not reply to this question, when disregarding this it was found that 81% answered yes, training has or will benefit them. These 30 respondents were then asked a further question about the sort of training they would like to receive. Respondents were able to choose more than one answer for this question. The most popular choice of training was classroom based training followed by E-Learning. This can ensure that staff are trained in an environment and setting that they see to be most suitable to their needs.

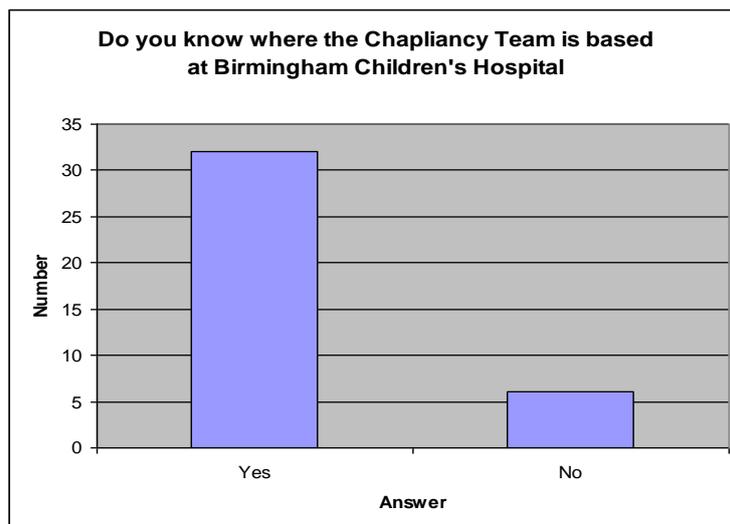
2 respondents answered other; they felt they would benefit from leaflets and training on the ward.



4.4 Chaplaincy Team availability and services provided

Do you know where the Chaplaincy Team is based at Birmingham Children's Hospital?

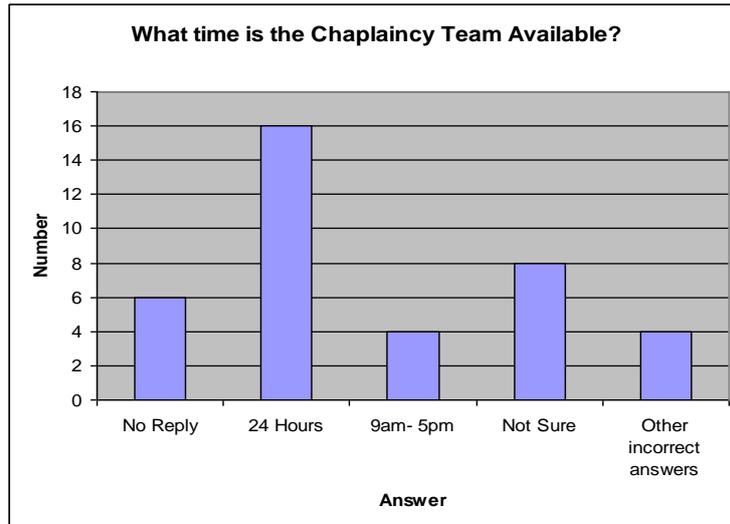
From the 38 respondents it was found that 84% did know where the Chaplaincy Team was based at Birmingham Children's Hospital.



For the 32 members of staff who did answer yes to this question a further question was asked 'If yes, please state where'. This ensures the accuracy of the answers provided. Four people did not supply any information for this question. From looking at the answers provided by the other 28 members of staff, it can be concluded that 24 individuals provided the correct location of the Chaplaincy Service (First Floor of the main building). As the Chaplaincy Service is spread throughout a corridor in some instances locations such as 'opposite PICU' were provided, these were accepted as right answers along with those who simply answered 'first floor'. Of the four incorrect responses it was found that they understood how to access the service, for example answers such as 'bleep them' or 'signposted' were provided however indicating that the member of staff were not completely certain of the location and could therefore not provide directions for families to the Chaplaincy Service.

What time is the Chaplaincy Team available?

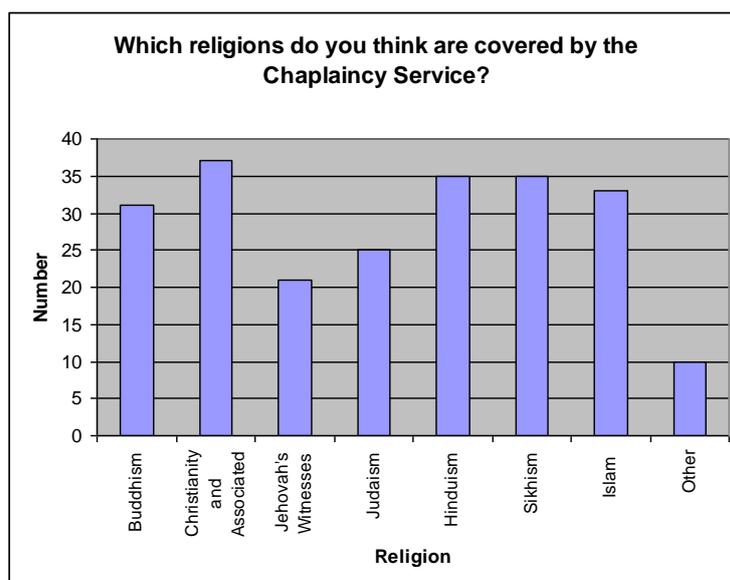
This question was designed to establish how much understanding staff had of the Chaplaincy Team. 6 people provided no reply to this question. 16 people gave the correct answer of 24/7, 4 people felt that 'the team were only available 9-5', 8 people wrote that they were unsure of the available time and 4 people gave incorrect answers.



With only 42% of staff questioned knowing the correct availability of the chaplaincy Team there is clearly some room for improvement here. This would not be a large misconception to rectify and could easily be addressed through some effective communication from the Chaplaincy Team. This information is already available on the Trust intranet, the Multifatih and Cultural Awareness notice boards and on posters throughout the Trust. However, for some reason these have not been effective for the sample group involved in this audit. Future audits will ask staff how they were made aware of this information to determine the most effective source of information relating to the availability of the Chaplaincy team.

Which religions are covered by the Chaplaincy service?

In this question staff were provided with a list of different religions, most of which are covered by the Chaplaincy Service. The only exceptions are Buddhism, Judaism and Jehovah's Witnesses. The beliefs of these religions are taken into consideration with patient care however there is not a designated community leader within the Chaplaincy Team. Respondents were asked to tick every religion that they thought were covered by Chaplaincy Team. This question can be slightly misleading as all beliefs are considered and faith leaders may be called from an external source if required by patients and/or family. One person did not tick any of the religions.



Which services are available by the Chaplaincy Service for patients and staff?

Again this question, respondents were given a list of services and had to tick whether it was available for patients, staff or both. The majority of the services that were listed were available to both patients and staff. The only exception was that there is not a Buddhist Prayer Room. Each service could be ticked 38 times (if all respondents ticked the answers), therefore the tables shows both the number and percentage of respondents who felt that the service was available. The first table shows what services staff feel are available for patients.

Service	Number	Percentage
Ward Visit	38	100
Book of Remembrance	31	82
Candle Lighting	33	87
Prayer Tree	29	76
Holy Communion Service	34	89
Daily Prayer for Muslims	34	89
Jumma/Prayer	29	76
Baptism	31	82
Chapel	34	89
Muslim Prayer Room	33	87
Buddhist Room	23	61
Roman Catholic Mass	28	74
Multi-faith Meditation Room	31	82
24/7 on call	31	82
Access to Multi-faith holy books	33	87
Access to Prayer mats	32	84
1-to1 with Chaplaincy Team	35	92
Prayers before an Operation	32	84
Blessing	29	76
End of Life Chat	34	89

This indicates that 100% of staff knew that Ward visits were available for patients. The lowest response was for the Buddhist prayer Room, with only 61% believing that this service was available for patients (however it is not). On reflection however, it could be misconstrued that the Meditation Room was thought of as the Buddhist Prayer Room due to the link with Buddhism and meditation.

Other low responses were found for 'Prayer Tree' and 'Roman Catholic Mass', however it can be argued that if patients had not experienced the Chapel for example they would be unaware that the Prayer tree existed whereas staff will be more aware of services that they come into contact with, with their clinical work for example 'Prayers before an Operation'. The next table shows the services that the respondents felt were available for staff.

Service	Number	Percentage
Ward Visit	18	47
Book of Remembrance	21	55
Candle Lighting	24	63
Prayer Tree	18	47
Holy Communion Service	19	50
Daily Prayer for Muslims	22	58
Jumma/Prayer	14	37
Baptism	13	34
Chapel	26	68
Muslim Prayer Room	27	71
Buddhist Room	16	42
Roman Catholic Mass	22	58
Multi-faith Meditation Room	20	53
24/7 on call	18	47
Access to Multi-faith holy books	22	58

Access to Prayer mats	17	45
1-to1 with Chaplaincy Team	24	63
Prayers before an Operation	13	34
Blessing	14	37
End of Life Chat	14	37

Overall staff feel that less services are available to them as compared to patients, this is understandable when looking at services such as 'blessings' and 'Prayers before an Operation', which are obviously designed for patients. The 'Muslim Prayer Room' seems to be the service that most staff feel is available to them. Again some staff (42%) feel that the 'Buddhist Room' is available for them.

4.5.0 Chaplaincy Team facilities

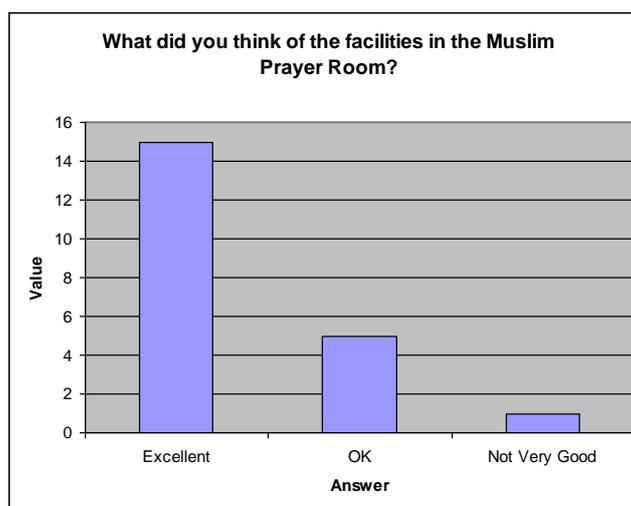
As part of this pilot audit, evaluation forms were placed in all of the chaplaincy facilities throughout the hospital. Users of these facilities were asked voluntarily to complete an evaluation form to provide feedback on the facility that they were using. The following results are taken from these questionnaires.

4.5.1 Muslim Prayer Room Evaluation Form

In total 21 questionnaires were completed and placed into a box for collection.

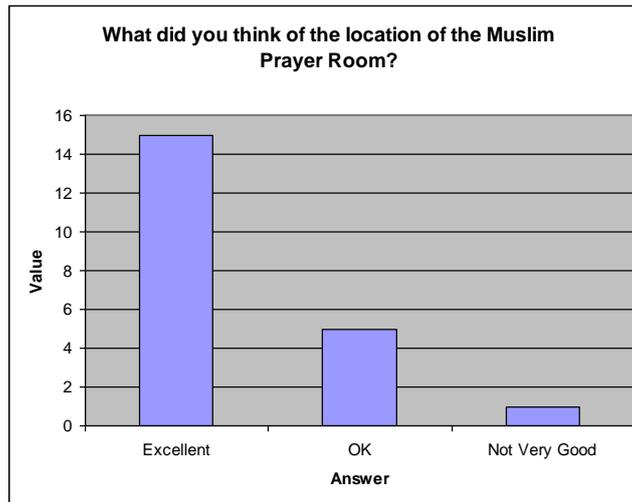
What did you think of the facilities in the Muslim Prayer Room?

Respondents were given a choice of three answers 'Excellent', 'OK' and 'Not Very Good'. 71% of respondents rated the facilities as 'Excellent', 24% of respondents rated the facilities as 'OK' and 5% rated the facilities as 'Not Very Good'.



What did you think of the location of the Muslim Prayer Room?

Again respondents were given a choice of three answers; 'Excellent', 'OK' and 'Not Very Good'. 71% of respondents rated the facilities as Excellent, 24% of respondents rated the facilities as OK and 5% rated the facilities as Not Very Good.



Was there a faith leader in the Prayer Room?

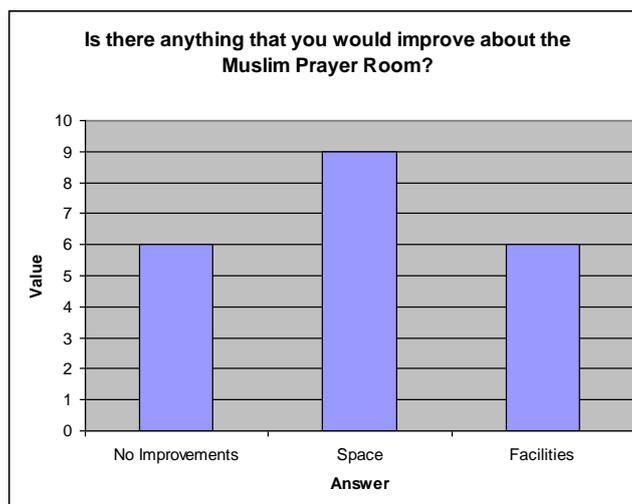
From the 21 respondents, 24% answered Yes, there was a faith leader in the Prayer Room and 76% answered No.

If there was not a faith leader around, did you know where to find one?

This was a further question for the 16 people who answered No to the previous question; however it was answered by all 21 people who returned their questionnaire. 48% answered yes to this question and 52% answered No.

Is there anything that you would improve about the Muslim prayer Room?

All 21 respondents provided information for this question. The answers that were provided could be split into three sections concerning space, facilities and no improvements. The main answer to this question was regarding space, many felt that the prayer room was too small, responses included *'Enlarge the Prayer Room'* and *'Needs to be slightly larger. Does not fully accommodate all brothers and sisters'*. Another improvement was regarding the facilities that are provided in the Prayer Room, responses included *'Please let us have a mirror'*, *'There is not always hand wash soap'*, *'Possibly another fan'*, *'the window needs fixing'* and *'The carpet needs washing as some days it does smell..'*. The other respondents stated that nothing could be improved.



These comments have already been fed back to the Chaplaincy Team and actions have been taken to fix the window and provide both hand soap and to rectify the concern with the carpet requiring cleaning.

Any other comments?

The majority of comments that were left by respondents were praising the Muslim Prayer Room, examples include *'Excellent Prayer Room, I use it often...'* and *'Excellent Resource'*. Two comments were left regarding facilities; and *'sisters should have a separate space'*.

Conclusion

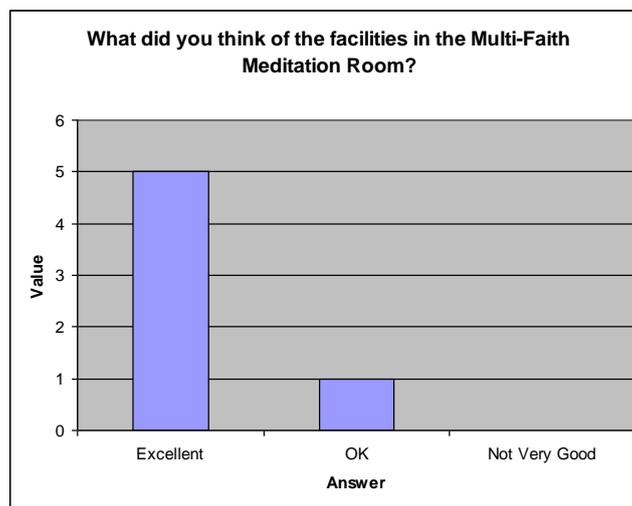
It was found that the majority of users were happy with both the location and facilities of the Muslim Prayer Room. It was found that in the majority of cases a faith leader was not present when the respondent attended the Prayer Room and often people were unaware of where they could find one, if required. This indicates that the Chaplaincy Team must ensure that all users are aware of where they can go for extra support. There were some comments about the facilities of the Muslim Prayer Room that need to be addressed, for example the carpet and ensuring that all facilities are available. Other issues that were addressed may be harder to change, such as the amount of space in the Muslim Prayer Room. Overall there was a very positive response received about the Prayer Room.

4.5.2 Multi- Faith Meditation Room

In total 6 questionnaires were completed.

What did you think of the facilities in the Multi-Faith Meditation Room?

Respondents were given a choice of three answers; 'Excellent', 'OK' and 'Not Very Good'. 83% of respondents answered Excellent to this question, whilst the remaining 17% answered OK.



What did you think of the location of the Multi-Faith Meditation Room?

Again respondents were given a choice of three answers; 'Excellent', 'OK' and 'Not Very Good'. All respondents answered Excellent to this question.

If you wanted to see a member of the Chaplaincy team/faith leader, did you know where to find one?

100% of respondents answered yes to this question, they all knew where to find a member of the Chaplaincy or a Faith leader.

Is there anything you would improve about the Multi-Faith Mediation Room?

The majority of respondents answered No to this question or left it blank. Two improvements were provided; *'It becomes too humid and smelly in here, would like to have some air freshener in the room as well please'* and *'more English literature'*.

Any other comments?

Only one respondent filled in this section writing *'Sofa's are very comfortable. The walls could do with a paint as It looks dirty, unable to relax with dirt on walls'*.

Conclusion

Overall the users of the Multi-Faith Mediation Room seem to be very satisfied with the facilities and location of the room. All were aware of where to find a member of the Chaplaincy team or faith leader. Overall responses given were very positive with a few simple suggestions of improvements.

4.5.3 Chapel

In total 7 questionnaires were completed.

What did you think of the Chapel?

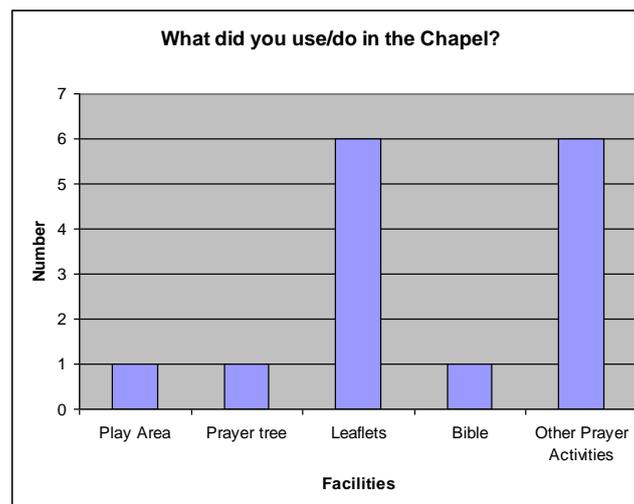
Respondents were given a choice of three answers; 'Excellent', 'OK' and 'Not Very Good'. 100% of respondents answered Excellent to this question.

Is there anything that you did not like about the Chapel?

The respondents either left this section blank or wrote 'No' or 'Nothing'. This indicates that the users are very happy with the facilities and location of the Chapel.

What did you use/do in the Chapel?

This question helps to identify which resources are used the most by visitors to the Chapel. Respondents were given a choice of 5 different facilities that are available in the Chapel and were able to mark more than one answer. Every respondent provided details about the services they used in the Chapel. The majority of people used either the Leaflets (40%) or Other Prayer Activities (40%). Respondents were not given the space to identify what Other activities they used, however one respondent did write 'Candles'.



What did you think of the Play Area in the Chapel?

Respondents were given a choice of three answers; 'Excellent', 'OK' and 'Not Very Good'. 100% of respondents answered Excellent to this question.

Is there anything that you did not like about the play area?

This question was mainly designed for those who answered 'Ok' or 'Not very good' to the last question, however as everyone answered Excellent the respondents either wrote 'No' or left the question blank. One respondent did write 'Nothing, as it helps the children of those who wanted to talk to GOD not to intervene during prayers and not let them get bored'. These questions indicate that the users are all very happy with the play area in the Chapel.

Was there a member of staff in the Chapel when you visited?

86% of respondents answered No to this question and the remaining 14% answered Yes.

If there was not a member of the Chaplaincy Team around, did you know where to find one?

This question was designed for those who answered No to the previous question to help ensure that if they needed extra support from a Chaplaincy Staff Member they knew where to go. All 6 of the respondents who answered No to the previous question answered Yes to this question. This indicates that 100% knew where to find a member of the Chaplaincy Team.

What did you think of the notice boards outside the Chapel?

Respondents were given a choice of three answers; 'Excellent', 'OK' and 'Not Very Good'. 86% of respondents answered Excellent to this question, whilst the remaining 14% answered OK.

What did you think of the leaflets in the Chapel?

Respondents were given a choice of three answers; 'Excellent', 'OK' and 'Not Very Good'. All respondents answered Excellent to this question.

What did you think of the Prayer Tree?

Respondents were given a choice of three answers; 'Excellent', 'OK' and 'Not Very Good'. Again all respondents answered Excellent to this question.

Could you find the Chapel easily?

100% of respondents answered yes to this question

Did you find the Chapel a suitable environment for your needs?

100% of respondents answered yes to this question

Any other comments?

A few respondents left comments; these were mostly praising the Chapel and facilities. Examples of responses include *'Excellent resources – always something new for regular visitors'*, *'Beautiful space, well kept...'* and *'Thank you.....this facility helps us to communicate solemnly to God and boost our morale...'*. One comment suggested an improvement; *'Perhaps some literature could go on ward notice boards?'*

Conclusion

Overall there was a very positive response about the Chapel. Users were very happy about the services and well informed about the location of the Chapel and how to find a member of the Chaplaincy Team. For the re-audit this sample size will be improved by extending the length of time available to collect the data.

4.6 Religious Service

This questionnaire was provided to all those who attended the various religious services that occurred during a weeks period. In total four questionnaires were completed and returned. One respondent had attended a 'Church of England' service in the Chapel whilst the other three had attended the 'Friday Prayers' in the Muslim Prayer Room.

Have you attended this service before?

50% of the respondents had attended the service before whilst the other 50% hadn't.

What did you think of the service that you attended?

Respondents were given a choice of three answers; 'Excellent', 'OK' and 'Not Very Good'. 100% of respondents answered Excellent to this question.

What did you like most about the service?

This was an open ended question which was answered by all respondents. The respondent who attended the Church of England service stated that they liked *'The prayers'* the most. The respondents who had attended Friday Prayers answers stated that they liked *'standing in rows, shoulder to shoulder'*, *'never expected a service at the hospital'* and *'Place to pray'*.

What did you dislike most about the service?

2 respondents left this section blank indicating that they did not dislike anything about the service. The other 2 respondents disliked the amount of space they had to Pray. These two

respondents had attended a service in the Muslim Prayer Room, space was identified by the respondents who answered the evaluation form for this room.

Is there anything you would improve about the service you attended?

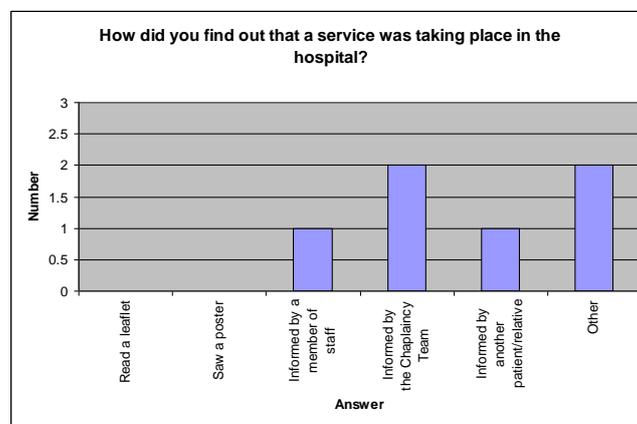
Again the only improvement that was raised was in regards to space, this response was given by the three respondents who had attended Friday Prayers in the Muslim Prayer Room.

What did you think about the place that your service was held in?

Respondents were given a choice of three answers; 'Excellent', 'OK' and 'Not Very Good'. 50% answered Excellent, 25% answered OK and 25% answered Not Very Good. The two respondents who answered OK and Not very Good in this section had attended the service in the Muslim Prayer Room therefore their answer could be based on answers provided in the previous question.

How did you find out that a service was taking place in the hospital?

Respondents were given a choice of various answers for them to choose from, they could choose more than one answer.



Most people found out about the service by being informed by the Chaplaincy Team. For other people responded with 'Word of Mouth' and 'Enquired at Reception'.

Do you regularly attend services at Birmingham Children's Hospital?

50% of respondents answered Yes to this question, whilst the other 50% answered No.

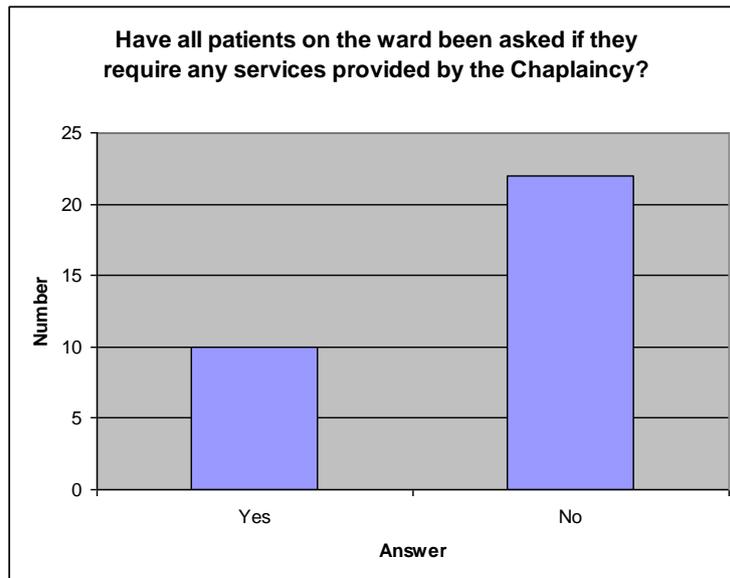
Conclusion

The response to the two services that were evaluated were mostly positive. The only exception was the lack of room in the Muslim Prayer Room. With regards to the actual service, all respondents were positive about their experience. For the re-audit this sample size will be improved by extending the length of time available to collect the data and to include a major service in the audit (e.g. Christmas Service, Remembrance Service).

4.7 Referral of patients to the Chaplaincy Team services

Have all patients on the ward been asked if they require any services provided by the Chaplaincy?

6 people did not answer this question, based on the other 32 respondents 31% answered yes to this question.



For some patients and their families, they may find it beneficial to spend some time with a member of the Chaplaincy Team via a Ward Visit. The Chaplaincy Team record how many patients and their families they visit and aim to respond to a request for a visit within 15 minutes of it being made. Furthermore, if an emergency referral is made (24 hours a day) then the Chaplaincy Team aim to respond to out of hours call outs and emergency referrals within 45 minutes. The Chaplaincy Team do not currently log the time of these referrals and the time taken to respond to the request. This is something that they can improve on to ensure that these standards, although felt to be currently met, are evidence based and maintained.

The Chaplaincy Team selected at random some current inpatient families who they are providing support to and approached them to participate in this pilot study. Those that agreed were asked to complete a short questionnaire where the following questions were posed.

Did you ask for a ward visit?

67% of patients who completed the ward visit questionnaire had asked for a visit from the chaplaincy team. One patient stated that they waited an hour for the visit. All respondents who were offered a visit were offered one from a member of the chaplaincy team or a nurse. This is very positive and shows that our nursing staff are aware of the Chaplaincy Team’s role in supporting families. It is also testimony to the visibility and presence of the Chaplaincy Team around the wards.

Do you feel the chaplaincy team spent enough time with you?

100% of patients felt the chaplaincy team member spent the right amount of time with them, and the amount of time spent with the patients and families ranged from 10 minutes to many hours. Again, this is extremely positive and confirms that our Chaplaincy Team are able to provide appropriate support and time to families based on their individual needs.

Did you feel the visit was private enough?

100% of patients felt their visit from the chaplaincy team was private enough.

Which chaplain or community faith leader did you see?

The chaplains seen by the patients who completed this questionnaire included Reverend Paul Nash, Reverend Nick Ball, Reverend Kathryn Darby, Reverend Pam Turner and Reverend Tony Hewitt.

What did you think about the support provided by the Chaplaincy?

100% of patients felt the support provided was excellent, and 100% felt that they did not require a follow up meeting. Although in 67% of cases, a follow up meeting was offered. 100% of patients felt supported by the Chaplaincy Team. These comments and the results

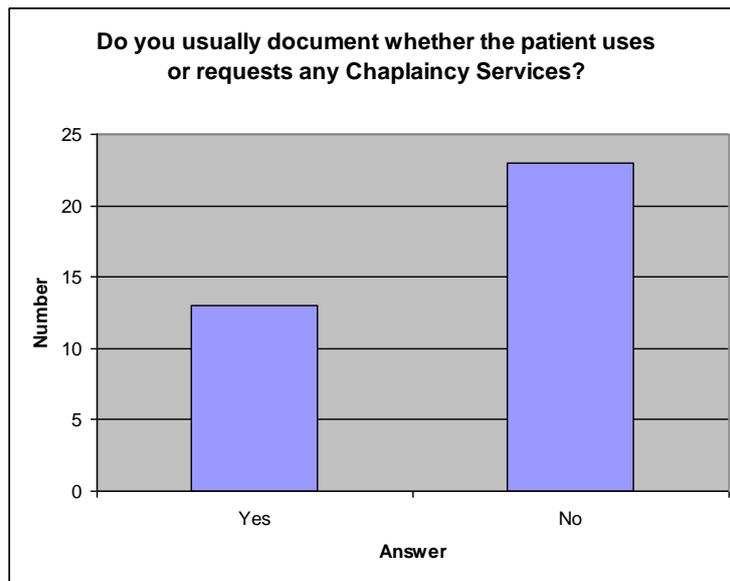
from this pilot audit are extremely encouraging. The Chaplaincy Team can take great strength and satisfaction that the work that they carry out is both effective and well received.

Comments provided about the chaplaincy service included

"It's Perfect"
"I wouldn't improve [the service] I feel it is good enough"
"Every chaplain can support parents and children of all beliefs"

Do you usually document whether the patient uses or requests any Chaplaincy Service?

This was a question asked to the nursing staff. 2 people did not answer this question, based on the other 36 responses it was found that 36% answered yes.



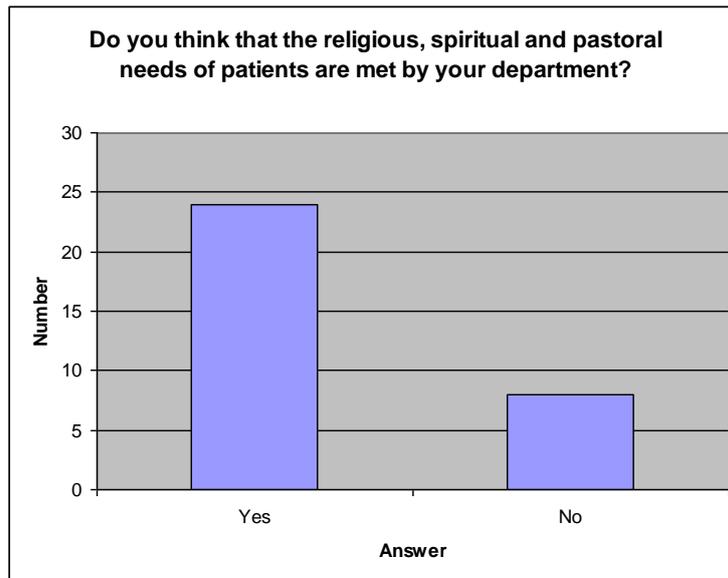
The 13 people who answered yes were asked a further question, 'if yes, please give details of where this information is recorded'. One person did not answer this question. The other respondents stated that the information can be found on admission form and/or patient profiles.

Further work needs to be carried out with nursing staff to remind them of the importance of documenting such meetings. Furthermore, a spirituality, religious and pastoral care plan might be an effective way of recording these meetings in a concise and meaningful way. The Trust does not currently have a dedicated care plan for these needs; however it would both strengthen and bring confidence to the nursing staff in meeting these particular needs for their patients and their families if a dedicated trust approved document existed.

4.8 Care planning to include religious, spiritual and pastoral needs

Do you think that the religious, spiritual and pastoral needs of your patients are met by your department?

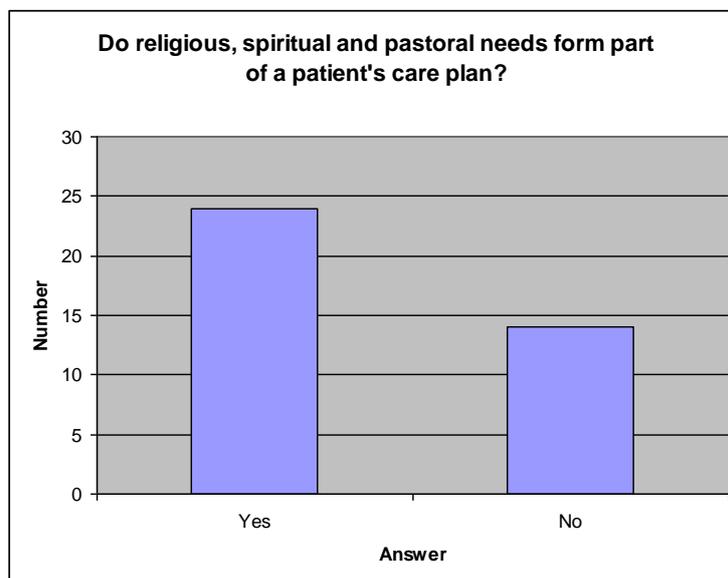
6 people did not respond to this question. When looking at the other 32 responses it was found that 75% of staff answered yes.



The 8 people who answered no to this question, were asked a further question 'if no, please provide details'. 2 people stated that their patients are only in their ward for a short period of time. Other answers seem to be based on **'a lack of education and some staff feeling they cannot always answer questions around spiritual, religious and pastoral need'**. Some respondents have stated that some of patients needs are met however not all patients.

Do religious, spiritual and pastoral needs form part of a patients care plan?

63% answered yes to this question.



This question needs to be expanded for future audits to identify how this is achieved.

4.9 Multifaith and Cultural Advisory Group

Have you heard of the Multifaith and Cultural Advisory Group?

All 38 staff respondents answered this question and it was found that only 24% had heard of this group. For the 9 nurses who answered yes to this question they were asked a further question, 'if yes, what do you understand about the group?' not all respondents gave any extra information about the group. There were four responses made about the group 'link nurses can attend', 'board of Ward 15', 'advise staff of any cultural and religious needs of patients' and 'forum of interaction between Chaplaincy and BCH staff for reflection'.

This is an area where again, the information is displayed across the trust and within every ward area on the Multifaith and Cultural Advisory Group notice boards. It is further advertised through global emails, posters, leaflets, the intranet and via face-to-face discussions. Despite this, nurses are still unaware of the role of the group and how to access it. A grand round has been presented in the past to try to address these issues however for some nurses they clearly still lack this knowledge. The Multifatih And Cultural Advisory Group will need to review their arrangements for communicating with staff in light of these results and identify a more effective way of getting their messages across to staff. A re-launch of the group with an awareness campaign and newsletter updates in the Grapevine may be one way to address this deficit.

Furthermore, when referring to this group, there are currently no formal means to monitor the impact and effectiveness of this committee. Despite having terms of reference the group does not currently monitor these routinely through a formal audit and do not report to a parent committee within the Trust. The group would benefit from a review to formalise the important work that they currently do.

Do you know how to refer patients to the multi-faith and cultural advisory group?

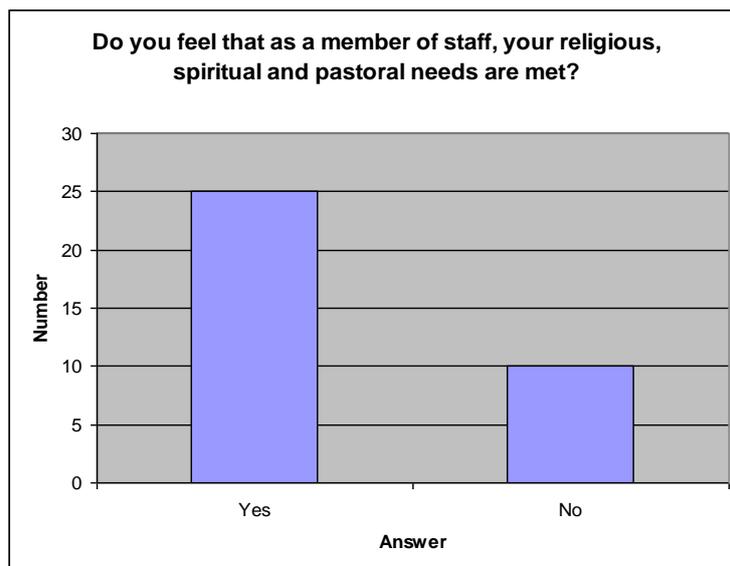
One person did not respond to this, from the 37 responses it was found that 19% knew how to refer patients to the group. This indicates that staff need to receive more education about what the group is about and how patients can be referred.

4.10 Staff needs

This pilot audit also sought to identify the religious, spiritual and pastoral needs of our staff. Questionnaires were given to a random sample of the nursing team and the following results were reflected in their responses. Due to time restraints, staff who currently seek support from the Chaplaincy team were not asked to complete a separate questionnaire like the families who were referred to the Chaplaincy Team were. This is a consideration for the re-audit.

Do you feel that as a member of staff, your religious, spiritual and pastoral needs are met?

The Chaplaincy Service provides support to both patients and staff and it is important that staff feel that their needs are met. 3 people did not respond to this question.



71% of staff feel that their needs are met by the Chaplaincy Service. For the remaining 10 members of staff they were asked a further question, 'if no, please give details'. The main responses to this question were centred around staff being unaware of what services are

available for them. One member of staff noted that **'their religion had never been asked'** and another stated that **'they cannot attend any religious services due to their shifts'**. For this respondent it was not identified if this had ever been approached with their manager in order to facilitate such needs being met. One respondent felt that their needs were not met as **'they have never experienced a member of the Chaplaincy team coming onto the ward to talk to staff'**.

5.0 Conclusion

This pilot audit has provided the trust with a baseline assessment of how the religious, spiritual and pastoral needs of patients, their families and staff are being met at Birmingham Children's Hospital NHS Foundation Trust. The following table outlines the elements within the Care Quality Commission's Standards for Better Health which details the requirements of this area of care.

C20b element 1 (d).	Where inpatient services are provided, the healthcare organisation provides access to private areas for religious and spiritual needs
C7e element 1(c)	provision of prayer rooms or private space for staff to practice their religion
C13 a element 1(b).	Staff are supported to treat patients, service users, carers and relatives with dignity and respect, including taking into account different interpretations of dignity and respect for people from different faiths, cultures, generations and genders
C13a. element 2(a)	The healthcare organisation ensures that staff are aware of policies to promote good race relations with regard to issues of dignity and respect. Appropriate provisions are in place to meet the specific needs of different patient groups.
C15a element 1 (b).	Healthcare organisations ensure that patients/service users are provided with a choice by ensuring all patients/service users can understand what food and drink (including food and drink supplements) is on offer and can make choices according to their needs (including cultural needs), preferences and rights (including the rights of different faith groups).
C15b element 2 d.	The healthcare organisation has systems in place to check that patients are receiving and eating the food and drink including the supplements that meets their individual nutritional, personal and clinical dietary requirements, including the right to have religious dietary requirements met.
C15b element 3 (c)	The person providing assistance ensures that the patient's dignity is maintained during mealtimes, and should take into account, for example, their culture, faith, age etc.

From the results of this pilot audit, these elements and the standards and objectives of the audit have been explored and there is considerable progress being made to fully meet these requirements. Although not every respondent had recorded a perfect knowledge or interpretation of these needs, there is a good degree of knowledge and understanding within the Trust. Where these needs were not totally represented adequately, simple improvements can take place to really make a big difference to the care provided to our patients and their families.

Birmingham Children's Hospital has an outstanding Chaplaincy Team which is pivotal in providing the support and care required by the community which we serve. The results presented within this report demonstrate that the team is both effective and well utilised within the Trust by both patients and their families. Through a dedicated service, this team of professionals have made an invaluable contribution to the care provided for our patients and our families. With a few small changes through education and streamlining the service further through the work of the Multifatih and Cultural Advisory Group this team can improve the work that they carry out, benefiting this varied and potentially vulnerable community.

The following recommendations are presented to demonstrate and inform a way in which these improvements can be made within the Trust.

6.0 Recommendations

	Improvement	Responsible Person	Deadline
1	Review the Chaplaincy education programme for staff to make changes which reflect the deficits presented within this report	Paul Nash as Head of the Chaplaincy Team	Dec 2010
2	Review the effectiveness of the Multifatih and Cultural Advisory Group, identifying more effective means of communicating the role of the group to staff	Paul Nash as Chair of the Multifatih and Cultural Advisory Group	Dec 2010
3	More awareness of the various chaplaincy facilities available to staff and families (eg posters, signposts etc)	Paul Nash as Head of the Chaplaincy Team	Nov 2010
4	Review how the religious, spiritual and pastoral needs of staff members can be further met within the Trust and how this information is communicated to all staff.	David Holmes, Head of Human Resources and Paul Nash	Dec 2010
5	Revise the Data collection tool and re-audit in 6/12 time	Paul Nash and Victoria Demery	March 2010

These recommendations are deliberately broad to allow the individual groups/members to further identify a plan of action to address these recommendations. These action plans will need to be both ratified and monitored by an appropriate committee within the Trust.