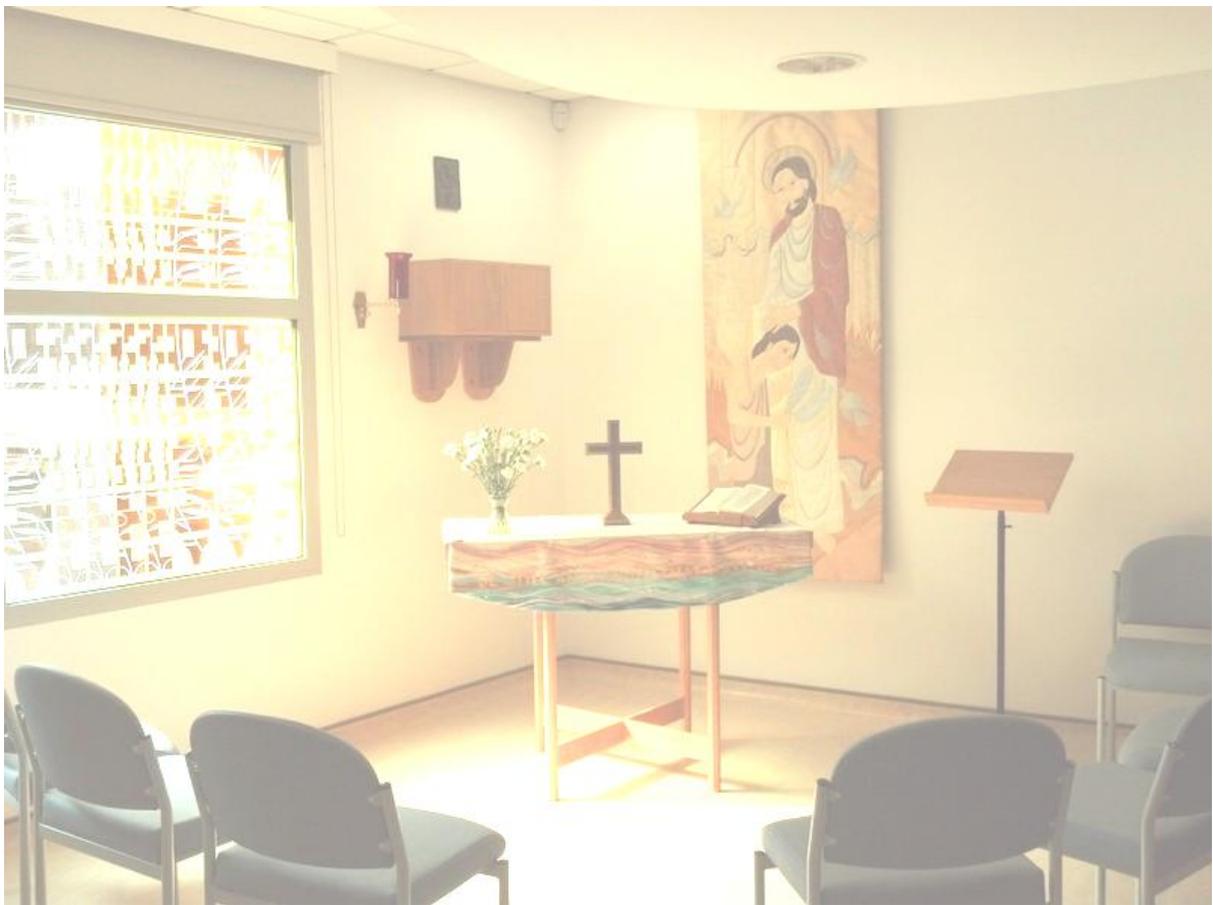


Handbook of Best Practice and Conduct For Volunteer Chaplains



Department of Spiritual Care and Chaplaincy

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Handbook of Best Practice and Conduct for Healthcare Chaplains at MEHT

INTRODUCTION

The Trust Chaplains at Mid-Essex Hospitals Trust [MEHT] are members of the UK Board of Healthcare Chaplains [UKBHC] and such they, and all who they train and supervise as volunteer team members, are required to adopt the Code of Conduct for Healthcare Chaplains laid down by the UKBHC

The Code lays out the ethical values and principles that underpin good chaplaincy practice. It also sets out the basis for safe, effective and compassionate care by chaplains which safeguards and promotes the spiritual health and well being of those in their care. The Code of Conduct states that as healthcare chaplains we are professionally accountable for our decisions and conduct and we must be able to justify our practice.

The MEHT Handbook of Best Practice and Conduct is based on Chapter 3 of the Code, 'The General Conduct of Chaplains', which has been expanded to reflect the specific practices and protocols of the Spiritual Care and Chaplaincy Department of MEHT

It is the intention of this handbook to provide our department with a safe and effective model, and guidelines for, the delivery of Spiritual Care and Chaplaincy in this hospital.

A copy of the full UKBHC Code of Conduct can be found in Appendix I.

MEHT Spiritual Care and Chaplaincy Team

Trust Chaplains

The Trust Chaplains are employed by MEHT to be specialists in all aspects of spiritual and pastoral care, and minister to people of all faiths and none, and to provide a 24/7 service. They have oversight of, and responsibility for, the wider chaplaincy team of volunteers and associate ministers. They are accountable to their NHS Trust line managers, to the leaders of their individual church denominations which are drawn from Churches Together in Britain and Ireland, and are registered members of, and observe, the standards and Code of Conduct laid down by the UKBHC.

Roman Catholic Chaplain

This chaplain has a contract with the hospital to ensure there is a 24/7 chaplaincy service specifically to Roman Catholics in the hospital and is a full-time parish priest.

Ward Chaplains

A Ward Chaplain provides a regular frontline chaplaincy presence on the wards. The Ward Chaplain's role is to

- introduce yourself and the chaplaincy service to all the patients, and be a point of contact for staff.
- to engage in pastoral conversations where invited
- find out if the patient has any specific religious or spiritual needs or requests
- to refer the patient on to Trust chaplains for follow-up spiritual care as necessary

Eucharistic Ministers

There is no corporate Christian worship in the Faith Centre on a Sunday. The role of the Roman Catholic, Anglican and Free Church Eucharistic Ministers, is to take Holy Communion and/or prayers, to the bedside of Christian patients who have requested it.

Associate Chaplains, Ministers, and Faith Advisors/Visitors

The On-Call rota is also variously supported by local mainstream Christian ministers who are registered as associate chaplains. The department also holds a register of Faith community leaders who will visit or advise where the religious need is from another world faith or non-mainstream Christian denomination.

Chaplaincy Community

The work of a chaplain is always a privilege but often personally and spiritually challenging. It is not a solo ministry but is practised in the context of a supportive community committed to prayer, care of self and each other, and continuous learning. This is offered through:

- our best practice and conduct training programme
- ongoing learning opportunities
- corporate daily prayer and worship in the Faith Centre
- regular support groups to share and reflect on experience,
- regular Quiet days,
- mentoring with Trust Chaplains.
- Annual Eucharistic Ministers Meeting.

Discernment and Training of Volunteers

All our chaplaincy volunteers are rooted in faith, either in a member church of Churches Together in Britain and Ireland or in another major world faith. You are recommended by your priest, minister or faith leader, and another referee, as having recognised gifting, aptitude and pastoral skills for hospital ministry and significant life experience. In line with hospital policy you will have undergone a DBS check and Occupational Health clearance, before being allowed independently on the wards.

There is an initial period of training in skills and knowledge for each type of chaplaincy, including shadowing of experienced volunteers, supervised practice, and mentoring to reflect on experience and practice. This is also a period of discernment to test the individuals gifting for this ministry. Success in a final assessment is marked by a Service of Commissioning and Rededication. Eucharistic Ministers are then assigned to the Sunday rota. Ward chaplains begin a short probationary period before finally being assigned to their particular ward, with a review after a few months.

Your Rights and Responsibilities as a Volunteer Chaplain

As a volunteer you have the right to:

- information about MEHT
- a clearly written job description
- know to whom you are accountable
- be recognised as a valued team member
- be supported and supervised in your role
- a healthy and safe working environment
- say no if you feel you are being exploited
- be reimbursed for travel and other expenses
- be informed and consulted on matters which affect you and your ministry
- be made aware of the grievance procedure within the organisation
- Orientation and training

As a volunteer you are responsible to:

- be reliable
- respect confidentiality
- carry out the specified job description
- be accountable
- be committed to the organisation and the chaplaincy community
- undertake training as requested
- ask for support when you need it
- give reasonable notice before you leave the organisation
- value and support other team members
- carry out your ministry according to the handbook of Best Practice and Conduct for
Healthcare Chaplains

SECTION 1: BEST PRACTICE

Conduct Objectives:

**To promote and safeguard the interests and well-being of those in your care;
To treat those in your care with equal respect and dignity;**

A. Personal and Professional Boundaries [see also section 4.1 of Code of Conduct]

To create safe, trusted and consistent pastoral relationships with those in your care, it is important that at all times you work within the boundaries of the role of the chaplain, and within your personal limitations.

In particular you should:

- Advise senior staff of your arrival on the ward and your intention, seek advice on any infection prevention or other issues which may impact on your visit, and any patients recommended for chaplaincy.
- Introduce yourself and your role to the patients on your ward, in such a way that informs them of the chaplaincy service, and their opportunity to engage with you or another part of the service should they wish.
- Never behave in ways which exploits, manipulates, intimidates or which cause distress, pain or harm
- Recognise situations which require you to summons emergency assistance, and know how to raise the alarm [See Health and Safety]
- Recognise when you need to refer on to another colleague or health professional e.g. to a nurse or HCA when feeding, toileting or positioning and mobility needs become apparent; to a Trust chaplain if more time or a different expertise is needed or you just feel out of your depth; when you need to report a concern [See also Reporting Concerns].
- Always respect the belief and values of those in your care, and never impose your own, e.g. do not evangelise or proselytise for one faith or theology, and avoid giving direct answers to questions about your personal beliefs but keep the discussion patient centred and help the patient express their own beliefs.
- Never display sexualised behaviour towards those in your care; be aware **that** your tone, body language, words and attitude may be interpreted differently by individuals of different social and cultural norms. Equally you should not tolerate sexualised behaviour towards you.

- It is not your role to make purchases or run errands for a patient. Familiarise yourself with the facilities for patients on your ward to deal with these needs, and encourage and enable your patient to use them.
- Do not accept personal gifts or behave in a manner that invites a monetary donation for your services or suggests that is required. Genuine charitable donations should be directed to the Trusts Charities department. If a cash gift is pressed upon you, ask for ward staff to witness the gift, take the patient's name and address for a letter of thanks and bring it directly to a Trust chaplain.
- Visiting of personal family friends, or church members, is not to be confused with your role as a volunteer chaplain. [See Personal Visiting]
- Do not exchange any personal information, e.g. address or phone numbers, which could be used inappropriately beyond the chaplaincy relationship.
- Do not engage with news media on behalf of chaplaincy or the Trust without expressed permission and cooperation of the Trust Communications Department.
- Do not assume to handle patients property or open a bedside locker without the patients permission.

B. Confidentiality

[see also section 4.3 of Code of Conduct]

The context of a safe and trusted relationship between the chaplain and another is essential to the work of spiritual healthcare. Confidentiality enables the expression of, and access to, personal and private information, necessary to provide care. Chaplains must at all times respect and promote confidences.

- Any information given in the course of a pastoral conversation is confidential and only to be used for the purpose for which it was given. Try as far as possible to keep pastoral conversation discreet in the ward environment.
- Never give information about a patient's admission, e.g. ward, diagnosis, treatment; to third parties who request it e.g. clergy or church members, neighbours or friends; unless the patient has requested you to do so.
- Don't seek to gain information about a patient from any other source, e.g. visitors, staff, electronic patient records, mutual acquaintances, unless the patient requests it and it is **in** their best interest.

When and How to Share Patient Information:

Information must never be disclosed, by word of mouth or in chaplaincy records, unless there is justification i.e.

- i. It is in the best interests of the patient
AND you have discussed the necessity for sharing that information
AND you have the consent of the patient e.g. Patient has agreed to a follow up visit by a Trust chaplain or parish visitor and would like them to know

In these cases ensure information is passed directly to the third party in a secure manner i.e. not by voicemail, answer phone or electronic messaging.

- ii. There is the serious risk of harm to self or to another, or suggestion of crime, e.g. adult or child abuse. In this case the individual should be advised that you have a duty of care to ensure this kind of information is shared with an appropriate person, i.e. Ward Sister and/or Trust Chaplain.
- Where possible enable the individual to appropriately disclose the information themselves.
 - When reflecting on your practice, in debrief, supervision or spiritual direction, ensure that the identity of persons in your care remain anonymous, by not using real names or sharing information that may identify them.
 - Any patient identifiable notes made in the course of your work must be returned to the chaplaincy and preferably shredded. [see also Section 7]
 - Never discuss or refer to particular individuals you encounter or work with as a chaplain in a public place or on any social media.

C. Personal Presentation

Your appearance is a key communicator of your professional attitude and position.

Dress should be

- smart enough to convey to a patient that you are a 'professional',
- informal enough to suggest that you are relaxed and comfortable in their presence,
AND
- discreet enough not to communicate unwanted social or sexual signals, or to cause disrespect or embarrassment.

For guidance

- The 'bare below elbows' rule is ideal, but plain rings and roll back sleeves are permitted for infection prevention and ease of hand and wrist washing..
- Other jewellery and accessories should be reasonably discreet and not place you or the patient at risk if grabbed or entangled.
- Footwear should be low heeled and secure on the foot for safety.
- Be aware of the need for personal freshness, especially in the warm ward environment.
- Do not wear perfume or strongly scented body products, as in a pastoral encounter others could find them distasteful or distracting. At worst, where there is sensitivity, they can trigger adverse respiratory or allergic reactions.
- You must have your Identity Badge, and name badge if you have one, clearly visible while on duty as ward chaplain in the hospital.

The Trust chaplains reserve the right to ask you to address inappropriate personal presentation before you carry out your duties.

D. Touch and Physical Contact

[See also section 4.4 of Code of Conduct]

Healthcare chaplains are inclined to use touch informally as a gesture of care and formally within religious rituals, but it must be used with sensitivity, as

- Touch may be misinterpreted or misunderstood, according to the patient's preference, personal experience or culture.
- Touch can be perceived as intrusive, threatening, manipulative, or abusive.
- Depending on the patient's condition, touch may cause actual pain, injury or transmit infection.

For guidance:

- Rituals involving touch, eg laying on of hands, must be explained and consent obtained, and where there is any doubt seek the permission of the patient..
- Where you sense informal touch is pastorally appropriate, good practice is to place or offer your hand where a patient may take the initiative.

- Where a patient does not have capacity to give consent, avoid any contact, informally or ritualistic, unless it is in the patient's best interest and permission is given by the patient's advocate.
- Equally you are not obliged to respond to requests for touch or hugs. Be aware of your own personal safety, comfort level, and what such response might unintentionally communicate to the patient and to other witnesses.
- Recognise and de-escalate or remove yourself from any abusive, sexualised or threatening behaviour, and report any incident to senior ward staff and to a Trust chaplain.

E. Privacy

Do all you can to preserve a patient's privacy and dignity during a chaplaincy encounter.

Ask the individual if they are comfortable in the environment – consider:

- offering to close bed space curtains or door [advisable to leave a gap in both instances for mutual personal comfort and for staff access]
- offering to move to a more private area if available and appropriate [especially if family or staff are involved]
- offering to draw your chair as close to the patient as they feel comfortable [do not sit on beds or patient's chair]
- asking about hearing difficulties, e.g. has a better 'side' or issues with hearing aids.

F. Timing and Length of Visits to Patients

The preferred time for ward chaplaincy visiting is between 0930 -1145 which respects patients' meal time and public visiting hours. Leaving the ward at 1145 enables time for your administration, debriefing and prayers.

Respect must be given to any clinical interventions, other visitors and the patient's personal needs.

Be prepared to put time boundaries in place in pastoral visits. Always be aware of:

- The patient's willingness, or otherwise, to speak with you
- The patient's ability to engage e.g. fatigue, confusion

- The appropriateness of the conversation e.g. is this relevant to spiritual care, or does this need referring beyond chaplaincy?
- your personal time limits and your responsibility to other patients on the ward e.g. do you need to refer on to a Trust chaplain for follow-up

G. Personal Visiting

Visiting of personal family friends, or church members, is not to be confused with your role as a volunteer chaplain. Personal visiting whilst you are on site is permissible under the following circumstances

- that you do not use your chaplaincy ministry time to do personal visiting
- that you remove your ID badge and make it clear you are not visiting as chaplain [See “Personal and Professional Boundaries”], but as friend, family or church visitor.
- if you intend to visit outside public visiting hours that you first seek permission of the ward staff and respect their decision.

H. Health and Safety

Emergency Situations on Ward

If you discover a fire, follow mandatory fire training procedures raise the alarm; and follow the direction of senior ward staff.

If you discover a patient in danger e.g. an individual suddenly experiencing breathing or choking problems, turning white or blue, apparent loss of consciousness, bleeding, falls, injury, disconnection from equipment, unsafe behaviours, or unsafe environment, use the emergency call button to summons help. If you are in any doubt about a patient’s condition, don’t hesitate to seek advice from a member of clinical ward staff.

Infection Prevention

Familiarise yourself with the Trusts infection prevention procedures, according to your mandatory training, particularly

- washing hands and wrists on arrival and leaving the ward and between every 5th gel application [recommended to maximise gel effectiveness]

- applying hand gel when any contact has been made with the patient or bed space property
- wear aprons and gloves when indicated
- ensuring your ward books and resources are regularly wiped clean and avoid bringing them in contact with bedding or other potentially infected surfaces
- patient resources are single use only and kept by the patient, i.e. Gideon Bibles, sacred texts, prayer cards, etc.
- multi-use service cards i.e. bedside communion, should be laminated and wiped clean after use
- do not visit wards closed under infection control measures; in pastoral emergencies the ward still has access to the on-call service.

If you have an infection, do not attend for chaplaincy duty until you are symptom free. [see also Section 8 Sickness Policy]

If you are symptom free but are on antibiotics for more than seven days your personal immune system could be compromised. Therefore, you should avoid patients with known infections, and whole wards where there is more than one case of a hospital acquired infection e.g. MRSA, C-Difficile.

Patients Needing Assistance

Always refer to a nurse or HCA when assistance is thought to be needed with, or requested for, feeding, toileting, positioning in bed or chair, or walking or transfers, taking of medication, problems with medical equipment or appliances. Bringing personal items within reach at the patient's request is permissible.

Special Conditions of Patients

i.e. Nil By Mouth Notice; hearing/sight impairment; confusion/dementia etc. Take appropriate notice and care where special conditions may impact on your ministry e.g. the receiving of Holy Communion or laying on of hands. When in doubt seek guidance from ward staff or Chaplaincy Department before you proceed.

Injury to Yourself

- If you are wounded by a sharp point or if you come into contact with soiled items, body fluids or items likely to spread infection, report to the Ward Sister without delay who will advise on the correct course of action.
- Be aware of hazard signs. Do not attempt to move medical equipment or heavy furniture.

- If you have any other accident or ‘near miss’ in the ward environment report to Sister without delay and seek the appropriate help.

Reporting Concerns

[With reference to “Professional and Personal Boundaries” and “Confidentiality”]

If a patient or relative raises a query or expresses a concern about their care you should not answer out of your own knowledge or experience, but enable the individual to deal with the issue, by

- Listening and encouraging the patient to express feelings in confidence and determining if they wish to take further advice or action. Often enabling to person to express their concern is enough.
- If they wish to take it further, enabling them to speak to the appropriate person for resolution, e.g. Ward sister, doctor, PALS
- Where necessary, and on their request only, reporting the concern on their behalf.

If you have concerns about someone’s care or dignity, you have a duty of care to speak to the Ward Sister confidentially, and/or to report it to a Trust chaplain, who will oversee the right course action.

SECTION 2: EQUALITY AND DIVERSITY

Conduct objective:

To respect the rights of individuals, belief groups and faith communities to hold their own values, traditions, beliefs and practices.

Equality and Diversity

Under the Equality Act 2010 the NHS must ensure that no employee, patient or visitor is discriminated against on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender or sexual orientation.

Healthcare chaplains respect this diversity when delivering spiritual healthcare. The Department of Spiritual Healthcare and Chaplaincy also acts as a key resource in meeting care needs arising from diverse religion and belief, and culture such as diet, washing facilities, ways of addressing people – i.e. which name to use, birth rites, death rites, modesty, and communication conventions.

Healthcare Chaplaincy best practice and conduct ensures that you:

- are prepared to engage with all patients without prejudice or discrimination
- do not disclose your own faith group or denomination unless specifically asked.
- always respect the belief and values of those in your care, never imposing your own beliefs or evangelising or proselytising for one doctrine, faith or theology.
- access the various resources available from the Faith Centre to assist in caring for those with diverse multi-cultural and multi-faith care concerns.
- Refer to the Trust Chaplains for further care, any patient who requires a visitor from their own faith community, denomination, or belief group, with respect to confidentiality
- Respect the traditions of each faith group or denomination in the provision of religious care e.g. Roman Catholic patients require Roman Catholic Eucharistic Ministers, deacon, or priest to give Holy Communion, and a priest for the sacraments of reconciliation, anointing and viaticum [last rites], or patients of other denominations requiring ministry from their own denomination.

SECTION 3: CARE OF YOURSELF

Conduct objectives:

**To act with integrity, sensitivity and understanding;
To develop and maintain your knowledge, skills and capabilities
to practise safely, ethically, competently and legally;**

Care and Development of Yourself

Along with any registered healthcare giver, chaplains are required to reflect on their practice and skills, refresh and update their knowledge and keep themselves fit to practice.

In Healthcare Chaplaincy our primary tools are ourselves as persons, and our relationship with God, and our relationship with the other. It is this living dynamic which makes chaplaincy a ministry as well as a profession.

We have a responsibility, therefore, to care for the ministry we deliver to others, by

- Caring for ourselves, body, mind and spirit, and enabling others to do so.
- Reflecting on, and learning from our chaplaincy encounters.
- Framing our vocation to chaplaincy within a personal pattern of prayer and theological reflection, individually and as a community.

At MEHT this is supported through:

- our best practice and conduct training programme
- Trust mandatory training days
- chaplaincy community daily prayer and worship in the Faith Centre
- ongoing support, supervision and mentoring by Trust chaplains
- ongoing learning opportunities and in-service training
- regular support groups to share and reflect on experience
- regular Quiet Days
- regular team social events
- special services of celebration and rededication

- Annual Eucharistic Ministers Meeting
- Annual Trust Volunteers Supper

Your Commitment

It is appreciated, and celebrated, that our volunteer chaplains are all actively involved in personal, family and church life. To support and develop your role as a Ward Chaplain you are also asked to commit to joining the chaplaincy community for worship either before or after your ward ministry sessions, to attend at least four support groups and one Quiet Day annually, and as many in-service training opportunities as possible. You may also be asked to assist in the training of new Ward Chaplains, by means of shadowing ward ministry and contributing to taught sessions.

All regular Chaplaincy training and worship events are published annually, and reasonable notice given for extra events. It is expected that as a Ward Chaplain you will keep yourself informed of dates and will advise the department of any events you cannot attend.

Support on the Wards

We have a policy of 'support when needed' for anyone working with the Chaplaincy team, available from any of the Trust team on duty. If you find yourself out of your depth, asked to do something you have never done before, need a chaperone, or feel a Trust Chaplain should be involved, please contact the Chaplaincy office or On-call Chaplain without delay.

De-Briefing

Debriefing – either through personal reflection and prayer, journal writing, or discussing your encounters with one of the Trust Chaplains, will help process and 'move on' from the intensity of ward ministry. It will also provide useful material to share at support groups for mutual learning. Always seek out a Trust Chaplain for debriefing after a difficult visit or day on the ward or when unsure of best practice or procedure.

Support Groups

Support groups serve three main functions

- To help us as a community to know what is impacting on your life at the moment that needs our support.
- To give others opportunities to learn by sharing your experience of ward chaplaincy.
- To provide opportunity for communication and discussion of any changes in the Spiritual Care and Chaplaincy department.

You should be prepared to attend a Support Group at least four times each year, even if that means being unable to visit the allocated wards during that week. If there is a problem that is too difficult to bring up at the support group, always speak to one of the Trust Chaplains. Difficult issues can still be presented to the group in an anonymous way and often helpfully used as a learning opportunity.

Annual Meeting of Eucharistic Ministers

Eucharistic ministers should be prepared to attend the Annual Meeting of Eucharistic Ministers on one of the dates provided in order to keep up-to-date and bring forward any concerns s/he may have in providing Communion on the wards.

Quiet Days

Provided two or three times a year, to enable you to have a mini-retreat from your worldly responsibilities and to take time and space to reflect on your relationship with God and your vocation. Quiet Day leaders and themes are especially chosen to provide nourishment and healing for healthcare chaplains. You are encouraged to attend at least one of these days, in lieu of a ward session if required, or to show that you are nurturing your spiritual life in another way.

Mandatory and In-Service Training

Opportunities for further training and updating of skills will be provided by the Chaplaincy Department as we able, and there is an Annual Study Day for Healthcare Chaplains provided by the Chelmsford Diocese in the autumn. It is expected that you will attend as many training opportunities as possible. Also you are required to update and refresh your MEHT Mandatory Training knowledge every two years. Mandatory Training happens fortnightly and can be booked through the Chaplaincy Office.

SECTION 4: FITNESS TO PRACTICE

Conduct objective:

To ensure that you are fit to practice and that those in your care are not at risk of harm because of your conduct, performance or health;

The Lead Chaplain is ultimately responsible for the service delivery Spiritual Care and Chaplaincy Department, and the performance of the team.

Trust Chaplains are accountable to the Lead Chaplain and are subject to annual appraisals to make sure they understand their role, performing up to standard and are making provision for professional development.

Volunteers are accountable to Trust Chaplains and this section explains how we ensure that you are happy in your role and that you are maintaining standards.

Ministry Reviews

- To support you and your ministry you will be invited to attend a Ministry Review meeting with a Trust Chaplain at least every two years. This gives you and the department a chance to reflect on your ministry, celebrate accomplishments, address any concerns around best practice, and identify any areas for training and development, including booking the Trusts mandatory training refresher course.
- You, or the Lead Chaplain, may also request a ministry review meeting any time a need arises to appraise your role.
- A full review meeting will be preceded by a shadowed ward round on your normal ward with a Trust Chaplain, a personal evaluation form and the preparation of a pastoral reflection of a patient encounter of your choice. [See appendices for the paperwork]
- The personal evaluation form will need to be submitted before meeting, and the pastoral reflection may be submitted in writing before the meeting or delivered verbally at the meeting. Both will provide material for discussion.
- Recommendations will be mutually agreed and a report drawn up
- Recommendations may include developmental opportunities, such as reassignment of ward, contribution to training programme and/or short term additional support through supervision and training.
- This may also be the time to consider your future, especially if you feel called to a different ministry, or you wish to plan your retirement from chaplaincy. [see retirement association]

Leave of Absence

- If you find you need a leave of absence, to manage illness or other personal issue, this needs to be reported to the Chaplaincy Department as soon as possible, so we can make necessary arrangements to cover your responsibilities.
- We will offer you on-going support during your leave, e.g. pastoral meetings with a Trust chaplain as needed and to receive team communications and invitations to attend regular worship in the Faith Centre, Quiet Days, social events, special services. But you are not expected to attend support groups until you return to chaplaincy.
- You will be required to leave your ID badge with the department while you are on leave of absence
- When you feel ready to return you will initially meet with a Trust Chaplain for a pastoral meeting to determine the significance of the leave for you, the needs of the service and to make a planned return to duties.
- A leave of absence may present an opportunity for a Ministry Review.

Ward Re-Assignment

Whilst it is important to build trusting relationships with staff over time by becoming a familiar presence on a ward, it is also recognised that the culture of the different wards, according to clinical speciality and average age of patients, etc., demand different styles and approaches to chaplaincy. A change of ward after a while helps chaplains not to become set in one approach to chaplaincy and to enliven and enhance ministry skills and personal development.

The Lead Chaplain may therefore recommend ward re-assignment when

- the ministry review takes place
- on return from leave of absence it is agreed that the usual ward will not benefit your recovery
- to meet the on-going training needs of new chaplains
- where changes in the spiritual care needs of any ward is identified
- where there is any other good pastoral reason for a change.

The particular skills and experience of individual ward chaplains will be taken into account before a change of wards, and the re-assignment will be supervised for at least six months.

SECTION 5: COMPLIANCE TO YOUR ROLE

Conduct objective:

**To comply with your terms of employment,
and the policies and protocols of your employing health body;**

Volunteer Chaplains are expected to

- comply with the Trusts Volunteer Involvement policy [available in the chaplaincy office]
- comply with the policies and procedures of the Spiritual Care and Chaplaincy department,
- to have signed an annual work agreement to this end [see appendices],
- to practice within the framework of Healthcare Chaplaincy Best Practice and Conduct, as laid down in this handbook

Patient Experience Feedback

Spiritual Care and Chaplaincy is part of the Corporate Communication and Patient Experience Directorate

From time to time the chaplaincy may be asked to participate in activities which promote or support the objectives of the directorate. This should be done under the supervision of the Trust Chaplains and without compromising your normal role as a Ward Chaplain.

Under the guiding principle of improving the patient experience, and having obtained consent where appropriate, you are encouraged to report to the Lead Chaplain any feedback which could inform improvement of services.

SECTION 6: FAITH IDENTITY

Conduct objective:

**To maintain a recognised or accredited status
with your faith community or belief group;**

Healthcare chaplaincy is a faith based ministry to deliver spiritual care in a secular environment, to people of all faiths and of none, so it is required that chaplains are

- Rooted in a personal faith that sustains and maintains their personal integrity.
- Not constrained or compelled by a personal doctrine of faith that seeks to evangelise or proselytize
- A member in good standing of a denomination which itself is a member of Churches together in Britain and Ireland, or
- In good standing with a faith group which is reflected in the demographics of the hospital community and surrounding area

Change of Church/Faith Group Affiliation

As part of your recruitment a reference was obtained from your clergy/faith group leader stating that you are in good standing with your church/faith group.

If during your chaplaincy placement you leave the church/faith group which recommended you, or you plan to change denomination or faith group, or your good standing changes for any reason, you must inform the Lead Chaplain as soon as possible, as this will have a bearing on the terms of your commission.

SECTION 7: REPUTATION

**Conduct objective:
To uphold the reputation of healthcare chaplaincy.**

Personal Reputation

- Remember that you are identified as a Trust Volunteer and a representative of the Spiritual Care and Chaplaincy team.
- Always work within the Code of Conduct and the framework of best practice as laid out in this handbook
- If at any time, and for any reason, you feel unable to fulfil your duties as a Ward Chaplain, do not hesitate to arrange a pastoral meeting with a Trust Chaplain, before you are next due to attend your ward.
- The Trust Chaplains also reserve the right to call a pastoral meeting if they have concerns about your health and well-being to fulfil your duties.

Reputation of the Chaplaincy Service

- Inform the Chaplaincy Department in advance of any planned absences, and as soon as possible if unplanned, so that continuity of chaplaincy for your ward can be arranged
- Work as a team member, ensuring appropriate sharing of information and knowledge with chaplaincy colleagues and co-carers, that best support those in your care, e.g. timely referrals, supporting information.
- Familiarise yourself with the range of spiritual and religious care resources provided by the department. Carry with you on the wards a reasonable and organised supply to support your ministry. Know where to access Gideon Bibles on the wards and ensure they are restocked.
- Only supply Chaplaincy information that is provided by the department, e.g. patient information leaflets, calling cards, or approved by the Trust e.g. PALS, charities information. Do not leave personal calling cards or publicity promoting any organisation outside MEHT.
- Only use spiritual and religious resources supplied, or approved, by the department e.g. prayer cards, orders of service, Bibles and other sacred texts. Never leave literature that promotes any particular church denomination or doctrine, unless specifically requested by those in your care, and is in their best interest.
- Only conduct those religious rituals in which you have been trained and commissioned to use e.g. pastoral prayers, laying on of hands, Holy Communion by

extension to particular denominations. Always refer on to the Trust Chaplains where other sacraments are required, e.g. Roman Catholic sacraments and last rites, Anglican anointing and absolution.

- For Holy Communion only use consecrated tintured hosts which have been reserved in the Faith Centre ambry for that purpose. Carry it safely in a pyx about your person at all times, and return the pyx to the ambry immediately on returning to the Faith Centre.
- Patient identifiable information to assist your ministry should be kept to a minimum, held securely about your person whilst on site, disposed of by shredding as soon as possible and never taken off the premises.

SECTION 8: CHAPLAINCY DEPARTMENT POLICIES AND PROCEDURES

Emergency Procedures

In the event of any emergency assistance can be summons via x6666

Always sign yourself in and out in the desk diary in the main office, so that we know when you are on-site and on duty.

Fire alarm and evacuation from A209

You are responsible

- to apply your mandatory Fire training to the Faith Centre;
- to know where the fire alarm button is and what the fire alarm sounds like
- to know where the fire extinguishers are located and how to use them

Our Collection point for evacuation is outside the Chemotherapy Suite.

Personal Safety and Security

Lone Working: Be aware that the Faith Centre is a public area. If you find yourself alone in an uncomfortable or even dangerous situation with a visitor, remove yourself from the department as soon as possible, and summons assistance if necessary on x6666 or by pressing the emergency alarm where available. The Team meeting room also contains patient sensitive information. Please make sure the door is closed behind you if you are the last to leave the Faith Centre.

First Aid: A first aid box is located in the Chaplaincy Office

Valuable Belongings: Should be secured in the lockers provided in the team meeting room. The Trust is not responsible for valuables left visible or accessible in public places.

Reporting: Any thefts, accidents, near misses or untoward events anywhere on Trust property in which you are involved, should be reported to a Trust Chaplain as soon as possible, who will follow the required reporting procedures

Administrative Procedures

Counting Patient Contacts

A Contact is any engagement between yourself and a patient, staff or visitor, where the other recognises you as a Chaplaincy Team member. This contact denotes exposure to chaplaincy service.

A Significant Contact - is any engagement between yourself and a patient, staff or visitor, where you have engaged in any kind of spiritual care e.g. assessment of spiritual needs, pastoral listening and or conversation of any length, prayers/holy communion.

Ward Files: A confidential record, updated after each ward round, of

- request for Sunday Ministry – ensure denomination is recorded and any helpful information for the Eucharistic Minister
- significant encounters, providing information in the event of follow up visits by other chaplains

How to make Referrals

- **For follow up by a Trust Chaplain:** in the event of more time or expertise required, and with the patients consent, complete a referral form and place in Office referrals tray. Written or verbal information may be shared with respect to Confidentiality clause [Section 1 Confidentiality]
- **Sunday Ministry:** record patient's name and denomination and ministry request [HC or P] on the Sunday Ministry folder in Resource Room. Please note there a separate sheet for Roman Catholic patients.
- **Ward Transfers:** where a patient has or is about to transfer wards, record the patient's name in the new ward file and note appropriate information. Advise a Trust Chaplain to ensure follow up as required.

Weekly Ward Visit Record: a data collection tool used to create chaplaincy activity reports. It is held on a clipboard in the resource room. After every ward round in the appropriate column:

- Initial the day you visit.
- Record total contacts inclusive of "Significant Contacts"
- Record the number of Significant Contacts (note total numbers)
- Record hours on duty from arrival to departure, including preparation time, visiting, writing up notes, and participating in worship, and meetings.

Dealing with Donations: If a cash gift is pressed upon you, ask for ward staff to witness the gift, take the patient's name and address for a letter of thanks and bring it directly to a Trust chaplain for processing.

Housekeeping

Faith Centre Environment:

- The Faith Centre is a public area that welcomes all visitors of any faith and of no faith.
- We all need to be sensitive to the pastoral and religious needs of our visitors, and be prepared to offer assistance.
- Be prepared to refer to, or page, the on-call chaplain if special assistance is needed
- All team members are responsible for keeping the environment tidy and clean.
- Please report any problems you can't address or suggestions you'd like to offer, to any of the Trust Chaplains.

Refreshments: You are welcome to partake of the Trust Chaplains' refreshment cupboard. There is no charge but please wash up and clear away what you use.

Communications

Keeping in Touch:

The Trust Team endeavours to keep you informed of all department events and information, by notice in the resource room and by direct personal communication.

- Please establish your preferred form of direct communication (post, e-mail, text, or telephone)
- Your contact details are held in the Red Contacts book in the office. Please ensure they are up-to-date.
- It is your responsibility to keep an eye on the notice boards and to sign up, or give apologies, for any events listed there, or to otherwise communicate with the office.
- Please use the generic chaplaincy address for general email messages to the trust chaplains: MEHT.Chaplain@meht.nhs.uk

Notice of Leave or Change of Duty Day

- Leave or day changes at short notice should be notified by phone to the Chaplaincy Office and/or chaplaincy email.
- Please give as much notice as possible for any planned changes to your normal attendance in order for ward cover to be arranged if necessary.
- Ensure changes to your normal duties are recorded in the day diary

Sick Leave and Medication

- If you have an infection, you should not attend for chaplaincy duty until you feel well enough and are symptom free.
- If you are symptom free but are on antibiotics for more than seven days your personal immune system could be compromised. You should, therefore, avoid patients with known infections, and whole wards where there is more than one case of a hospital acquired infection e.g. MRSA, C-Difficile.

Travel Expenses

You are entitled to reimbursement of return travel costs from home to the hospital, or to any location required for training or Quiet Day.

- Bus fares may be claimed in their entirety.
- Private vehicle travel [car, bicycle and taxi] may be claimed per mile and will be reimbursed at the hospital's public transport rate [currently 24p/mile].
- Complete "Journey Details" and "Petty Cash Claim" forms which are available in the Resource Room.
- Submit both forms to the Lead Chaplain for processing at the end of the month and no longer than three months after expenditure.
- Take the signed petty cash form to the Cashier's Office during opening hours where you will be reimbursed in cash

Car Parking

All volunteers are entitled to a parking pass on application through the Lead Chaplain. This pass entitles you to park in designated staff parking areas only.

SECTION 9: APPENDICES

Appendix I: UKBHC Code of Conduct

Appendix I
UKBHC Code of Conduct



Code of Conduct for Healthcare Chaplains

(Revised 2012)

UKBHC Documentation Information	
Document Title	Code of Conduct for Healthcare Chaplains
Description	The professional standards of conduct for healthcare chaplains
Document Purpose	Guidance for healthcare chaplains, their employers, trainers and supervisors.
Author	UKBHC
Publication Date	June 2010
Publication Place	www.ukbhc.org.uk Cambridge (UK)
Citing this document	This document should be referenced as follows: UKBHC (2010) <i>Code of Conduct for Healthcare Chaplains</i> . Cambridge: UKBHC
Copyright	This document is copyright the UK Board of Healthcare Chaplaincy and may only be reproduced for personal and non-commercial use and without alterations or changes to the content. For all other purposes prior permission should be obtained from UKBHC.

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About this document

The *Code of Conduct* sets out the professional standards of conduct expected of healthcare chaplains towards those in their care. It applies to all healthcare chaplains who are registered with the UK Board of Healthcare Chaplaincy or who are members of one of the professional associations of healthcare chaplaincy.

1 Introduction

1.1 Purpose of the Code

The Code is a statement of the ethical values and principles that underpin good chaplaincy practice and provides guidance about what is expected of healthcare chaplains. The Code therefore sets out the basis for safe, effective and compassionate care by chaplains which safeguard and promotes the spiritual health and well being of those in their care.

1.2 Applicability of the Code

The Code applies to all healthcare chaplains who are registered with UKBHC or members of one of the professional associations or recognised and authorised by their faith community or belief group. The Code may also be adopted as a best practice guide for chaplains, volunteers, students, visiting ministers of religion and representatives of belief groups who are not members of a professional association or registered with UKBHC. It is recommended that health providers refer to the Code in chaplaincy job descriptions and contracts of employment.

1.3 Scope of the Code

The Code sets out the professional standards of conduct expected of healthcare chaplains towards those in their care: patients, service users, carers, staff, students, volunteers and others to whom chaplains relate as part of their duties and responsibilities. Professional standards of competence and service delivery are set out separately in two UKBHC documents: *Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains*ⁱ, and *Standards for Healthcare Chaplaincy Services*ⁱⁱ. These documents are also available as NHS documents in Northern Ireland Scotland and Wales.

1.4 Acknowledgements

The Code has been prepared by the UKBHC with the support of the professional associations of healthcare chaplains: The Association of Hospice and Palliative Care Chaplains (AHPCC), The College of Health Care Chaplains (CHCC), The Northern Ireland Healthcare Chaplains' Association (NIHCA), and the Scottish Association of Chaplains in Healthcare (SACH), and the Multifaith Group for Healthcare Chaplaincy (MFGHC). It is based upon the 2nd edition of the Code of Conduct published by AHPCC, CHCC and SACH in 2005.

2 Definition of Terms

Belief group: Any group which has a cohesive system of values or beliefs but which does not self-classify as a faith community.

Chaplain: A person who is appointed and recognised as part of the specialist spiritual care team within a health care setting. His or her job is to seek out and respond to those who are expressing spiritual and religious need by providing the appropriate care, or facilitating that care, through contacting, with the patient's permission, the representative of choice.

Faith community: A recognisable group who share a belief system, and usually undertake religious practices such as prayer, scripture reading, meditation, and communal acts of worship.

Probity: refers to the honesty, integrity and trustworthiness of chaplains in their professional duties and conduct.

Spiritual and religious care: Religious care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community. Spiritual care is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation. Spiritual Care is not necessarily religious. Religious care, at its best is always spiritualⁱⁱⁱ.

3 General conduct of chaplains

As a healthcare chaplain you are professionally accountable for your decisions and conduct and you must be able to justify your practice. In particular you must:

- promote and safeguard the interests and well being of those in your care;
- treat those in your care with equal respect and dignity;
- respect the rights of individuals, belief groups and faith communities to hold their own values, traditions, beliefs and practices;
- act with integrity, sensitivity and understanding;
- develop and maintain your knowledge, skills and capabilities to practise safely, ethically, competently and legally;
- ensure that you are fit to practice and that those in your care are not at risk of harm because of your conduct, performance or health;
- comply with your terms of employment, and the policies and protocols of your employing health body;
- maintain a recognised or accredited status with your faith community or belief group;
- uphold the reputation of healthcare chaplaincy.

4 Relationships between chaplains and those in their care

Spiritual and religious care involves establishing relations and engaging in practices in situations where people are vulnerable and there is an imbalance of power. Pastoral relations can therefore go wrong and they have the potential to be damaging or harmful. You must therefore exercise your role with sensitivity, discernment and within ethical boundaries. Special care should be taken when relating to children, those with mental health or learning difficulties and other vulnerable adults.

The only appropriate relationship between you and those in your care is a professional relationship committed to promote the spiritual good and best interests of particular individuals. Moving the focus away from meeting the particular needs of those in your care towards meeting your own needs is unprofessional and an abuse of your role.

4.1 Personal and Professional Boundaries

Boundaries enable the effective functioning of caring and supportive relationships in which healthcare chaplains can respond to the spiritual and religious needs of those in their care. Boundaries frame behaviour and practice so that pastoral relationships are consistent and their limitations clear to all parties involved. In particular you must:

- observe personal and professional boundaries in your practice that sustain the integrity and rights of those in your care;
- recognise and work within your personal and professional limits and where necessary refer to a colleague or other health and social care professional.
- **not** behave in ways which exploit, manipulate, intimidate or which cause distress, pain or harm;
- **not** impose your values, beliefs or practices on those in your care; or fail to respect their beliefs, values or spiritual interests;
- **not** display sexualised behaviour towards those in your care^{iv};
- **not** misuse a person's assets or money while having legitimate access to them^v.

4.2 Maintaining Trust

Spiritual care is both a privilege and a responsibility and you must only practice in ways that enable trust and safeguard ethical relations with those in your care. In particular you must:

- ensure that none of your actions or omissions could be detrimental to the wellbeing of those in your care;
- maintain clear professional and personal boundaries in the relations you establish with those in your care;
- involve those in your care in decisions about the support and care you provide and facilitate;
- respect the autonomy of those in your care including their freedom to make decisions contrary to your beliefs, practices or advice;
- avoid any conflicts of interest but in the event that you have to withdraw your involvement on the grounds of conscience, faith or ethical principles, refer to a colleague or another health and social care professional to enable the continued provision of care.

4.3 Respecting Confidentiality

Confidentiality is an expression of trust that enables people to talk about personal and private concerns relevant to their spiritual health and wellbeing. Spiritual and religious care cannot be provided without access to and the use of personal and confidential information. You must therefore respect and promote confidences, and in particular you must:

- respect the right of individuals to control access to their own personal information and to limit its disclosure;
- establish the boundaries of confidentiality with those in your care and respect as far as possible the limitations of disclosure that an individual can reasonably expect or request;
- treat information about those in your care as confidential and use it only for the purposes for which it was given;
- guard against breaches of confidentiality at all times by protecting information from improper disclosure;
- ensure that confidential information is not disclosed to a third party unless there is a clear justification which may include: (1) the valid consent of the individual; (2) where there is a risk of serious harm; (3) the prevention, detection or prosecution of a serious crime; (4) and when required by an order of a court or other public body that has jurisdiction^{vi};
- discuss with those in your care reasons why disclosing confidential information to other chaplains or members of the healthcare team may be in their best interests and enable good care;
- only disclose confidential information about those in your care who are not capable of consent (for example because they are unconscious) on the grounds of necessity if it is clearly in the individual's interest and the disclosure is not contrary to the individual's known values and beliefs;
- anonymise personal information to protect the identify of individuals when discussing cases in supervision or spiritual direction.

4.4 The use of touch and physical contact

Touch is a basic human gesture and physical contact is an integral part of healthcare. Touch conveys to many people reassurance, care and concern and it can be a valuable expression of a supportive and caring relationship. But touch is not value-free, it is conditioned by social and cultural norms and it can convey powerful signals. Therefore touch may be perceived as threatening or manipulative, it could be physically painful and it can be a form of abuse. Hands also carry microorganisms that can be transmitted through touch and may cause harm to those susceptible to infection.

Healthcare chaplains use touch informally as a gesture of care and formally within rituals to signify beliefs and theological actions. However, because the use of touch can be misunderstood or misinterpreted, or it may be unwanted, it must always be used with sensitivity and where there is any doubt permission should be obtained.

The use of ritual that involves touch should be clearly explained and permission obtained. Where an individual does not have the capacity to consent to ritual touch a chaplain may act on the grounds of necessity if it is clearly in the individual's interest and it is not contrary to the individual's known values and beliefs; or in the case of a minor lacking capacity, is not contrary to the wishes of someone with parental responsibility. Physical contact must be stopped if there are signs of discomfort or at the person's request.

5 Working with colleagues

Spiritual and religious care involves chaplains working effectively with other chaplains, health and social care professionals, volunteers, ministers of religion and representatives of faith communities or belief groups. In particular you must:

- respect the skills, contributions and integrity of colleagues;
- work in a collaborative and co-operative manner with colleagues and multidisciplinary teams and communicate effectively with them within the limits of confidentiality;
- ensure that you make arrangements for those in your care requiring continuing support and care at the end of your shift or commencement of leave;
- work within professional protocols and boundaries of confidentiality when receiving or initiating referrals and liaising with colleagues outside your employing health body;
- challenge colleagues whom you have reason to consider have behaved unethically or in contravention of this Code and be prepared to bring your concerns to those to whom they are accountable.

6 Probity in professional practice

The office of a chaplain requires the highest standards of moral integrity and honesty. In particular you must:

- be honest and accurate in representing your professional affiliations, qualifications, and experience, and do not make unjustifiable claims about your competence;
- distinguish between pastoral care and formal counselling and ensure that those in your care understand the type of support you are offering;
- refrain from encouraging those in your care to give, lend or bequeath money or gifts which will be of a direct or indirect benefit, or put pressure on those in your care to make donations;
- manage any finances for which you are responsible with diligence and for the purpose for which they are intended;
- declare any conflicts of interest that may compromise your impartiality or the interests of those in your care;
- demonstrate honesty and objectivity when providing references for colleagues or completing and signing forms. You must take reasonable steps to verify any statement before you sign a document, and you must not write or sign documents that are false or misleading.

7 Dealing with misconduct

Professional misconduct is conduct that contravenes the standards of professional behaviour required of healthcare chaplains by the professional associations and set out in this Code.

7.1 Disciplining chaplaincy staff

An employing health body is responsible for the disciplining of its staff, including chaplaincy staff. Where the alleged misconduct relates to matters of a professional nature, it is good practice for the case investigator to obtain independent advice from a UKBHC Professional Adviser. Where the alleged misconduct involves a complaint about the faith and life of the chaplain in relation to their faith community or belief group a senior representative of the chaplain's faith community or belief group should be consulted.

7.2 The capability of a chaplain

Misconduct should not be confused with capability issues which are a clear failure by a chaplain to meet an adequate standard of practice through lack of knowledge, ability or consistent poor performance. The current standard of professional practice for a healthcare chaplain is defined by the UKBHC in its document: *Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplaincy*^{vii}.

7.3 Professional Regulation and Registration

The UKBHC operates a voluntary register of competent chaplains and a chaplain may be reported to a professional association for contravening the standards of professional behaviour set out in this Code. The UKBHC will consider whether the status of a chaplain's registration should be subject to conditions, suspended or removed depending upon the level and type of misconduct.

8 References

ⁱ UKBHC (2009a) *Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains*. Cambridge: UK Board of Healthcare Chaplaincy.

ⁱⁱ UKBHC (2009b), *Standards for Healthcare Chaplaincy Services*. Cambridge: UK Board of Healthcare Chaplaincy.

ⁱⁱⁱ SEHD (2002) *Guidelines on Chaplaincy and Spiritual Care in the NHS in Scotland*. Edinburgh: Scottish Executive Health Department

^{iv} CHRE (2008) *Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals*. London: Council for Healthcare Regulatory Excellence

^v Chaplains must comply with the financial instructions of their employing health body regarding the handling of money received from public acts of worship or gifts of money towards hospital chapels or trust funds.

^{vi} DoH (2003) *Confidentiality: NHS Code of Conduct*. London: Department of Health; DHSSPS (2009) *Code of Practice on Protecting the Confidentiality of Service User Information*. Belfast: Department of Health, Social Services and Public Safety; NHS Scotland (2003) *NHS Code of Conduct on Protecting Patient Confidentiality*. Edinburgh: NHS Scotland

^{vii} UKBHC (2009a) *ibid*