

Spiritual Care Guidelines

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Publisher:	Healthcare Governance
Date of first issue:	Version 1: April 2008 (Scarborough)
Version:	Version 2: August 2014 (All sites)
Date of version issue:	4 November 2014
Approved by:	Nursing Policy Review Group
Date approved:	2 October 2014
Review date:	30 September 2017
Target audience:	All Staff
Relevant Regulations and Standards	Not applicable
Links to Organisational/Service Objectives, business plans or strategies	Not applicable

Executive Summary

This document sets out Guidelines for the delivery of Spiritual Care across the Trust

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Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
1	April 2008	Revd Martin Doe	Scarborough	
2	August 2014	Revd Martin Doe & Revd Stuart Petty	All sites	Guidelines update

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1 INTRODUCTION

This document sets out guidelines for the delivery of Spiritual Care to patients, visitors and staff across the Trust.

It recognises and affirms the increasing engagement with the spiritual healthcare agenda which has been taking place within the NHS over recent years and is based on Care Quality Commission expectations, national NHS Chaplaincy Guidelines, Standards for Healthcare Chaplaincy Services, and best practice.

These Guidelines are intended for all who work in and for the Trust, whatever their personal beliefs and views.

Spiritual Care And Chaplaincy Values

The Spiritual Care and Chaplaincy Team –

- believes that spiritual well-being and pastoral care are important in promoting health and healing.
- aims to provide spiritual and pastoral support to patients, visitors and staff which is sensitive and appropriate to their spiritual, religious or cultural needs.
- is committed to caring for the spiritual care needs of everyone in the hospital community.
- believes that privacy, dignity and confidentiality should be respected and maintained at all times.

Meeting Individual Needs

The Spiritual Care and Chaplaincy team is willing, so far as it is able, to assist in the provision of spiritual care support for patients where this has been identified as part of an individual plan of care.

Background And Context

Factors influencing the revision of these Guidelines include:

- the recognition of the importance of spiritual care in historic and current national NHS policies and guidelines (eg: Patient's Charter, Your Guide to the NHS, National Guidelines for Chaplaincy, National Service Frameworks, Care Quality Commission Standards)
- the changing nature of belief in society which is engaging more in aspects of spirituality rather than mainstream religious adherence,
- the now widely-accepted importance of an holistic approach to healthcare

- development of various models of assessment of spiritual care needs
- revision of policies surrounding 'End of Life' Care
- the Trust's policies on Equality and Diversity

2 SPIRITUAL CARE IN THE NHS

Spiritual Care provision in the NHS is broader in scope than chaplaincy. Whilst chaplaincy has always been provided in the NHS since its inception, over time there has been an increasing awareness of meeting 'spiritual needs' alongside those seeking 'religious care' when in a health setting. Experience shows that many seeking spiritual support in hospital do not necessarily have a connection with, or membership of, a local religious community which they can access when a spiritual need or crisis arises from a hospital admission, diagnosis or treatment plan. The Trust believes that it is appropriate to provide the services of the Chaplaincy Team to patients, relatives and staff in these instances.

Spiritual care in the modern NHS therefore requires:

- the support of a wider range of potentially complex spiritual journeys for patients, carers and staff, which are not allied to any one spiritual or faith community
- the associated development of spiritual care assessment tools to assist these journeys
- sustaining chaplaincy provision for those who value religious care within a secular service
- the accommodation of a continuing and unique patient-focused service alongside an increasingly acute "medical" service model
- provision which is consistent with national quality standards and governance arrangements
- a responsiveness to new commissioning arrangements
- the development of a professional Chaplaincy and Spiritual Care service, which may include some commitment to research work.

Vision And Values For Spiritual Care: Equality And Diversity

The Trust is committed to design its services so that people of all faiths and beliefs, those who do not express a religious belief, and those from all cultural and ethnic backgrounds have equal access to appropriate spiritual, pastoral and religious care. The following values underpin this:

- that spiritual care must be accessible to all who use the Trust's services

- that access to spiritual care is grounded in an ethos of respect, support and compassion and includes the availability of information and people trained in spiritual care
- that the diversity of faiths, beliefs, lifestyles and cultural backgrounds of those who use Trust services and of the Trust staff is respected.
- that spiritual care is person-centred and makes no assumptions about personal conviction or life orientation.
- that the Trust's spiritual care/chaplaincy workforce are the key providers and enablers of spiritual care to patients, their carers and staff.

Observance of, and commitment to these values, is consistent with the dignity and respect to be afforded to every patient and member of staff irrespective of gender, race, disability, religion and sexual orientation inherent in the Trust's policy on Equality and Diversity. Further details about accessing spiritual care of those belonging to the major world faiths can be found in [Appendix 2](#).

3 DEFINITIONS

Spiritual Care is the care of the 'spirit'. The term 'spirit' captures the essence of the uniqueness of each person, their values, beliefs and experiences. It is most often understood as 'what gives us meaning and purpose' and includes those aspects of life which enables people to be truly fulfilled, such as respect for their uniqueness, dignity, values, beliefs, aims, cultural expression, relationships or lifestyle choices, as well as those ways in which people interpret difficult times, pain, loss or bereavement.

Thus Spiritual Care will acknowledge the meeting of some, or all, of the following needs for patients, carers and staff:

- to find meaning and purpose (especially in life's events eg: illness, pain, loss, bereavement)
- for drawing upon sources of strength and hope
- for love, relatedness and forgiveness
- for self-esteem, dignity and respect
- for advocacy and support
- to cope with fear, anxiety and anger
- to draw upon hope and trust
- to be creative
- to express spiritual beliefs and values
- to express range of belief in God or deity
- to maintain spiritual practices
- to have space and time to think about the 'big questions'

Pastoral Care is associated with a person's well-being, emotions and relationships. It is best expressed when an individual feels 'cared for' by others or within an organisation.

Caring for Cultural Needs occurs through a recognition of the values, norms and relationships deriving from specific communities or societies, and especially how these interact with a local context.

Religious Care requires the meeting of spiritual needs expressed through a religious belief or commitment. The initial assessment of a patient's needs should ensure that any clinical or medical care given by the Trust does not compromise their spiritual or religious beliefs. In particular attention should be given to:

- objections to treatment or care (eg: use of blood products, shaving, being seen by opposite sex)
- everyday customs (diet, washing)
- worship needs
- privacy and dignity
- customs and procedures around significant life events – especially birth and death

The requirements of different mainstream World Faiths, further definitions of these terms and other issues connected with spiritual care and assessment are included in appendix 2 and will also be found on the Trust Intranet.

There are a number of **national policies and guidelines** which govern the provision of spiritual care and these are identified in [Appendix 5](#).

4 TRUST CONTEXT

The Spiritual Care and Chaplaincy Team offers support to patients, visitors and staff to the following sites of the York Teaching Hospital NHS Foundation Trust: York Hospital, Scarborough Hospital, Bridlington Hospital, Malton Hospital, Whitby Hospital, Selby Hospital, Easingwold Hospital and (under Service Level Agreements) to other Trusts on the York and Bridlington sites.

[Delivery Of Spiritual Healthcare And Chaplaincy](#)

Recommendations for Chaplaincy Staffing contained in National Chaplaincy Guidelines exceed what the Trust is currently able to provide, and staffing resources have to be allocated accordingly between sites.

Insofar as current staffing allows across different hospital sites, the Spiritual Care and Chaplaincy Team aims to provide access to confidential and non-judgemental spiritual, pastoral and religious care 24 hours a day to patients, visitors and staff appropriate to their life-situation and beliefs. The team will

arrange and facilitate referrals to the accredited representatives of a faith community as appropriate.

Where we are unable to provide 24-hour cover on a particular site we endeavour to follow up referrals as soon as possible.

[Access to Spiritual Care & Chaplaincy services](#)

Specific written information is given in the general Trust information sent to patients prior to planned admission.

Contact details are available on the Trust Intranet and the Trust Internet Website.

Patient information leaflets are available. Further details about the Spiritual care and Chaplaincy Service may be found outside the chapels at York, Scarborough and Bridlington hospitals. Details of how to contact the Chaplaincy Teams can be found in [Appendix 1](#).

[Areas and Departments where the Spiritual Care and Chaplaincy Teams will provide ministry](#)

This will depend on the range of services delivered by the Trust on an individual site but will include the following areas: Accident & Emergency, Medicine, Surgery, Intensive Care, Maternity, Children's Ward, and End of Life Care. The ways in which the Teams might be able to help are outlined in [Appendix 4](#).

We visit non-clinical areas and services and also give a priority to staff support on a routine basis or by request.

[Responding to a Major Emergency \('MAJAX'\)](#)

There is an identified role for the Chaplaincy teams in the Trust's Major Emergency Procedures. Further details may be found in [Appendix 3](#).

[Chapels, Prayer-spaces and Quiet Rooms](#)

York, Scarborough and Bridlington hospitals have [Chapels](#) which are available and open to all denominations as a place of quiet and individual prayer. Corporate worship is also offered in York and Scarborough chapels on a regular basis.

Some chapels are locked overnight or 'out of hours' for security reasons. The Hospital Duty Manager should be able to facilitate access at these times.

[Quiet Rooms](#) are also available at both hospitals for private reflection, worship, religious observance, confidential discussions or pastoral counselling. In particular these are set aside to serve the spiritual needs of people of Faiths other than Christian. For security reasons access to the Bridlington Quiet Room is routinely locked, and staff and patients requiring access should contact staff on the Lawrence Unit, Bridlington Hospital Reception or a Porter.

[Books, Sacred Texts and Prayer resources](#)

Copies of the Christian 'New Testament and Psalms' provided by the Gideons are available on most wards and at the hospital chapels. Other prayer leaflets

are available outside each hospital chapel. Other sacred reading and texts may be available from the Spiritual Care/Chaplaincy team.

Requests for ministry

Assistance to meet the need for the appropriate recognition or ceremony to mark certain rites of passage, birth and death will be acknowledged of any belief system, wherever possible.

Requests for visits

Nursing Staff should routinely enquire whether a patient has any specific spiritual care needs. Visiting request slips, for completion by patients, visitors, staff and church/faith community ministers and visitors are available outside the hospital chapels at York, Scarborough and Bridlington or on the wards at Malton, Whitby, Selby and Easingwold.

Chaplaincy volunteers visit wards regularly and will forward to Chaplains any requests for visits, prayer, the sacraments or other appropriate ministry. It is unlikely that every patient will receive a routine visit, so referrals are both necessary and welcome.

Referral and Visiting Strategies

Members of the Spiritual Care/Chaplaincy Team will see patients, carers or staff both by referral and by routine visiting on the basis of acute spiritual and pastoral need being given priority.

By referral –

- (a) priority given to urgent or emergency requests via on-call arrangements or from 'high acuity' areas (eg: ITU),
- (b) from MDT meetings,
- (c) from church, faith group representatives
- (d) self-referrals by patients or staff.

Where appropriate a Spiritual Care Assessment may be undertaken.

By routine visiting – (a) 'high acuity' areas as appropriate and in the light of ward routines, (b) long-stay patients, (c) patients from outside the area.

This strategy relies on the valuable work undertaken by chaplaincy volunteers who regularly visit all ward areas.

Through counselling – as appropriate.

Meeting, and assessing, individual spiritual care needs

The assessment of patients' spiritual care needs forms part of the individual assessment process undertaken by nursing and healthcare teams. Ongoing assessment by the healthcare team should also take place during a patient's stay in hospital and appropriate referrals undertaken.

So far as we are able, we are willing to assist in the provision of spiritual care support for patients where this has been identified as part of an individual plan of care.

End of Life Care

It is important that the Trust offers compassionate care to patients and relatives when a patient nears the end of his/her life. The Trust has developed a policy in this respect (Death of an Adult Policy & Procedure, June 2014)

We recognise that spiritual support can be particularly relevant for patients who are approaching the end of their lives: these spiritual and pastoral needs should be identified and discussed with the patient (or relatives, if appropriate) and the Spiritual Care & Chaplaincy team are happy to assist, where possible, after a referral to them.

Responsibility of all staff

Whilst Spiritual Care and Chaplaincy teams can bring a specialist approach to spiritual healthcare, and obviously have certain defined roles when conducting religious worship and ritual, many staff are front-line providers of 'spiritual care' to patients, relatives and colleagues. The dignity and value afforded to each person, and respect for equality and diversity, is an inherent role for all staff, which spiritual care and chaplaincy teams supports through more specific activity.

Training

The implementation of the vision and values for spiritual care means that all staff are responsible, in some way, for the delivery of spiritual care.

The Spiritual Care/Chaplaincy Team will endeavour, through training and advice, to support, facilitate and enable all staff in developing competencies in spiritual care.

We offer training to staff who may be involved in varying degrees of spiritual care, according to the following scheme:

Group 1	Those who have contact with patients and families, but who are not responsible for their nursing or clinical care (eg: volunteers).
Group 2	Nursing and Clinical Staff and members of an MDT (eg: healthcare assistants, F1 & F2 medical staff)
Group 3	Those whose primary responsibility is for spiritual and religious care

Standards, Competencies and Code of Conduct

Trust Chaplains subscribe to the professional Code of Conduct of the national Chaplaincy bodies and endeavour to deliver a service in accordance with Chaplaincy Standards and competencies.

5 ROLES AND RESPONSIBILITIES

The Spiritual Care/Chaplaincy service is an integral component among many in the Trust, working for the well-being of patient, visitors and staff. To ensure this integration, the following roles and responsibilities are outlined:

The Chief Executive of the Trust is responsible for the overall effectiveness of the Spiritual Care and Chaplaincy service.

The Director of Human Resources is responsible for:

- the implementation and delivery of these guidelines in ways that are responsive to the needs of patients, visitors and Trust staff
- ensuring that Spiritual Care and Chaplaincy services are adequately resourced and regulated

The Senior Trust Chaplain is responsible for:

- establishing and maintaining Chaplaincy and Spiritual Care services
- appointing spiritual caregivers who are of good standing with their faith communities or life-stance group
- ensuring, through appropriate training and monitoring, that individual chaplaincy members (paid or voluntary) have clear lines of accountability for their professional conduct
- providing appropriate facilities for the chaplaincy workforce
- ensuring the integration of these guidelines with other Trust policies and procedures
- providing relevant opportunities for the training and updating of staff in spiritual care matters
- provide a resource on ethical, spiritual, religious or pastoral matters

Professional Chaplaincy/Spiritual Care givers have a responsibility to:

- deliver a spiritual care service that meets the needs of all patients, visitors and staff in accordance with the vision and values set out in these guidelines
- work within the codes of conduct and policies of the Trust and of their relevant accrediting bodies

Departmental Managers have a responsibility to ensure that:

- all staff in their area are made aware of these guidelines

All Healthcare staff have a responsibility to:

- have an awareness of the spiritual care dimension in patient care
- respect the equality and diversity agenda and Trust Policy with respect to spiritual care needs
- be aware of the means by which the spiritual care (chaplaincy) team can be accessed

- monitor and identify different spiritual concerns as they arise

6 TRAINING REQUIREMENTS

For the implementation of these guidelines:

- the Spiritual Care and Chaplaincy team will make staff aware of the revision, and implementation, of these guidelines and ...
- ... by training, upon request, in spiritual care and spiritual assessment which is relevant to the requirements of different staff groups or departments
- the spiritual care and chaplaincy team may need to request access to appropriate training for their Continuing Professional Development (CPD) and ...
- ... to be enabled to meet requirements for such research elements as may be needed for continuing accreditation or CPD
- chaplaincy volunteers will be integrated into the appropriate training offered to Trust Volunteers
- the spiritual care and chaplaincy team may receive an appropriate form of supervision for their own emotional, psychological, pastoral and spiritual support, together with opportunities for 'theological reflection' or 'reflective practice'
- students training at Theological Colleges or for other forms of accredited ministry are welcome to apply for an appropriate supervised work placement

7 GOVERNANCE, MONITORING AND AUDIT

The Spiritual Care/Chaplaincy Team will undertake, with other healthcare teams and MDT's as appropriate, specific monitoring and evaluation processes to:

- provide reports on Spiritual Care and Chaplaincy activity
- monitor the accessibility to, and provision of, Spiritual Care across the Trust in response to need and the commissioning of spiritual care services
- establish and up-date quality measures for Spiritual Care
- explore effective ways of enhancing the role of Spiritual Care issues across the Trust
- update training in Spiritual Care provision
- occasional surveys will be done to assess staff awareness of these guidelines and the ways in which the Spiritual Care and Chaplaincy service can be accessed

Review of Document

The Director of Human Resources and the Senior Trust Chaplain will review these guidelines in consultation with other service users every three years. Feedback from patients, staff, the public and commissioning bodies will be an element of the monitoring and review to ensure that account is taken of changing needs.

APPENDIX 1: HOW TO CONTACT THE CHAPLAINCY TEAM

For urgent messages, or when a chaplain is required 'out of hours' contact the Hospital Switchboard.

The relevant Chaplaincy answering machines (see below) may contain additional information about whom to contact.

Chaplaincy Teams are based at York and Scarborough Hospitals, and Chaplaincy services are also provided at other hospital sites across the Trust.

The Senior Chaplain is based at York Hospital.

York Hospital

For chaplaincy services also to Selby and other Trust sites in York

01904 725579

ext. 5579 at York Hospital, or 7725579 from Scarborough Hospital

Scarborough Hospital

For chaplaincy services also to Bridlington, Malton & Whitby hospitals

01723 342500

ext. 2500 at Scarborough Hospital, or 7712500 from York Hospital

Visiting request slips or prayer requests may be left at the relevant Chapel.

Chaplaincy Volunteers from several denominations visit the wards regularly. We are happy to assist in meeting the religious needs of those belonging to the major world faiths.

APPENDIX 2: SPIRITUAL CARE OF THOSE BELONGING TO THE MAJOR WORLD FAITHS

Information on the care of patients belonging to the major world faiths can be found in the Trust Guideline: '**A Concise Guide to the Customs of Religious Culture and Practice**' which can be accessed via 'Staffroom' (the Trust Intranet):
[Staffroom > Policies and Procedures > Corporate Documents](#)

At the foot of the 'Staffroom' home page there is also a link to the [Royal Marsden Manual](#), which contains similar information regarding the care of those belonging to the major world faiths.

Copies of some Scriptures and sacred texts may also be available from the Chaplaincy Offices.

APPENDIX 3: RESPONDING TO A MAJOR EMERGENCY ('MAJAX')

Chaplaincy offices at York and Scarborough Hospitals have procedures which can be adopted if a local major emergency is declared.

There are also files (red files) in the chaplaincy offices containing local and national contact details for the major world faiths.

Chaplains can assist with the support of patients, relatives and staff in this setting, and will offer help in the facilitation of any debrief or review.

APPENDIX 4: AREAS OF SERVICE, AND WAYS IN WHICH STAFF FROM THE SPIRITUAL CARE AND CHAPLAINCY TEAM MIGHT BE ABLE TO HELP

Members of the Spiritual Care and Chaplaincy team offer ministry in the following clinical areas of service: Accident & Emergency, Medicine, Surgery, Intensive Care, Maternity, Children's Ward, and End of Life Care.

This ministry may have common features in these areas (see below) and will operate in these ways

Accident and Emergency & Intensive Care

By responding to referrals or call-outs, and routine visiting as appropriate.

Maternity & Children's Ward

By responding to referrals or call-outs, and routine visiting as appropriate. The Chaplains are willing to help parents who have suffered a pregnancy loss, stillbirth or neonatal death by offering pastoral support, as service of blessing or baptism (as appropriate) and, if requested, to assist in arrangements for a funeral.

Annual services of remembrance are held at both York and Scarborough.

Medicine and Surgery

Ward areas will be visited routinely by Chaplains and volunteers.

End of Life Care

By responding to requests, referrals and as follow-up from relevant MDTs.

If requested, to offer specialist spiritual support as part of a patient's individual plan of care.

Features of ministry across all areas include

- Arranging acts of worship (both individual and corporate)
- Administering the Sacraments of the Christian Church
- An opportunity to discuss ethical issues
- Supporting patients, relatives and staff through bereavement
- Counselling
- Staff support
- Training in Spiritual Care, tailored to individuals areas and departments as appropriate
- Accessing relevant support from Faith Communities, as appropriate

APPENDIX 5: STATUTORY CONTEXT – POLICIES, STANDARDS AND FRAMEWORKS

The provision of spiritual care and chaplaincy services has been guided over the years by policies, standards and frameworks in a number of areas. Current relevant policies include:

[Policies affecting the development of Chaplaincy](#)

Department of Health Guidance on Healthcare Chaplaincy in England was issued in 2003 and a redrafting of these Guidelines is currently (2014) out for consultation.

A workforce strategy [‘Caring for the Spirit’] was also developed in 2003 by South Yorkshire Workforce Development Confederation (which then had the NHS operational lead for chaplaincy-spiritual care). Though superseded it continues to influence more recent chaplaincy developments.

Professional Chaplaincy Associations [eg: College of Healthcare Chaplains (CHCC) and the Association of Hospice & Palliative Care Chaplains (AHPCC)] are working collaboratively with other chaplaincy bodies to develop best practice in this area. The UK Board of Healthcare Chaplaincy (UKBHC) and professional associations offer accreditation for healthcare chaplaincy roles and provide guidance through the establishment of Chaplaincy Codes of Conduct and Standards for Chaplaincy Services and Spiritual Care Competencies. A scheme for developing spiritual care competencies is available for all staff.

[Healthcare Commission & Care Quality Commission Standards](#)

Achievement against NHS standards as measured by the Healthcare Commission: Spiritual Healthcare and Chaplaincy issues are particularly relevant to the achievement of standards C13a and D2b.

The provision of chaplaincy is measured through compliance with core standard C13a – “Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect”.

This requires systems in place to meet the needs and rights of patients “in accordance with ...the Human Rights Act 1998 and taking into account NHS Chaplaincy: meeting the religious and spiritual needs of patients and staff (Department of Health, 2003)”.

The development standard D2b states that patients receive effective treatment and care that “... meet their physical, cultural, spiritual and psychological needs”. The full standard is set out below:

Patients receive effective treatment and care that:

a) conform to nationally agreed best practice, particularly as defined in National Service Frameworks, NICE guidance, national plans and agreed national guidance on service delivery;

b) take into account their individual requirements and meet their physical, cultural, spiritual and psychological needs and preferences;

c) are well co-ordinated to provide a seamless service across all organisations that need to be involved, especially social care organisations;

d) is delivered by health care professionals who make clinical decisions based on evidence-based practice.

Care Quality Commission guidance about compliance for essential standards of quality and safety are also relevant.

[End of Life Care](#)

The Department of Health 'End of Life Care Strategy' (2008) is particularly relevant in this area. Chaplains also maintain an active participation both nationally and locally in the Leadership Alliance for the Care of Dying People Report "One Chance To Get It Right".

APPENDIX 6: REFERENCES OR SOURCES OF FURTHER INFORMATION

Sources of further information include:

Care Quality Commission (2010) Essential Standards of Quality and Safety

Department of Health (1992/1995) The Patient's Charter and You – Raising the Standard

Department of Health (November 2003) (& draft Revision 2014) NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff

Department of Health (December 2003) The Essence of Care: Patient Focussed Benchmarking for Healthcare Practitioners

Department of Health (2008) End of Life Care Strategy

Leadership Alliance for the Care of Dying People (June 2014) One Chance to get it Right

National Institute for Clinical Excellence (2004) Improving Supportive and Palliative Care for Adults with Cancer

NHS Yorkshire & The Humber Strategic Health Authority (July 2007) Draft Report: Improving Healthcare Chaplaincy Services: A Guide for Commissioners

NHS Yorkshire & The Humber Strategic Health Authority (September 2007) Towards a Curriculum for Healthcare Chaplaincy

South Yorkshire Workforce Development Consortium (November 2003) 'Caring for the Spirit': A Strategy for the Chaplaincy & Spiritual Healthcare Workforce

UK Board of Healthcare Chaplaincy (2009) Standards for Healthcare Chaplaincy Services

UK Board of Healthcare Chaplaincy (2009) Spiritual and Religious Capabilities and Competences

UK Board of Healthcare Chaplaincy (2010) Code of Conduct for Healthcare Chaplains