A King's Fund Report
The Hospital Chaplain

An enquiry into the role of the hospital chaplain

Published by King Edward's Hospital Fund.

HOOR

3/-

KING EDWARD'S HOSPITAL FUND FOR LONDON

PATRON:

HER MAJESTY THE QUEEN

PRESIDENT:

H.R.H. THE DUKE OF GLOUCESTER, K.G.

TREASURER:

A. H. CARNWATH

CHAIRMAN OF THE MANAGEMENT COMMITTEE:

HON. G. C. H. CHUBB

SECRETARY:

R. E. PEERS, C.B.E.

14, PALACE COURT, LONDON, W.2.
Telephone: PARk 0581

THE HOSPITAL CHAPLAIN

An enquiry into the role
of the hospital chaplain

1966

Contents

PREFACE

A working party, under the chairmanship of Mr. Selwyn Taylor, *D.M., M.Ch., F.R.C.S.* was set up by the King Edward's Hospital Fund for London in 1962 "TO CONSIDER THE ROLE OF A CHAPLAIN IN HOSPITALS OF ALL TYPES, THE QUALITIES AND TRAINING DESIRABLE TO FULFIL IT, AND TO MAKE RECOMMENDATIONS". This enquiry, stimulated by a suggestion which came jointly from the Hospital Chaplaincies Council of the Church Assembly, and the Hospital Chaplaincy Board of the Free Church Federal Council, has come to embrace the whole field of hospital chaplaincy work in its recognised denominations, Church of England, Free Church, Roman Catholic and Jewish. The Reverend A. E. Barton, *B.A.*, at that time Church of England Chaplain of the United Sheffield Hospitals and Vice-Chairman of the Church of England Hospital Chaplains' Fellowship was appointed by the working party to carry out the survey which such a project demanded.

The members of the Working Party wish to record their appreciation of the skill with which the Chairman, Mr. Selwyn Taylor, has guided their deliberations. They also wish to express thanks to the Reverend A. E. Barton for his great industry in collecting material and for the original drafting of the Report and to acknowledge their indebtedness to Mr. A. C. Stuart-Clark, Bursar and Fellow of Darwin College, Cambridge, for his invaluable help in preparation of the final draft.

Gratitude is expressed to King Edward's Hospital Fund for London for establishing the Working Party and so making yet another contribution to the Hospital Service for which it has done so much. In particular the Working Party wish to mention the help they have received from successive Deputy Secretaries of the King's Fund, Mr. D. G. Harington Hawes, now Director General of the International Hospital Federation, the late Sir Peter Gunning and from his successor Mr. E. L. F. Holburn.

THE COMPOSITION OF THE WORKING PARTY

Chairman

Mr. Selwyn Taylor, *D.M., M.Ch., F.R.C.S.*
Dean of the Postgraduate Medical School of London, and Consultant Surgeon, Hammersmith Hospital, W.12.

The Reverend N. W. J. Autton, *M.A.*
Church of England Chaplain, St. George's Hospital, London.

The Reverend J. A. Byrne.
Rector of Our Lady of Mount Carmel and St. Joseph, Battersea. National Chaplain, The Catholic Nurses Guild.

Mr. S. Hodkinson, *LL.B., F.H.A., D.P.A.*
Secretary, Wolverhampton Hospital Management Committee.

Dayan Dr. M. S. Lew, *B.A , Ph.D.*
Member of the Court of the Chief Rabbi.

The Reverend G. A. D. Mann, *H.C.F.*
Secretary, Hospital Chaplaincy Board, The Free Church Federal Council.

Dr. D. A. Pond, *M.D., F.R.C.P., D.P.M.*
Consultant Psychiatrist, Maudsley Hospital and University College Hospital.

Sir John Guillum Scott, *T.D., D.C.L.*
Secretary, Church Assembly.

Mr. A. H. Silverman, *F.C.A.*
Secretary, United Synagogue.

Miss F. E. Smith, *M.B.E.*
Matron, Southlands Hospital, Shoreham-by-Sea, Sussex.

The Reverend J. W. Wells.
Rector of St. Joseph's, Mosley, Ashton-under-Lyne
Chaplain of the Roman Catholic Nurses Guild, R.C. Diocese of Salford.

The Reverend Max, W. Woodward.
Secretary, British Committee, World Methodist Council.

Secretary Chaplain to the Working Party.
The Reverend A. E. Barton, *B.A.*

INTRODUCTION

To bring comfort, strength and solace to the sick is an obligation which most societies have recognised from earliest time, and an historical survey of hospitals will show the debt they owe to religion. The care of the sick has always been the concern of all religious denominations in all parts of the world. For example one of the immediate results of the Council of Nicaea in 325 A.D. was the establishment by attending Bishops of hospitals in their cities.

In this country as in others, it is easy to identify the founders of ancient hospitals with the Christian faith. In this faith with its emphasis on wholeness, the sanctity of life and death, healing and salvation is essential teaching; nor should one overlook the Jewish contribution in this special field of hospital work, which has been similarly spiritual and benevolent.

Ministering to the afflicted reflects religion at its best, and in the last 70 years or so, the State has recognised the need to provide for the ministry to hospital patients.*

While there are no direct references to hospital chaplains or chapels in either the N.H.S.A. 1946* or the Mental Health Act of 1959, the subsequent circulars issued by the Minister of Health have shown clearly the desire to provide spiritual ministry for the sick, and an excellent relationship has grown up between the various religious denominations and the Minister of Health. A series of Circulars from the Ministry, starting in October 1948 on the administrative aspect of the chaplain's work were finally revised in comprehensive circulars published in September 1963.

Because the number of chaplains in any particular hospital is small, there may be a tendency to regard the hospital chaplaincy service as numerically insignificant. There are, however, between 5,000 and 6,000 whole or part-time hospital chaplains of all denominations. Great Britain is the only welfare state where the chaplaincy service is financed from public funds.

The purpose of this Report is to attempt to define the work

of the hospital chaplain which may be regarded as falling mainly into two groups. The first, his ministry to the patient, and the second his ministry to the staff.

---

* Legislation in 1890 (Lunacy Act 1890 S 276) provided for the services of chaplains to mental hospital patients as follows:—

(i) The visiting committees of any asylum shall appoint:—
  (a) The chaplain who shall be in priest's orders and shall be licensed by the bishop of the diocese:
  (b) The visiting committee may appoint a minister of any religious persuasion to attend the patients of the religious persuasion to which the patient belongs:

The services which the chaplain must perform are detailed.

(Extract from N.H.S. Act 1946)

*"3—(1) As from the appointed day, it shall be the duty of the Minister to provide throughout England and Wales, to such extent as he considers necessary to meet all these reasonable requirements, accommodation and services of the following description, that is to say:—
  (a) Hospital accommodation;
  (b) Medical, nursing and other services required at or for the purposes of hospitals.....

61. Where the character and associations of any voluntary hospital transferred to the Minister by virtue of this Act are such as to link it with a particular religious denomination, regard shall be had in the general administration of the hospital and in the making of appointments to the Hospital Management Committee, to the preservation of the character and associations of the hospital."

In the first reference, the appointment of hospital chaplains is implied under the heading "other services", The Ministry itself in some of its circulars quotes the second reference, 61, as the authority for the appointment of chaplains and provision of religious services.

PART I

CHAPTER I

THE CHAPLAIN AND THE PATIENT

1. The hospital chaplain is confronted by some of the most difficult situations in life and there is no ministry more challenging or so full of opportunity and satisfaction. He is continually being brought face to face with people who are meeting loneliness, fear, doubt, pain, suffering and death itself. To each he must bring hope for despair, faith for fear, wholeness for brokenness.

2. The chaplain should therefore not see himself as a single member of the hospital staff, endeavouring to perform a number of services and to carry out occasional visits in complete isolation. He needs others, as others need him. His whole ministry will revolve around good working relationships, and it is essential that he see himself as an integral part of the hospital staff and that he be recognised as such. Unless this is so, much of his work will be stultified and he himself depressed. Along with other representatives of the therapeutic team he will be involved in the total care and concern for the patients, assessing their needs and bringing to them a faith which is relevant and meaningful.

3. In many ways his ministry is unique, for he alone ministers to the whole community, sick and healthy alike; he is a guide to forgiveness and reconciliation and the dispenser of Word and Sacrament. He it is who points away from the material to the spiritual, from the temporal to the eternal.

4. One of his main practical difficulties is the very rapid "turn-over" of patients, particularly if he is the chaplain to an acute general hospital, where the average stay is approximately ten days. When he has the respect and co-operation

of the ward staff he will be in a position to arrange his priorities, devoting time to those who need him most, for his concentrated ministry to the few will always prove of more benefit than his superficial attention to the many. His visits will be regular and frequent, his approach friendly and natural.

5. The part-time chaplain will have difficulties all his own, for he will find it hard to achieve a right balance between time spent in the hospital and his pastoral duties outside. He will, however, be able to bring into the hospital environment a sense of brightness and freshness which might be difficult for his whole-time colleague to maintain. His link with the community will also assist him in his work, especially if he ministers in a psychiatric hospital.

6. Whether part or whole-time, a chaplain will need to work closely with medical, nursing and administrative staff and be available for emergencies and crises. For this reason he should always be included in whatever "call system" is used in his hospital and keep the switchboard staff informed of his movements. If he is to perform his duties efficiently he will need to be supplied with as much information about the patient as is necessary. This should include notification of the newly admitted patients, those undergoing surgery, the dangerously ill and the dying, and their families.

7. It cannot be too strongly emphasised that it is through the nursing staff that the chaplain finds his best access to the patient, for it is the nurse more than anyone whose contact with the patient is direct and constant. On this co-operation with ward and departmental sisters the success of the chaplain's work will largely depend.

8. The liaison of the chaplain with his fellow priests and ministers in the community is of prime importance and his work will be much facilitated if he receives commendations of patients from the various churches, especially if he in turn tells the respective priest or minister when some patients are about to leave hospital. In this way, what little he has been able to accomplish during the limited stay of the patient

can be followed up and developed by the local church. Naturally, permission of the particular patient must always be sought in these circumstances and the chaplain be extremely careful not to divulge confidences.

9. The majority of patients will welcome the chaplain's visit and appreciate his pastoral care. Some will have little understanding of the healing ministry, or what the Church represents and opportunities will often be found to break down misconceptions and to explain spiritual truths. In this way a patient can be led back to prayer where it has been neglected and to sacrament where it has lapsed and so leave hospital not only healed physically, but strengthened spiritually.

10. The Chaplain must at all costs avoid rushing around from ward to ward in his endeavour to see the maximum number of patients in the minimum amount of time. He must bring a sense of quietness and peace and a spirit of stillness and tranquillity. Sick people are highly sensitive to a chaplain's "real self" and whatever agitation or restlessness he shows will be quickly transferred to the patient to whom he ministers. Important as it is for him to know what to say, it is even more necessary for him to know when to remain silent.

11. To be a skilled listener demands attention not only to what is said but also to what is not said. A chaplain will then begin to know not only what the patient is saying but also how he is feeling. He will be quick to sense an underlying hostility which might be covered by a smile, a deep depression camouflaged by bright chatter, or the awful doubt that is often masked by a superficial appearance of co-operation. He may speak with the tongues of angels but unless a chaplain can also listen with love it will profit him nothing.

12. One of his highest privileges and probably his most difficult task will be to minister to the dying and to their families. Here both Church and Medicine must stand together, each partner seeking to bring comfort and consolation. In circumstances such as these it is the chaplain

who has worked out fully the purpose of life and the meaning of death who will help most. Here, too, what he is will matter far more that what he says, for he must inevitably share their unresolved problems and their conflicting emotions. Innumerable questions will be asked which he must endeavour to work through with the patient, and exercising a devotional or sacramental ministry he will watch and pray for as long as is deemed necessary.

13. It will often be a chaplain's pastoral duty to console the bereaved and he should be familiar with some of the reactions which grief-stricken people display. If he does not recognise and understand what is happening his help can only be superficial and harm may ensue. Remaining calm and confident he will be alert to signs of shock, bewilderment, confusion and helplessness and often a sense of guilt and hostility. His main contribution at this early stage will be to show sympathetic acceptance of the feelings of the bereaved, listening and responding to what is being expressed and offering spiritual reassurance when an appropriate stage of mourning has been reached.

SPECIAL HOSPITALS

14. Special hospitals cover a wide field of medical care, and the main types which exist at present are children's hospitals, psychiatric hospitals, hospitals for the mentally sub-normal, geriatric hospitals and maternity hospitals. Not all chaplains are temperamentally suited to work in all kinds of hospital and some knowledge of the work and conditions of any particular special hospital is essential before a chaplain undertakes to minister in it.

CHILDREN'S HOSPITALS

15. Ministry to children needs special consideration as in most of these hospitals contact is not only with the patient but with the parents. The capacity to understand the mind of a child and particularly to help a parent, where necessary, to contribute as fully as possible to the child's treatment by understanding, self-control and love is essential to any chaplain who works with children. Many chaplains

use lay-helpers for purposes of instruction, as for instance where a Sunday school is already in a hospital.

PSYCHIATRIC HOSPITALS

16. The majority of psychiatric hospitals at the present time have between 1,000 and 2,000 patients resident in them although it is anticipated in the future that there will be much smaller psychiatric units, usually sited in general hospitals. Many psychiatric hospitals are old and out of date, reminiscent of the days when their function was custodial rather than therapeutic. Though tremendous efforts have been made to improve the condition of these hospitals, in some cases traces of the old grimness of their appearance remains. A chaplain in these hospitals may find the surroundings uncongenial but they present a great challenge to him. In psychiatric hospitals chaplains require a basic knowledge of the mental and emotional disorders and an understanding of the treatment given and the effect this may have. It is important that chaplains should be seen as part of the therapeutic team and in such a team the role of each member is much less clearly defined than in the past.

17. In the psychiatric hospital a chaplain will offer the mentally ill compassion, understanding and love, thus opening the way for recovery of health of body and of mind. Much patience and time, as well as tact, will be needed for many of the patients may feel a deep sense of isolation and loneliness, as well as temporary loss of faith. There will be some who despair of life itself.

18. It is imperative that the priest or minister see the mentally ill patient as a person, not in any sense as of a "race apart", or even too much different from himself. Rather is he a sick person whom a chaplain must attempt to understand. By counsel, prayer and sacrament he can bring to the patient, faith for fear, and direction and purpose for futility and despair.

19. For some patients there will be little he can do but offer friendship, but for others he can do much in co-operation with the psychiatrists and all who tend the patient to build

up a normal healthy life. Such co-operation and mutual respect are essential to his ministry for the extent of its effectiveness will depend on the help and support he receives from the hospital staff.

20. The conduct of worship in the hospital chapel affords a chaplain one of his main opportunities. It is therefore essential that the chapel in a psychiatric hospital be light, bright, warm and colourful, thus symbolising hope, life and healing.

MENTALLY SUB-NORMAL

21. Such a ministry calls for infinite pains and patience. As a chaplain will have mentally sub-normal patients in hospital for long periods, he has an opportunity to teach and instruct them, as well as to prepare some for Confirmation or Church Membership and reception of the sacraments. There are many patients who have a true appreciation of spiritual values which they find difficult to express. Visual aids can be used to good advantage, as well as the arranging of special Services (e.g. Harvest Festival and Carol Services). It will often be difficult for a chaplain to exercise an individual ministry, but much can be accomplished with groups of patients.

22. A chaplain's duty may involve service to those patients who attend Day Hospitals or clinic sattached to Psychiatric or Geriatric units. He must regard them as an important part of his work as the patients concerned spend many of their waking hours in the unit and the opportunities of contact with parish priests or minister are therefore limited.

GERIATRIC HOSPITALS

23. In general the patient in a geriatric hospital is likely to be there for some considerable time, if not for the rest of his life. Most parish priests and ministers will have had considerable experience of dealing with the elderly and the old in the course of their ministry, but it is important that the hospital chaplain should appreciate the problems connected with a society consisting only of such people. The patients

can, and frequently do, form themselves into a kind of community which is only possible where continuity exists, and the chaplain may well find that as well as ministering to the individual he can do invaluable work with groups of patients of a particular denomination, particularly as the length of their stay in hospital must inevitably divorce them from contact with their own parishes or congregations. As treatment in geriatric hospitals is not as active as in a general hospital, it is usually easier for visiting times to be arranged. Chaplains often arrange for lonely patients to be visited by voluntary helpers in conjunction with other agencies though this applies, of course, in all hospitals.

MATERNITY HOSPITALS

24. The maternity hospital is peculiar in that it is the only one in which, normally, patients cannot be regarded as being ill. The ministry of the chaplain to the mother of a newly born child has special characteristics, but all priests and ministers will have had experience of this kind of work. The stay of the patient in a maternity hospital is usually very brief indeed, and the mother who is a member of a church will be looking forward to returning to her own congregation. The hospital chaplain, however, may well be able to help both mother and father in what should be one of the most important times of their lives.

25. This is necessarily only a bare outline of the chaplain's work but it will be seen that in so intense and confined a ministry a whole-time chaplain must devote great care to his own personal spiritual life. He cannot expect to exercise an effective pastoral care without his own regular times of quiet and mental prayer, as well as his periods of "off-duty" (during which arrangements can be made for emergencies and "sick-calls".)

26. A chaplain's ministry is exacting physically, particularly for a whole-time chaplain, for it entails long hours of duty plus the constant strain of meeting new people almost every day. It is exhausting mentally and a conscientious chaplain will be keen to keep abreast of modern developments in the whole field of medicine, surgery and nursing, giving careful

thought to medico-moral problems. In an age of specialisation he should be well versed theologically, keen to show the role of religion in the realm of pain and suffering and the importance of full co-operation between church and medicine. His work is also exacting emotionally, with a constant "giving out" of himself. He has to try to help all sorts and conditions of men, at the right time and in the best way possible in the limited time at his disposal. He must remain neutral emotionally yet avoid being coldly objective, attempting to meet each patient on his own level with warm responsiveness. To carry out such a ministry with any degree of success he must have a well developed spiritual understanding, insight and a strong pastoral sense. Inner serenity and constantly renewed dedication in a life rooted and grounded in a profound religious faith make it possible for him to give to those who turn to him the guidance and help they so sorely need.

CHAPTER II

THE CHAPLAIN AND THE STAFF

27. There are few human undertakings which require such a wide range of skills for their work as a modern hospital; the number of staff is consequently large, and often exceeds the number of patients.

28. Although many of the staff are non-resident, the hospital chaplain must regard his ministry as concerning all those who form the hospital community. He must be able and willing to exercise a pastoral concern for all who seek his help. To do this he must develop a real understanding of the problems which confront them.

DOCTORS

29. Not all doctors find it easy to accept that the chaplain has an important part to play in the care of the patient. While there has been much more co-operation between

doctors and clergy recently, a gulf still exists. Neither doctors nor clergy are blameless in this connection and both professions can be responsible for their own isolation.

30. While the chaplain has his acknowledged position in hospital affairs, it will be by his own personality and his approach to his job that his acceptance, or otherwise, by the doctors will be determined.

31. While the medical staff do not generally expect to discuss clinical matters with the chaplain, they are likely to raise social and ethical problems of particular patients and it is in such discussions that the gulf between the two professions is likely to be bridged. Equally, of course, when doctors and chaplains meet in private life outside the hospital, the barriers between them may often be broken down.

MEDICAL STUDENTS

32. In some cases consultants invite chaplains to accompany them on teaching rounds, and here a good opportunity is provided for the chaplain to meet and get to know medical students (from whom future hospital medical staffs will be drawn), and the significance of the work of the chaplain can be established for the future relationship between doctor and chaplain.

In addition to this contact with medical students, the hospital chaplain in a teaching hospital can establish contact with the chaplains of the university concerned with pre-clinical training and he may also, on occasion, be invited to lecture to students in the medical school. The above are some of the examples of the methods whereby closer links between the clergy and the medical profession can be forged.

33. In addition to his co-operation with the doctors on behalf of the patient, the chaplain must regard the individual doctor as among the members of the hospital staff who form so large a part of his ministry.

NURSES

34. The nursing staff form the largest part of the hospital team which is directly connected with the patient. It is

also the nurse who provides the main link between chaplain and patient, and so it is likely that the chaplain will come more frequently into contact with nurses than with any other members of the staff.

35. It is important that chaplains should be introduced to new student nurses and so establish contact with them at the start of their careers. It is of the greatest help when priests and ministers let hospital chaplains know when members of their parishes or congregations join the hospital as student nurses.

36. This introduction to student nurses is most effectively arranged informally through the co-operation of the Matron and principal Tutor. Sometimes it is possible for a panel of chaplains to take part in a symposium on a given subject and chaplains increasingly give lectures (whenever possible chaplains should be invited to lecture to the Introductory Course and during "block" training). It is, however, their personal contact with the nurses that will both strengthen the co-operation needed for the benefit of the patient and make easier the task of the chaplain in ministering to this large and important section of the staff.

37. While the foregoing is designed mainly to refer to resident nurses, more and more are becoming non-resident, and may therefore have an allegiance to a church or congregation outside the hospital. Even though this may be so, there may well be some nurses who would wish to consult the chaplain on personal matters as he will know the circumstances in which their daily work lies. If the chaplain has been able to establish the right relationship with the nurses on the staff, this consultation will be so much the easier.

OTHER HOSPITAL STAFF

38. Apart from doctors and nurses there is a large number of resident and non-resident staff who serve the hospital in various ways. Not all will come into contact with the chaplain, but he must learn to recognise them at least by grade and uniform. It is difficult for the part-time chaplain

to be about the hospital as much as he might wish, but it is vitally important to his work that he should be recognised as part of the hospital team by all who may see him, even though the contact may be quite casual.

39. There are nowadays, in many hospitals, a number of staff who come from overseas, many of whom are resident. Language difficulties and inexperience of the English way of life tend to isolate these members of the staff. The Roman Catholic church usually looks after those of their faith, bringing them into local church life, but there is a particular responsibility upon the chaplain of the hospital to help all those who are accustoming themselves to a new job in new surroundings.

Chaplains may wish to know of the denominational and interdenominational groups to which members of the staff may belong.*

HOSPITAL MANAGEMENT COMMITTEES AND BOARDS OF GOVERNORS

40. Usually the chaplain's contact with the Board of Governors or Management Committee who are responsible for the hospital and its staff is through the Secretary. As, however, many members may well be drawn from the locality, it is quite likely that part-time chaplains may have contact with them outside the hospital, but in any case it is important that chaplains be required to present their reports to the Board or Committee and they may well on the same occasion have a chance to meet all the members of the hospital authority and establish contact with them. In some hospitals a chaplain is invited to open meetings with prayers.

---

* These organisations are listed in 'Christianity and Nursing Today', a Report issued by the Nurses' Christian Movement 1964.

CHAPTER III

THE HOSPITAL CHAPEL AND RELIGIOUS SERVICES

THE HOSPITAL CHAPEL AND RELIGIOUS SERVICES

41. When there is a chapel it should be the focal point of worship for patients and staff, and ideally, be situated centrally and be open for prayer and meditation at all times.

42. Unhappily in some hospitals there is no chapel and in others where one exists it is remote from the centre, but the Ministry of Health recognises the need for a chapel and one may reasonably hope that where new hospitals are being planned, the chapel* will be so situated as to be appropriate to its purpose.

43. In order that full use may be made of the chapel by patients it is important that it should be near a lift and have doors which are wide enough to admit wheelchairs and beds.

44. In some psychiatric hospitals it has been necessary to combine the chapel with the recreation room, but this is unsatisfactory and should only be a temporary expedient.

45. In some hospitals a Chapel Committee has been formed usually consisting of the Secretary, the Matron and the chaplains with representatives of various other departments in the hospital. The Committee meets regularly—though not often—and it may have authority delegated to it. The existence of such a Committee including representatives of as many departments of the hospital as is reasonable, does

---

* "There should be in each hospital a chapel or room set apart to serve as a chapel, which should be made available by mutual arrangement for the services of any of the denominations who wish to use it and whatever accessories of worship are required by each should be provided". Ministry of Health Circular H.M. (63)80.

much to emphasise the universal significance* of worship in the hospital and its relevance to all those who work in it.

46. It must be remembered that the chapel is used by all denominations and a new chapel must therefore be dedicated (not consecrated) and wherever possible, the appropriate church authorities should combine in a service of dedication. Co-operation between chaplains is at all times essential and as the chapel is an integral part of the life of the hospital co-operation with nursing and other staff is equally important.**

47. When a chaplain, whole or part-time, is appointed there should be an appropriate service in the hospital chapel, thus making everyone aware of the appointment. This will not be possible in small hospitals.

If representatives of all the hospital departments are invited with, of course, the other hospital chaplains, the corporate nature of the chaplaincy service is made clear to everyone.***

48. As has been said above, in long stay hospitals, chaplains may prepare patients for confirmation and church membership, and here the chapel will be the focal point.

49. Most chaplains take other services for patients and staff as well as administering the sacraments both in the chapel and in the wards. Many chapels are equipped with a broadcasting system and it is thus possible to relay services and "Hospital Prayers" to the wards.

---

* The Ministry of Health has approved that whatever accessories of worship are required by any denomination should be provided. The provisions of the elements for the administration of Holy Communion in the chapel and in the wards is the responsibility of the authorities. There should also be provision for an adequate Vestry adjacent to the chapel which should be properly equipped.

**Particulars about the chaplains and the services are often included in the leaflet issued to patients and notices on the notice board give additional information. Roman Catholic services are usually taken in the local church or a separate part of the hospital. Jewish chaplains do not use the chapel.

*** Following this service, a newly appointed chaplain should have an opportunity to meet his new colleagues and members of the Committee or Board.

50. Part-time chaplains inevitably find some difficulty in arranging hospital services so as not to conflict with their normal work. Some patients are able to attend the chapel for a service at least once a week and part-time chaplains can, and do, administer the Sacrament and hold services on weekdays. It is particularly important that arrangements be made for a service for patients and staff each Sunday.

51. In general hospitals Holy Communion is usually administered in the wards but in psychiatric hospitals it is possible for the patients to come to the chapel. The form of ward Communion varies with the denomination of the chaplain and where there is proper understanding between ward sister and chaplain appropriate preparations will be made.*

52. The celebration of Holy Communion for the nursing staff at times which are convenient is most important though many may be members of local congregations and only attend the chapel when on duty.

MORTUARY CHAPELS

53. A mortuary chapel should be simply furnished and regularly visited by chaplains to see that it is reverently maintained. Chaplains may also be asked by relatives to accompany them to the mortuary chapel and occasionally to celebrate a Requiem, though the hospital chapel is more suitable for this.** Wherever possible, a separate mortuary chapel should be provided for Jewish patients.

WARD SERVICES

54. The holding of ward services can be an important part of the chaplain's work and the conduct of such services can

---

* When Anglican and Roman Catholic chaplains administer the Sacraments of Penance and Holy Unction their requirements should be explained to the nursing staff.

** Occasionally relatives attend a short service for the soul of one whose body has been given to medical research.

be left to the discretion of the individual chaplain. Ward services naturally take different forms but usually include hymns, prayers, reading of Scripture and perhaps a brief address. Where it is possible for the ward staff to be present the sense of corporate family worship is enhanced. Where, as sometimes happens, the ward sister reads morning or evening prayers the patients are usually appreciative and the atmosphere of the ward is influenced for good. The provision of music may present some difficulty but good tape recordings are a satisfactory alternative to piano accompaniment.

55. It is clearly of the first importance that a broadcasting system should be available to allow services in chapel being broadcast to the wards and where such facilities do not exist every effort should be made to provide them.

56. Many chaplains use lay helpers particularly for the taking of ward services. Occasionally hospitals have permitted the conduct of ward services without the knowledge and agreement of the chaplains. This practice should not be allowed as there is evidence that it has sometimes led to unfortunate results.

57. In maternity and children's hospitals as in general hospitals, emergency baptisms are sometimes necessary, and if there is not time to send for a chaplain, a nurse or other person may baptise. It is obviously essential that the hospital staff should establish the religious denomination of the parent. In the case of a Baptist, Infant Dedication is sometimes required and the Free Church Chaplain should be immediately informed when such an emergency arises.

CHAPTER IV

TRAINING

58. The basic preparation for the chaplain's work among the sick should have been undertaken at his theological college and during his pastoral ministry but it is vital that before being appointed to a hospital chaplaincy (particularly whole-time) a prospective chaplain should have specialised training in a clinical setting. This training, combining theory and practice, must be under the supervision of an experienced chaplain.

59. Prospective chaplains may learn about the special needs of hospital patients in a comparatively short time but to recognise the depth of these needs and their own abilities and limitations takes much longer.

60. At present the average length of training is an intensive four/six weeks' experience in hospital; it is hoped that a longer period may be made available for some.

61. The Hospital Chaplaincies Council of the Church Assembly and the Hospital Chaplaincy Board of the Free Church Federal Council combine to provide a series of five day residential courses each year for priests and ministers which include lectures, visits and discussions. (These are arranged with the approval of the Ministry of Health and hospital authorities are authorised to meet expenses.)

62. Short training courses are organised by Regional Boards and Chaplains' Fellowships and it is hoped that these will increase.

63. The Church of England Hospital Chaplains Fellowship organises a three day conference annually at Oxford and the Free Church Chaplaincy Board arranges day conferences to cover all hospital regions.

64. The National Association for Mental Health provides residential courses in different centres.

65. Lectures by the staffs of hospitals provide the necessary information for students to understand the working of a hospital and the various roles of the hospital team. Essentially the purpose of training is to bring the student into contact with the patient. Where training courses allow, the student may work as an orderly in selected wards participating in ward routine, observing and helping to allay the fears, frustrations and anxieties of some of the patients concerned. Attendance at regular staff meetings, particularly in psychiatric hospitals, will give an opprotunity of seeing the therapeutic team at work. Seminars will be conducted by the supervising chaplain for discussion of the pastoral and religious concerns of a hospital ministry; emotional and physical illness and the personality problems of the sick will be discussed.

66. To become aware of the tasks of all the professions concerned with hospital work and to gain a fuller understanding of people who are ill and those who serve them—their difficulties, and their emotional strengths and weaknesses (as well as their own)—must be the purpose of all prospective chaplains who undergo training for ministry in a hospital.

67. The list below, which is in no way comprehensive, will give some indication of interest at the present time in providing co-operation between ministers of religion on the one hand and members of the medical profession on the other.

1. A conference at Lambeth Palace held at the invitation of the Archbishop of Canterbury in 1962 saw the foundation of the Institute of Religion and Medicine (address: 58 Wimpole Street, W.1.) and there has since emerged a number of doctor/clergy groups which meet in many parts of the country for discussion and study to the advantage of both professions.
2. A two-year course at the University of Birmingham leading to a Diploma in Pastoral Studies.
3. A full year's Pastoral Clinical Training Programme is now being organised at St. George's Hospital, London, S.W.1.
4. A Clinical Theology Centre at Nottingham.

There is a variety of other courses available and their number increases each year.

PART II

CHAPTER I

APPOINTMENT OF CHAPLAINS

68. The appointment of hospital chaplains is the responsibility of Hospital Management Committees and Boards of Governors of teaching hospitals. The Circular H.M. (63)80 charges "Committees and Boards to provide for the spiritual needs of both patients and staff by appointing whole-time or part-time chaplains to every hospital they administer. Such appointments are to be made in consultation with the appropriate church authorities". (Salaries and conditions of service are shown in Appendix H).

METHOD OF APPOINTMENT

69. The Regional Board in conjunction with the Boards of Governors in its area is required to set up an advisory committee on appointments of Anglican chaplains. In all cases there is usually consultation with the appropriate church authority. In the case of Anglican and Roman Catholic chaplains the Bishop of the diocese should be consulted. Chaplains of Free Church denominations are appointed in consultation with the Hospital Chaplaincy Board, Free Church Federal Council, London.

WHOLE-TIME APPOINTMENTS

70. For Anglican and Free Church whole-time appointments the Circular suggests that the Regional Chaplains' Advisory Committee or the National Free Church Federal Council, as appropriate, be invited to put forward names of suitable candidates and comment on any other applicants.

71. Jewish chaplains are appointed to all hospitals in London and the Home Counties, (i.e. those within the four Metropolitan Regional Hospital Boards), in conjunction with the Visitation Committee of the United Synagogue, which is

the acknowledged authority representing the whole London Jewish Committee. In the provinces the appointments are made in conjunction with the Visitation Boards or similar organisations for the nearest Jewish community. The Ministry circular omits any mention of Jewish chaplains.

DURATION OF WHOLE-TIME APPOINTMENTS

72. The Circular advises that whole-time appointments to Anglican and Free Church chaplaincies should be made for a period of five years in the first instance, renewable in consultation with the Regional Advisory Committee or the National Free Church Federal Council for a further period of five years and, exceptionally, for further periods. The period of Roman Catholic appointments is determined in consultation with the Bishop of the diocese concerned. Existing appointments are not to be terminated without reasonable notice.

H.M.C. OR B.G. DECIDE WHOLE-TIME OR PART-TIME

73. The Management Committee or Board of Governors decide whether a whole-time or a part-time appointment is to be made. This Circular states that in some cases it is more convenient for a whole-time chaplain to serve the patients and staff of a particular denomination in all the hospitals in a Group; in others, the service may be more conveniently provided by one or more part-time chaplains. Whole-time chaplains may be appointed where the number of patients of one denomination is 750 or more (staff are not included in this number) or where there is an exceptionally heavy burden of work. If a whole-time chaplain has served a hospital of substantially less than 750 patients in the past, the practice may continue. Committees and Boards should ensure that there is a clear understanding of the notice to be given when terminationg a part-time appointment; after a chaplain is seventy years of age his appointment should be subject to annual review.

CHAPTER II

CHAPEL FURNISHINGS

74. If the chapel is to fulfil its function properly it is obviously important that it should be clean, bright and warm. The maintenance of the fabric and the provision of the furniture is the responsibility of the hospital authority as is also the heating. Since the chapel should be open at all times for prayer and meditation, it is important that the central heating system in the hospital should also provide for the chapel.

75. The maintenance of any broadcasting system is also the responsibility of the hospital authority and in all these matters close consultation should be maintained between the hospital secretary and the chaplains.

76. It is generally agreed that in a general hospital with 800 patients the chapel should have seating accommodation for 120 people, but psychiatric hospitals require proportionately larger chapels.

77. Chapel collections are sometimes taken, but the money so obtained does not come under the control of the management committee and chaplains have the right to decide how such money is to be spent. The management committee may make recommendations which, no doubt, the chaplains would carefully consider.

78. Satisfactory arrangements for music at all services should be made.

For convenience a suggested list of equipment for the chapel is set out in Appendix G.

CHAPTER III

THE CHAPLAINS' ROOM

79. The Ministry of Health H.M. (63)80 recognises the administrative work involved in a hospital chaplaincy and suggests, "whenever possible, a room should be set apart for the chaplain's interviews etc., and secretarial facilities should also be provided."

80. It is unfortunately the case that many chaplains have no room and others are accommodated so far from the centre of the hospital that the value of the room is lost. It is vitally important that chaplains should be easily accessible to staff, nurses and patients. It is also important that an appropriate room must be available to the chaplains for interviewing.

81. While a room is absolutely essential for the whole-time chaplain, it is important that the part-time chaplain, whose need is obviously less, should have some place in the hospital where he can interview and can keep his records etc.

82. It has already been emphasised that information regarding the religious denomination of patients and staff should be immediately available to the appropriate chaplains, and it is convenient that there should be some central place to which this information is always sent.

83. With the shortage of staff it is, unfortunately, true that chaplains rarely have adequate secretarial assistance. Some help is provided by voluntary workers, but this can rarely be reliable. Correspondence between the hospital chaplain and the parish priest or minister regarding patients or staff is an important part of a hospital ministry.

84. The furnishing of the chaplains' room should be such as to be conducive to the kind of interviews they are likely to conduct; bookshelves, filing cabinet, typewriter and cupboards should clearly be a part of the facilities provided in the chaplains' room.

CHAPTER IV

VOLUNTARY SERVICE

85. Voluntary service is a tradition in the British way of life and this has continued in the National Health Service.

The development of Leagues of Friends, which have been established in connection with many hospitals, provides an opportunity for "voluntary contributions both in money and in service to those who are either patients in hospital or who work in them."

86. The League has a central office (the National League of Hospital Friends, 7 Grosvenor Crescent, London, S.W.1.) which provides information and guidance and publishes pamphlets. While much of the work of a local League of Friends is not directly the concern of the chaplains, it is a great advantage if they are invited to attend the meetings of the League or of other voluntary organisations. It is possible for the chaplains to obtain great help in their ministry from the volunteers, and a list of suggested ways in which voluntary efforts can be most helpful is included at the end of this section.

87. If a chaplain introduces voluntary workers into the hospital in any capacity it is important that the consent of the Matron and Secretary beo btained and that the newcomers be given some guidance in hospital practice and etiquette, particularly in the ward or department which they may be visiting. Many people who wish to give help in hospitals find themselves somewhat intimidated by their first introduction to hospital life, and the chaplain, on introducing them, must be at pains to explain what is happening and to introduce them to those with whom they will come in contact so that a good working relationship can be established.

88. It is perhaps worth mentioning that in some hospitals owing to unfortunate experience, voluntary workers are not always welcome, largely because their attendance is spasmodic

and consequently may be unreliable. The chaplain, before introducing a voluntary worker to the hospital, should satisfy himself that the person who is offering his services appreciates the obligation and the responsibility of carrying out the task he undertakes.

PERSONAL SERVICE

89. The following list, which is not exhaustive, illustrates some of the services given to hospitals by voluntary helpers and is extracted from Ministry of Health circular HM(62)29.

(a) *The Hospital Chapel:—*
Floral arrangements.
Care of altar linen, vestments, hassocks, carpets &c.
Organist or Pianist.
Conveying of patients to and from the chapel.
Members of chapel choir.

(b) *Chaplain's Room:—*
Assisting with secretarial work, where no secretary is provided.

(c) *Religious Services:—*
Ward services.
Sunday School teachers and assistants in children's work.

(d) *Patients:—*
Visiting of patients.
Letter-writing for patients.
Reading to patients.
Interpreting for foreign patients.
Inviting patients to their own homes.

(e) *Relatives:—*
Care of and accommodation for the relatives of dangerously ill patients.

(f) *Staff:—*
Readiness to welcome nurses and other hospital staff into their family circle, especially when of foreign nationality.

ADMINISTRATIVE SERVICE

(a) Provision of chapels and accessories of worship not available from other sources.

(b) Installation of rediffusion equipment for the broadcast of services etc., from the chapel.

(c) Provision of organs, pianos, tape recorders, record players etc.

(d) Provision of hymnals, prayer books, Bibles, literature.

(e) Provision of Kosher food for Jewish patients, especially at Passover.

PART III

RECOMMENDATIONS

1. Chaplains should be informed immediately whenever patients of their denomination are dangerously ill or dying or when death has occurred. Paras. 4. 6. 8.

2. In childrens' hospitals and wards, and in Maternity units especially, there should be adequate arrangements for emergency baptism, and the nursing staff should know about this. Care should be exercised that where there are children of Baptist parents, a service of Infant Dedication should only be carried out after consultation with the parents. Chaplains serving in childrens' hospitals should give particular attention where parent and child are admitted together. Paras. 15. 24. 57.

3. Chaplains should be appointed to day hospitals and clinics since their spiritual ministration can contribute towards the patients' rehabilitation. Paras. 22.

4. Co-operation between chaplains and other members of the hospital staff should be encouraged and it has been found that the whole-time chaplain has a considerable advantage over the part-time chaplain in achieving this. Paras. 7. 16. 29-38.

5. Prospective whole-time hospital chaplains should in all cases have specialised training in a clinical setting. Part-time chaplains should, whenever possible, attend an appropriate training course. This training must be under the supervision of an experienced chaplain. Para. 58.

6. While the average length of training for hospital chaplains is an intensive four six weeks it is recommended that a longer period be made available for some. Para. 61.

7. The number of short training courses for chaplains organised by Regional Boards and Chaplains Fellowships should be increased. Para. 63.

8. Where training courses allow, theological students should work as orderlies in selected wards and participate in ward routine. Para. 65.

9. A chaplain on appointment, whole-time or part-time, should be introduced to the senior hospital staff by the administrator and the matron. Wherever possible chaplains should take an active part in the social life and activities of the hospital and be invited to hospital occasions. If it is not possible for all to be invited, then the different chaplains should be invited in turn. In a teaching hospital it is occasionally possible for a consultant to invite a chaplain to attend a teaching round which will bring him into closer contact with the medical students. Paras. 2, 4, 5, 35, 36, 39, 47.

10. Candidates for training as nurses should not necessarily be required to state their religious faith on application but once accepted should be encouraged to do so and be introduced to the respective chaplain. The matron should subsequently provide the chaplains with the names of nurses of their denomination. Para. 35.

11. Local parish priests or ministers should be encouraged to commend nurses to the hospital chaplain concerned. Para. 35.

12. All chaplains should have the opportunity to lecture to nurses in training both during their introductory course and, even more important, during their block training. Para. 36.

It is recommended that chaplains should have an opportunity during the course of the nurses' training to instruct them in preparing for ward services and administration of the sacraments. Paras. 51, 54.

13. The hospital chaplains should be invited to attend a meeting of the Management Committee or Board of Governors in order to present their annual reports. Para. 40.

14. The Ministry of Health recommends that suitable provision should be made for a chapel in all hospitals. It is particularly important in the planning of a new hospital that this provision should be made and that the chapel should

be appropriately sited. The Ministry recommends that the advice of "appropriate Church Authorities" should be taken at an early stage of planning and local chaplains should then be consulted. Footnote on p. 10 and paras. 42, 74.

15. The doors should be wide and ample room provided for wheelchairs and beds. A hospital with 800 patients should have seating accommodation for 120 people. Psychiatric hospitals require proportionately larger chapels. Paras. 20, 42, 43, 44, 76.

16. The chapel should be kept open day and night for private prayer and meditation. It should be adequately heated and well maintained. Para. 41.

17. Chapel collections are not "free monies" and therefore do not come under the control of the Finance Officer, the chaplains having the right to decide how the money is used. The Hospital Management Committee may make recommendations about collections but these are not binding. Para. 77.

18. Private gifts and those from Leagues of Friends, should be given to the Hospital Management Committee or Board of Governors rather than to individual chaplains. Para. 85.

19. The hospital authorities are responsible for maintaining the fabric and decoration and the regular cleaning of the chapel and should consult with the chaplains about this. Para. 74.

20. Adequate arrangements for music for all hospital services should be made. Paras. 54, 78.

21. Whole-time and part-time hospital chaplains should meet regularly in hospital to discuss matters of mutual concern, particularly the times of services and ward visits. Paras. 46, 47.

22. Whenever possible, arrangements should be made for a service for patients and staff in the hospital each Sunday. Para. 50.

23. Where practicable, the chaplains should arrange relaying of services from the chapel to the wards through an internal

system. The maintenance of this system should be regularly and expertly carried out and is the responsibility of the hospital authorities. Paras. 49, 55, 75.

24. The practice of Ward Prayers conducted by the ward sister or her deputy is an excellent one and should be encouraged. Para. 54.

25. All arrangements for chapel and ward services including, those that are concerned with outside groups, should be made in consultation with the officially appointed chaplains. Paras. 46, 88.

26. A well sited room or rooms for interviews should be provided for the chaplains and where a new hospital is being planned this should be centrally situated. A reasonably equipped room is necessary if chaplains are to discharge the administrative functions of their work. There should be a desk, drawers which lock, sufficient chairs which can be used for interviewing, bookshelves and cupboards. A typewriter should be provided, adequate headed notepaper and access to a duplicating machine. There should be internal and external telephones. Finally, since the chaplain is constantly moving round the building whole-time chaplains should be included in whatever call system is being used. Paras. 80, 81, 84.

27. The notification to chaplains of the admission of patients of their denomination is always important. A standard procedure for notification should be adopted and the denomination correctly designated, indicating whether the patient should be within the care of the Anglican, Free Church, Roman Catholic or Jewish chaplain. In large hospitals the most suitable procedure is one in which three or more copies of details of admission are completed on a standard form one of which is made available to the appropriate chaplain with the least delay possible. The administrative and nursing staff should be asked to co-operate and ensure that this is done. Paras. 4, 82.

28. It is recommended that whenever a patient's name is put on the Dangerously Ill List (DIL) or Seriously Ill

List (SIL) the appropriate chaplain should be notified. The chaplains should be provided with a list of discharges preferably giving the patient's full name, address, age, ward and day of admission. When a death is notified officially, the chaplain should be informed at the same time as the matron. Paras. 4, 6.

29. In a large hospital regular secretarial help is necessary for the chaplains' work. Chaplains should commend patients to their parish clergy or minister on admission or discharge from hospital if the patient so wishes. Para. 83.

30. Voluntary workers who assist the chaplains should be introduced to the matron and secretary before taking up their duties. Para. 87.

31. It is necessary to remind voluntary helpers that at no time should they divulge information about patients to others outside the hospital. Para. 87.

32. Where members of a church volunteer for specific work in the hospital, chaplains should arrange for them to have some preliminary training or instruction. Paras. 87, 88.

33. When a chaplain, whole-time or part-time, is appointed to a large hospital there should be a service in the hospital chapel thus making everyone aware of the appointment. Ideally it may take the form of a Licensing by the Bishop of the Diocese or of a Service of Recognition in the case of a Free Church Chaplain. Representatives from all the hospital departments should be invited, and also the other hospital chaplains. Following this servcie the newly appointed chaplain should have an opportunity to meet his new colleagues and members of the Committee or Board. Para. 47.

34. In the proposed District General Hospitals it is recommended that there should be a whole-time chaplain irrespective of the minimum number of patients. The present figure of 750 patients belonging to one denomination as a determining factor in the appointment of a whole-time chapalin is unrealistic. It takes no cognisance of the number

of staff, particularly nurses, who may be involved. It is recommended that where there is a large resident staff this should be taken into consideration when deciding if a whole-time chaplain is necessary. If the number of patients belonging to any one denomination is 500/600 a whole-time chaplain should be appointed. Para. 73.

35. Regional Advisory Committees which have a responsibility in the appointment of Anglican chaplains function differently in various parts of the country. These Committees should meet regularly and whole-time and part-time chaplains be represented on them, as well as lay members of Boards and Committees and Diocesan officials. (This does not apply in respect of Free Church and Roman Catholic appointments.) Para. 69.

36. Most chaplains require to use their own telephone and often have to make many calls as a result of their hospital duties. A record should be kept of these and the chaplain reimbursed. (See Appendix H.)

37. Chaplains who receive no salary incur considerable expense each year in travelling to hospital. The present circular does not offer a satisfactory solution and it would be better if an annual grant were made irrespective of distance. (See Appendix H.)

38. The number of courses for chaplains is now increasing so rapidly that it is a matter of some urgency that they should be co-ordinated. The appropriate Church Authorities should be responsible for a review of this situation and for making recommendations. Para. 67.

39. Chaplains should visit the mortuary chapel regularly to see that it is reverently maintained. Whenever possible a separate mortuary chapel should be provided for Jewish patients. Para. 53.

PART IV

APPENDICES

A. The Hospital Chaplaincies Council of the Church Assembly.

B. The Hospital Chaplaincy Board of the Free Church Federal Council.

C. The Visitation Committee of the United Synagogue, London.

D. The Church of England Hospital Chaplains' Fellowship.

E. The Hospital Chaplains' Fellowship (Free Church).

F. National Association of Whole-time Hospital Chaplains.

G. Accessories for Worship.

H. Salaries and Conditions of Service.

I. Hospital Church Sisters and Deaconesses.

****

APPENDIX A

THE HOSPITAL CHAPLAINCIES COUNCIL OF THE CHURCH ASSEMBLY

At its Summer session in 1946 the Church Assembly appointed a Commission to enquire into the spiritual ministrations to members of the Church of England in mental institutions, to consult with the Ministry of Health concerning future provisions for this work within the framework of the National Health Service Bill. In August 1951, the Commission, under the Chairmanship of the Bishop of Ely (at that time Bishop Wynne), made its final report. This report was responsible for the creation of the Hospital Chalaincies Council.

The functions of the Council were designated as follows:

(1) To consider questions relating to spiritual ministration to patients and staff in mental and medical institutions referred to it by the Church Assembly.

(2) To act as adviser to diocesan bishops and to the Church of England Regional Advisory Committees on questions of policy.

(3) To watch (on behalf of the Church Assembly) matters affecting the spiritual ministrations in all medical and mental institutions, reporting to the Church Assembly as and when required.

(4) To act as a co-ordinating body, through which the Regional Advisory Committees can be brought into close relation with each other.

(5) To act as a liaison between the Ministry of Health and the Church of England on all matters relating to spiritual ministrations in mental and medical institutions.

The Chairman of the Council is appointed by the Archbishop of Canterbury from among its members, the Bishop of Lichfield being its present Chairman. The Council is composed of representatives of the whole-time and part-time chaplains, nominated by the Hospital Chaplains' Fellowship; lay persons serving on Regional Boards or Hospital Management Committees, and the medical and nursing

professions. They may serve for a period not exceeding five years.

The Council's concern in the training of hospital chaplains resulted in a Training Course being held at King's College Hostel, Vincent Square, London, in 1959; this course, lasted a week and was open to whole-time and part-time chaplains, as well as to other priests who wished to avail themselves of the training offered, proved so successful that it was repeated in 1960 and in 1961. In 1962 the Course was arranged jointly with the Hospital Chaplaincy Board of the Free Church Federal Council, and Free Church chaplains attended. In 1963 and 1964 two such courses were held, one in London, and one in the provinces, while three courses were held in 1965.

Co-operation with the Free Church Federal Council has led to the creation of a small Joint Committee to discuss matters of mutual interest. In 1965, two members of the Roman Catholic Church, nominated by the Cardinal Archbishop of Westminster became members of the Joint Committee.

The Council organises an Annual Conference for representatives of the Regional Hospital Boards and Advisory Committees, usually in September. Secretary: Sir John Guillum Scott, *T.D., D.C.L.* Church House, Westminster, S.W.1.

APPENDIX B

THE HOSPITAL CHAPLAINCY BOARD OF THE FREE CHURCH FEDERAL COUNCIL

At the time of the implementation of the National Health Service Act the Ministry of Health agreed that the Free Church Federal Council should set up a Hospital Chaplaincy Board which would be regarded as the "appropriate Church Authority" for all Free Church nominations for hospital chaplains in England and Wales, and with whom Hospital Authorities would consult in regard to all matters relating to whole-time and part-time appointments.

The Chaplaincy Board consists of about twenty members, a number of whom are nominated by the main Free Church denominations, and the remainder consist of two elected representatives from the Hospital Chaplains' Fellowship, and members of the Regional Boards and Hospital Management Committees, together with several others with specialist qualifications.

The Board normally consult local Free Church Federal Councils whenever vacancies occur and where these do not exist, liaison representatives are responsible for submitting recommendations for the consideration of the Board.

The Board is also responsible for dealing with Regional Hospital Boards and negotiating with the Ministry of Health. It also works in collaboration with the Church of England Hospital Chaplaincies Council in regard to Residential Training Courses for hospital chaplains, and more recently in nominating through the theological colleges, students for the four to six weeks' Pastoral Clinical Training Courses. It also shares in a Joint Committee representative of the Church of England, Roman Catholic and Free Church Authorities, who meet several times a year to deal with matters relevant to the Hospital Chaplaincy Service and to consult with the Ministry of Health.

Secretary: The Reverend G. A. D. Mann, *H.C.F.*, Hospital Chaplaincy Board, The Free Church Federal Council, 27 Tavistock Square, London, W.C.1.

APPENDIX C

THE VISITATION COMMITTEE OF THE UNITED SYNAGOGUE, LONDON

Jewish chaplains in London are appointed with the approval of the Visitation Committee, representing the London Jewish Community, and by similar Committees in the Provinces. The Visitation Committee assumes responsibility for the visitation of Jewish patients in all the London hospitals. In a memorandum issued for the guidance of hospital chaplains, all aspects of the ministry of a Jewish chaplain and his duties are described in detail: guidance concerning dietary laws and the observing of religious festivals is given in this memorandum. There is a close liaison with the Jewish Welfare Board, and arrangements for the convalescence of patients at Jewish Homes can be implemented. Very great care is taken over records of Jewish patients, and provision is made for chaplains to reclaim their out-of-pocket expenses from the Committee.

Secretary: Mr. Alfred H. Silverman, *F.C.A.*, Offices of the United Synagogue, Woburn House, Upper Woburn Place, London, W.C.1.

APPENDIX D

THE CHURCH OF ENGLAND HOSPITAL CHAPLAINS' FELLOWSHIP

Whole-time and part-time Church of England chaplains are invited to become members of the Hospital Chaplains' Fellowship, which is under the patronage of the Archbishops of Canterbury and York. The President is the Bishop of Peterborough, and the Chairman, the Reverend N. W. J. Autton, Chaplain of St. George's Hospital. The Council of the Fellowship, which meets once a year and is responsible for policy, consists of members elected by the various diocesan branches (2 per branch): from these members an Executive Committee is elected which is responsible for implementing the policy agreed by the Council at its Annual General Meeting. The Committee organises three Central Meetings a year (two in London), and the Annual Conference which meets in Oxford during July for four days. Branches affiliate to the Fellowship by paying the Central Treasurer an annual fee of one and a half guineas for up to fifteen members (the minimum affiliation fee), and 2/6d. for each member over this number. The General Secretary is responsible for disemminating information to the branches and branch secretaries are required to submit an annual report to the General Secretary, from which it is possible to judge the life and activities of the Fellowship. The Council appoints seven representatives to the Hospital Chaplaincies Council of the Church Assembly.

The Fellowship concerns itself in all matters of interest to both whole and part-time chaplains, and strives to provide an effective chaplaincy ministry within the hospital. It is also prepared to act in an advisory capacity on any matters concerning Church of England Chaplains. The diocesan branches are responsible for the conduct of their own activities and are usually presided over by the diocesan bishop or one of his suffragans.

General Secretary: The Reverend John Evans, M.A., Chaplain, Brookwood Hospital, Woking, Surrey.

APPENDIX E

THE HOSPITAL CHAPLAINS' FELLOWSHIP (FREE CHURCH)

Free Church chaplains are invited to become members of the Free Church Hospital Chaplains' Fellowship upon payment of £1, which is renewed annually. In the case of chaplains serving in an unremunerated chaplaincy there is an initial subscription of 10/– which is only renewed if the chaplaincy becomes remunerated, when the full fee is payable. The funds of the Fellowship are administered by the Hospital Chaplaincy Board of the Free Church Federal Council, and make possible the production of literature calculated to be of value to hospital patients. There are 950 members of the Fellowship at the time of writing.

Each member receives a Hospital Chaplain's Manual as a guide to chaplaincy work; a Pocket Book for recording notes on visits to the hospital (which can be replaced on request without charge;) a Badge, and a free copy of the Free Church Chronicle each month. Members are also invited to attend conferences for hospital chaplains in various parts of the country, and to learn by sharing their experiences with other members of the Fellowship.

Secretary: The Reverend G. A. D. Mann, *H.C.F.*, The Hospital Chaplains' Fellowship (Free Church), Free Church Federal Council, 27 Tavistock Square, London, W.C.1.

APPENDIX F

THE NATIONAL ASSOCIATION OF WHOLE-TIME HOSPITAL CHAPLAINS

This Association represents full-time hospital chaplains of every denomination, and was founded in 1951. Its aims are:—

(1) To secure an efficient and adequate Hospital Chaplaincy Service.

(2) To defend, maintain and further the interests and status of all full-time chaplains within the Hospital Service.

(3) To procure equitable salaries and conditions of service for all full-time chaplains employed in the Health Service.

(4) To co-operate in every way possible with all other groups and professional bodies, in the welfare of both patients and staff in hospital.

The Association has been most active in seeking improvement in the terms and conditions of service of whole-time hospital chaplains.

Secretary: The Reverend Ronald Stevenson, Chaplain, Lancaster Moor Hospital, Lancaster.

APPENDIX G

ACCESSORIES FOR WORSHIP

The following list was drawn up in August 1965 by the Ministry of Health in consultation with representatives of the Anglican Church, the Free Churches, the Roman Catholic Church and the Visitation Committee of the United Synagogue. It has been sent to Secretaries of Regional Hospital Boards and Boards of Governors throughout the country.

FOR JOINT USE

Altar (or holy table) 60″ × 39″ × 30″
Polished brass candlesticks C/23/6″, and candles
Prayer desk
Lectern
Seating accommodation
Kneelers
Alms bags
Large Bible for lectern
Organ or piano
Hymn books
Credence table
Communion rails
Hymn boards

In the vestry there should be—
Portable font for clinical baptisms
Locked cupboards for robes etc.
Chest of drawers
Steel safe for the sacred vessels
Table and chair
Registers for services held, baptisms etc.

It is assumed that books will normally be accommodated in shelves at the back of the chapel.

FOR ANGLICAN USE

Aumbry, where permission for Reservation has been given by the Bishop
Stock for holy oil
Pyx for carrying the Reserved Sacrament to patients
Altar cross
Chalice and paten
Cruets for wine and water and box for altar breads
Altar linen, which may include a cloth of heavy material, a linen cloth, a pure linen veil, a corporal, purificators, altar frontals, burses and veils and, where customary, suitable vestments.
Surplices for chaplain and a set of stoles for use in hospital.
Altar Book for the Celebrant

FOR FREE CHURCH USE

Communion set according to Free Church usage
Covering cloths

FOR ROMAN CATHOLIC USE

Consecrated Altar Stone
Crucifix, polished brass
Tabernacle, steel and brass 12″ × 10″ × 9″
Oil stocks, sterling silver
Chalice and paten, sterling silver
Communion plate, s/plate and gilt
Pyx, Monstrance, s/plate
Pyx, pocket sterling silver
Ciborium, sterling silver
Altar cloths, 1 top and 2 under cloths
Albs, plain linen
Gothic Low Mass Vestment sets

Books etc.

Missal
Ritual
Baptismal Register

In some areas in Wales books, including the Bible, may need to be in Welsh.

FOR JEWISH RELIGIOUS SERVICES

If formal religious services for Jewish staff or patients are to be held, a room (with, if possible, east/west orientation) should be provided for them, without ornaments or any markings on the wall. The room to contain a cupboard or Ark which could be used to hold the Holy Scrolls with the lower half of the cupboard to store special prayer books and other religious appurtenances.

Reading desk with covering cloth
Lectern
Ark curtain
Seating accommodation
Authorised Daily Prayer Books

APPENDIX H

SALARIES AND CONDITIONS OF SERVICE

Circular H.M. (65)79 referring to P.T.A. Circular No. 123, lays down the latest remuneration figures and conditions of service for whole-time chaplains. The commencing salary is fixed at £1,230 per annum. In the second year it increases to £1,275, then £1,325, £1,375 and on to a maximum of £1,430, plus a house, or where a house is not provided, an allowance of the cost of reasonable accommodation; the allowance shall not exceed £200 per annum, or £250 per annum if the chaplain is required to be resident in the Metropolitan Police Area or the City of London. Where a chaplain is not provided with a house and has purchased or is purchasing one, a notional rent should be assessed for calculating the allowance payable.

London Weighting is not payable.

Appropriate charges are to be made for meals and other services where applicable.

No hours of work for whole-time chaplains are specified but the Minister concurs with the view expressed to him by the Professional and Technical Whitley Council 'A' "That every whole-time chaplain should have at least a completely free day each week." Unless special arrangements are made, it is customary for a whole-time chaplain to arrange with local clergy or ministers that the hospital he serves is covered for emergency calls during his absence from duty. Such arrangements are usually reciprocal and do not involve remuneration, but if the incidence of calls on local clergymen or ministers is particularly heavy over a reasonably lengthy period, the facts may be reported to the Minister for consideration.

A whole-time chaplain is to be granted leave of five calendar weeks, inclusive of statutory and general national holidays.

During a whole-time chaplain's authorised leave, a locum tenens may be engaged and paid for by the Ministry of Health at the same rate as the chaplain he is relieving.

Where a part-time chaplain is appointed the circular recommends that he should not serve more than 300 patients. Wherever the average number of patients for the preceding

three years exceeds 300, more than one part-time appointment should be made. Guidance is given as to the hours per week a part-time chaplain may reasonably be expected to work. This is expressed in sessions or part sessions, a session being notionally one of $3\frac{1}{2}$ hours. The following table makes the position clear.

No. of Patients	No. of sessions	Weekly rate
6 — 25	$\frac{1}{2}$ ($1\frac{3}{4}$ hours)	£1 10 0
26 — 50	1 ($3\frac{1}{2}$ hours)	£2 5 0
51 — 80	$1\frac{1}{2}$ ($5\frac{1}{4}$ hours)	£3 0 0
81 — 120	2 (7 hours)	£3 15 0
121 — 160	$2\frac{1}{2}$ ($8\frac{3}{4}$ hours)	£4 10 0
161 — 200	3 ($10\frac{1}{2}$ hours)	£5 10 0
201 — 250	$3\frac{1}{2}$ ($12\frac{1}{4}$ hours)	£5 15 0
251 — 300	4 (14 hours)	£6 10 0

Before the publication of this circular, it was possible with the Minister's approval for a contribution to be made towards the stipend of an assistant curate as an alternative to the appointment of a part-time chaplain: such a practice is allowed to continue where it is in force, but the Minister has decided against approving any such arrangement in the future.

The circular states that chaplains are entitled to allowance in respect of travelling etc., on the same basis as other officers of Hospital Management Committees and Boards of Governors. These cover journeys from the normal hospital of employment to other hospitals at which the chaplain has duties, but not from home to the normal hospital of employment except for emergency calls. Where the number of patients to be served by a chaplain is six or under, no remuneration is payable. A Hospital Management Committee or Board of Governors may in such cases appoint an honorary part-time chaplain. Where this is the case, the Minister is willing to give sympathetic consideration to reimbursing any exceptionally heavy travelling expenses incurred between home and hospital. A part-time chaplain is not entitled to paid leave. Normally he should supply and meet the cost of a deputy when he is unable to render the agreed service. If this presents difficulty, the hospital authority should make direct payment to the deputy instead of to the part-time chaplain.

APPENDIX I

HOSPITAL CHURCH SISTERS AND DEACONESSES

In some cases pastoral work is being carried out in hospitals by Hospital Church Sisters and Deaconesses; it is of great value and the number of such appointments is increasing. Their assistance enables a chaplain to exercise a more effective ministry in the hospital but their work should be considered as complementary to that of the chaplain and not as a substitute for it.

However, for several years the Church of England has encouraged the employment of suitably qualified women to assist the chaplains in hospitals and work under their direction. Women working in hospitals under this scheme must be licensed by the Bishop of the diocese concerned, and approval of their appointment given by the hospital authorities. They may become associate members of the Hospital Chaplains' Fellowship. It is recommended that in the event of a new chaplain being appointed to a hospital any Church Sister or Deaconess working there should only continue if the new chaplain is agreeable.

In the case of Free Church chaplains qualified Deaconesses often assist the officially appointed chaplains, and in some cases, although recognised by the Hospital Authorities they are not paid by them, but receive some payment from the appointed chaplain.

Printed at
Pendragon Press
Papworth Everard
Nr. Cambridge