

UKBHC Complaints and Concerns Procedure

Version number:	2.0
First published:	June 2025
Date updated:	9 th Sept 2025
Next review date:	Sept 2026
Policy prepared by:	Professional Conduct Lead
Policy owner:	Professional Conduct Lead
Policy approved by and date:	UKBHC Board 9 th Sept 2025
Brief summary of changes since previous version:	Minor
Queries about the interpretation or application of this policy:	Contact Email: Professionalconduct.lead@ukbhc.org.uk

1. Introduction

Welcome to the Complaints Procedure for healthcare chaplaincy. This document is designed to guide you through the process of making a complaint related to the services provided by healthcare chaplains who are registered by the UK Board of Healthcare Chaplaincy. The register is on the website to be consulted (www.ukbhc.org.uk). The procedure covers both capability and misconduct issues. Our procedure is crafted to ensure transparency, fairness, and accountability in handling such concerns and is aligned with the standards set forth by the UK Board of Healthcare Chaplaincy (UKBHC).

Our goal is to resolve issues effectively while upholding the dignity and integrity of all involved parties, ensuring that chaplaincy services remain a trusted and valuable resource within the healthcare system. Whether you are a patient, family member, healthcare provider, or staff, this procedure provides a clear and structured approach to voice your concerns and see them addressed promptly and respectfully.

2. Healthcare Chaplaincy Complaints Procedure

Who Can Make a Complaint?

Complaints can be lodged by a variety of individuals, including but not limited to:

- Colleagues or fellow UKBHC members
- Institutions where chaplains practice
- Recipients of pastoral care
- Family members of those who received chaplaincy care, particularly when the individual lacks mental capacity
- Staff, volunteers, or consultants associated with UKBHC
- Any member of the public who has interacted with a chaplain in their professional capacity

What is Not a Complaint?

Not all concerns fall under the scope of this complaint's procedure. Excluded are:

- Disagreements with UKBHC's policy, stance, or strategic work, which should be directed to the UKBHC secretary.
- Internal grievances within the organisational structure the chaplain works in. These are handled according to specific internal structures or operational improvement processes.

Confidentiality and Consent to the use of information

In order to properly investigate a complaint, we will need to use the information provided and send it to the chaplain you are complaining about. The chaplain in responding to your complaint may provide us with additional information about you. The complaints form asks for your consent to use information about you in this way. This information will be kept private. It will be seen only by the people who are involved in investigating your complaint and will only be used for the investigation. We might need to ask you or the chaplain for further necessary information about your complaint. You can of course refuse to provide such information. However, it may be difficult for us to investigate the complaint if you do.

Those having access to the information will be: initially the Professional Conduct Lead, two other members of the UKBHC Complaints Committee who review it, together these three people agree the way forward. Most usually an external person is appointed who will be given all information received. During the investigation an independent representative of the relevant faith or belief group may be consulted along with others necessary to get a full picture of the issue. This investigation group will initially decide if this a complaint to processed through this procedure, and if so, make a decision as to the outcome of the complaint. Anonymised details of the complaint and outcome will be communicated to Board members of the UKBHC and an appropriate note made on the register of chaplains as necessary by the UKBHC Registrar.

2.1 Step 1: Raising a Complaint or concern

- Initial Contact: Any individual (patient, family member, healthcare staff) who has concerns regarding the conduct or capability of a UKBHC registered healthcare chaplain can raise a complaint. This should be done in writing, directed to the Code of Conduct Lead:
 - Email: professionalconduct.lead@ukbhc.org.uk
- Acknowledgment: The complaint will normally be acknowledged within 5 working days informing the complainant of the process and expected timelines. These will vary depending on the nature of the complaint.

2.1.1 Preliminary Assessment (up to 2 weeks)

- Review of Complaint: A preliminary review should be conducted to determine the nature of the complaint – whether it pertains to misconduct or capability issues (See appendix 1 for explanation of terms). This should be undertaken by

the UKBHC screening team including two members of the board led by the Professional Conduct Lead.

- Decision on Proceeding: If the complaint warrants further investigation, it proceeds to a formal investigation. Minor complaints may be resolved through mediation or direct discussion.

2.2 Step 2: Formal Investigation (up to a further 4-6 weeks)

- Appoint an Investigation Team: To ensure neutrality a team will be appointed from a group of trained investigators.
- Collection of Evidence: The Investigation Team collects all relevant information from involved parties, including interviews and relevant documentation.
- Consultation: For complaints that pertain to a chaplain's conduct falling outside the professional and ethical standards expected within their own faith or belief group, it may be necessary to consult with a senior representative from the chaplain's faith community or belief group. In some UKBHC covered countries this consultation is essential because a chaplain's registration with the UK Board of Healthcare Chaplaincy (UKBHC) is contingent upon endorsement or accreditation by their respective faith or belief community.

2.3 Step 3: Outcome and Action (further up to 2 weeks)

- Investigation Report: The Investigation Team compiles a report and summary detailing findings and recommendations for action. This report is reviewed by the Professional Conduct Lead (if they are not on the Investigation Team).
- Actions: Based on the findings, the range of actions may include, but is not limited to, no action, additional training, conditions of practice or more severe disciplinary measures. The chaplain's institution may also be informed that further training is required. In cases of severe misconduct, the chaplain may be reported to the UK Board of Healthcare Chaplaincy (UKBHC) for potential suspension or removal from the voluntary register. The UKBHC's Professional Conduct Lead is responsible for notifying the chaplain's respective institution of such measures.
- Where appropriate investigative outcomes will be summarised on the UKBHC website in line with the UKBHC Disclosure Policy.

2.4 Step 4: Communication and Closure (normally between 8-12 weeks)

- Informing the Complainant: The complainant should be informed of the outcomes and any actions taken. This communication should respect confidentiality but provide enough information to assure that the complaint was taken seriously.

- Documentation: All stages of the complaints process should be well-documented and stored securely. Documentation may be reviewed in future audits or investigations.

2.5 Step 5: Follow-Up and Review (case dependent)

- Monitoring: Actions taken against the chaplain are monitored for effectiveness to prevent future issues by the Professional Conduct Lead.
- Data storage and retention is in line with GDPR and Information Commissioner's Office Guidelines.
- Review of Procedures: The complaints procedure itself will be reviewed periodically by the UKBHC Governance Group to improve processes and ensure it remains effective and fair.

3. Expected Outcomes

- Ensuring that all healthcare chaplains are fit to practice and adhere to professional standards and that any deviation is corrected promptly and effectively.
- Maintaining trust and safety within healthcare settings by addressing complaints comprehensively.
- Upholding the rights of patients and staff to a respectful and ethical spiritual care environment.

This procedure is designed to handle complaints efficiently while upholding the dignity and rights of all parties involved. It emphasizes the importance of professional standards and provides a clear path for accountability.

Appendix 1 Key terms and explanations

In professional contexts, it's important to distinguish between capability and misconduct issues, as these terms relate to different types of workplace problems:

Capability issues refer to an employee's inability to perform job duties to the required standard. This may be due to lack of skills, knowledge, or ability. Capability issues are not about wrongdoings but rather about the competence and performance level of the employee. This could involve consistent poor performance, inability to keep up with changes in job requirements, or failing to acquire necessary skills despite training.

Misconduct refers to inappropriate behaviour or actions that violate established policies or ethical standards. There are different levels of misconduct

Healthcare organisations often distinguish three levels – misconduct, serious misconduct and gross misconduct.

Misconduct may include but is not limited to:

- Poor standard of dress in relation to uniform or equivalent policies
- Poor timekeeping or attendance
- Failure to attend required training or non-completion of mandatory training
- Behaviour that others find inappropriate such as impoliteness, rudeness, banter, verbal abuse (these may all be considered at each level)
- Accessing information not required in the course of duties
- Behaviour likely to bring employer or UKBHC into disrepute including inappropriate social media posts.

Serious misconduct may include but is not limited to:

- Wilful failure or refusal to comply with established operational, legal or other procedures which could result in serious harm, error, risk or offence to others or to property/ premises
- Repeated less serious offences e.g. those categorised under misconduct
- Serious verbal attack
- Misuse of facilities including purposefully accessing inappropriate online material
- Breaching contractual requirements including failure to adhere to reasonable requests from someone in authority
- Breach of confidentiality
- Posting of discriminatory or other inappropriate material (whether done in a personal or professional capacity)

Gross misconduct includes but is not limited to:

- Theft from employer, patient or other employee or volunteer
- Deliberate damage or misuse of property
- Falsification of qualifications or status including misrepresentation
- Fraud relating to expenses, reports, accounts, self-certification, fitness to work or application documentation.
- Failure to declare all relevant information, convictions or cautions on Disclosure forms
- Refusal to carry out contractual duties or that can reasonably be expected by a manager
- Discrimination or harassment of anyone within the work setting
- Serious incapability because of the use of alcohol or illegal drugs
- Possession of illegal substances or weapons on work premises
- Violent, dangerous or intimidating conduct
- Conviction of a criminal offence which is relevant to role
- Gross negligence
- Serious breach of confidentiality
- Sexual misconduct at work