

**P-04-457 The Charitable Chaplaincy Campaign-
correspondence from the petitioner to the Committee,
15.11.2013**

The Charitable Chaplaincy Campaign

The Wales-wide, cross-party campaign for a charitable hospital chaplaincy.

To understand how relevant the responses discussed below are to Petition P-04-457 one has to keep in mind the following very important fact.

Our *Proposal*, which is the reason for the Petition, clearly states that the present establishment of hospital chaplains be retained. The 2010 Standards documentsⁱ must be retained as the service definition for hospital chaplaincy, despite the many problems with these standards, since there is no better definition to hand. The Campaign believes that the 2010 Standards documents should eventually be re-written. Some reasons for that opinion are given below but this is irrelevant to the issue of the funding of hospital chaplaincy.

The *Proposal* and the Petition are concerned **exclusively** with the **funding** of hospital chaplaincy.

The *Proposal* advances no criticism of hospital chaplaincy as it is currently practiced.

To reject the Petition request it must be demonstrated that charitable funding of hospital chaplaincy is **impossible** or **unacceptable** for reasons that do not apply to, say, The Children's Hospital of Wales, The Wales Air Ambulance Service or Tŷ Hafan.

In six years of campaigning no one in Government, in organised religion or in the National Assembly has provided such a demonstration of impossibility or unacceptability. The Welsh Government simply assures us, without evidence, that it is best that the State funds religious care in hospitals using our National Insurance contributions and general taxation. Organised religion and others either make false claims that we plan to remove chaplains from hospitals (Christian Council of Britainⁱⁱ), make highly dubious claims for the medical efficacy of religious care which they are unable to substantiate with peer reviewed evidence, make false claims that there is a statutory duty to fund hospital chaplaincyⁱⁱⁱ or they simply re-iterate that chaplains do a worthwhile job. Such a claim to be worthwhile does not appear to be applicable to The Children's Hospital of Wales, The Wales Air Ambulance Service or Tŷ Hafan since they all rely upon charitable fund raising for their existence and survival.

A question which **is** directly relevant to our petition and which might have been asked of Health Board administrators is this:-

*If the existing Chaplaincy Service in your Health Board were to be funded by a grant from a charitable trust set up for this purpose, which nursing, midwifery or medical services would you chose to assist with the £***,*** per annum so made available?*

The amount of money in question could be provided from the financial tables of our *Proposal* document.

Consideration of the Minister's Response

From: Professor Mark Drakeford AM 26th July 2013

Professor Drakeford in his third sentence attempts to justify spending NHS Wales budget on religious care by referring to Section 47 of the Health and Social Care Community Health Standards Act of 2003. His view is that these Standards **commit** NHS organisations to provide appropriate funding for spiritual care services.

Now whatever the Minister intends "commit" to mean, it is clear that the Department of Health believes that the provision of hospital chaplains is not a **statutory** requirement placed upon NHS organisations. In a email dated July 2010 (some seven years later than the Act referenced by the Minister) the Department of Health wrote to me as follows:-

Subject: Response to your Query : - Ref:DE00000515284 - Chaplaincy

Date: Fri, 2 Jul 2010 15:53:29

Our ref: DE00000515284 Chaplaincy

Dear Mr Rogers,

Thank you for your email of 20 June about hospital chaplaincy.

The Department of Health will consider your suggestions as it starts to take a new, coherent, and better coordinated approach to the provision of healthcare chaplaincy services in the near future.

Unlike prisons and the armed services, **there is no statutory requirement for hospitals to provide chaplaincy services**. However, healthcare chaplaincy has remained part of the patient offer since the inception of the NHS. [My emphasis: AJR]

The Department's policy is set out in NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff (November 2003), which makes clear that Hospital Trusts should aim to provide a multi-faith chaplaincy service.

In order to meet continually rising demands for healthcare (including from a growing and ageing population and new technology) while improving outcomes and the quality of services, the NHS will need to deliver billions of pounds in efficiencies over the next few years. These efficiencies will be reinvested in meeting rising demands, improving outcomes and supporting frontline staff. This includes the provision of spiritual care in the NHS. Improving the productivity of public services is the key to reducing the deficit while maintaining and improving services.

Thank you again for sharing your ideas with us.

Yours sincerely,

Malcolm Jones
Customer Service Centre
Department of Health

The statement above is simple, clear and unambiguous. However it carries the implication that, given the historical presence of chaplaincy in the “patient offer”, the NHS Wales may well feel that it is appropriate to **facilitate** hospital chaplaincy. This should not be confused with **funding** hospital chaplaincy.

The NHS Wales probably has no statutory duty to provide for the visiting of patients by family and friends but historically it is expected that this should be facilitated. Visitor hours are set, car parks are provided and staff are no doubt encouraged to answer questions that visitors may have concerning patient care and the progress that patients are making.

BUT the NHS Wales does not fund the visiting of patients. It does not refund travel costs or overnight accommodation costs should these be necessary. It provides a car park for visitors but expects them to pay a charge which will cover the cost of that provision. It plausibly argues that the money needed to maintain a car park would be better spent on medical and nursing care.

Our Petition [P-04-457] asks only that the Welsh Government work with organised religion to transfer funding to a charitable trust while maintaining the existing facility of religious care and ensuring that it at least meets the Standards defined as a response to the 2003 Health Standards Act.

Despite the many problems with the 2010 Standards for Spiritual Care (which include, a failure to define “spiritual care” adequately, ambiguity and a lack of participation by NHS Wales service users in its production) it remains, for now, the only available definition of the role of hospital chaplains.

Consideration of Individual Health Board Responses

Returns available for:-

Powys Teaching H.B.
Cardiff & Vale U.H.B.
Abertawe Bro Morgannwg U.H.B.
Betsi Cadwaladr U.H.B.

No returns for:-

Hywel Dda H.B.
Aneurin Bevan H.B.
Cwm Taf H.B.

Questions:

1. Whether any data in relation to use of chaplaincy services is recorded; and
2. For clarity on how funding is allocated for chaplaincy services across the range of sites your LHB is responsible for and how you ensure equity of service provision.

Response from:

Director of Therapies & Health Science – Executive Lead for FOI , Powys Teaching Health Board, 30th July 2013

The response reveals the fact that, despite frequent claims by the College of Health Care Chaplains and organised religion that chaplains are much valued and extensively used there seems to be very little in the way of useful data to support these claims.

This is not a problem in respect of our *Proposal* since we do not question the value of chaplaincy (we have no more data to do this than do supporters of state funding of religious care). We only wish to see the funding of the existing service transferred from the NHS Wales budget to a charitable trust.

We have for six financial years asked Health Boards in our FOI Act requests the following question.

For the previous financial year, what was the total cost to your Board for the provision of Chaplaincy Services?

To which the Powys Teaching Health Board provided the following data:-

2007/8	£35,228	2008/9	£38,119	2009/10	£46,603
2010/11	£45,389	2011/12	£34,543	2012/13	£38,364

The figure of £31,253 given in the response does not state the year (financial or calendar) and indicates that this is for salaries only. Our request was for “total cost”. The total cost to an employer is far more than salary when National Insurance, pension, accommodation and support services are included. Indeed a commonly used “rule of thumb” is to double the salary cost. This response casts some doubt upon the data for cost, hinting that it may be even higher than we fear and sheds no light on how chaplains are deployed.

**Response from:
Chief Executive, Cardiff and Vale University Health Board, 7th August**

The response adds little to our understanding of the reasons for the use of NHS Wales budget for religious care. The activities listed are: Prayer, Communion services, Last Rites, infant emergency Baptism, pastoral visiting, religious services, advice and guidance about faith and cultural (probably code for non-Christian religious observances) issues as they relate to health, health care, death and dying. These are all religious care services. No comparable specific instances of so called “spiritual care” are provided thus we get no clear idea of what such non-religious “spiritual care” really is. It is clear that the Chief Executive sees that allocation of budget to religious care is required because of the 2010 Standards documents.

**Response from:
Board Secretary, Abertawe Bro Morgannwg University Health Board, 8th August**

This response simply states that there are no data on the use of chaplaincy services. A geographical breakdown of spend is given. The total spend is identical to that obtained by the Charitable Chaplaincy Campaign through FOI Act requests. Equality of provision is confirmed but no explanation is given on how this is ensured - as was requested.

**Response from:
Acting Chief Executive, Betsi Cadwaladr University Health Board, 15th August**

In this response we believe that a serious error is made by the Acting Chief Executive in asserting that Equalities Legislation makes the provision of religious care a statutory responsibility. The Charitable Chaplaincy Campaign has asked the National Secular Society to obtain legal advice on this matter but the present view is that this claim is unfounded so should be expunged from the Petitions Committee evidence. The account of chaplaincy activities is extensive although there is no clear distinction between “spiritual care” and “religious care”. The terms appear to be interchangeable.

The author appears to misunderstand the medical use of the term “holistic”. This is a common error made by those who are enthusiastic about religious care for the sick.

Alan Rogers

15th November 2013

ⁱ *Standards for Spiritual Care Services in the NHS in Wales 2010* and *Standards for Spiritual Care Services in the NHS in Wales 2010, Supporting Guidance*. Published during the Third Assembly

ⁱⁱ <http://www.bnp.org.uk/news/nhs-hospital-chaplaincy-service-under-threat>

ⁱⁱⁱ See email from the Department of Health in comment on Minister’s response above.