

The Charitable Chaplaincy Campaign

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

Charitable Trusts

The usual test used today was laid down by their Lordships in *IRC v Pemsel* ^[1]. To be charitable, a trust must serve one of the following purposes:

- 1) The relief of Poverty [Public benefit test does not apply]
- 2) The Advancement of Education
- 3) The Advancement of Religion^[2]
- 4) Any other purpose beneficial to the Community not falling within the other categories.

[A revision in 2011 added nine other purposes - none relevant to our case.]

It is likely that a Wales Hospital Chaplaincy Fund (HCF) for publicly financed hospitals (profit-making private hospitals must be excluded) would be an acceptable proposal to the Charities Commission under either 3 or 4 of the list above. The terms of reference of the Hospital Chaplaincy Service (HCS) would determine which of the listed purposes was appropriate. The HCF would be established for the exclusive purpose of funding the HCS.

Definitions of religious and spiritual care.

The set of “Guidance” documents for Spiritual Support in the Wales NHS contains a serious ambiguity which makes discussion of this matter difficult.

The document *Guidance on Capabilities and Competences for Healthcare Chaplains/Spiritual Care Givers* provides two definitions on page 4 (quoting from *Service Development for Spiritual Care in the NHS Wales 2010*):

Spiritual Care is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation.

Religious Care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community.

It then goes on to claim that –

“Spiritual care is often used as the overall term and is relevant for all”

This is bound to produce confusion. If the two forms of care are to be conflated then a separate term is required to remove this ambiguity.

An example of the consequence of this ambiguity occurs on the same page of the document. At one point it states “Spiritual care can be provided by all health care staff, by carers, families and other patients.” This must imply the separate definition above. It then goes on to make the unjustified claim “Chaplains are the specialist spiritual care providers”. If, in this sentence, the word “spiritual” is replaced by the word “religious” the claim might be acceptable, since the chaplain is usually a cleric, but only if the recipient of such care is of the same faith as the chaplain. Of course the

chaplain should offer spiritual care as defined by the separate definition above - that would seem to be the duty of all NHS staff in contact with patients and their families. The nursing profession might rightly claim that its members are the specialist spiritual care (as defined above) providers by virtue of their selection for employment and their professional training. It seems to me that being capable of offering spiritual care (as defined above) is as essential for an NHS employee in contact with patients and their loved ones as honesty is for a bank employee or courage and loyalty for a member of the armed services. In truth the term “spiritual care” is imprecise, ambiguous and confusing. It would be better to replace it with the three well defined terms:-
Religious care – The pastoral care provided by clerics to those who require it.
Empathetic care – The ethos by which all hospital care is delivered
Holistic care – The model of hospital care which recognises the mind-body nexus and delivers care guided by evidence of medical efficacy within an empathetic ethos.

The cost figures given below were obtained in reply to the question:-

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

It is reasonable to assume that the costs relating to training nursing staff in correct spiritual care (as defined above) and the allowance for such care in calculating work load were **not** included. The costs given are therefore in respect of Religious Care.

Stakeholder analysis

For each stakeholder it is possible to compare their interests in the choice between tax-payer funding and charitable funding of the Hospital Chaplaincy Service.

Patients: The same service is delivered by the same people and the individual patient should be entirely unaffected by the means of funding.

NHS Staff: Charitable trust funding may mean that a number of staff would retain their jobs in spite of future financial stringencies whilst the chaplaincy service received is the same in both cases.

The Wales NHS: The NHS will be able to deliver more than one million pounds worth of additional medical and/or nursing and/or ambulance services every year in perpetuity if chaplaincy is funded by a charitable trust.

The Minister: It may be felt that making the change from using NHS monies to Trust monies involves some political risk. This can be minimised by considerate transition arrangements and it would be understood by the tax-payer in a time of funding constraint.

The religious denominations: It would seem best that the tax-payer through the NHS Wales pays the bill for the chaplaincy service. But the establishment of a charitable trust would be an admirable ecumenical activity which enhances their reputation and involves their adherents in supporting fellow believers in times and situations of great challenge. This stakeholder might believe funding for chaplaincy is more secure if it comes from the public purse. This is much less likely to be true in future. Indeed, with sufficient voluntary effort, the funds raised by such a charity might even exceed those at present provided by the Wales NHS enabling a broader range of sects to be represented in chaplaincy.

The cost of chaplaincy

	2007/8	2008/9
North Wales NHS Trust	£ 159,289	£ 170,144
Velindre NHS Trust	£ 18,934	£ 19,514
Cwm Taf NHS Trust	£ 46,093	£ 97,809
Abertawe bro Morgannwg	£ 218,299	£ 216,642
Hywel Dda NHS Trust	£ 63,185	£ 115,774
Gwent Healthcare NHS Trust	£ 240,596	£ 251,483
North West Wales NHS Trust	£ 95,429	£ 103,877
Cardiff & Vale NHS Trust	£ 312,000	£ 300,845
Powys Local Health Board	£ 35,228	£ 38,119
	=====	=====
	£1,189,013	£1,314,207
	2009/10	2010/11
Betsi Cadwladr NHS Trust*	£ 259,042	£ 221,619
Velindre NHS Trust	£ 57,162	£ 30,857
Cwm Taf NHS Trust	£ 117,990	£ 111,974
Abertawe bro Morgannwg	£ 214,000	£ 231,842
Hywel Dda NHS Trust	£ 124,556	£ 157,793
Aneurin Bevan NHS Trust	£ 259,910	£ 260,589
Cardiff & Vale NHS Trust	£ 293,158	£ 293,351
Powys Local Health Trust	£ 46,603	£ 45,389
	=====	=====
	£1,372,421	£1,353,414
	2011/12	2012/13
Betsi Cadwaladr NHS Trust	£ 225,815	£ 259,164
Velindre NHS Trust	£ 30,856	£ 30,857
Cwm Taf NHS Trust	£ 132,102	£ 125,035
Abertawe bro Morgannwg	£ 237,426	£ 187,179
Hywel Dda NHS Trust	£ 171,133	£ 182,815
Aneurin Bevan NHS Trust	£ 255,173	£ 246,494
Cardiff & Vale NHS Trust	£ 238,425	£ 228,635
Powys Local Health Trust	£ 34,543	£ 38,364
	=====	=====
TOTAL	£1,325,473	£1,298,543

* Combined North Wales and North West Wales Trusts

Total expenditure since figures first collected. **£7,853,071**

Conclusion

The provision of a hospital chaplaincy service is not a statutory obligation for the NHS. It is probably best described as a traditional provision by the NHS.

The funds available to the Wales NHS will never be so generous that a contribution from the voluntary sector may be rejected without good reason. Even if current funding (indexed against inflation) is maintained, an aging population, advances in medical and pharmaceutical science, developments in medical and nursing techniques and the rising expectations of the population will always place ever greater demands on NHS budgets. A million and a quarter pounds each and every year into the future may be seen as a small contribution but only by obtaining many such small contributions may these increasing demands be met.

The creation of a Hospital Chaplaincy Fund to cover the cost of religious care by hospital chaplains will be good for the churches, chapels, mosques, kingdom halls, temples and synagogues. The humanist movement might also join this enterprise. It would be an ecumenical enterprise that builds bridges between faiths.

The proposed charity would need to raise about £1.5 million per year to maintain the present service. This is entirely achievable. While the present fiscal arrangements are in place, a portion of this amount would be met by “gift aid” tax which is returned by the Treasury.

It would, of course, be for the NHS Wales and the proposed Hospital Chaplaincy Fund (HCF) to agree the appointment and employment arrangements for HCF funded chaplains. Since this issue has been raised during the Charitable Chaplaincy Campaign, we offer the view that hospital chaplains should be properly regulated, CRB checked, representative of the local population and trained to a high standard which must include awareness that proselytism and evangelism in an NHS setting is unacceptable. The HCF fund-raising target should be to finance the current level of establishment. If the HCF raises more money than is required to support this staffing level, additional appointments might be discussed with the Health Boards. If there is a shortfall, staffing levels would correspondingly be reduced.

The Church in Wales, the Catholic Church (Wales) and the Free Church Council have been asked to consider this matter. The reaction has been, “the NHS has taken responsibility for religious care, so the churches need not act”. Regrettably there appears to be a lack of leadership from the faith communities in this matter. As a consequence, a strong political lead is required; perhaps amounting to a declaration of a time period for the transition to charitable funding.

Notes

[1] <http://www.charity-commission.gov.uk/publications/rr1a.aspx>

[2] This term seems to have been revised very recently to:-
Public Benefit and the Advancement of Moral or Ethical Belief Systems

Alan Rogers October 2012

Appendix I

CHAPLAINCY COSTS 2012/2013

	COST	WTE	Cost/WTE [*]
Betsi Cadwaladr	£259,164	5.47	£47,379
Velindre	£ 30,857	0.5	£61,714
Cwm Taf	£125,035	3.39	£36,883
Abertawe bro Morganwg	£187,179	3.73	£50,182
Hywel Dda	£182,815	4.45	£41,082
Aneurin Bevan	£246,494	5.61	£43,963
Cardiff & Vale	£228,635	6.27	£36,465
Powys	£ 38,364	0.92	£41,700

* Calculated by AJR.