

**P-04-457 The Charitable Chaplaincy Campaign – Correspondence from the  
Petitioner, 04.10.16**

**Comment on the Cabinet Secretary's reply Ref: VG/06092/16**

The Cabinet Secretary argues that as part of the Health Care Standards some Standards for Spiritual Care were enacted in 2010. Consequently UHBs are required to provide such services.

This does not present a problem since our Proposal does not challenge the provision of such services by the NHS Wales but suggests a way in which they may be facilitated without cost to the NHS Wales budget.

However it may be useful to examine the origin of these standards for spiritual care and this is done in an appendix below.

The Cabinet Secretary ends his response with the sentence:-

*The Welsh Government would not support moving charitable funds for a service that should be part of the standard provision for care as articulated by the Healthcare Standards.*

It is not clear what is meant by "moving charitable funds". The Charitable Chaplaincy Campaign proposes the establishment of a new Charitable Trust which will raise new funds to support the delivery of chaplaincy care as currently provided. The UHBs would **facilitate** the provision of chaplaincy care exactly as now provided, with exactly the same staff employed under exactly the same terms and conditions as at present. It would receive from the putative Charitable Trust re-imburement for the cost of this service. We are sure that many research posts and even clinical posts in the NHS Wales are currently funded by charities in this way.

The Cabinet Secretary has not addressed our Proposal nor given reasons why charitable funding is impossible or unthinkable in the case of the Hospital Chaplaincy Service.

We base this Proposal upon the precedent that a service in Wales that is life saving and which can also reduce consequent disability from trauma, stroke and myocardial infarction [The Welsh Air Ambulance Service] is reliant on a Charitable Trust to fund its work. We have been able to find no peer-reviewed references that

indicate hospital chaplaincy has clinical efficacy. In a time of strict budgetary discipline this situation is clearly hard to defend.

A number of supporters of our Petition [P-04-457] strongly believe that the hospital chaplaincy service in Wales fails to meet the requirements of Article 9 of the ECHR, which requires equal provision of services for religious and non-religious citizens. Given the social trend towards no religious belief indicated by the 2001 and 2011 census returns for Wales and more recently by the annual British Social Attitudes Survey, correction of this inequitable position in the present service is likely to increase the cost of hospital chaplaincy. This matter is discussed in detail in an appendix below.

Alan Rogers  
for the Charitable Chaplaincy Campaign

4th October 2016

### **Note on the Standards for Spiritual Care.**

These were written in 2009 by the College of Health Care Chaplains. They drew greatly upon the similar standards written by the Scottish sister organisation the Scottish Association of Chaplains in Healthcare.

The then Minister for Health and Social Care Edwina Hart signed off these documents in 2010.

The origin of the documents is revealed by the following list of participants.

In the ***Standards for Spiritual Care Guidance*** document (2010) the

**Acknowledgements** section is as follows:–

Rosemary Kennedy, Chief Nursing Officer, (WG appointee)

Rev. Peter Sedgewick

Rev. Alan Tyler

Rev. Chris Lewinson

Rev. Peter Gilbert

Rev. Cliff Chonka

Rev. Wynne Roberts

Rev. Edward Lewis

Rev. Robert Lloyd-Richards

Rev. Lance Clark

Imam Farid Khan

Carol English UNITE (The College of Health Care Chaplains is a branch of UNITE)

Steve Sloan UNITE

Apart from the CNO and the UNITE officials, all participants were members of CHCC.

A letter was sent to the RCN (Wales) for comment which received a brief reply.

No representatives of the public appear to have been included. There was no public consultation about the need for or the content of the hospital chaplaincy service.

In short it would seem that the job description for hospital chaplains was written by the hospital chaplains (all clerics, and incidentally all men) and their union officials. It was then signed off by the Minister.

The list of participants above demonstrates that term “Spiritual” is a smoke screen. This document is about Religious Care. I believe that the title should be ***Standards for Religious Care.***

**The present Hospital Chaplaincy Service is not a universal spiritual care service.**

### **Necessary provision**

Whilst the Charitable Chaplaincy Campaign does not challenge chaplaincy services as they currently exist – just the funding – we do not accept the unwritten assumption that chaplaincy services are required in order to achieve the Standards for Spiritual Care. The minister has already said that there is no ring-fenced budget for chaplaincy. There is in fact no requirement for chaplaincy services. Spiritual care can be delivered by each member of a compassionate, suitably trained workforce. In fact outsourcing of spiritual care to religious chaplains, as happens now, without acknowledging the role that all healthcare professionals play in delivering holistic care including attention to patients' spiritual needs, serves to detract from the holistic care that could be provided to all patients. In particular, patients without religious affiliation stand to lose out from spiritual care if it is assumed only to be available via a chaplain and particularly a chaplain who currently can only be appointed if they are supported by a religious body.

So the chaplaincy service can co-exist with good spiritual care and might even complement it providing additional support for those patients with explicitly religious needs but neither needs to be funded by the NHS nor does it provide spiritual care for all patients – some of whom will not wish to share their spiritual concerns with a member of the religious clergy. These people risk being disenfranchised and discriminated against if spiritual care is considered only in the limited role of the current NHS Wales chaplaincy service.

### **Equal Provision of Services**

According to official social surveys, rather more than half the population of Wales now has no religious beliefs or affiliations, and a significant minority rejects religion entirely, but the health board's own data show that spiritual care in NHS Wales is provided exclusively by ministers of religion. That situation appears clearly to be incompatible with Article 9 of the ECHR, which requires equal provision of services for religious and non-religious citizens. That being the case, the spiritual care policy as currently operated is *ipso facto* unlawful under Section 94(6)(c) of the Government of Wales Act 2006.

The incompatibility of religiously provided spiritual care services with the ECHR has now been recognised by NHS England, which, following a thorough review of the

matter, has modified its practice so as to provide non-religious care for non-religious patients. The existence of the 2006 Act makes the anomaly of the existing situation in Wales even more apparent. If the spiritual care service were provided voluntarily by charitable funding, and it were open to secular organisations to supply charitable spiritual care services on an equal basis, we submit that the spiritual care service would not fall foul of the ECHR and the 2006 Act, as it now clearly does.