

MULTI-FAITH GROUP FOR HEALTHCARE CHAPLAINCY

11th September 2007

Present: Mr Sital Singh Maan (in the chair)
Revd Roger Green Mr Simon Goulden
Revd Debbie Hodge Gen Tubchen Kelsang
Hon Barney Leith Revd Edward Lewis
Revd Jim Linthicum Mr Ron Maddox
Revd David Mitchell Mr Chowdhury Mueen-Uddin
Rabbi Meir Salasnik

In attendance: Mr Tim Battle Revd Susan Hollins

27/07 Welcome and introductions

The Revd Roger Green and Revd David Mitchell were welcomed to their first meeting on behalf of the Association of Hospice and Palliative Chaplains.

28/07 Apologies for absence

Apologies for absence were received from Mr Kobad Avari, Ervad Rustam Bhedwar, Mr Kishor Ruparelia, Revd Fr Paul Mason, Mr Baldev Singh Mawi, Mr Jayman Mehta, Mr Manhar Mehta, Mr Keith Munnings, HM Shafique Rahman, Mrs Deborah Wheeler and Rt. Revd Tom Williams.

Members paid tribute to the contribution made by Revd Bob Evans who was ceasing to represent the Free Churches' Group on the Council.

29/07 Minutes

The minutes of the meeting held on 3rd May 2007 were agreed subject to the addition of Revd Louise Morrissey, Mr Ron Maddox and Gen Tubchen Kelsang to the list of those present and the amendment of the heading to minute 17/07 to state the year as 2007-08.

30/07 Central allocation for hospital chaplaincy 2007-08 (ref min 17/07)

Edward Lewis reported that allocations for 2007-08 had been issued to those communities which employed full-time staff against them. No other contact

had been forthcoming.

It was agreed that the Chair should raise this issue with Ministers if no progress was made by the year-end.

31/07 Leadership issues for Chaplaincy Bodies (ref min 19/07)

It was noted that the Leadership Seminar would follow the Council meeting. The report of the seminar is attached to these minutes.

32/07 The European Network of Healthcare Chaplaincy (ref min 25/07)

Edward Lewis reported that Father Stavros had expressed his thanks for the welcome given him and his wife in their recent visit to England. He had enjoyed his meeting with the Council and looked forward to close working with the European Network of Hospital Chaplaincy.

33/07 Advice to health commissioners about chaplaincy-spiritual care

The Council received a report about progress made by the Caring for the Spirit NHS Project with preparing advice for health commissioners. The draft booklet had been circulated widely for comment but there was still the opportunity to receive comments if Members wished.

Tim Battle explained that the final draft would be submitted to the Department of Health for consideration as commissioning policy.

34/07 Chair/ Vice Chair's Report – September 2007

The Chairman reported on his travel to Canada and to India. He also indicated that, like other, his community was challenged by shortage of funding which he had found was not always the case elsewhere.

35/07 Progress with NHS Muslim chaplaincy

Chowdhury Mueen-Uddin reported on the successful outcome of the recently organised course for aspiring Muslim chaplains. He also reported on the DH publication of a Ramadan fact sheet; the preparation of guidelines on models of chaplaincy within Islam; and the preparation of a booklet for caring for Muslim patients.

Members noted this progress with interest and Chowdhury Mueen-Uddin was congratulated on these achievements.

36/07 Informed consent for access to patient records by chaplains (ref min 18/07)

Susan Hollins gave a presentation of the progress in her project concerned with informed consent for access to patient records by chaplains. A copy of her information leaflet is attached to these minutes.

The current position was that a submission had been made about the list of religions and it was expected that this would be agreed by the Information Standards Board (ISB) in the near future. A submission to ISB about informed consent was under preparation along the lines she had indicated and was expected to be submitted in early 2008.

In discussion, members indicated their interest in the project and supported the approach being taken to enable access to patient information by chaplains.

37/07 Date of next meeting

It was agreed to meet again on Tuesday 15th January 2008 (Church House, Westminster).

Department of Health: Improving the patient experience unit

Data Protection Project: Improving patient access to spiritual and religious care proposed health record and communication practice standard

Background

Since the application of the Data Protection Act (2000) major discrepancies relating to NHS Chaplains accessing patient information have emerged. These discrepancies have arisen from the different interpretations taken by Trusts of the Data Protection Act as it affects healthcare chaplains' access to patient information.

- Within the terms of the Data Protection Act a person's religious affiliation/preference is considered to be sensitive (i.e. confidential) information
- Healthcare Chaplains have no legal status as Healthcare Professionals.
- Chaplains are helped in their provision care through knowing patients' religious preference.
- Because religion is considered to be sensitive information chaplains are required to gain the explicit consent of patients before accessing this detail in the patient record.
- Since the application of the Data Protection Act considerable differences have arisen within the NHS in England between Trusts which continue to allow chaplains full access to patient information, those Trusts which permit chaplains limited access to patient information on a 'need to know' basis, and Trusts which deny chaplains all access to patient information. In a large number of Trusts chaplains no longer have access to the Religion lists which, though flawed tools in themselves, have enabled chaplains to identify patients belonging to a particular faith community in order to offer them religious and spiritual care.

Given these discrepancies, and the resulting confusion and frustration, it has become necessary to establish a Department of Health Project whose aim is to establish a consistent framework within the NHS in which the application of the Data Protection Act, as it pertains to the provision and receipt of religious and spiritual care, can be supported.

(*Hospital = all NHS Acute, Mental Health, Community and Hospice settings; NHS partner organisations where there is a Service Level Agreement for the provision of religious and spiritual care through NHS healthcare chaplaincy.)

Purpose and Applications

1. To establish a mandatory healthcare record and communication practice Standard within NHS Trusts in England in relation to the provision and receipt of religious and spiritual care through the services of NHS healthcare chaplaincy staff.
2. It is intended that the Standard will be mandatory throughout the NHS in England, and in its partner organisations where Service Level Agreements allow, thus addressing the requirements of the Data Protection Act, and Confidentiality: NHS Code of Practice (2003), in a sustained and cohesive way.

3. The Standard will apply in all NHS Acute, Mental Health, Community and Hospice settings. It will also apply in GP surgeries. It will apply in private healthcare settings where there is a Service Level agreement for the provision of religious and spiritual care through NHS chaplaincy services.
4. The Standard will apply to all NHS healthcare chaplains employed in a contractual salaried or voluntary capacity in the healthcare settings listed above.
5. The Standard will **not apply** to Ministers of Religion and any of their representatives who visit patients belonging to their congregation/community in a private capacity.
6. The Standard will **not apply** in private healthcare settings where there is no Service Level Agreement with an NHS provider of religious and spiritual care, in private elderly care and nursing homes, in elderly care and nursing homes provided by Local Councils.

Detail of the proposed mandatory consent field within patient records

The Standard will include a mandatory consent field within the Admission and/or Assessment** procedures in all paper and electronic patient records. The detail is as follows:

- a. Staff will be required to ask patients if they consent to chaplains accessing personal information for the purpose of providing religious and spiritual care. This information will include Name, Ward/Unit, and any religious preference. The Religious preference will also include the option 'Does not wish to disclose' and 'No Preference'.
- b. Where patient consent is given, notification of this consent will then be available to chaplains along with the patient information, as above.
- c. Chaplains will not have access to the records of those patients who do not give their consent.
- d. This Standard will include an option for patients to revisit and amend their initial choice during their hospital episode, and on any successive admissions.

The use of this Standard will not commit chaplains to make a visit to those patients who have given their consent for them to access personal information. Nor is it intended to raise the expectation in the patient that a chaplain will visit as a consequence of consent being given (although this might happen): it provides the means for visits to take place as circumstances indicate. In other words a chaplain **may visit**.

This Standard will not prevent chaplains from maintaining high visibility on wards, in departments and units in NHS hospital settings and in the hospitals of NHS partner organisations. However it will assist in preventing inappropriate visits by chaplains to patients.

**It is recognised that in some settings (e.g. in Mental Health establishments; in palliative care settings; in Accident and Emergency Units etc) the posing of this question might be better suited to an assessment procedure, rather than at Admission.

Key Benefits

- This Standard will give patients choice in relation to their receipt of religious and spiritual care.

- Patients will gain a greater knowledge and understanding of the nature of healthcare chaplaincy and the types of care provided
- Provide a means of addressing patients religious and spiritual needs in more timely ways
- This Standard will provide more accurate means for chaplains to identify those patients who have specific religious preferences, where consent to access this information has been given
- It will encourage professional working practice by healthcare chaplains through
 - Confident use of I.T. in the accessing of patient information, in the keeping of records and use of data in relation to the types of care provided
 - Confident and skilled contributions to patients' healthcare record e.g. writing in patient Notes and/or Kardex (Nursing Notes)
 - Increased integration of healthcare chaplaincy staff within Trusts at ward and higher level e.g. attendance at multi-disciplinary team meetings (currently not permitted in some Trusts as a consequence of a rigorous interpretation of the Data Protection Act)
- It will assist in the raising of the profile of religious and spiritual care in the awareness and understanding of key NHS staff

Timescale

The Information Standards Board issues a Data Set Change Notice to the NHS once submissions receive final approval. These Notices provide the NHS, and providers of NHS I.T. systems with a certain amount of time during which the necessary preparations that will support the change must be made. A time lapse of several months (i.e. up to 12 months) is customary for such mandatory changes.

If this submission receives final approval during the coming months then it can be reasonably expected that the mandatory change to patient information systems will take effect in the early part of 2009.

Draft Consent Question (to be trialled in 4 Pilot Schemes in Acute and MH Trusts 1 September – 30 November 2007. The results of the Pilot Schemes will influence the final detail of the Project submission to NHS Connecting for Health Information Standards Board).

“As part of our services this Trust provides spiritual, emotional and religious care to patients and their relatives. Are you happy for chaplains to access some personal information * to provide this support? (*This includes Name, Ward/Unit and any religious preference).

Name of patient

Date of Admission

Yes

No

Chaplains are included in our healthcare team. They offer spiritual and emotional support to people of any faith, or of no particular faith, and wish to be of help should you need it during your stay in hospital.

According to the Information Commissioner, they do not have the same rights of access to information as other members of the team, and they can only identify you if you give your consent for them to be able to do this.

By giving your consent for them to know this, you are not saying that you definitely wish or need to see a chaplain, but if a situation arises where support from a chaplain might be helpful to you or your family, you are making it possible to locate you and offer that support. Without your consent this may not be possible.

If you give your consent chaplains will only have access to information about you which is necessary for their work. As employees of the Trust they are bound by the same rules of confidentiality as the rest of your healthcare team, and will treat your information with utmost respect and care. You are also entitled to change your mind and so give or withdraw consent at any stage during your stay in hospital.” (DPA Project Working Group Draft Consent Question 0807.)

Rev'd Susan Hollins
Lead Chaplain
Caring for the Spirit (NHS Healthcare Chaplaincy Workforce Strategy)
NHS Yorkshire & the Humber Strategic Health Authority

Project Manager: DH Improving Patient Experience
Improving patient access to religious and spiritual care
September 2007.

DRAFT

Multi-Faith Group for
Healthcare Chaplaincy

THE MFGHC CHAPLAINCY LEADERSHIP SEMINAR 2007

11th September 2007

1. The MFGHC Leadership Seminar had been convened following the cancellation of the Leadership Conference for chaplaincy bodies originally planned for May 2007. MFGHC did not want to lose sight of the impetus to sustain and develop chaplaincy leadership and therefore made arrangements for a smaller event within their regular meeting cycle.
2. The Revd Edward Lewis, Chief Officer of the MFGHC, chaired the Seminar. He reminded delegates that chaplaincy leadership competences had not been agreed formally and suggested that the need for such agreement was self-evident. He referred to the recent agreement on research competences and hoped that a similar process might be used for leadership.
3. Ms Polly Potter made a presentation about leadership skills. She described some of the theories of leadership and went on to outline the NHS response to these as being encompassed in the NHS Leadership Qualities Framework. She explained that this comprises 15 "qualities" covering personal, cognitive, and social qualities, arranged in three clusters: Personal Qualities; Setting Direction; and Delivering the Service.
4. Ms Potter also indicated the direction of new thinking about success and leadership. She concluded by suggesting six key leadership competences: The "basics" (vision, delivery, control and decision-making); understanding and managing context; emotional intelligence; relationship building; team and people development; and tackling difficult issues).
5. The Revd Debbie Hodge gave a presentation of the challenges ahead based on current issues submitted by members. She noted that progress had already been made on some issues identified at the conference in 2005. This included progress over the development of multi-faith chaplaincy; chaplaincy standards; chaplaincy education and its link with the chaplaincy centre at Cardiff University; authorisation and the availability of resources. Current challenges identified by members included finance; education; the ethos of the NHS and structural issues.
6. In discussing these issues, members agreed that action should follow on each along the following lines:
 - To press the DH for a consistent approach to administering the central allocation for hospital chaplaincy both between faith groups and between annual allocations.

- To seek support for the educational aspects of developing world faith chaplaincies within the healthcare system.
 - To support the proposed development of a curriculum for healthcare chaplaincy lead by University of Cardiff.
 - To challenge the NHS management as to whether the soul and spirit of the NHS was being lost in the management turmoil and structuring.
 - To assess with both the NHS and DH management what might be an appropriate emphasis to be given in future plans to the development of spiritual well-being.
7. In conclusion, Edward Lewis thanked both speakers for their helpful and informative contributions. He also thanked delegates for their submission of issues and for their discussion of priorities. The notes of the meeting would be submitted for endorsement by the Council so that action could be taken forward.