BULLETIN 14 – February 2008

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Welcome

Welcome to Bulletin 14 from the Multi-Faith Group for Healthcare Chaplaincy. In this edition, is information from the Council meeting held in September 2007 and May 2008.

Membership

The Council has welcomed Revd Anne Aldridge, President of the College of Health Care Chaplains, Mr Peter Hulme, Spokesperson for the Bahá'í Community, Revd Derek Johnston, Education Officer of the Northern Ireland Healthcare Chaplains Association and Revd David Mitchell of the Association of Hospice and Palliative Chaplains to their first meeting.

Department of Health central allocation for hospital chaplaincy 2007-08, 2008-09

The Department of Health has recently invited bids against the central allocation for the years 2007-08 and 2008-09. Bids were due to reach the DH by 21st January.

Despite the delay since the three major grants were offered to the Free Churches, Jewish and Muslim communities, members of Council were pleased that the central allocation had been confirmed for the two years. In discussion, it was agreed that the grant to individual faith communities should be made equitable and that the move towards an equitable distribution should be achieved only through an increased allocation.

Advice to health commissioners about chaplaincy-spiritual care

NHS Yorkshire and the Humber has submitted its draft booklet for health commissioners to the Department of Health. It is hoped that this booklet will form the basis of commissioning policy for chaplaincy-spiritual care and be published as advice to health commissioners in due course.

Impact of NHS dress codes on faith communities

The Department of Health has recently convened a round-table meeting about the impact of NHS dress codes on faith communities. Issues about the use of alcohol-based gels for hand washing and the "bare below the elbows" policy had impacted on members of the Jewish, Muslim and Sikh communities.

It was reported that the use of alcohol-based gel for hand washing had been agreed to be acceptable by the Muslim community because the prohibition was against intoxication and not simply alcohol. The Department of Health had agreed that the wording of notices drafted by the Chaplaincy for use in Bradford Hospitals would be recommended and a change of labelling to gel containers was also proposed.

It was also reported that the issues concerning a lack of modesty engendered by the "bare below the elbows" were still being considered. This was possible because the policy was mainly concerned to achieve compliance and the faith communities had an appropriate approach to adherence to cleanliness and washing issues. Alternative suggestions were also to be considered including the availability of disposable sleeves and other proposals which may be elicited from Trusts preparing these policies.

It was hoped that wider discussion of these issues which were important to people of faith would clarify the policy issues and prevent employing authorities taking too hasty a step to discipline those who found the policy challenging. A further report would be made in due course.

MFGHC Leadership Seminar 2008

The Council has endorsed the action which arose from discussion at the Leadership Seminar 2008 and has expressed its thanks to Revd Debbie Hodge for the successful outcome. Individual issues are reported below.

Financial support for the educational aspects of developing world faith chaplaincies within the healthcare system.

Discussion of issues around funding for education, training and induction in the UK Countries centred not solely on the inconsistency across Nations but more about how best to access funding to enable training of world faith chaplains within chaplaincy teams in England. It was not clear whether this should be pursued as educational or training funding or whether NHS allocations included chaplains as a designated group. A project plan to take this work forward would be developed for further discussion in due course.

Supporting the development of a curriculum for healthcare chaplaincy

This issue had been discussed at a meeting at Leeds Metropolitan University of HEIs undertaking chaplaincy education with members of CAAB and of the MFGHC Education Committee. The meeting had been convened by Cardiff University on behalf of the NHS Yorkshire and the Humber in order to progress the development of a chaplaincy curriculum. A further meeting between the chaplaincy educational interests was planned for the end of January and a report would be made thereafter via the Education Committee.

Challenging NHS Management about the soul and spirit of the NHS

The NHS was thought to have suffered considerable challenge to its value set of care, wholeness, humanity and companionship because of the pressure exerted to develop a culture based around performance of politically led targets. It was not clear how far these values had been eroded by the adoption of new aims and motivators nor the extent to which their erosion affected the NHS.

The concerns of members were that the NHS would become less supportive to aspects of spiritual care as this was embedded within values currently. The reduced emphasis on spiritual care would impact adversely on the health of individuals and of their community. Members suggested that the lack of adherence to the WHO statements about spirituality and holistic care would of itself change the way the NHS worked. The failure to adhere to any national aspects of the NHS and the tendency to leave all aspects to local determination meant that the majority of commitments were personal and the others political. A project plan to take this work forward would be developed for further discussion in due course.

The All Party Parliamentary Group for Healthcare Chaplaincy

Edward Lewis reported that Mr Mike Penning MP had agreed to convene and chair an All Party Group for Healthcare Chaplaincy (APPGHC) to which the Bishop of St Alban's had also agreed to be Secretary. The Group was likely to be launched in late March with a formal constitution. The existence of the Group would need to be restated after each election.

Members spoke in strong support of this development which was suggested to be very significant and required as much support as could be generated. It was important to be clear what the Group was wanted to do and to keep regular contact with members giving them briefings and opportunities for meetings/ events.

In discussion, it was suggested that the intention of the Group should be to persuade the Government to agree a NHS standard for chaplaincy-spiritual care to which NHS Bodies should adhere. Such a standard was currently implicit within NHS organisations but would be eroded by other factors unless it was established more clearly. Other issues to do with the delivery of chaplaincy-spiritual care could be allied to this primary aim.

Chaplain to HM The Queen

The Council congratulated Edward Lewis on his appointment as Chaplain to HM The Queen. The Chairman indicated that this was a prestigious and important post which reflected well both on the incumbent and on healthcare chaplaincy.

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 this Bulletin. 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.

Communicating the work of the MFGHC

The MFGHC has established a website (www.mfghc.com) where its work will be highlighted. It intends to publish an e-bulletin about its progress every four months. For routine communication, Edward Lewis can be contacted at the address given above.

EJL February 2008

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.)

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NHS Yorkshire & the Humber Strategic Health Authority

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