

## Why transfer the employment of chaplains, and why now?

**David Watson,**

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Hospitals, Healthcare and Universities Chaplaincies Sub-Committee.

NHS employers have always had the option of employing chaplains directly, but in practice very few have exercised this choice. At the time of its inception, the NHS in Scotland had few whole time chaplains. The majority of chaplains were employed on a sessional basis, and were predominantly Church of Scotland ministers. At that time it made sense for the church to administer the payment of chaplains.

Recently more and more trusts have elected to use the funds available for chaplaincy for the appointment of whole time chaplains, rather than sessional chaplains, and as a consequence the number of whole time chaplains has grown considerably. There is little doubt that where whole time chaplains are employed a much more comprehensive chaplaincy service is provided. There are now around 36 whole time chaplains in Scotland; that they continue to be employed by the Church of Scotland is largely a result of historical factors.

Current thinking on the provision of spiritual and religious care in a healthcare setting is developing in encouraging ways. The importance of good spiritual care for all patients, staff, and families, is being recognised and prioritised by service providers across Scotland. The HDL (2002) 76 has given the NHS the impetus to look at how spiritual and religious care is delivered, to formulate priorities and to provide a more patient focussed service.

Since the emphasis of chaplaincy is changing as a consequence of our society becoming more pluralistic, it is important that spiritual care is not seen to be exclusively religious care.

I believe that it would be better for the development of chaplaincy/ spiritual care in the health service, if chaplains were to be employed directly. Since we live in a multi-denominational and multi-faith society, it seems to me quite wrong that one denomination should have considerable influence over the appointment of chaplains/ spiritual caregivers. There

have been complaints from time to time that the other denominations are discriminated against in appointments and in their pension arrangements. It is vital that appropriate people be chosen on merit, regardless of their faith background. Direct employment by the NHS would remove some of these anomalies.

In our committee's report to the 2004 General Assembly of the Church of Scotland we concluded that the direct employment of chaplains by the NHS has benefits for chaplains, benefits for the NHS and benefits for the Church.

### **Benefits for Healthcare Chaplains**

In general terms, NHS conditions of employment in relation to issues such as sick leave, pensions *etc.*, are somewhat more favourable than those offered by the Church of Scotland. In addition direct employment would ensure that salary increases were applied immediately and were not subject to any form of negotiation between employers and the Department of National Mission. As NHS employees, chaplains would have full access to training and development opportunities within the Service and would enjoy the same rights as other NHS staff under the Staff Governance Standard. For part-time chaplains any uncertainty around their statutory employment rights would also be removed.

### **Benefits for the NHS**

Direct employment would facilitate more effective progress with the Spiritual Care Policy contained in HDL (2002) 76. More flexible and effective use of staffing resources would be possible, arranging cover and deploying chaplains to support service needs would be easier and importantly, more consistency around performance standards could be achieved.

### **Benefits for the Church**

Direct employment of hospital chaplains by NHS employers would relieve the church of the adminis-

trative burden outlined above and would eliminate employer's on-costs and employer's pension contributions thereby making a substantial overall contribution to cost reduction.

The current system is cumbersome and inefficient. While there would be some cost savings for the church, these are not the main reason for the proposed changes.

What might be the drawbacks of such a move? Some chaplains might be concerned that direct employment would compromise their independence within the institution. Our experience from other forms of chaplaincy suggests that this is not likely to be the case. Other chaplains might feel that the church is trying to detach itself from them; nothing could be further from the truth. It might also be felt that "religious" care was being downgraded to pro-

mote "spiritual" care, but the "Fair for All" agenda will ensure that appropriate religious care continues to be provided.

Healthcare chaplaincy is growing and developing and becoming better understood and recognised. It is important that it should not be regarded as a service for the 'religious' people in the institution. The church will continue to be partners in the provision of spiritual and religious care of patients, but for chaplaincy to develop its full potential it should not be seen as belonging to the church, but to the health service, meeting the spiritual and religious needs of patients and staff.

As the spiritual well being of patients is increasingly recognised in improving outcomes for care, spiritual care will be seen as vital in any patient focussed healthcare.

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## Who employs the chaplain in NHS Tayside?

*Gillian Munro*

Head of Department of Spiritual Care  
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When I came to Tayside just over a year ago, I was appointed to a directly employed post. We already had two such posts, one part time chaplain and the chaplain working in the specialist palliative care unit. The rest of the team were employed by the Church of Scotland, the whole timers directly through the Board of National Mission, the part timers through the four presbyteries in the area, and the denominational chaplains nominated by their bishops. So we had one team employed in a number of ways, answerable to various people and with different conditions of employment.

Part of that first year was spent working with the Board of National Mission to have our part time chaplains paid the pro rata rate for the valuable work they do. Fortunately the work of our whole time chaplains had always been acknowledged appropriately and recognition made of any pay increase or

increments. But as with a number of health boards there was no one to monitor what was happening with the part time chaplains, and so they often lagged behind. I am pleased to say this has now been resolved. Yet it seems that while one group is responsible for financing the service and another for appointing the chaplains, this may be a yearly debate, and seems to me to devalue the work done by our part time chaplains.

Then there is the question of the **appointment** of part time chaplains. I should point out here that we do not differentiate between part time chaplains and sessional chaplains as there is no place in employment legislation for such a category. However, so long as part time chaplains are **appointed** by the church, they do not have appropriate conditions of employment such as entitlement to holiday cover, sick pay, maternity leave, etc. in the past when most