 **Suggested Staffing Level**

Quote from 2003 Guidelines

The level of staffing of Chaplaincy Departments has long been determined by the application of a formula. This is contained in national Chaplaincy Guidelines 2003 which are currently under review with a consultation period under way at the time of writing (October 2014).

This report takes the line that something very like the proposed revisions will be adopted, but some adjustment of the calculations may be necessary on final adoption of the revision.

We look at the appropriateness of using a formula and its application to our setting below but here is the proposed formula reproduced in full for ease of reference :-

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| Best practice for quality spiritual care is achieved by:* Allocating 3.75 hours of chaplaincy care for an average inpatient population of 35 patients. This calculation can be made on a faith/belief specific basis.
* Allocating 3.75 hours of chaplaincy care for every 35 patients not identified with a particular faith or belief system. Posts relevant to this population are to be open to any qualified chaplain of any recognised faith or belief.
* Allocating 3.75 hours of chaplaincy care for every 500 WTE staff irrespective of their particular faith or beliefs.
* Allocation 3.75 hours of management/professional leadership time for the lead chaplain for each whole-time equivalent chaplain in the team.
* Allocating of 3.75 hours for each NHS contract funeral taken by chaplains. This time includes preparation, contact with relatives/friends, travel to the funeral location and the service itself.
* Ensuring that at least 20% of a chaplain’s working time is available for some or all of the following duties:
	+ Participating in staff education and development in spiritual care
	+ Membership of ethical and other committees where the chaplain offers specialist knowledge and experience
	+ Managing chaplaincy volunteers
	+ Developing expertise for research and publication
* Matching chaplaincy provision for end-of-life care to best practice models, such as the ratios of staffing found in most hospices. This can mean one whole-time post for every 24 patients in the last 72 hours of life[[1]](#footnote-1).
* Making clear when a post is identified as a training position that adequate time is ring-fenced for study and development.
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Notes:-

1. A session is now redefined as 3.75 hours to enable a more satisfactory fit with the standard contractual 37.5 hours per working week.
2. The formula states the calculation of sessions ***can*** be made on a faith/belief specific basis; it is permissive. There is nothing in the Guidelines or their revision to suggest that the method of calculating the appropriate number of sessions determines how those sessions are then to be applied. This is influenced by good practice.
3. The Guidelines and their revision recognise the multi-faith nature of contemporary society and envisage chaplaincy reflects this. But also, to cope with poor data collection and to ensure compliance with Equality Act requirements and Human Rights provisions further sessions are to be allocated for those with no faith / whose faith is not known.

Applying the revised Formula to our Situation – using a snapshot of figures from records of inpatient populations (12-08-14) we obtain the following results:

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| **Location** | **In-patient by declared faith / none / unknown** | **Sessional allocation per Guidelines - weekly** |
| HRICRHThe “Add Ons” for both sites | Free Church 13Roman Catholic 19Church of England 85Muslim 6Sikh 1None 10Not Known 174 Total: 308Free Church 20Roman Catholic 23Church of England 110Muslim 13None 14Not Known 158Total: 338Staff – 5000 wteManagement of 3 full-time equivalentsContract Funerals (for last year 80 ‘babies’ and an adult a month)Staff education (approx. 1 session per month) / membership of committees & groups (Patient Quality Group, Equality and Inclusion, Sensitive Disposal of Foetal Remains, SANDS, End of Life Documentation Group, Prevent Training Group), training and managing volunteers  | 0.370.542.420.170.020.284.91a) Total weekly sessions: 8.80.530.612.930.340.374.27b) Total weekly sessions: 9.051031.52c) Total “add ons” : 16.5**Total (a) + (b) + (c) :** **= 34.35 sessions** |

The current staffing level is 31.6 sessions (including the current vacancies).

Notes:-

a)The hospital in-patient population seems low in comparison with the figures given of 300 patients at CRH and 370 at HRI(checked with Patient Flow, Aug 2014). Is this because of it being a holiday month?

b) It is widely recognised that patients are incorrectly recorded on the NHS systems and there is strong anecdotal evidence that some with strong faith adherence are always to be found amongst our “not knowns”.

c) End of Life Care – whilst chaplains support patients in the last days of life, this is in and amongst other pastoral work and would be hard to quantify – no figure possible.

d) The fairly substantial and arbitrary addition of sessions for staff may seem questionable. Yet all our work is of course undertaken in conjunction with other staff, mainly in clinical settings, in order to deliver a service to patients. Apart from occasional and unpredictable support to staff (which has included serious illness and in one case the death of a staff member), developing close relations with staff is important to us to promote our approachability and the range of problems we might be helpful with.

e) Travel between sites: no account is taken of the fact in the formula that chaplains have to deliver between sites to deliver training, attend meetings, responding to calls for to urgent care needs: staffing levels are such that there is not a chaplain in each hospital for all of the working week. Such transfers take time and occur perhaps on average a couple of times a week, slowing down the work that can be achieved.

f) No sessions are allocated for worship, which within this Trust happens in each hospital on a Sunday and every Tuesday, Wednesday and Friday lunchtimes in HRI, and in CRH on Sundays and Fridays. The Sunday worship with preparation time, work with volunteers before and after – and often (in CRH at least) with ward-based pastoral care to patients unable to attend the service – can take from 90 minutes to two and a half hours. Whilst local church groups and volunteer clergy conduct some of these services, hospital chaplains lead worship on 51 Sundays for the Trust this year, for example - on 4 occasions in both hospitals on the same morning. Attempts to take time back for this out of the ‘working’ week is not always successful – see (h) below.

g) To preserve the budget, chaplains seek to take time back for out of hours work – averaging nearly a call a week - see (h) below.

h) Time Back – It needs to be noted that there is a culture of being generous with time within the Trust Chaplaincy Department. Chaplains do not get all or much of the time back for time spent undertaking on call work, Sunday morning worship, evening radio talks, etc. The co-ordinating chaplain seeks to work smart by undertaking management functions and developmental work at the start and end of the day, so that he is free to see patients when they are freest to see him but this adds to the length of the day. To work in this way is a decision that is willingly made in the interests of providing the service to a standard we can be proud of and one that suits our ethos. Such generosity cannot be insisted upon and is our choice but needs recognition.

**For further discussion of the application of a formula to determine staffing, our on call work and the use of volunteers, please see also our “we work together to get results” section.**

1. [↑](#footnote-ref-1)