

Chaplaincy staffing ratios: a framework to support workforce planning

This staffing framework is produced to compliment the 2023 “NHS Chaplaincy: Guidelines for NHS managers on pastoral, spiritual and religious care”. It is issued by the chaplaincy bodies sitting on of the Chaplaincy Forum for Pastoral, Religious and Spiritual Care in Health.¹

The 2023 guidelines are focussed on high-quality pastoral and spiritual care that is delivered for *all*. Such quality and breadth of care is only achieved when NHS trusts have appropriate chaplaincy leadership structures and an adequately resourced workforce. They make it clear that trusts, in work plans and with individual job planning, must ensure capacity is in place for direct care (patients, relatives and staff) *as well as the wider expectations of any profession in healthcare*, such as capacity to give and receive training, liaison with external and internal groups, attending relevant MDTs, providing on-call structures, participation in research and audit and so on (a full list is found on p.15 of the guidelines).

Why staffing ratios are useful

Whilst every trust is unique, we recognise the value of staffing ratios as a vital starting point in any pragmatic workforce planning. Until such time as any national workforce review is commissioned, these ratios need to be understood as a valuable tool rather than offering a “safe staffing” minimum. The ratios offered are built on national NHS guidance issued (in 2003 and 2015), based, as most such guidance is, on professional opinion and established practice as well as historical reviews of effective teams. Without such capacity in place, it will be hard for teams to offer assurance to their Board or to the CQC that the 2023 NHS Guidelines are being fully met.

Table 1 offers indicative staffing ratios where the standard hours of full-time equivalent (FTE) NHS staff are 37.5 hours per week in accordance with Agenda for Change terms and conditions of service.

¹ The Chaplaincy Forum for Pastoral, Spiritual and Religious Care in Health enables engagement between NHS England and the Association of Chaplaincy in General Practice, the Association of Hospice and Palliative Care Chaplains, the College of Health Care Chaplains, the Network for Pastoral, Spiritual and Religious Care in Health and the UK Board of Healthcare Chaplaincy.

Table 1: Indicative staffing ratios

Setting	No of FTE chaplaincy staff in relation to patients	No of FTE chaplaincy staff in relation to staff	Notes
Acute Care	One per 350 in-patients	One per 5,000 staff	For end of life care, add one FTE chaplain for every 24 patients in the last 72 hours of life. Additions suggested for intensive care facilities, regional specialisms, and major trauma centres.
Palliative and end of life care	A minimum of 0.5 for every 15 beds or part thereof		This does not apply simply to hospice settings.
Mental health trust	One per 150 in-patients; one for every caseload of 35 community patients referred to chaplaincy	One per 2,000 staff	Additional staff time may need to be allowed where travel time between sites is considerable
Specialist paediatric / maternity care	Specialist children's hospital one per 150 patients Additional one per 25 PICU/NICU beds (pro rata) Maternity: one per 30 delivery maternity beds (pro rata) Acute hospitals / Hospices: as above; 0.5 if 20 beds or fewer	One per 3,000 staff	For end of life care, add one FTE chaplain for every 12 patients in the last 72 hours of life. Additions suggested for regional specialisms, major trauma centres, CAMHS.
Primary and community care	One per practice population of 50,000	One per 2,500 staff	Additional staff time may need to be allowed where travel time between sites is considerable
Management / professional leadership time	It is important to allocate such time for the Head of Chaplaincy, team leads and supervising chaplains, considering the size of the team and depending on circumstances in each provider organisation. Small teams may require an increased allocation in order to meet organisational expectations.		

Limitations surrounding the use of staffing ratios

Services should define their own requirements that satisfy the needs of their organisation in line with this guidance, but staffing requirements will vary from context to context and be based on the principles of effective [workforce planning](#) rather than a simplistic reliance on ratios. Teams vary considerably in size, and many have integrated functions such as bereavement, inclusion, volunteer management and so on which radically affect staffing needs.

When using the ratios offered above, managers should always take wider factors into account such as: the specific profile and needs of service users (including out-patients), working patterns (including local requirements for round the clock services), job plans of staff, the overall functions and objectives of the department, service user and staff outcome measures. These ratios have been derived mainly from acute general and mental health inpatient settings, so care needs taking when applying to other settings such as an inpatient Hospice or a GP setting. Despite their limitations, they are offered in the hope of supporting teams who are considering workforce plans as they seek to better deliver the 2023 NHS Guidelines.

All the bodies involved in this guidance, in different ways, have a role in supporting individual Trusts to consider staffing needs and the shape of the workforce, especially if a Head of Chaplaincy is not in post.

[Association of Chaplaincy in General Practice,](#)

[Association of Hospice and Palliative Care Chaplains,](#)

[College of Health Care Chaplains,](#)

[Network for Pastoral, Spiritual and Religious Care in Health](#)

[UK Board of Healthcare Chaplaincy.](#)