Service Transformation Equality Impact Assessment Tool Care: UHNM

Directorate/Division: Corporate Nursing

Department/Ward: Chaplaincy -Spiritual Pastoral and Religious Care

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EQIA Start Date: July 2023

Date of EQIA Update (October 2023)

Update Author

1. What is the overall purpose of the service/change in existing service?

To ensure that UHNM pastoral, spiritual, and religious care staff recruitment is undertaken in a fair and equal manner. The Pastoral Spiritual Religious Care model is comprised of chaplains who are professionally qualified and are accredited by their religion or belief group and able to deliver the religious and spiritual support services required and in keeping with the patient and staff demographic, as well as being mindful of the demography of the wider population and the communities served by the Trust.

What are the priorities and aims for this service?

To respond to any unmet spiritual, religious, cultural, and emotional needs of service users appropriately and effectively.
• To provide appropriate spiritual care to people in times of need.
• To act as a resource to health and social care professionals, patients, and carers in order to promote and engage in multi-disciplinary team working within and across organisational boundaries.
• To act as an advocate for service users when required.
• To ensure that service users have access, as appropriate, to space for confidential discussions, private reflections and/or religious observances/ rituals.
• To promote access to spiritual, pastoral, emotional or religious care for those within the Trust.
• To ensure that front line staff are adequately trained in basic spiritual care awareness, chaplains within the department will contribute to the Trust's professional education and training programs, especially in the specialist area of spiritual care.
• To provide a service that gives access 24/7 for spiritual, pastoral, and religious care and/or advice.
• To ensure the personal, professional development of chaplains and chaplaincy volunteers.
• To ensure the Trust is able to attain nationally agreed benchmarks for spiritual health care and chaplaincy.
• To support the Trust in meeting the requirements of the Equality Act 10 regarding faith and belief.

Considering Possible Negative Impacts

Consider what could be included or excluded from a service change that could cause it to have a negative impact on a protected characteristic. These aren't things necessarily you have decided are going to happen but are considerations that you have identified that must not happen or where they do happen mitigation will be put in place.

If it's a change to an existing service, the starting point for this would be listing any best practice or elements that currently positively impact on people with a protected characteristic. These will form your first potential negative impacts you have considered as there is a chance they may not be included in the final design.

In the action section for each of the negative impacts demonstrate how you will ensure they won't take place or how they will be mitigated. An example of this may be an action to commit to keeping an existing element of the previous service where this has been identified as best practice and how this is going to be built into the service change.

Opportunity for Positive Impacts

Consider what could be included or excluded from a service change that could cause it to be a better service than it is now regarding the experience of each of the protected characteristics.

Start by listing any negative incidents, known health inequalities, complaints or issues that have been identified within current service for people from a protected characteristic. This is because there is an opportunity for these to be addressed within the design of the new service.

Secondly List any best practice from other organisations, ideas that have come from consultation or from the service itself as possible opportunities to include in any new service design.

This list isn't a list of all the things you will include but it is meant to reflect what within the scope in an ideal situation where resources were not limited which opportunities are possible to improve the experience of people from each of the protected characteristics.

In the action section select those opportunities you have decided to include in the final design and list what actions are going to be taken to ensure they are implemented and included?

3. Possible Negative Impacts

Protected Characteristic	Action/Mitigation
Age	Improve staffing levels to minimum requirements. Please see below.
Disability	Improve Chaplaincy facilities for the deaf and hard of hearing
Ethnicity	Improve staffing levels to minimum requirements.
Gender	Improve capacity of space in mosque to meet requirements
Marriage/Civil Partnership	Improve staffing levels to ensure emergency wedding/ civil partnerships can be supported.
Pregnancy/Maternity	Improve staffing levels to support those who experience pregnancy loss, fertility issues and challenges in pregnancy/ maternity
Religion & Belief	Improve staffing levels to minimum requirements. Please see below.
Sexual Orientation	Improve staffing levels to minimum requirements. Please see below.
Trans	Improve staffing levels to minimum requirements. Please see below.
Other Under Served Communities (Including Carers, Care Leavers, Low Income, Veterans)	Improve staffing levels to minimum requirements. Please see below.

Service Provision and demographics

NHS England Chaplaincy & Spiritual Care Guidelines state for every “35 inpatients” one session (3.75 hours per week) of chaplaincy should be provided “matched by religion/ belief”. According to the equality monitoring there was (120349) inpatient episodes that were Christian (CE and FC and RC), of which16618, i.e. 8.9% were Roman Catholic, 5775 were Muslim, 2345 combined minority faiths and 93,224 of unknown beliefs, other, unspecified or no religion per week in 2022-2023.

Religion and Belief of Service Users by percentage

Belief Demographics of Patient episodes at UHNM 2022-23

Patient Episodes at UHNM

Belief	Patient episodes
Combined Christian	120349 = 54.2%
Non Religious*	50717 = 22.8%
Not specified	33126 = 14.9%
Unknown	8277 = 3.7%
Muslim	5775 = 2.6%
Combined Minority Faiths	2345 = 1%
Other	1104 = 0.5%
Declines to Disclose	402 = 0.2%
Agnostic	48 = 0.02%

***This includes the following groups:**

Belief	Patient Episodes
None	50425
Atheist	213
Occultist	67
Humanist	9
Confucianist	2
Taoist	1

Religion and Belief Census data Pie Chart

Religion in Staffordshire

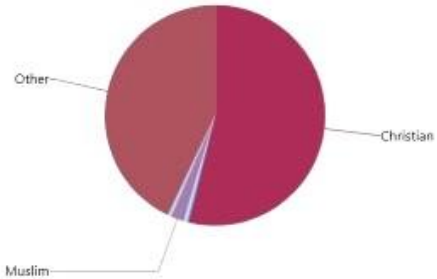
According to the latest 2021 census, the most populous religious group within Staffordshire is Christians, accounting for 53.9% of the population.

Staffordshire has a Muslim population of 17,036 which is 1.9% of the population.

Compared to England as a whole, in England circa 46% of the population is Christian, 7% is Muslim, 2% is Hindu, and Buddhists, Sikhs and Jews each is around 1%. The remainder is split between people with no religion and those who decided not to identify a religion.

Religious groups in Staffordshire, 2021 census

- **Christian** - 472,054 people or 53.9%
- **Buddhist** - 2,492 people or 0.3%
- **Hindu** - 3,718 people or 0.4%
- **Muslim** - 17,036 people or 1.9%
- **Sikh** - 4,561 people or 0.5%
- **Other** - 376,243 people or 42.9%



- Christian service users at UHNM (which covers both Royal Stoke University and County Hospital) consist of a variety of denominations including Church of England (CE), Roman Catholic (RC), and Free Church Groups (e.g. Baptist, Methodist, Pentecostal, URC, Evangelical etc.) totalling 54% of hospital patients. This represents a similar demographic representation to that identified in the 2021 census data for the Staffordshire area Christian 54%, Muslim 1.9%, Hindu 0.4%, Sikh 0.5% and Other as 42.9%.

- The Stoke on Trent 2021 census data about religious demographics indicates a slightly lower percentage of Christians at 45.8%, a higher percentage of Muslim residents 9.2%, Buddhist 0.3% Sikh 0.2 %, Hindu 0.5% and Other as 43.9%.

- Due to the specialism, license, or training of Roman Catholic Chaplain it is commonplace for the care of people of unknown faith, not specified, none, agnostic, or other theistic traditions to access the services of Church of England or Free Church Chaplains. This increases the potential service users of Church of England and Free Church Chaplains to a greater percentage of the total inpatient population.
- There is currently a high level of developmental needs in the team. 20% of a chaplain's working time should be available for CPD, administration, supervising volunteers, supporting Trust committees and research. Due to staff vacancies this practice is now greatly restricted. For example, committee work and non-mandatory CPD not already committed to, has been minimized due to Chaplaincy capacity. This pressure has recently been mitigated in part due to the appointment of a Chaplaincy Administrator.
- The continuing developments and specialisms within the Trust (e.g. Critical Care, Trauma, Maternity, Childrens, AE, impact of the extension of Pathology services and Bereavement services) have not been reflected in chaplaincy provision or structure. The lack of capacity in chaplaincy currently risks a negative impact on service users, as access to appropriate specialist care is in danger of becoming fragmented and inconsistent.

- According to NHS Chaplaincy Guidelines there should be "37.5 hours per week of chaplaincy care, appropriately allocated, for every 24 patients in the last 72 hours of life". In UHNM that means there should be further hours of dedicated chaplaincy provision for people at end of life. Currently chaplains provide a service for people at end of life by Locum and Chaplaincy cover 24/7 as well as day: day referrals. This is calculated at 20.3 hours a week, based on emergency call outs, however this underestimates the scope of chaplaincy provision needed to provide a consistent service.
- Following NHS Guidelines for staffing there should be 8.4 WTE of chaplaincy provision. Currently there is only 4.0 WTE hours of chaplaincy provision. Funding is available for the 1.9 WTE (Band 5 positions) which means current chaplaincy provision is at a minimum level of service.

Economic Impact

- The faith group with the lowest levels of economic activity are Muslim service users. The 2022 local government report (https://www.localgov.co.uk/Around-50-of-Muslim-households-living-in-poverty/53973) states that “half of Muslim UK households are living in poverty and deprivation compared to 18% of the general UK population”, (Muslim Council of Great Britian).
- According to the Office of National Statistics, the Christian faith has the biggest percentage of people who are economically inactive and identify as retired. 1 in 5 Christians are over the age of 65. Locally in Stoke on Trent this figure is slightly lower than the national data. However, by 2030 the numbers of people over 65 years are projected to increase to 19.9% of the local population. (https://www.stoke.gov.uk; Joint Strategic Needs Assessment Stoke on Trent, 2022 update.
- This corresponds to the profile of typical service users requiring urgent support having age related health requirements and from Christian traditions. Most referrals are for people from Christian traditions or cultures who are over 65 and often at a time of crisis or end of life. Almost all urgent calls requesting theistic or Christian style ritual and pastoral support. Any alteration in service provision would have a direct impact on this demographic. This high number of ritualistic and religious themed Christian and theistic provision means that a 1st on call and 2nd on call (Roman Catholic only) 24/7 rota is provided for service users according to the nature of these requests.

Ethnicity representation and impact

- Within the Christian traditions the ethnicity of the service users is mostly White British. However the profile is changing. The population of Orthodox Christians is slightly increasing as is Roman Catholic service and Free church use. This is most noticeable in-service users utilizing staff support and our chaplaincy volunteer profile. As a Trust the recruitment of International Nurses has been significant. Of the 340+ nurses recruited from data disclosed in relation to religious demographics most staff are of the Christian faith; (Church of England, Free Church and Roman Catholic) with a small number of minority faiths, Hindu and Muslim.
- In Stoke on Trent according to the 2021 census, Asians are the largest minority group (9.9%). 9.2% are recorded as Muslim.
- According to the Office of National Statistics the Muslim faith is the most ethnically diverse. Two-thirds of Muslims (68) were from an Asian background, including Pakistani (38 per cent) and Bangladeshi (15 per cent). The proportion of Muslims reporting as Black/ African/ Caribbean/Black British (10 per cent).
- In UHNM we have had approximately 1.5 referrals per month by patients who ask for Muslim chaplaincy support, mainly for support with pregnancy /early child loss. This need is currently met by the Muslim chaplain (0.2) and sometimes a member of the hospital mosque committee. There is on average 6 out of hours call out per annum by patients requesting input from a Muslim specialist chaplain. The level of call out requests does not justify a regular or contractual service provision and so local solutions and ‘open’ -generic chaplains routinely support. This is kept constantly under review.

• The percentage of deliveries to mothers who are 'Black and Minority Ethnic groups remain fairly static at around a fifth of all births in Stoke on Trent'. This was 23.5% in 2019/2020 which was 'statistically higher than the national figure of 20.8%'. (https://www.stoke.gov.uk; Joint Strategic Needs Assessment Stoke on Trent, 2022 update.

Belief Specific Impact

- UHNM has a high number of religious active people. The Roman Catholic community and service users usually seek sacramental support alongside pastoral care in accessing the chaplaincy service. Sacramental care in accordance with the Roman Catholic, Church of England/Free Church and some other traditions can only come from individuals who are trained, authorised and /or ordained to provide this function. Currently the chaplaincy service benefits from SLAs with Local RC Churches in the Diocese of Birmingham to provide solely emergency sacramental cover for RC service users. Whilst SLAs are being extended, the Trust previously employed a RC Chaplain for 22.5 hours (0.6). In addition, they also provided 2nd on call RC cover for sacramental ministry in an emergency so that the service need of RC patients can be met 24/7, 365 days a year. The minimum of 0.39 WTE hours for patient care stated as requirement in NHS guidelines for this population does not include the 2nd on call RC cover for sacramental ministry in an emergency or the staff support allocation of time. Therefore, UHNM now seeks to employ directly a Roman Catholic Chaplain for 0.6 WTE who can give insight into the needs of Roman Catholic service users and facilitate sacramental and pastoral care.

Chaplaincy call-out data for year ending March 2023

RC emergency calls **2022-23**	**County**	**RSUH**	**UHNM**
RC calls (day)	7	100	107
RC calls (night	1	51	52
Total	**8**	**151**	**159 (3 calls a week, day and night)**

The Church of England (CE) community represents the biggest service user population. It has been also noted by the chaplaincy team that patients recorded at admission as non-religious or religion unknown, or does not want to disclose, unspecified and other often express a spiritual belief and often ask for and value prayer as well as pastoral support. Many CE service users will welcome support from chaplains of different Christian and faith traditions. However, it is important to note that for some of those CE who are sacramental and religiously active that they may seek sacramental/ religious input from a CE ordained person only. As many are comfortable with receiving support from different Christian ministers, UHNM does not need more than the1.2 WTE CE chaplains currently employed to give dedicated support from an CE chaplain, most spiritual care needs of this majority population are also met by Free Church chaplains (2.6) WTE with CE and FC chaplains meeting adopting a generic approach.

- It is a requirement within the Muslim faith to prayer 5 times a day and compulsory to meet congregationally for Jumu'ah prayer every Friday. UHNM as an organisation provide a Mosque and Muslim prayer spaces to support this requirement; however, the space for women is smaller than required. This issue of the mosque space provision has had a particularly noticeable impact on women wishing to attend at the RSUH site. The teaching within Islam states attendance is compulsory for men but recommended for women. As a result, men attending take most of the space and space becomes restricted for women. Many women cannot

access the space during their break and so are prevented from fulfilling their prayers. A request has therefore been made for additional screens to create more space.

- Patients identifying with other stated beliefs form less than 2% of the total inpatient population. This grouping includes Hindu, Sikh, Buddhist, Humanist, Agnostic, Occultists, Atheist, Pagan and Spiritualists. Individually these belief identities are represented in the patient population sporadically and not continuously at the current time. No one identity or this collective grouping meets the minimum required for contractual provision. Care is currently provided by chaplains with generic function and or local solutions/ partnerships are in place.

Reflective/ prayer space is provided by the Trust for people who identify with another stated belief, through the provision of the Contemplation Room (RSUH) and Quiet Room (County) Hospitals. This space is advertised as a space for all beliefs/none and protected when people of belief systems other than Christianity or Islam seek to access it so that all users may feel comfortable using spaces that can have but do not have to have religious functionality.

In summary current provision determines the need for RC and Open appointment to new positions and this is constantly under review when we have a vacancy or when data suggests a shift in need.

4. Opportunity for Positive Impact

Protected Characteristic	Possible impact	Action-Mitigation
Age	✓	
Disability	✓	
Ethnicity	✓	
Other Under Served Communities (Including Carers, Care Leavers, Low Income, Veterans)	✓	
Religion or belief	✓	
Gender	✓	
Gender reassignment (including transgender)	✓	
Marriage/Civil Partnership	✓	
Pregnancy/Maternity	✓	
Sexual Orientation	✓	

The report also states time should be added for support of staff. 1 session for every 500 employees. This accounts for 82.5 hours of chaplaincy cover.

Chaplains support staff through giving bereavement support for individuals and teams of staff, 1:1 spiritual, religious, and pastoral support care in times of spiritual distress, illness, stress, services, celebration, advocacy and advice, welcome, CISM; especially physiological first aid, Schwartz, food drop in as well as through leading/facilitating communal Trust wide events, like International Nurse's Day and Remembrance Day services.

- The average of 59 urgent call outs per month which are prioritised and completed. All urgent call outs must be responded to within 1 hour.
- The requirement of rites of passage such as Trust funerals, memorial services/days, weddings, baptisms etc also largely but not exclusively come under the responsibility of the Chaplains who are CE or Free Church due to their generic approach and choice of service users.
- Attendance at weekly religious services is approximately 120 people, with many of those attending Jumu'ah Prayers. This figure only reflects congregational weekly gatherings.

For service users who are deaf or hearing impaired there is a need to provide an induction loop within the RSUH Chapel.

- There are religious exceptions within the Equality Act 2010 that enable individual faith communities to respond differently to people based on sexuality or gender in accordance with their particular faith requirements. This means it can be difficult in some cases for people to access support in the community. Healthcare chaplains work to provide inclusive access to spiritual care that may not be otherwise accessible.
- For individuals who have separated or divorced from a partner there can be issues receiving support from some religious denominations and cultures. Chaplains can provide a safe space and advice to enable the person to access appropriate support. It is the responsibility of chaplains to facilitate the arrangements and or ceremonies of individuals wishing to enter marriages or civil partnerships whilst in hospital. The provision of chaplains enables this provision within hospital sites in a way that is legally and spiritually appropriate.
- Patients who experience pregnancy and child loss sometimes seek emotional and spiritual care. This is reflected in the number of contract baby funerals the chaplains undertake or facilitate and the participation at annual memorial gatherings which are attended by hundreds of bereaved families.

- In the UHNM in patient data there was a total of Humanist (9) Agnostic (48) or Atheist (213) identified as part of the religious demographics of inpatient episodes during 2022-2023. On a weekly basis this is an average of 5 patients per week. Current service provision meets this requirement in practice when mapped against National Chaplaincy Guidelines. Chaplains have provided support to patients from this demographic with positive feedback being received.
- The Chaplaincy and Spiritual Pastoral and Religious Care Centre has within it a chapel containing relevant resources and religious artifacts for those of Roman Catholic, CE and Free Church denominations. This space is used not just by Christians but also those seeking a quiet place for reflection. The location of this room is LG2 is on the periphery of the hospital main services and so needs consistent signposting and profiling as the key service users are staff, patients, and families in crisis (Critical Care, etc). Visibility and proximity are important to enable those in crisis or their loved ones to benefit. In addition, the Centre at RSUH also contains a Contemplation room with different texts and multifaith and non-religious resources, Mosque with Ablution facilities for men and women, a Vestry and Chaplains' office. At County Hospital there are a diverse range of spaces where patients and staff can contemplate, reflect and /or worship. These include a quiet room, chapel, and Muslim prayer room, with ablutions.

5. Combined Action Plan

Action **(List all actions & mitigation below)**	**Due Date**	**Lead** **(Name & Job Role)**	**From Negative or Positive Impact? (N or P)**
Adapt prayer space to meet needs of Muslim women who are service users.	ASAP by March 2024	Mosque/Chaplaincy/Trust/ organisational wide responsibility	N
Recruitment of a RC Chaplain (Band 5 ,WTE 0.6) responsible for the Roman Catholic Community. This requirement is based on local community and hospital patient demographics and chaplaincy (including emergency call-out) data and the JD is comparable with other Regional RC chaplaincy posts in a neighbouring Acute Trust.	ASAP –2023/4	Head Chaplain	**N**
Recruitment of a Chaplain –'Open post' – to vacant position.	ASAP-2023/2024	Head Chaplain	N
Profiling Chaplaincy-SPaRC services	Ongoing	Head Chaplain Trust/ organisational wide responsibility	N
Presenting SPARC chaplaincy needs To Head of Patient Experience	Ongoing	Head Chaplain	N
Installation of Induction Loop RSUH Chapel	ASAP-2023/2024	Head Chaplain/Trust organisational wide responsibility	N

Information Consulted & Evidence Base (Including Consultation) Protected Characteristic	Name of Source	Summary of Areas Covered	Web Link/Contact Info
Age	Inpatient demographic/Service usage	Age recorded at admission	https://www.stoke.gov.uk; Joint Strategic Needs Assessment Stoke on Trent, 2022 update.
Disability	Service user feedback	Chapel access Deaf and Hard of Hearing	RNID statistics UHNM Audiology
Ethnicity	Inpatient and staff demographic Census 2021	Self-identified ethnicity recorded at admission. Ethnicity declared on Census	https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/bulletins/religionenglandandwales/census2021 https://www.localgov.co.uk/Around-50-of-Muslim-households-living-in-poverty/53973)
Gender			
Marriage/Civil Partnership	Service Usage and reports	Record of work supported by the Chaplaincy Team.	
Pregnancy/Maternity	Service usage and feedback	Record of work supported by	https://www.stoke.gov.uk; Joint Strategic Needs Assessment Stoke on Trent, 2022 update.

		the Chaplaincy Team/Bereavement teams	
Religion & Belief	Inpatient and staff demographics National Census 2021	Belief recorded at admission or care review. MDT.	Information governance team UHNM Trust Patient Episodes- Belief Demographics April 2022-March 2023 https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/bulletins/religionenglandandwales/census2021 https://www.uhnm.nhs.uk/media/9307/uhnm-workforce-and-patient-demographic-data-310323-final.pdf
Sexual Orientation			
Trans			
Other Under Served Communities (Including Carers, Care Leavers, Low Income, Veterans)			

7. Have all of the negative impacts you have considered been fully mitigated or resolved? (If the answer is no please explain how these don't constitute a breach of the Equality Act 2010 or the Human Rights Act 1998)

In reviewing service provision and addressing issues raised and increasing the Spiritual (Pastoral and Religious) Care Centre Capacity to meet the needs stated, all issues should be resolved.

Please explain how you have considered the duties under the accessible information standard if your service change relates to patients?

The Chaplaincy and Spiritual Pastoral and Religious Care Service is entirely person focused and so it's structure and provision is regularly reviewed and tested to reflect service user requirements. This is done by looking at the following:

- Inpatient demographics, staff demographics.
- Seeking service user feedback including from visitors/ carers.
- Regular Trust PE meeting where datix and complaints are processed and explored with the Patient Experience group,
- Chief Nurse meetings with the SPaRC team
- Identifying themes of service usage and requests for support.
- Monitoring and facilitating use of facilitates and resources.

Appendix 1 - Service provision mapped against in patient and staff demographics and national guidelines for Chaplaincy provision.

Calculation for total Chaplaincy- Spiritual Care time at UHNM using NHS Chaplaincy Guidelines 2015

http://www.england.nhs.uk/wp-content/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf

The following table employs the framework for calculating total **minimum** Chaplaincy-spiritual care time under the heading "Chaplaincy Staffing" in the **NHS Chaplaincy Guidelines 2015** to the context of this Trust.

Based on 2022-2023 Hospital Statistics

Type of Health Care Service/Responsibility	**Minimum Chaplaincy-Spiritual Care hours**	**Hospital Site**		**Minimum hours of Chaplaincy-Spiritual Care hours at UHNM**
Beds	3.75 hrs/35 beds 1450	UHNM		**155** 45.3%(CE&FC) 69.75hours 9% (RC) 13.95 2.6% (Muslim) 4.03 1%(Com.MinorityFaiths) 1.55 22.7%(None) 35.2 14.9% (Not Specified) 23.00 3.7% (Unknown) 5.7 0.5% (Other) 0.78
Staff	3.75 hrs/500 wte staff 11000	UHNM	22 *3.75	**82.5** 42% Christianity 26% Declines to disclose 12% Atheism 7% Not specified 7% Other 4% Muslim 2% Hinduism

Chaplaincy Management/Leadership	3.75 hrs/wte Chaplains team including Locums	UHNM	9 when at capacity (+ locums 4)	33.75 excluding Locums and excluding any administrative support
NHS Contract Funerals	Based on 2022-2023 statistics-average per week	UHNM	80 (baby) 13 (adult/child) Total: 93 in the year	6.7
End of Life Care for Patients in last 72 hours of life	37.5 hrs per week/24 patients in the last 72 hours of life	UHNM		20.3 hours
Type of Health Care Service/Responsibility	Minimum Chaplaincy-Spiritual Care hours	Hospital Site		Minimum hours of Chaplaincy-Spiritual Care hours at UHNM
Specialism AE	3.75 a month	37.5 *12/52	0.86	0.86
Specialism Trauma & Critical Care	3.75 a month	37.5 *12/52	0.86	0.86
Specialism Intensive care (Childrens)	3.75 a month	37.5 *12/52	0.86	0.86
Specialism Intensive Care (Maternity)	3.75 a month	37.5 *12/52	0.86	0.86
Specialism Intensive care (Renal)	3.75 a month	37.5 *12/52	0.86	0.86
Staff Education & development of Spiritual Care	20% of Chaplain's Band 6 and above			22.5 hours

Membership of committees - providing Chaplaincy Expertise	(3FTstaff) Working Time is for these activities				
Managing Volunteers					
Developing Research & Publication					
Travel Time	Allowances for all staff			10.5 travel between both sites 0.8 travel to and from funerals Not incl.travel for official business	
Total				**316.05**	**8.4 WTE**
	Current Chaplaincy Hours			**4WTE (does not include administrative staff)**	**5.9 WTE When positions filled**
	Shortfall in Chaplaincy Hours currently according to guidelines			**2.5 WTE**	
	Percentage Shortfall			**30%**	

Funded Chaplaincy-SPaRC team level 5.9 WTE
Established team 4 WTE (FC and CE- 3.8 WTE, Muslim - 0.2)
SLA- Emergency (RC) provision-sacramental, regular on call cover RC - (4)
SLA -Emergency (CE) SPaRC-generic provision (1) when need to provide cover as part of out of hours provision.
1.3 WTE posts vacant- recruit to open posts.
0.6 WTE posts –recruit to RC Chaplain.
Total service requirements: 8.4 WTE minimum.
2.5 WTE under minimum service level requirement

The guidance on staffing for acute providers cannot be exhaustive but the above offers a framework for chaplains and managers to determine the required level of local provision. In particular, additional resources are likely to be needed for areas such as intensive care facilities, regional specialisms and major trauma centres.