national secular society

25 Red Lion Square
London WC1R 4RL
TEL: 020 7404 3126
FAX: 0870 762 8971
EMAIL: enquiries@secularism.org.uk
WEB: www.secularism.org.uk

Costing the heavens:

Chaplaincy services in English NHS provider Trusts 2009/10

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Contents

1. Summary of findings

£29m was spent on chaplaincy services by English NHS provider Trusts in 2009/10, with Trusts showing wide variations in the proportion of income allocated to this function.

There is no correlation between national benchmarking measures of quality and the proportion of Trust income spent on chaplaincy services.

If all NHS Trusts spent the same proportion of their income as the most efficient Trusts (from 2011/12 onward) then the English NHS would save at least £18.6m per annum.

2. Scope of the study

In August and September 2010 FOI (Freedom of Information) requests were made to 227 English NHS provider Trusts in order to examine the following questions:

1. How much was spent in 2009/10 on chaplaincy services?
2. How has expenditure on chaplaincy services changed since the National Secular Society study (published in April 2009)?
3. What was the average percentage of income spent on chaplaincy services, and how much variation was there between NHS Trusts across England?
4. What, if any, was the relationship between the relative level of chaplaincy funding and the performance of each NHS Trust, as measured by 'Standards for Better Health' and, where applicable, the Standardised Mortality Ratio (SMR)?
5. What scope is there for efficiency savings from NHS Trust expenditure on chaplaincy services?

227 (100%) of the Trusts approached provided the requested information although one Trust provided it too late to allow inclusion in the analysis of the relationship between expenditure and quality.

3. Cost and quality findings for all English provider NHS Trusts

3.1 Expenditure on chaplaincy services

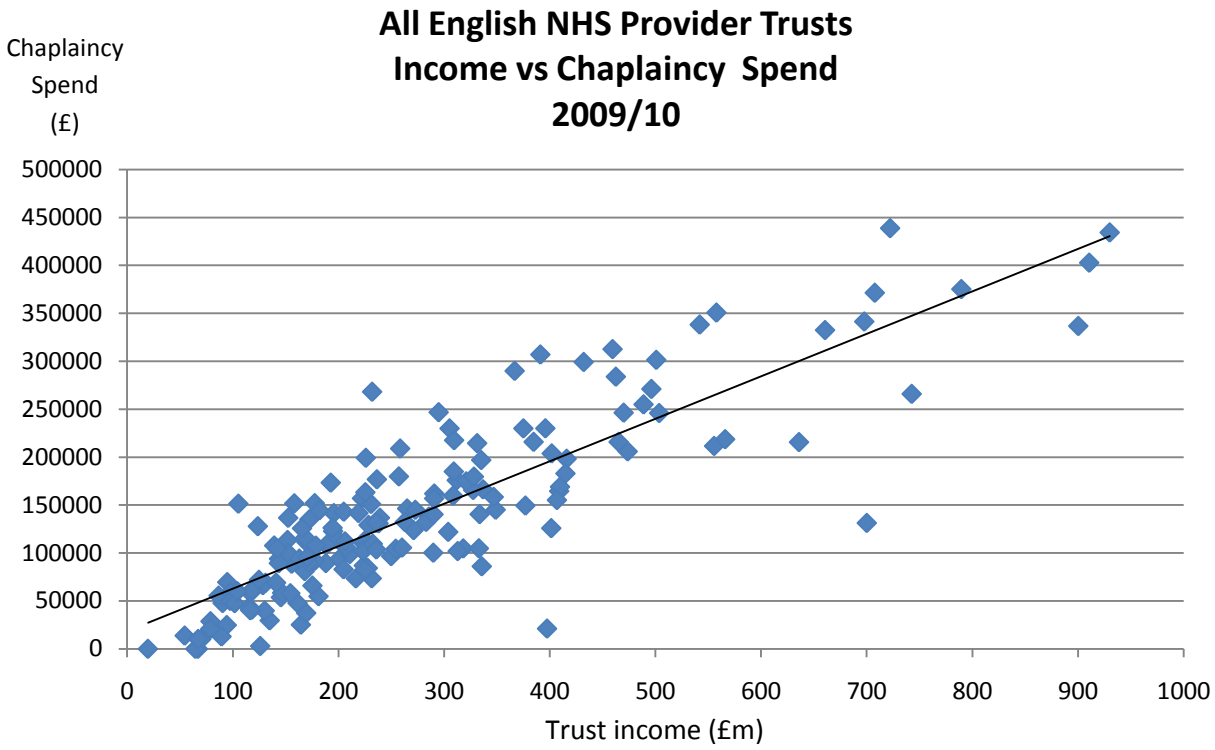
In 2009/10, £29m was allocated to the chaplaincy function. Where separate and defined, non-pay costs included expenses such as travel and office costs, but no allocation for the cost (i.e. rent) of office or faith room space. The figures in table 1 therefore only reflect costs / savings that relate to direct provision of services. Should a Trust move to a position whereby it continues to provide room space for spiritual support provided by volunteer chaplains, then the savings would remain as shown.

3.2 Changes since the NSS study (2009)

Where like-for-like comparisons appear available (i.e. for pay only, within the same Trust), some Trusts have reduced expenditure markedly (for example, Barnet and Chase Farm Hospitals NHS Trust's pay costs have dropped by 21% from £132k to £104k) whilst others have shown significant growth above inflation (for example, East London NHS Foundation Trust's chaplaincy pay costs appear to have grown by 178% from £55k to £153k). There may of course have been changes within specific Trusts that account for these swings (for example, a shift from community to inpatient services or vice versa). However, overall the picture indicates that the comparable increases exceed the decreases to give a net increase of 7%. Nationally then, somewhat higher than inflation level increases in funding appear to have been allocated to chaplaincy functions in 2009/10 compared to the previous year.

3.3 Relationship of chaplaincy spend to Trust income

As would be expected, larger Trusts spend more on their chaplaincy function. However, there are striking differences in the proportion of income that Trusts spend on chaplaincy services. Graph 1 shows the trend line for all Trusts that provided chaplaincy spend information, mapped against their 2009/10 income (as shown in their annual accounts).



Graph 1

The study found that within both groups (acute / specialist, and mental health Trusts) there is wide variation in the proportion of income allocated to chaplaincy services.

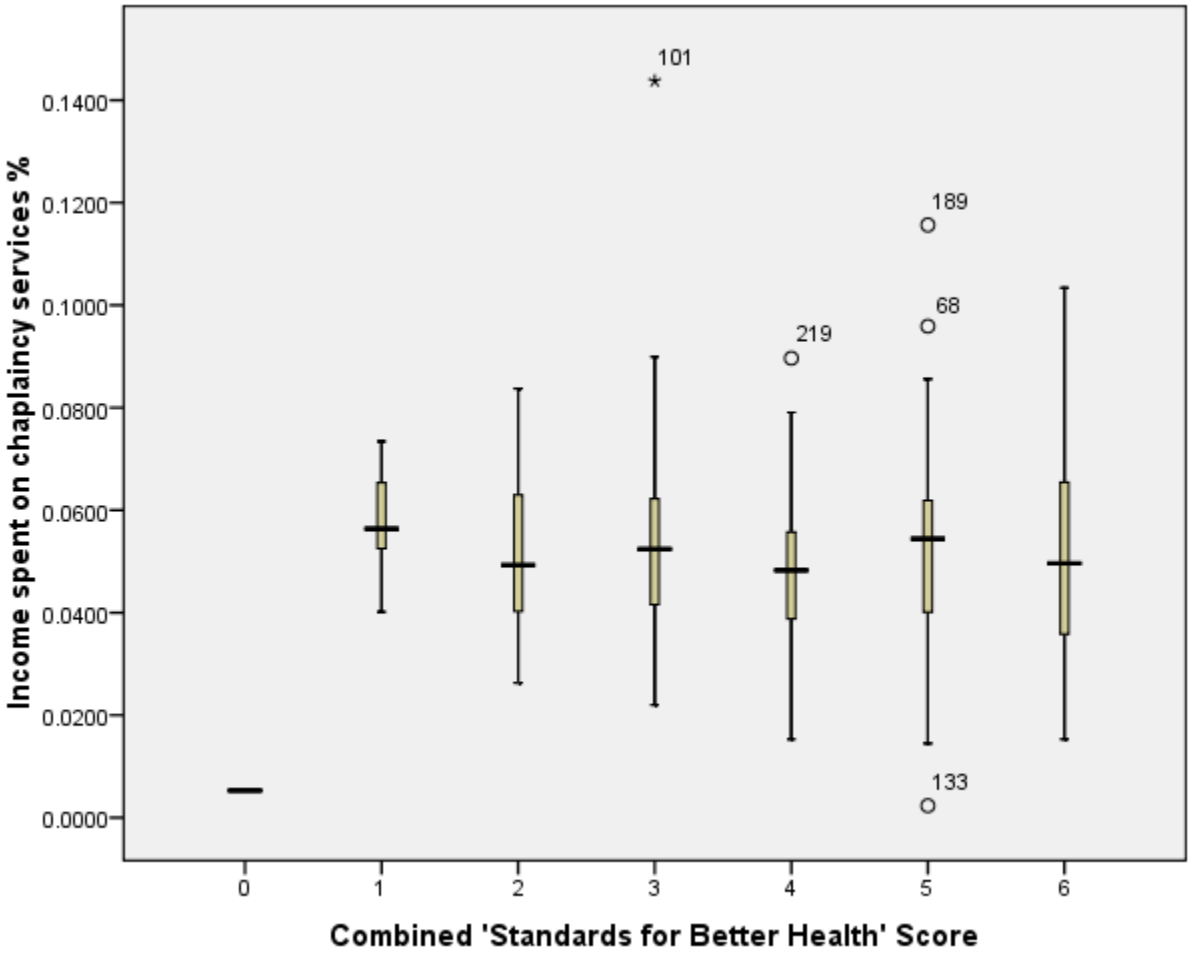
3.4 The relationship between expenditure and benchmarked quality measures

This study also (for the first time) attempts to analyse the extent to which funding of chaplaincy services contributed towards healthcare outcomes, addressing earlier critiques (Wardman, CCFON (2009)).

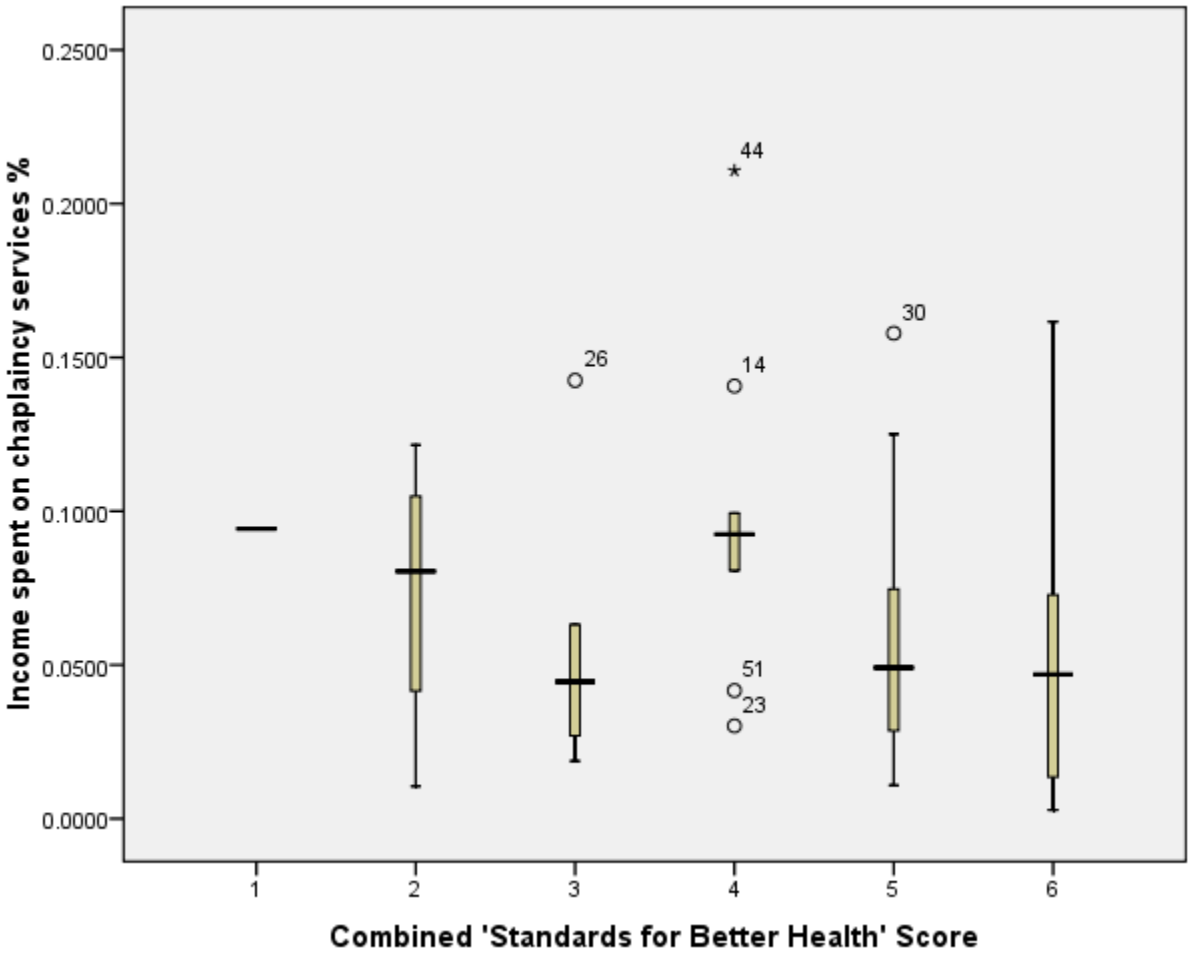
There are two national measures that can be used to consider this relationship for data from 2009/10. These are 'Standards for Better Health' and the Standardised Mortality Ratio (SMR).

'Standards for Better Health' is a Care Quality Commission assessment of quality of service and use of resources. This is a complex measure that draws on independent data (such as patient survey information) and NHS Trust self-assessment scores to derive two four-point ratings from 'weak' to 'excellent'. The highest performing Trusts therefore score 'excellent and excellent' and the lowest score 'weak and weak'. For the purpose of this study, the sum of these two ratings was used to form a combined 'Standards for Better Health' score so that ratings such as weak/weak was scored at 0 and excellent/excellent was scored at 6 (with 1 to 5 between).

Graph 2: Box plots to show income spent on chaplaincy services % against combined standards for better health score for acute NHS Trusts



Graph 3: Box plots to show income spent on chaplaincy services % against combined standards for better health score for mental health Trusts

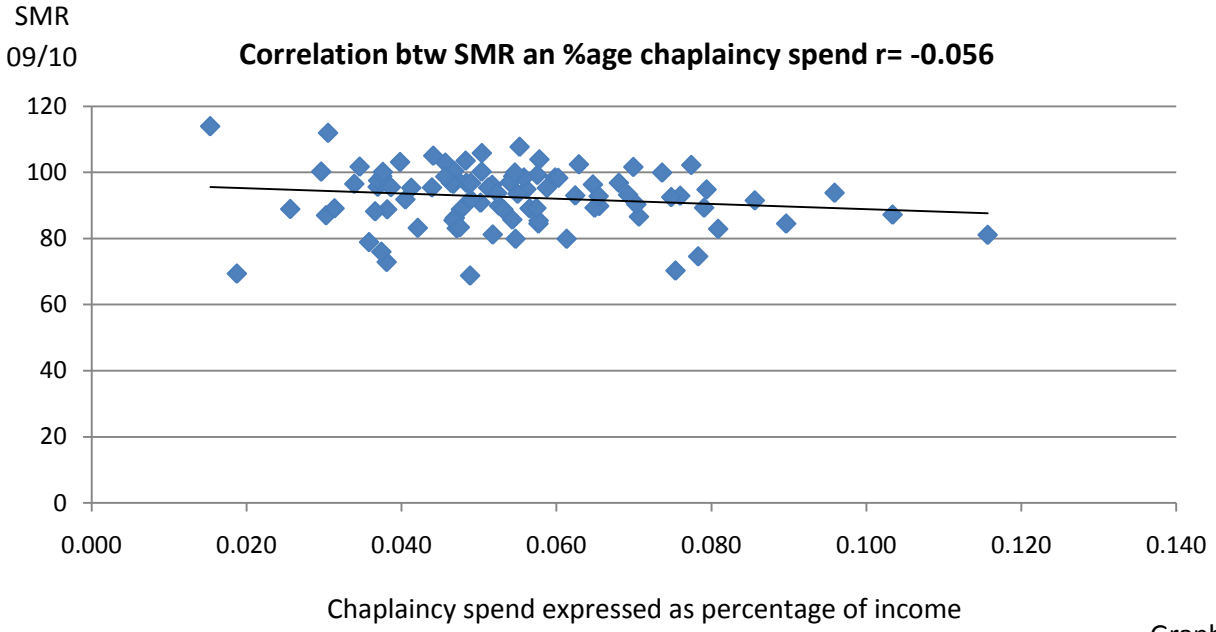


The income spent on chaplaincy services within each of the combined 'Standards for better health' score for acute and mental health Trusts are summarised in graphs 2 and 3 respectively. An ordinal logistic regression model was used to analyse the combined 'Standards for better health' score with percentage spend on chaplaincy as the explanatory variable. The analysis was conducted separately for acute Trusts and mental health Trusts and neither the acute Trusts nor the mental health Trusts showed a statistically significant result ($p = 0.73$ and $p = 0.136$ respectively). It can be seen from this analysis and graphs 2 and 3 that for English NHS acute Trusts and mental health Trusts respectively there is no evidence that an increased proportion of income spent on chaplaincy results in improvements in quality.

The second benchmarking measure is called the Standardised Mortality Ratio or SMR. This is not applicable to mental health or specialist acute Trusts (as there is no comparable data). For acute Trusts, the number of expected deaths for a given procedure or intervention is calculated nationally with the 'norm' being set at 100. Trusts' individual SMR performances are then expressed as a single number where figures below 100 are better than average and those above are worse.

A correlation between percentage income spent on chaplaincy services and SMR could be seen as providing a basis for the value of chaplaincy expenditure whether positive or negative. This is because, if lower death rates correlate with high spend (a negative correlation), it could be argued that spiritual care improves healthcare outcomes. Conversely, if high spend correlates with higher death rates (a positive correlation) it could be argued that high death rates have necessitated a greater spend on spiritual support. The claim of one Trust, to "support research in the area of spirituality, with the same rigour as in other disciplines" (Sussex Partnership NHS Foundation Trust, 2008, p.9) should perhaps be viewed with these kind of ambiguities in mind.

The results of calculating the correlation between the SMR and chaplaincy spend are shown in graph 4. There is a very weak negative correlation of -0.058 (p=0.489) which is not statistically significant. Therefore there is no evidence of a linear correlation between chaplaincy spending as a percentage of income and the standardised mortality ratio.



Graph 4

Both 'Standards for Better Health' and SMR measures (West 2010a) have been criticised as methodologically limited. Nonetheless, they are the only nationally available quality benchmarks and they are widely used to compare Trusts' performance by commissioners, regulators and researchers (see Ford, 2009 and West, 2010b). This study finds no evidence that the proportion of chaplaincy spend is associated with healthcare quality.

4. Opportunities for chaplaincy function cost improvements in English NHS Trusts

Although health expenditure is nominally protected from public sector spending reductions from 2011/12, the effects of inflation, increases in demand, and higher quality expectations mean that, in real terms, services must be reduced in volume unless substantial efficiency savings can be achieved (Randeep, 2010).

As a percentage of any Trust's income, chaplaincy costs are small. However, in absolute terms the sums involved are considerable, particularly for higher spending Trusts where, for each hospital, expenditure is often in excess of a quarter of a million pounds a year. Across the English NHS the cost is £29m.

The DH has clarified that it does not intend to intervene to discourage chaplaincy expenditure (CCFON (2009)). However, it is encouraging Trusts to use benchmarking of activity and expenditure in order to achieve savings within the QIPP (Quality, Innovation, Productivity, Prevention) framework and has established an online resource centre to promote this approach www.nhsbenchmarking.nhs.uk.

This study modelled the opportunities for NHS Trusts to make savings if higher than average spending Trusts moved to the average, and if all NHS Trusts moved to be as efficient as the best performing Trusts in their sector. In each case the average and best performing comparisons were drawn from acute and mental health Trust figures analysed separately. Efficiency here is defined as those Trusts that are rated as excellent and excellent, whilst also minimising the proportion of their income spent on chaplaincy expenditure. Table 1 shows the savings available to Trusts at 2009/10 prices.

Savings made by reducing to average spend =	
Acute	£2,877,203
MH	£1,560,781
Total	**£4,437,985**
Savings made by reducing to best spend =	
Acute	£14,396,089
MH	£4,248,160
Total	**£18,644,250**

Table 1

It should be noted that such savings are recurring (i.e. cumulative) so that any changes made in business planning for 2011/12 will significantly increase the contribution to NHS cost improvements over the following years.

Table 2 shows the most and least efficient Trusts, along with the savings that the least efficient Trusts can make per annum by aligning their expenditure to that of the best performing organisations.

Top acute Trusts (those with the most efficient spend on chaplaincy services that are also 'excellent / excellent')	Income spent on chaplaincy services (%)
The Royal Orthopaedic Hospital NHS Foundation Trust	0.01533
University College London Hospitals NHS Foundation Trust	0.01876
The Christie NHS Foundation Trust (Manchester)	0.02206
Queen Victoria Hospital NHS Foundation Trust (West Sussex)	0.02536

Bottom acute Trusts (those with the least efficient spend on chaplaincy services that are not 'excellent/excellent')	%age of income spent on chaplaincy services	Potential savings P.A.
George Eliot Hospital NHS Trust (Warwickshire)	0.14375	£ 129,953
Royal Bolton Hospital NHS Foundation Trust	0.08994	£ 134,089
Ipswich Hospital NHS Trust	0.08820	£ 153,251
Buckinghamshire Hospitals NHS Trust	0.08371	£ 186,760

Top MH Trusts (those with most efficient spend on chaplaincy services that are also 'excellent / excellent')	%age of income spent on chaplaincy services
Camden and Islington NHS Foundation Trust	0.00830
South Essex Partnership NHS University Foundation Trust	0.01186
Dorset Healthcare NHS Foundation Trust	0.01522

Bottom MH Trusts (those with least efficient spend on chaplaincy services that are not 'excellent/excellent')	%age of income spent on chaplaincy services	Potential Savings P.A.
Sandwell Mental Health and Social Care NHS Foundation Trust	0.21076	£ 100,510
Lincolnshire Partnership NHS Foundation Trust	0.15787	£ 137,314
Kent and Medway NHS and Social Care Partnership Trust	0.14254	£ 238,453

Table 2

5. Declarations of interest

The author is a member of the British Humanist Association and the National Secular Society.

6. Methodology

All the data used in this paper is shown in the spreadsheet appendix. In the spreadsheet each datum is hyperlinked to its source. The formulae used to calculate relationships between measures are shown.

6.1 Trusts included in the survey

The survey questions were sent to 227 NHS provider Trusts in England. 226 had replied by 14.11.10.

The remaining organisation, East Lancashire Hospitals NHS Trust, did not provide the required information until 29.12.10 after the Information Commissioner intervened. Their figures are included in the total expenditure but not in the statistical analysis of the relationship between expenditure and healthcare outcomes.

Ambulance Trusts, Primary Care Trusts (PCTs), and Primary Care Trust provider services were excluded from the survey. For the most part these Trusts do not provide inpatient services and are not assessed using Standards for Better Health or Standardised Mortality Rates. PCTs are also in a state of flux as they externalise their provider arms and prepare to implement 'Liberating the NHS'.

6.2 Scope and sources of information about chaplaincy expenditure and Trust income

All known English NHS provider Trusts were contacted using the www.whatdotheyknow.com freedom of information website during August and September 2010 and asked the following question.

"*How much did your Trust spend on chaplaincy (or equivalent non-Christian religious support) (pay and non-pay) funding in the financial year 2009/10 (or, if this is unavailable, in 2008/09).*"

As the aim was to understand the total cost to the NHS, respondents were asked to include both pay and non-pay expenditure and to include non-Christian functions. All Trusts were able to provide 2009/10 figures. Some broke this down into staff numbers and expenditure categories. For the most part expenditure was on Christian functions, although some Trusts did point out that they also fund Muslim, Hindu and other non-Christian faith services and that access was possible to humanist representatives.

Trust income for 2009/10 was identified from the Trusts' annual reports and summary accounts (which are available through the Monitor website for foundation Trusts), from NHS Trust websites, or via Strategic Health Authority board papers (where annual accounts were not available from Trust websites at the time of the study).

6.3 Sources of information about Standards for Better Health and Standard Mortality Ratio ratings

These ratings were identified through the www.nhs.uk website.

6.4 Treatment of Service level agreements (SLAs)

Care has been taken to exclude re-charged service level agreements (where one Trust makes payment for itself and other(s) and then invoices the other Trust(s) to recover these costs). This may lead to some under-reporting of costs, but eliminates the risk of double-counting.

6.5 Changes in NHS Trust status

Where an NHS Trust changed status (for example, from an NHS Trust to an NHS foundation Trust) mid-financial year, the part year income statements are scaled up as estimates. These are indicated in the data appendix. Where a Trust has been in existence too short a period to have received SfBH or SMR ratings, the organisation is included only for the purpose of calculating the total and percentage spends on chaplaincy functions.

6.6 Definition of efficiency

Those NHS acute Trusts that were rated as excellent and excellent were sorted and an average taken across the four Trusts in this group that spent the lowest proportion of their income on chaplaincy services. This figure was then applied to all acute Trusts to calculate the potential savings. For mental health Trusts the same process was followed, with the best performing figure being applied across all mental health Trusts. However, to avoid skewing towards an artificially low figure, certain Trusts such as the Tavistock and Portman Clinic (a specialist psychotherapy service with no inpatient beds) were excluded from this calculation. These exclusions are shown in the spreadsheet.

7. Acknowledgements

The author would like to thank all NHS staff who responded to the FOI requests and members of the National Secular Society for their advice and comments, particularly in relation to the statistical analyses.

The author would also like to thank the team who run www.whatdotheyknow.com for their FOI enabling website which facilitated this study.

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Robert Christian

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