

challenging religious privilege

national  
**secular**  
society

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## **An investigation into the cost of the National Health Service's Chaplaincy provision.**

### **Salary cost of NHS chaplaincy services:**

**£32,014,475**

This figure is for staff salary and associated on-costs only. It does not include the provision and maintenance of chapels, churches, prayer rooms/centres etc.

The cost is equivalent to the cost of around 1,500 nurses or over 2,600 cleaners. The money should instead be used to employ front line staff, who are urgently needed, as recent headlines show: "Plan to axe over 700 nursing jobs slammed"<sup>1</sup>; "Hospital hygiene campaign launched"<sup>2</sup> "Hygiene failings on NHS wards"<sup>3</sup>. We are confident that if patients were asked if they wanted chaplains or thousands more cleaners or nurses, the vast majority would choose the latter.

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<sup>1</sup> <http://www.newsletter.co.uk/news/Plan-to-axe-over-700.4967632.jp> (11 February 2009) and [http://news.bbc.co.uk/1/hi/northern\\_ireland/7880472.stm](http://news.bbc.co.uk/1/hi/northern_ireland/7880472.stm)

<sup>2</sup> <http://www.google.com/hostednews/ukpress/article/ALeqM5iL9rJtzS3vnU5WrdrvXpr7FCbQvQ> (re Scotland 21 March 2009)

<sup>3</sup> <http://news.bbc.co.uk/1/hi/england/cornwall/7981367.stm> ( 3 April 2009)

### **We recommend:**

Clerics could be called out on an as-and-when basis, rather than spending much wasted time in the hospital.

**1. We recommend that patients receive any comfort they wish from their own place of worship, which will be able to send people with whom they are familiar and who know more about them. These people will also be from the same religion, denomination or sect, something increasingly difficult to achieve in Britain, one of the most religiously diverse countries in the world. Most people admitted to hospital come from the local area and it would be more appropriate and comforting (and also cheaper to the NHS).**

We recommend that the budgets of NHS Trusts should be devoted entirely to the *raison d'être* of a hospital, which is medical treatment and aftercare. The provision of religious support should become the responsibility of local churches or mosques, etc. If clergy are called into the hospital as a result of patients' requests; they should do so as a religious duty and not receive a salary from the NHS.

The growth of the many different religions in Britain means that hospitals are now being required to provide not only vicars, priests, imams and rabbis but also prayer rooms and chapels (sometimes more than one), which are hardly used. In trying to accommodate the many religions now extant in Britain, the burden on Hospital Trusts is increasing, at a time when financial pressures are hardest.

**2. Public funding for hospital chaplaincy to be phased out. A hospital administrator could then be charged with liaising with local religious groups with a view to instituting a system of call-ins when requested. Any services sought by patients can then be provided as they are needed by the local churches and mosques etc.**

We know this is possible, because when the Worcester Acute Health Care Trust made one of its chaplaincy team redundant, local charities stepped in to pay for his retention. This could be an alternative model for providing chaplaincy cover.

**3. Prayer rooms are made quiet areas for those of all faiths and none.**

The non-religious majority also need places to contemplate. Our proposal would also avoid disputes, sometimes even physical "turf war" fights over prayers rooms.

It is not clear how much of the services of hospital chaplains or "spiritual care-givers" as they like sometimes to call themselves, are used or appreciated. It is also difficult to pinpoint exactly how chaplains spend their time.

The NSS had intended to commission an opinion poll to go with this report to try to find out the answer to these questions, but soon came to realise that it was difficult to pinpoint sufficient numbers of people in a random sample who had recently had a hospital stay in order to make the results statistically significant.

However, we suspect from considerable anecdotal evidence that the chaplaincy service is not much in people's minds when they enter hospital for treatment. Their first concern is their physical health and many we spoke to were resentful of the idea of being approached by a member of the clergy.

While it is undoubtedly true that the chaplaincy services are useful to and valued by some people, for many, if not most, they are an irrelevance.

As Britain becomes a more secular society, clergy are way down on the list of figures that people turn to for advice and support generally, not just in hospitals.

Poll after poll shows that religion is increasingly irrelevant to most people's lives<sup>45</sup>. The Eurobarometer poll taken last year showed that in Britain only 9% of people consider that religion has any personal value for them. Only a third of people said they regarded themselves as religious<sup>6</sup>. Only 38% believe in God<sup>7</sup>.

Of course, hospital chaplains have now reinvented themselves as "holistic carers" and counsellors, offering services above and beyond the simply religious – for which most of them have received no specific training at all. This raises questions about the efficacy and appropriateness of their services, especially if they are attempting to counsel patients (and their families) at a time when they are vulnerable. Any of these other duties could be undertaken by a non-religious – and properly trained - post-holder who could serve the whole hospital community without having to take into account the various religious sensitivities that constrain chaplains. A secular counsellor/social worker would not have to provide separate services to people of different religions.

We stress that the National Secular Society is not seeking to expel religion or religious representatives from hospitals. The purpose of this report is to question whether it is the proper purpose of a National Health Service Trust to employ and pay the wages of clergy.

With NHS budgets stretched and hospitals facing enormous difficulties with staff shortages, hygiene issues, lack of equipment and expertise, it is legitimate to ask: "Why don't religious organisations provide hospital chaplaincy services at their own expense?" How have we reached the point that an overstretched health service is spending many tens of millions of pounds on religious provision, when it is clear that it could more easily and

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<sup>4</sup> "Only 20 per cent of respondents felt their religious beliefs to be an important part of their sense of self-identity." Religion ranked last, ninth, in factors important to people's self-identity per Home Office Research study 274 (2001)

<http://www.homeoffice.gov.uk/rds/pdfs04/hors274.pdf>

<sup>5</sup> <http://www.devonhumanists.org.uk/eurobarometer15.pdf> "And in the following list, which are three most important values for you personally?" (Religion was last (12<sup>th</sup>))

<sup>6</sup> [http://www.icmresearch.co.uk/pdfs/2006\\_december\\_guardian\\_religion\\_poll.pdf#search="religion division"](http://www.icmresearch.co.uk/pdfs/2006_december_guardian_religion_poll.pdf#search=)

<sup>7</sup> [http://ec.europa.eu/public\\_opinion/archives/ebs/ebs\\_225\\_report\\_en.pdf](http://ec.europa.eu/public_opinion/archives/ebs/ebs_225_report_en.pdf)

relevantly be provided by the churches (etc) themselves, and the money saved applied to front line medical staff.

### **Methodology**

The Government has said that it does not collect information on chaplaincy services in the NHS. It says: "Local NHS trusts are responsible for determining and delivering religious and spiritual care, in a way that meets the diverse needs of their patients, carers and staff. You may therefore wish to contact individual NHS Trusts for this information."

With this in mind, the National Secular Society – through one of its members, Dennis Penaluna – sought to discover just how much was being spent on the chaplaincy services in the English, Welsh and Scottish and NI hospital trusts.

It was a significant undertaking as there are in the order of 380 individual Trusts in England alone. Dennis and a team of over 40 volunteers sought to contact every National Health Service Trust to seek answers under the Freedom of Information Act (2000).

The NSS would like to thank Dennis Penaluna for this mammoth piece of work and for his assistants who organised the enquiry in Scotland (Des Moore); in Northern Ireland (Rodney Breen) and Wales (Alan Rogers).

Dennis Penaluna's report:

The immediate problem with the survey was what question(s) to ask? Some wanted detail, others, infinite detail. I decided that, in this instance, basic was best. Keep it simple. I was conscious that we could be accused of wasting NHS resources but also aware that to ask the wrong question would probably elicit the wrong answer. The following questions were asked, which reflect the above concerns:

- 1. How many Chaplains, full or part time, from the various religions, are employed by the Trust?**
- 2. What is the total annual cost to the Trust of employing these Chaplains?**

Although all of the Trusts were asked for the 'total costs' involved, the vast majority gave 'salary costs' only, omitting such things as administration costs; NHS pension contributions; provision and maintenance of chapels, churches and 'prayer rooms'; provision of offices; provision of computers, training, car allowance, etc. Thus, there remains another survey to be done to discover the cost to the NHS of providing and maintaining places of worship/prayer/etc.

The population of England is about 50 million and their health needs are met by the National Health Service. The service is delivered through the following types of Trust:

Acute Trusts

Foundation Trusts  
Care Trusts  
Mental Health Trusts  
Ambulance Trusts  
Primary Care Trusts.

A total of 379 Trusts.

Acute, Foundation, Care and Mental Health Trusts are the 'big spenders' in regard to providing chaplaincy services. The 12 Ambulance Trusts do not pay for chaplains. The PCT's are problematic. Most do not provide a chaplaincy service. Some do. Others contribute to hospitals that do.

Chaplains are employed by the National Health Service for a number of reasons: to minister to members of their own faith or sub-groups of a particular faith: to minister to members of other faiths and apparently, to non-religious people. Many Trusts describe these activities as a "Chaplaincy and Bereavement Service".

The Church of England is by far the biggest supplier of Chaplains (hence the biggest beneficiary by far) with over 400 ordained priests in place. The RCs and Free Churches follow with 30 and 43 chaplains respectively. The other "faith groups" - Muslim, Hindi, Sikh, Jewish, Buddhist - have fewer than 20 between them. These figures are Whole Time Equivalents.

There appears to be no standard form in the NHS – terms such as full-time, part-time, sessional and Whole-time Equivalent abound. I have attempted to convert these figures into Whole-Time Equivalents.

The vast majority of the NHS Trusts were absolutely professional in their approach to a Freedom of Information request, and for this they should be applauded. A number of Trusts, however, were dilatory if not lax, and a few refused to give information until threatened with the intervention of the FoI Commissioner.

## **Results for England:**

**Total number of chaplains employed: 546** whole time equivalents employed in Acute, Mental Health and Care Trusts.

**Cost to the NHS: £26,722,494**

A full breakdown of each NHS Trust can be found at <http://tinyurl.com/c3ljku>

# **Report for Scotland.**

**Research by Des Moore**

## **Aims of the Research and Questions Asked**

To discover the total number of chaplains employed by NHS Scotland and to calculate the total cost to the NHS of employing these chaplains.

## **Context of the Research**

Chaplains are employed in a variety of roles by NHS Scotland, with whole time chaplains being employed directly by each of the 14 regional NHS Boards. These Boards differ greatly in terms of the size of population that they serve, however each is required to implement a 'spiritual care' policy for the provision of chaplaincy in consultation with local 'faith communities'.

Most chaplains are ministers of the Church of Scotland. An NHS recruitment website states that an entry requirement is: "a satisfactory recommendation and authorisation by your faith community".

## **Research Method and its Limitations**

Each of the 14 NHS Boards in Scotland was contacted and asked the two questions stated above.

There are, of course, additional costs, such as National Insurance, pension, administration and accommodation costs associated with the provision of chaplaincy services and others which this research does not identify. For example, research courses for chaplains funded by NHS Education for Scotland (NES). No attempt has been made to quantify capital expenditure.

The varying nature of responses is also another significant constraint. NHS Greater Glasgow and Clyde (NHSGGC), for example, provided a whole time equivalent (WTE) figure only.

Finally, some Boards gave answers pertaining to the current year and others gave answers pertaining to the previous year.

## **Key Findings**

**68 whole time chaplains and 152 part time chaplains are employed by the 14 NHS Boards in Scotland.**

**The total annual cost of employing these chaplains is £3,250,005.**

No certain WTE figure could be calculated for the total number of chaplains employed by NHS Scotland, but it is estimated at 85.

Not all responses included a figure for the number of Roman Catholic chaplains employed. NHS Ayrshire & Arran has a team of 6 denominational Roman Catholic chaplains, NHS Tayside pays the Roman Catholic Church for 4 chaplains, a Roman Catholic chaplain is the only denominational chaplain employed by NHS Borders, NHS Fife pays honorariums to the Catholic

Church and NHSGGC has priests “on-call”. These Roman Catholic chaplains are employed on a part-time basis.

The cost of employing a chaplain varies greatly between Boards. For example, NHS Dumfries and Galloway specified that 1 full time chaplain was employed, and cited annual costs of £73,193.

In NHSGGC the average cost of employing a chaplain is £26,603. Interestingly, the response from NHSGGC acknowledges that the bulk of work done by chaplains is with people who do not identify as belonging actively to any faith or belief group.

NHSGGC is the Board which spends most on chaplaincy in absolute terms (£617,190).

The next highest spending Boards are NHS Grampian (£474,009), NHS Lothian (£390,000), NHS Tayside (£382,000), NHS Lanarkshire (£315,000) and NHS Highland (£286,395).

It is noteworthy that the figure for NHS Grampian is significantly higher than the figure for NHS Lothian, despite the population served by NHS Lothian being approximately 780,000, approximately a quarter of a million more than the population served by NHS Grampian.

Chaplains employed by NHS Western Isles were found to be the costliest, on a per capita basis. The population served by this Board is under 27,000, but the annual cost of chaplaincy provision exceeds £100,000. This is almost £4 for every inhabitant on the islands. The Western Isles are at the same time one of the most religious parts of Scotland and one of the most sparsely populated.

In a recent report from Audit Scotland it was revealed that NHS Western Isles is the only NHS Board in Scotland not expected to break even in 2008/9.

The Boards with the most WTE chaplains are: NHSGGC (23.2), NHS Lothian (12), NHS Grampian (12), NHS Tayside (8), NHS Lanarkshire (8) and NHS Highland (7.37).

The WTE figures for the other Boards range between 1 and 5, with the exceptions of NHS Orkney and NHS Shetland. NHS Orkney employs a chaplain for only one day a week at a cost of £7,624 per year, and NHS Shetland spends £1000 a year on ministers’ payments. NHS Shetland has recently spent £25,000 on a prayer room.

Total cost for Scotland: **£3,250,005.**

## Report for Northern Ireland.

Research by Rodney Breen

In 2007, a number of hospital trusts in the province were combined into just 5 Health and Social Care Trusts.

A couple answered within the statutory period of 20 working days; one managed to get their answer in, apologetically, a month late; one ignored my enquiry entirely and had to be reminded by a stiff, formal Freedom of Information request which was finally answered three weeks later; and one got part of the information in just over the limit, but then had to be prompted several times, with a final letter threatening to report them to the Information Commissioner finally producing the remainder three months after the original request. The process of combining several trusts together, I was assured, was to blame, having caused a lot of disruption.

The results were interesting. Northern Ireland regularly tops surveys as the most religious part of the United Kingdom, and probably the most religious part of the island of Ireland, as the success of the Celtic Tiger has eroded traditional values down south in the Republic. Religion, of course, has been a big part of the region's problems.

Nearly £900,000 is being spent on chaplains in the five trusts. This works out at an average of £7,591 per chaplain (the majority do not work full-time). With the Belfast Trust spending over £365,000 per year on chaplains for its 340,000 patients, this works out at just over a pound a head.

The cost per session, from what I can see, appears to be around £50 a time. A quick calculation would seem to imply that 49 out of every 50 patients are not getting their money's worth.

Not all of the money comes from the taxpayer: Belfast has 18 honorary chaplains, who are not paid by the Trust but are either paid by their denomination or receive an allowance from their religious order.

Northern Ireland being the sort of place it is, the denominational differences are clearly marked: every patient is either Catholic, Church of Ireland, Presbyterian or Methodist. The Methodists, for some reason, take on anyone not covered by the other three.

'Other faiths' are so rare in the province that they do not rate a single chaplain. Presumably, Muslims get asked the classic Northern Irish question: "Yes, but are you a Catholic Muslim or a Protestant Muslim?"

### **Trust: South East Health and Social Care Trust**

Number of chaplains: 16 part time

Cost: £122,110



**Trust: Western Health and Social Care Trust**

Number of chaplains: 21 part-time; (equivalent to 4.99 full-time posts)  
Cost: £190, 000

**Northern Health and Social Care Trust**

Number of chaplains: 24  
Cost: £116,544

**Southern Health and Social Care Trust**

Number of chaplains: 23  
Cost: £93,960

**Belfast Health and Social Care Trust**

Number of chaplains: 51 (5 paid full-time; 28 paid part-time; 18 honorary)  
Cost: £365, 577

**Total number of chaplains: 135**  
**Total Cost for Northern Ireland: £888,191**

**Report for Wales.**

Research by Alan Rogers

The NHS Trusts in Wales were reorganized in FY 2007/8 by mergers which reduced their number from more than a dozen down to eight. Every trust I contacted understood that this enquiry must be treated as a legitimate enquiry under the terms of the Freedom of Information Act, and all had an FOI contact person. This was enormously helpful since an official quickly took ownership of the request and either dealt with it personally or delegated it to colleague.

Trusts varied a little in the speed with which they handled the request but even the slowest achieved a response time which I would regard as satisfactory. The difference in response times were, I suspect, mostly due to the need to collate data from the component trusts where a merger had recently occurred. At the end of the exercise I felt able to send a congratulatory message to every trust.

The NHS Trusts in Wales provide a service for just under 3 million permanent residents and a sizeable net inflow of tourists in the summer months. Population figures from the eight trusts allowed a check for completeness of the data to be made.

There was no great problem in obtaining a realistic figure for the cost of Chaplaincy services in FY2007/8. Rather more problematic was the data for the number of personnel involved. No standard method for recording this (say in terms of full time equivalents) is in place so each trust supplied figures in its own way.

The results obtained were as follows:-

**North Wales NHS Trust**

Number of chaplains: 19

Cost of Chaplaincy Services: £159,89

Population served 520,000

**Velindre NHS Trust**

Cost of chaplaincy service: £18,934

Number of chaplains: 1 full time, one part time

Population served: 1,500,000

**Cwm Taf NHS Trust**

Cost of chaplaincy service: £46,093

Number of chaplains 1 full time, 11 part time

Population served: 330,000

**Abertawe bro Morgannwg**

Amount spent on chaplaincy service: £218,249

Number of chaplains 5.51 FTE

Population served: 600,000

**Hywel Dda NHS Trust**

Amount spent on chaplaincy: £63,185

Number of chaplains: 2fte (7pt in all)

Population served: 370,000

**Gwent Healthcare NHS Trust**

Amount spent on chaplaincy service: £240,596

Number of chaplains: 13

Population served: 600,000

**North West Wales NHS Trust**

Amount spent on chaplaincy service: £95,429

Number of chaplains: 16 part time

Population served: 225,000

**Cardiff & Vale NHS Trust**

Amount spent on chaplaincy service: £312,000.00

Number of chaplains: 11

Population served: 500 000

**Total cost for Wales £1,153,785.00**

Established in 1866, the National Secular Society is Britain's leading organisation campaigning for a secular constitution that would separate Church and state, abolish "faith schools" and eliminate unjustifiable religious privilege and influence – for example in science and healthcare.

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