

# CHCC ANNUAL REPORT 2016

**CHCC** COLLEGE OF  
HEALTH CARE  
CHAPLAINS



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## PRESIDENT'S REPORT

Mark Burleigh

Another year has flown by!

### ANNUAL STUDY CONFERENCE

Over 100 healthcare chaplains from a variety of faiths and denominations met together in early September for the annual CHCC conference at High Leigh Conference Centre in Herts. The theme "Pilgrims in a New Land" reflected the way in which chaplains work in the modern NHS with its changing political, social and organisational structure. The event was really two conferences in one with separate strands for "mental health" chaplains and "general" chaplains. However, the timings in the programmes largely matched and therefore there was the opportunity for participants to opt for items in both strands.

With topics such as "Working in a World of Transformation" we were challenged to think what it meant to be a chaplain in 2015 and how things might develop over the next five years. Chaplaincy teams need to reflect the multifaith needs of their communities and it was good on the middle day to have representatives from different faith and belief groups address the conference and participate in the workshops and discussions.

### MEETINGS IN WALES AND SCOTLAND

During the Spring I attended meetings in Wales and Scotland to strengthen the links between the CHCC and our members in the devolved countries. These meetings were both very fruitful and highlighted the importance of chaplains networking to share best practice and to encourage each other.

### IMPLEMENTATION OF THE 2015 ENGLISH GUIDELINES

Following the publication of the new Chaplaincy Guidelines for England last year, I have been involved in two strands of implementation:

1. Information Governance for healthcare chaplaincy. This is a complex agenda and clearly there is a lot more work to do. I am very grateful to Catherine Thompson and Paulette Johnson in NHS England for giving this issue so much of their effort and time. I will continue to help all those who are working towards a sensible and workable solution to enable chaplains to deliver high quality person-centred care to all.
2. Diversity in healthcare chaplaincy. My own experience of working in a team with a paid non-religious spiritual care giver as a part of the chaplaincy has helped me to understand the value of offering a full choice of care-givers to patients and their families. I have been eager to work with our non-religious colleagues such as Simon O'Donoghue, the Head of Pastoral Support for the Non-Religious

Pastoral Support Network (NRPSN) and hope for constructive relationships moving forward.

### EUROPEAN NETWORK OF HEALTH CARE CHAPLAINCY

I represented the CHCC at the "Consultation" of the network, which takes place every two years. Sixty-seven chaplains, researchers and representatives met together in Debrecen, Hungary, coming from 23 countries. I think there were a number of lessons for me:

1. There was a lot of discussion of the ongoing research in healthcare chaplaincy, with many interesting presentations. It is also planned to develop proposals for a European Research Institute for HealthCare Chaplaincy.
2. There is a great variety of chaplaincy models and ways of working within the healthcare providers across Europe.
3. European Chaplaincy does not appear to reflect the religious diversity of the populations it serves, if the attendance at the conference is a good measure.

Overall it was a great experience to network with so many chaplains from many backgrounds and I am committed to working out how what I have learnt can help the CHCC as we look forward. On the last day there was a business meeting at which I was elected to serve on the ENHCC Committee, so hopefully I can contribute something to the network in that capacity too.

### WEBSITE

As you will read in the Website report I have spent time working with our website designer who has set up our new responsive website.

### THANKS

I am immensely grateful to all the members of the OPC. Without their hard work and commitment it would be impossible for the CHCC to function.

Many thanks to **William Sharpe**, for his hard work and support as College Registrar and to **Jane Beach**, our Unite Professional Officer.

### UPDATES

At the 2013 AGM members told me that they would like regular updates from the CHCC - to keep in touch with chaplaincy issues. Since then I have been sending out monthly updates - and I hope they are useful. If you want more, or less, detail - let me know!

If you wish to contact me, do drop me an email to [president@healthcarechaplains.org](mailto:president@healthcarechaplains.org)



## REGISTRAR'S REPORT

William Sharpe

### INTRODUCTION

Demands from the NHS for efficiency service based on value for money, has imposed effective changes to its service users and staff, resulting in longer waiting time for appointments and putting pressure on delivery services. Job cuts, down banding of job roles and consequently affecting staff morale.

In spite of these, health care chaplaincy has undergone rapid changes over the last year. Including the publication of the Chaplaincy Guidelines 2015 and the emergence of different chaplaincy bodies working together to provide a holistic approach to patient care.

The CHCC OPC (Organising Professional Committee) and Unite continue to promote and support its members and the profession in these challenging times.

### MEMBERSHIP

CHCC membership currently stands at 673, a slight drop from 675 last year. Over the past three years, membership has been consistent between 667 - 690. Current membership consists of:

Whole-Time	398	(395 in 2015)
Part-Time	183	(201 in 2015)
Retired	58	(44 in 2015)
Other (Volunteers)	34	(35 in 2015)

The following is the breakdown of members whose subscriptions are due:

6 - 13 weeks	2	(8 in 2015)
14 - 26 weeks	0	(10 in 2015)
Over 26 weeks	10	(9 in 2015)

The above figures show that the actual paid up membership of the College currently stands at 661 (648 in 2015).

Between January and June 2016 I processed 21 new members (compared to 26 by June 2015) of which 10 are full time and 11 part-time chaplains.

15 members resigned in the same period, for various reasons compared with 45 in the first six months of 2015.

### ORGANISING PROFESSIONAL COMMITTEE (OPC)

I am pleased to announce that as a result of the recent elections the following have been elected to serve in post

until 2018:

Phillip Staves	East Midlands
Stewart Selby	Eastern
Tim Mercer	London
Kevin Tromans	North East
Philip Winn	North West & Ireland
Timothy Bennison	Scotland
Karen MacKinnon	South Central
Simon Harrison	South West
Alison Coles	West Midlands
Wynne Roberts	Wales - North & Powys
Lance Sharpe	Wales - South
Alisdair Laird	Yorkshire & Humber

The only region without a rep is South East. I will encourage a member of the region to consider taking up this role. It is the wish of the OPC to have full representation on the OPC so we can serve our membership effectively.

Mark Burleigh has continued to promote and shape the CHCC within UK and Europe as a professional body for health care chaplains in the capacity as President (since 2011). His term of office ends in 2017.

Other Officers of the OPC to serve until 2017 are:

Nick Flood	Treasurer
Siddiq Diwan	Faiths Coordinator
Stewart Selby	Equality & Diversity

### CONCLUSION

With a surging number of members reaching the retirement age within the next five years, CHCC will need to adapt a growth strategy towards maximising membership. Some strategy needs to be incorporated into the CHCC business plan to achieve this through a structured procedure.

I would like to acknowledge the tasks taken by Barrie Brown (Unite Health Sector National Officer), who retired in June 2016 for his support for CHCC. His replacement is Sarah Carpenter who has 20 years' experience with the NHS and other parts of the health sector and has been deputy regional secretary in the South East region of Unite. Sarah will work alongside our other National Officer, Colenzo Jarrett-Thorpe.

Together with the CHCC President and the OPC members we look forward to working together with Sarah and Colenzo to promote the role and work of Healthcare Chaplains.

I would also like to thank my colleagues in the Health Sector at Unite HQ for their collegiality.



## TREASURER'S REPORT

### Hon Treasurer's Report - Year Ended 31st December 2014

Nick Flood

## BRANCH FUNDS

### Receipts

Branch Administration Allowance 5,035.17

### Payments

Web Site Maintenance/Development	790.80
Journal Editorial Board Meetings	157.85
Journal Publication & Printing	3,115.13
Mental Health Chaplains Task Group	592.48
EOLC/Ambitions Working Group	457.47
NCPC Subscription	120.00
Other Meeting Costs & Travelling	155.30
President's Expenses	284.09
Treasurer's Travelling etc	233.39
Affiliation Fee ENHCC	99.47
Research — FOI Questionnaire	215.00
General Expenses	46.99

6,267.97

### Excess of Payments over Receipts

1,232.80

Cash & Bank Balances at 1st January 2015

1,522.66

Cash & Bank Balances at 31st December 2015

289.86

## BURSARY & TRAINING FUNDS

### Funds generated by

Joint Annual Study Course	8,304.49
Mindfulness Day	489.00
Donation	400.00

9,193.49

### Payments

Bursaries	3,320.00
Journal Publication & Printing	7,224.92
General	104.10
Research	304.00

10,953.02

### Net Decrease in Funds

1,759.53

Cash & Bank Balances at 1st January 2015

34,447.59

Cash & Bank Balances at 31st December 2015

32,688.06



## PROFESSIONAL OFFICER'S REPORT

Jane Beach

Just over a year since the general election and we are really feeling the effects of the government's policies, with an uncertain time ahead following their decision to hold a referendum on our membership of the EU. The programme of austerity has resulted in the first strike by junior doctors in over 30 years and deep cuts to already struggling services, with still more to come! These bring immense challenges for our members and we continue to work together to meet them head on.

The health sector membership is growing with over 100,000 members, making us the largest sector within Unite. We have two new National Officers for Health, Colenzo Jarrett-Thorpe and Head of Health, Sarah Carpenter. The National Industrial Sector Committee (NISC) has recently updated the Health Sector Strategy which details the work of the health team over the coming year.

At a national level this includes partnership work on the behaviour and working culture expected for NHS employees as part of the ongoing priority to challenge bullying and harassment in the NHS and the production of a toolkit, to enable members and reps in England to challenge their organisations on the outcomes of the Workforce Race Equality Standards (WRES). There are a number of active campaigns including; defending health students' bursaries, reversing cuts to public health and putting an end to female genital mutilation. The battle to keep the NHS accountable and public also continues!

Like my professional officer colleagues, I have been busy over the last year delivering roadshows on revalidation for our NMC registered members, with over 3000 reached and I am in the process of delivering training on duty of candour. Please feel free to contact me if you are interested in holding a session in your work place! I also continue to work closely with your OPC on a range of professional issues and together with CHCC colleagues attended a meeting with the Nursing and Midwifery Council (NMC) concerning the omission of explicit reference to spiritual care from the revised Code.

We now have a task and finish group whose role is to produce updated guidance for all nurses and midwives, based on the RCN guide, that it is hoped the NMC will endorse. The group consists of nurse members of both Unite and the RCN, from a range of health settings with support from CHCC. There has been a focus on raising the profile of CHCC in the devolved countries. The CHCC reps in Wales organised an excellent study day for their health care chaplains and a successful meeting was held in Glasgow to engage with Scottish chaplains.

Once again I would like to take this opportunity to thank you for the care you provide to patients and staff and the OPC for the work they do on behalf of Unite/CHCC members!

If you haven't already done so, please like us on Twitter and Facebook to keep up to date with developments.

[www.twitter.com/uniteinhealth](http://www.twitter.com/uniteinhealth)

[www.facebook.com/uniteinhealth](http://www.facebook.com/uniteinhealth)



## MENTAL HEALTH CHAPLAINS' FORUM REPORT

Jean Fletcher

Stephen Willis served as Chair of our group 2014-15 and we very much appreciated his leadership, and you'll know he is full of humour and good common sense. Stephen has completed his term of office and we thank him for all that he has contributed.

We have six members and one co-opted member: Jean Fletcher, Jack Creagh, Cameron Langlands, Linda Nicholls, Benson Kimaru, Judith Gilbert and Mark Thompson. Meetings are usually convened in London for ease of travelling, and we are glad of the warm welcome from William Sharpe at Unite. Judith welcomed us to Kettering on one occasion for us to see her department and something of the work being undertaken there.

The annual conference is always a pleasure to organise. 2015 saw the conference Mental Health strand entitled 'Pilgrims in a New Land – exploring how mental health chaplains can make a positive impact on caring for people in the community.' This emphasis on community care reflects the majority of work of mental health teams, supporting people in their own homes, through mental illness towards recovery. Our conference sat nicely alongside the General strand's theme of 'Pilgrims in a New Land - working in a world of transformation.'

When it came to the conference, the invited speakers were all excellent and we had lively and challenging workshop sessions. There were opportunities for reflective practice, for morning and evening worship, and then times of relaxation and socialising, making it a well-rounded conference. The Forum in organising the conference is mindful of the many different settings from which the chaplains come, and we are wanting to find a balance between 'input' and the chance for a rest and recovery ourselves. In the many distressing and demanding situations chaplains face, we are committed to looking after one another's good health too.

Opportunities can arise. We were invited to provide a Chaplain for the day, at the national Dementia 20:20 conference held last April. Delegates received papers from world-class speakers; it was good to be available on behalf of the CHCC to support those personally affected by the issues of the day.

We have had representation on the Chaplaincy Leadership Forum (Jack Creagh) and also the Organising Professional Committee (Cameron Langlands). They both report back to the Forum.

Benson Kimaru has been sharing with us his vision of mental health care in Kenya and he is looking for support in establishing the MindCare Day Care and Drop in Centre in Gacharu, Kenya. This is in Benson's home area. Whilst we know that funding for this project is not possible through the CHCC, we are looking to establish a partnership, possibly with reciprocal visits to and from Kenya. We continue to support Benson in prayer, and in helping him to find other avenues of funding.

Collaboration is a natural part of our working and we look to chaplaincy colleagues from the acute sector with great admiration. The breadth of experience and commitment is truly astonishing and we all strive for the wellbeing of the whole person, physical, mental and spiritual in all that we do. But of course those of us serving in the mental health world reckon we have the best part of it! Well done everyone.



## FAITHS COORDINATOR'S REPORT

Siddiq Diwan

Taking on board comments and suggestions received at the annual conference and after due consultation at the OPC, an extensive national scoping exercise of acute trusts in England was undertaken. I am now pleased to announce that we have completed this. We received 134 actionable responses to date with 84% coverage of acute Trusts in England.

Our main objectives were:

- To support members in developing multifaith chaplaincy teams by assessing the current situation in Chaplaincy teams
- To assess how many minority faith chaplains and volunteers are working in healthcare chaplaincy
- To assess the faith makeup of chaplaincy teams compared to the religious mix of their patients

The results are opposite:

My plan for this year is to set out to seek best practice guidelines on the workings of a Multifaith chaplaincy team. In conjunction with other members of the OPC we will seek to research:

1. How should minority faith become better integrated into chaplaincy teams?
2. How should minority faith chaplaincy resources be accessed in Trusts where there is no minority faith member on the chaplaincy team?

Our methods will mainly involve conducting:

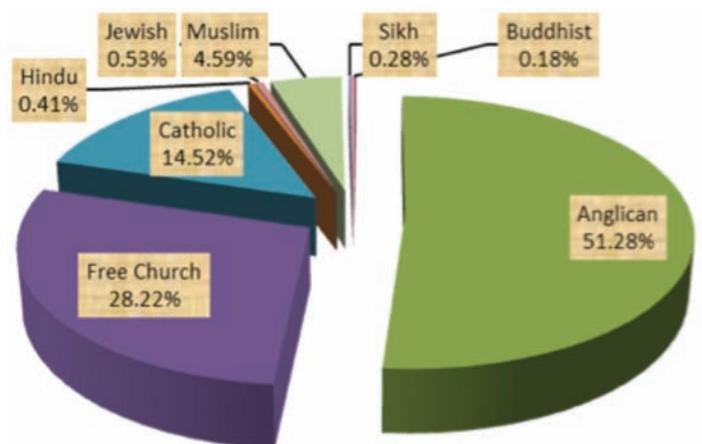
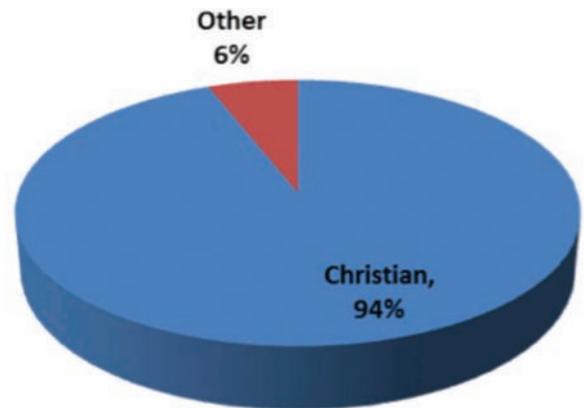
- Semi structured interviews
- Surveys
- Focus groups

Our objectives are:

1. Identifying the professional needs of minority faith Chaplains.
2. A tailored facilitation and capacity-building programme to address the needs identified.
3. Providing support opportunities which promote further engagement with the majority faith community

4. Providing resources and training.
5. Developing the multifaith web page.

Finally, may I thank all those that responded to our FOI requests and a special thanks to our OPC for their support through this busy and at times hectic process.



Breakdown by all faiths



## THE JOURNAL

Meg Burton

Health and Social Care Chaplaincy continues to flourish. We publish a variety of articles, both general and research based, with an increasing interest in the journal world-wide. As well as editing from our own team, Andrew Todd (St Michael's College, Llandaff) guest edited issue 4.1, and Debbie Hodge, with me, will be editing 5.1, on the theme of 'Palliative and End of Life Care'.

The biggest change has been the decision not to renew the contract

with our publisher, Equinox. They will continue to publish, and you will continue to receive your copy as part of your CHCC subscription, but CHCC no longer owns part of the title.

We hope you enjoy reading the journal and that you will be encouraged to submit your own articles or research for consideration of publication.

## END OF LIFE CARE RESOURCE GROUP

I have continued to pass on to you, through the regional reps, the regular email updates I receive from the National Council for Palliative Care (NCPC), of which CHCC is a subscriber. They put many excellent courses and you are all able to attend at the reduced subscriber rate. I receive regular email newsletters and these can be accessed through the College website. Please look out for notification of Dying Matters week (8 – 14 May 2017) and perhaps think about organising an event at your hospital. More information is available on the Dying Matters website.

Since the last AGM I have spoken at two conferences – at a joint

RCN/NCPC conference in London in December 2015 on the subject of Spirituality and End of Life Care, and at the Primary Care and Public Health conference at the NEC in May 2016 on How to Assess the Spiritual Needs of the Older Person. Debbie Hodge and I are speaking at this year's RCN/NCPC conferences in Wrexham and Newcastle upon Tyne in October 2016.

I continue to represent the CHCC on the National Palliative and End of Life Care Partnership. For more information on the work we are doing, please go to [endoflifecareambitions.org.uk](http://endoflifecareambitions.org.uk)



## GP CHAPLAINCY

Fiona Collins

The Interest group has been progressing this year through the contacts made via the web site for the Association of Chaplaincy in General Practice found on the website [www.gpchaplaincy.com](http://www.gpchaplaincy.com). The development of contacts around the country and the sharing of materials already tried and tested in the commissioning environment of the Midlands have enabled other Medical Centres to look at developing this Whole Person Care in a Primary care setting.

The development of the National role for the Association for Chaplains within CHCC has been further progressed by employing a Chaplain Administrator to help the many enquirers with information and literature to aid their adoption of this service in their areas. It is hoped that this will develop the standards and accreditation that Chaplaincy needs for the commissioning of this very important professional role for the care of patients in Primary Care.



## RESEARCH NETWORK (CHURN)

Derek Fraser

The research network group (RNG) consciously reformed itself back in October 2014 and it was reframed from the RNG to CHURN - chaplains in healthcare UK-wide research network. This was to recognise that we are a small community and it would be helpful if the net was cast as wide as possible within the UK.

We are keen to keep the research agenda alive and talked about in healthcare chaplaincy in the UK. Nevertheless while this dimension is exciting and deserves celebrating, it is set against a backdrop that in so many ways, this is a just drop in the bucket of developing a research rich profession. It has been helpful in writing this report to return to the résumé of previous discussions:

- The reality is that few people have dedicated resources to engage with the research agenda. The need to change that priority is vital.
- The pressure to run the service in these economically pressured times cannot be underestimated. Many teams are running fast and still standing still or going backwards.
- The value and vision of chaplaincy research has not been grasped yet.
- We need to build more alliances or collaborations with the academic communities so the research work does go forward.
- Masters and doctoral students need to be encouraged to do research as their dissertation module in all cases.
- The national CHCC conference 2012 had a strand of research literacy/awareness woven through it so we can increase the understanding of that aspect. That dimension needs to be an on-going dimension and the CHCC central group need to address that more vigorously.
- We need to focus on what kind of evidence we need to gather as a profession.
- Perhaps we need to keep talking on this subject, sharing ideas and resources.

Chaplaincy in England has seen the publication of the revised guidelines for chaplaincy 2015. It was agreed to host another Study day for CHURN on Wednesday 21st October in Moeller Centre, Cambridge which focused on the research issues that emerge from that guidance. Chris Swift and Derek Fraser who were involved in that revision work, unpacked some areas of research work that need attention if we're to see chaplaincy continue to be sustained and hopefully flourish.

At the recent CHURN meeting in October 2015, it was decided that a number of those present would proceed to pilot the Standard Data Set (SDS) in their own settings. It was planned to run this initial pilot

during December and January so we can adjust the tool after this road test. It is recognised that this is a blunt instrument but our purpose is to seek to capture some basic data that will help future work.

After the initial pilot, we planned to trial the revised SDS with the Shelford Group of Hospitals, as well as continuing to use the initial pilot group of participants. The strength of this approach was that the Shelford Group is a discrete entity that will help to shape the robustness of the SDS. The continued inclusion of the initial pilot group which draws together chaplaincy services from across the UK is that we will be able to pick up and integrate some key indicators that may be valuable in the longer term.

We sent out the SDS template with a letter to all members of the CHURN network so this is as inclusive as possible. We also included a brief PowerPoint to accompany this so all members of chaplaincy teams who were to be involved had some idea of what was planned. We also included the data set template we used here in Cambridge, as guidance about what might be included and how we record data for the management of chaplaincy when reporting direct to the Chief Nurse. We also included Mark Burleigh, CHCC President, in this process so all of the chaplaincy community were kept briefed on its progress.

We are holding a day together for all those involved in this project on Wednesday 20th July in London to discuss our experiences of this approach and to refine the basic tool. It – the SDS tool – will then be able to be disseminated throughout the UK for teams to use. Its strength will be that it is a standard set and therefore allows for easy comparisons across departments and will feed into the whole process of supportive review which is being developed in England. It is hoped that NHS England might be interested in receiving reports on chaplaincies from this data work.

Pockets of research are continuing to develop and it was encouraging at the recent chaplaincy conference at York University in June 2016 to hear of a number of colleagues who are undertaking some innovative work. The challenge is to grow this approach and embed it more widely. We are hugely grateful to Andrew Todd for all his outstanding leadership in this area.

JISCmail continue to be a forum for on-going conversations and this is open to any chaplain who wishes to be part of that forum.

CHURN continues to be committed to keep this conversation alive and we are keen that these aspects are picked up by a wide range of the chaplaincy community. We are grateful to CHCC for its continuing support of this dimension of our professional life.



## EQUALITY OFFICER

Stewart Selby

It has been a privilege to serve as the Equality and Diversity Officer / Lead for CHCC this first year. It is my responsibility along with my OPC colleagues to ensure our policies and ways of working are open to all.

I have found the OPC and Unite officers to be approachable and supportive on all matters related to Equality and Diversity.

I proposed that we survey the CHCC Members, to find out what the Equality and Diversity experiences were in the work places and jobs.

The survey is almost ready to go out, however due to workload and illness, we will not have the results back in time for the Annual Report:

It is hoped the survey will have identified some themes, areas of work for the OPC to take forward in the coming year.

If Members have any areas they want to raise please contact the CHCC Office directly.



## WEBSITE ADMINISTRATOR

Mark Burleigh

This year has seen the launch of the redesigned CHCC website. The OPC had decided that the old website was beginning to be in need of restructuring as a number of pages were not being used and a lot of the useful information was hard to find.

The new website was launched in May and now has the advantage of being "responsive". That means that it adapts the layout depending on the screen size of the device being used to view it. This makes the site much more useable on tablets and phones, which are increasingly used to view websites. It also gives people the opportunity to post comments on news items. Thanks to John Morse-Brown ([morsebrowndesign.co.uk](http://morsebrowndesign.co.uk)) for all his work producing such an excellent site.

CHCC members can access the members' area using their email address. You will need to use the email address that the CHCC has as

a part of your membership details. If you need to change your registered email address please email William ([william.sharpe@unitetheunion.org](mailto:william.sharpe@unitetheunion.org)).

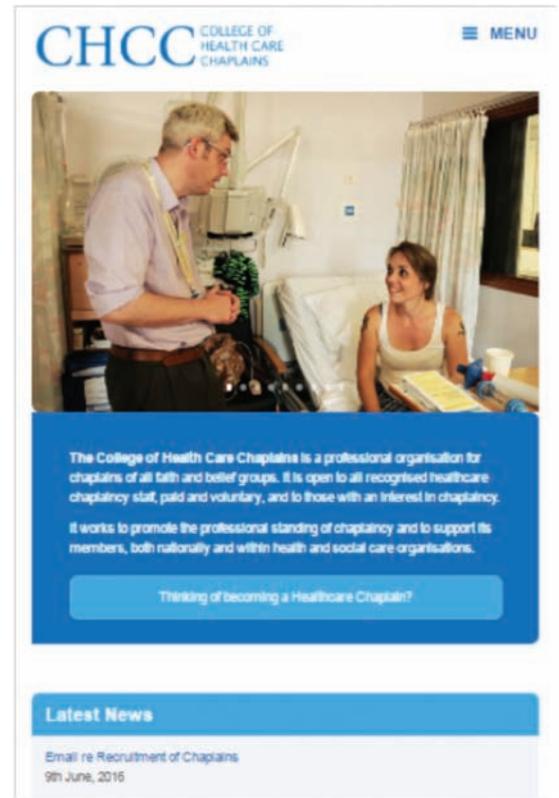
The first time you want to log in please use the "forgot password" option. A new password will be emailed to you. When you have used that password to log in to the members' area you can change your password to something more memorable.

I am glad that the website is being well used and continues to work to ensure that it continues to serve the cause of Chaplaincy and the interests of the members of the College. If you spot a problem with the website, please do send me an email!

**Website Administrator**  
[website.admin@healthcarechaplains.org](mailto:website.admin@healthcarechaplains.org)



Desktop view



Mobile view

# REGIONAL REPORTS



## EAST MIDLANDS

Phillip Staves

I became OPC representative for the East Midlands Region in autumn 2013 and was re-elected for a three year term last summer.

After a successful joint study day with the West Midlands Region in March 2015, we hoped to repeat the format this spring with a different topic. Unfortunately the speaker we have in mind was not available at a convenient time in the first half of the year, but we still hope to run a day in autumn 2016.

As Regional Representative I have attended the quarterly meetings of the Organising Professional Committee in London and Manchester.

As reported elsewhere the OPC has discussed many matters during the year and I have on occasions raised matters relevant to the East Midlands and also spoken up on behalf of smaller District General Hospitals.

As Lead Chaplain of a small team at Kettering General Hospital, I regret that it is difficult to find time to visit other Trusts. However I'm very happy to talk through issues with members on the telephone, give advice when I can and, where necessary, raise members' concerns at the quarterly OPC meetings.



## EASTERN

Tony Brookes

Having spent the majority of my ministry working within the NHS, and much of that as a Chaplain, I am delighted and privileged to have the opportunity to join the OPC as a regional representative and look forward to working with and learning from colleagues.

I trust that I will prove to be an adequate and faithful representative for the region and in this regard I would welcome the practical and prayerful support of colleagues.



## LONDON

Tim Mercer

The London Region has been thoughtfully led by a small committee. We have 105 members.

There have been several meetings during the year, on topics which enabled mutual support. The meetings were attended by approximately 20 people per session. William Sharpe used a survey to support increases in attendance.

In June 2015, working with others and multiple agendas were considered. In November, at St Vedast's, members met with the Bishops of Southwark and Willesden at a gathering for Healthcare Chaplains. In June 2016, 'Clowning in Chelsea' was led by one of our retiring chaplains, Christina Beardsley. This account had many insights into chaplaincy practice; these included: the inclusiveness of chaplaincy as a profession; different opportunities for pastoral ministry; mentoring and research. Our exchanges, when we met, showed the value of chaplaincy over time – as we considered years of pastoral care in a healthcare setting.

Although on site duties have prevented large attendances, these regional meetings have been very stimulating and affirming. Some London Region members have met up, when attending study days provided for professional development, for example, the Cambridge day conference on faithful professionals.

We have all faced the challenges and benefitted from the opportunities associated with the implementation of the Chaplaincy Guidelines 2015. Team size, job descriptions, diversity, chaplaincy standards and on call arrangements all came into play again, in ongoing local negotiations, as we build durable models of pastoral care. The financial challenges in the NHS have meant that some teams faced restructures, with reductions in staff. However some Trusts have replaced posts. In all Trusts, chaplains have been engaged with inter-disciplinary work as usual. We find great energy and solidarity, as chaplains support one another.



## NORTH EAST

### Kevin Tromans

The region includes the following trusts, all of whom employ chaplaincy teams:

- Tees, Esk and Wear Valleys
- Northumberland, Tyne & Wear
- City Hospitals Sunderland & South Tyneside
- South Tees
- County Durham & Darlington
- North Tees & Hartlepool
- Newcastle
- Northumbria (North Tyneside, Hexham and into Cumbria)
- Gateshead

We also have chaplains employed in, or working under service level agreements with, several hospices across the region.

It's a massive area covering North East England from the River Tees to the Scottish border, the North Sea to the high Pennines and across into parts of Cumbria. Although we have almost 40 chaplains in the region, gathering for meetings poses some challenges in terms of travel and logistics; nevertheless we held three meetings during the year (Autumn, Spring and Summer) with an average attendance of approximately 15 members, and an Autumn overnight study/retreat which attracted six members.

Main issues of note during the year have been as follows:

- The pressures faced by chaplaincy teams to continue delivering services in a period of financial stringency and austerity. The demand doesn't decrease, even if the funds do!
- The retirement of Revd Jonathan Perry from Gateshead after some

25years' service with the Trust, and some sterling work with the CHCC as regional rep, the bookstand keeper at the annual conference, and bursary administrator. Jonathan, having reached the age of 60, decided to step down in the summer, move to Oxfordshire and pursue a different course of activity. He now works as a fully accredited chimney sweep

- The development of closer working with palliative care teams whereby chaplains are alerted in order to offer pastoral and spiritual support to patients approaching the End of Life. The number of trusts in the region adopting this approach has increased this year and now includes North Tees and Hartlepool, Newcastle, Sunderland, and Middlesbrough. County Durham and Darlington hope to adopt such a pattern of working in the near future

On a more musical note, Richard Bradshaw, one of the team working in mental health with Tees Esk and Wear Valleys, has developed a program of music making with patients. Richard says "This began as a kind of "Singing for the Brain" type activity which I deliver with the help of my digi-keyboard among people with dementia (sometimes with carers present, sometimes only a couple of professional care staff).....

More recently I have been asked to extend my music making activities into both forensic work and into LD units where the service users have complex needs.....I am also being asked to deliver music sessions on acute wards at a hospital outside the NHS but to which we provide chaplaincy through an SLA"

Overall, a very busy year with much work of high quality – often unseen and unsung – being done across the patch.



## NORTH WEST & IRELAND

Assia Shah

I would like to thank my predecessor, Philip Winn, and look forward to supporting the work of CHCC.

I welcome direct contact from members and hope to convene local meetings over coming months.



## SOUTH CENTRAL

Karen Mackinnon

I'm sorry that I haven't really done as much as I would have hoped to support the South Central region this past year as I was off sick through the Autumn/Winter and am only just getting back into gear. I have sent emails asking if members would like a study day and if so, what on subject and am awaiting replies.

## SOUTH EAST

The South East region has been without a rep for the past two years. CHCC invited nominations but no name was put forward for the region.

We look forward to a nominee to represent the Region on the OPC to support the work of the CHCC and to represent the region's interests and concerns.



## SOUTH WEST

Simon Harrison

As South West rep (and as vice-chair) I have been involved in a range of challenging situations both in the South West region and more widely, providing support and advice to several members. There has been less opportunity than I would have liked for

travelling around our region and I still hope to go further north and east in the next year to meet some of our long term and newer members. During this year I developed the national recruitment leaflet and hope chaplains will encourage colleagues to join!



## WEST MIDLANDS

Alison Coles

During this last year we have welcomed some new members to the College in our region and said goodbye to several chaplains who have either moved on or retired.

I have met or spoken with a number of you on a range of issues, with recruitment and changing management structures being common themes. Maintaining a 24/7 on-call service is also proving to be a challenge for some teams, due to financial cuts or low staffing levels. This is an issue that the OPC is planning to do some further research into, to assess the situation nationally.

Following a successful study day held with our neighbours in East Midlands last year, we are planning a day on mental health issues during the autumn. Further details will be circulated by Phillip Staves and me shortly.

I am pleased to be able to represent you at our quarterly OPC meetings and to support you with any issues where I can. I am always happy to hear from you so please get in touch should you need to.



## YORKSHIRE AND HUMBER

Alisdair Laird

The last 12 months have seen a continual development of the two main items from the previous year:

1. The collaboration between NHS Trust chaplaincies on the north and south sides of the Humber ('North Lincolnshire & Goole' (NLaG) and 'Hull & East Yorkshire' (HEY)); and,

2. The regional research network (CRNYH - 'Chaplains Research Network in Yorkshire and Humber').

Despite the widely dispersed locations of the regional chaplaincies causing some difficulties, both efforts are actively progressing and proving worthwhile and an encouragement to those involved.



## SCOTLAND

Tim Bennison

Since my last report I have joined with representatives from regions across the UK and attended four meetings of the CHCC's OPC (Organising Professional Committee). Whilst much of what is discussed at these meetings assumes the delivery of spiritual care in an English context, there are many issues which have overlap or implications for the Scottish context too. In addition, I have sought to represent and explain our Scottish context - particularly where there are differences in understanding or approach.

In order to further deepen understanding of Spiritual Care in Scotland, the President and Registrar of the CHCC visited Scotland in June and invited members and other interested parties working in Chaplaincy from across Scotland to a meeting in Glasgow. This meeting was an opportunity to learn more about the work of the College and to share and discuss our experiences and concerns delivering spiritual care in NHS Scotland.

Whilst the turnout was somewhat low, the discussion was interesting and engaging - focussing particularly on the nature of "generic" chaplaincy, the place of theology and religion within Spiritual Care, and the question of what Healthcare Chaplains offer uniquely, that can't be offered by other healthcare professionals. Unite's Professional Officer for Scotland, Gavin Fergie, was also present at the meeting and explained something of the work of Unite and its relationship with the CHCC.

The outcome of this meeting was a desire from those who attended, for a greater involvement in the work of the CHCC in Scotland, and, more generally, for better communication about issues of interest and concern between all chaplains in Scotland, whether or not they were members of the CHCC.

To this end, it was agreed to hold a regional Scottish meeting, open to all chaplains, at least once a year and for regular email updates to Scottish chaplains ensuring that members and others are kept up to date with the work of the CHCC and other issues affecting the delivery of Spiritual Care in Scotland. In addition, it was agreed to look at ways of ensuring that the Scottish CHCC members were represented in any strategic thinking and development of chaplaincy in Scotland.



## WALES

Lance Sharpe

Another year has passed and the day to day work of healthcare chaplaincy goes on in Wales. I have attended the OPC on three of the four occasions to represent the region and Wales to the committee which I feel really does have its finger on the pulse of the issues facing healthcare chaplaincy in the UK today.

It would be remiss of us not to remember our valued colleague Cliff Chonka who retired from the Royal Gwent this year. Cliff worked on the group that produced the Standards for Spiritual Care in the NHS in Wales 2010 as well as representing the College in the past. I am sure you all wish him well in his retirement.

One of the highlights of the year has been a successful study day hosted by the Abertawe Bro Morgannwg University Hospital Board chaplaincy at the new education centre at Morriston Hospital. Feedback was extremely positive with presentations from our President Mark Burleigh and clinicians from the fields of Palliative Care and Mental Health.

Another development in Wales has been the meeting of the lead chaplains' forum (LCFW). In England chaplaincy has the Chaplaincy Leadership Forum which gives strategic direction to the profession. We hope the LCFW will be able to fulfil this role for the unique Welsh devolved context. The LCFW meets three times a year and is made of all the Senior Chaplains in Wales plus co-opted deputies for development purposes.

The Welsh Health and Care Standards 2015 and the supporting guidance have given very robust detail on the provision of spiritual care under the themes of 'Dignified Care' and 'Individual Care'. It is important to note that these standards do not replace the 2010 Standards but are in addition to them. The hope is to bring these new standards pertinent to spiritual care into the consciousness of the Health Boards so that spiritual care is given more priority than at present. A letter is to go out to CEO's shortly with this in mind.

Other than that, please remember that CHCC is here to support you in your workplace issues and if you have any questions regarding terms and conditions or recruitment support please contact me. Of course, do remember the College's study conference in September.

## Appendix: Current CHCC Business Plan

Aim	Actions	Timescale	Responsible
Effective communications with members	Update website with Minutes Send monthly email updates to members Ensure CHCC addresses issues relevant to Scottish & Welsh chaplains. Include monthly issues in the President's email update Implement action plan from meeting with Scottish members in Glasgow President to attend annual meetings with members in Wales and Scotland	On-going On-going On-going through President's update Meeting in 2016 Start in 2016	Registrar & Webmaster President Tim Bennison, Registrar, President, Lance Sharpe Tim Bennison, Registrar, President Tim Bennison, Registrar, President, Lance Sharpe
Manage CHCC business	Review and update business plan Conclude elections for Regional Rep for SE and Eastern regions Survey members regarding equality related issues. Following the survey OPC will devise a plan to address their concerns Conclude sale of CHCC share of journal to Equinox	On-going August 2016 September 2016 July 2016	OPC meetings Registrar Stewart Selby Registrar, President
Promote implementation of NHS guidance	Promote 2015 Welsh Healthcare Standards in letter to CEOs of Health Boards Make available examples of good Job Descriptions and Person Specifications via website	September 2016 October 2016	Registrar to send out. Lance Sharpe to lead on writing the letter Karen Mackinnon / Webmaster
Promote and Support Chaplaincy Research	Support research conducted by member with bursaries Support proposals for European Research Institute for HealthCare Chaplaincy	On-going 2016-18	President as member of ENHCC committee
Support the Chaplaincy Profession	Make available a free copy of Health and Social Care Chaplaincy as part of membership. Build good relationships with other Chaplaincy bodies Engage with and support the work of the UKBHC to help the development of an appropriate regulator for chaplains Support chaplains in specific difficulties Maintain active participation in the End of Life Care national initiatives Devise action plan following FoI to scope minority faith chaplaincy across UK Arrange an initial GP Chaplaincy network meeting	Twice yearly On-going Through 2016 On-going On-going September 2016 Update at OPC Oct 2016	Registrar President OPC & President Regional Reps and President Meg Burton & others Minority Faiths Rep, HCFBG rep Fiona Collins
Training	Organise annual study course and concurrent Mental Health study course Support and publicise regional training events across neighbouring regions Produce training event material to be used for regional training days on Multifaith chaplaincy Produce guidance for the consideration of bursary applications.	Conference in Sept 2016 Through 2016 October 2016 September 2016	Registrar, Jean Fletcher & Cambridge chaplains OPC Regional Reps Minority Faiths OPC Rep Tim Mercer
Terms & Conditions	Monitor advertisements on NHS jobs and NHS Scotland jobs for Band 5 jobs that look as if they better fit the band 6 national profile and Band 6 jobs that look as if they better fit the band 7 national profile Send letters to employers in the above circumstances.	On-going On-going	All Regional Reps & OPC President or Industrial Officer.