

# CHCC ANNUAL REPORT 2010/2011

**CHCC** COLLEGE OF  
HEALTH CARE  
CHAPLAINS



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*College Dinner Reception*



## PRESIDENT'S REPORT

Mark Stobert

My conversations with many chaplains led me to think that the chaplaincy community hasn't given itself the time to be visionary about spiritual care and chaplaincy. The pastoral theological paradigm has long been the dominant one in chaplaincy, but the annual conference in September 2010 offered a glimpse of what therapeutic paradigms offered chaplaincy. The challenge for me is to inculcate theology into therapeutic ideas. This I see as an exciting one and may lead to many openings.

### European Network for Health Care Chaplaincy

I was privileged to be able to attend the European Network for health care chaplaincy in London. This followed on from the annual conference. It was an enriching insight into how health care chaplains are working across Europe in very different contexts and obviously with different language. Yet the common threads were professional artistry and use of inner wisdom.

### Royal College of Nursing Spirituality Task and Finish Group

In November 2010, I was asked to be on the Royal College of Nursing Task and Finish Group for Spirituality. The group was set up following the RCN's survey on spirituality in 2010. I argued that, in reality in hospital it is chaplains who are tasked with the training and supporting of nurses and other professionals in meeting the spiritual needs of patients. Chaired by Prof. Wilf McSherry of Stafford University, the group has produced a Pocket Guide for Nurses on Spiritual Care. Soon there will also be an online resource for nurses available to other health care professionals on the RCN web site.

### Chaplaincy Beyond the Boundaries

At the NPC in April 2010, it was clear that the NHS was facing severe financial pressures and that even then there were fears that chaplaincy would once again face the sort of cuts that were experienced in 2006. 12 months on the climate in the NHS is worse than everyone feared.

Chaplaincy Beyond the Boundaries was a theme that I suggested to enable the college to explore ways of leading the profession so that members could be more empowered to develop different ways of working.

At the NPC in April 2011 we gave some time to consider a vision to pursue, and a number of questions were considered, but the meeting gravitated towards the following enquiry: We cannot define spiritual care any more than we can describe the shape of water. Water takes the shape of the vessel that contains it. It leaves me to ask *"What is the shape of the vessel that contains spiritual care?"*

### *Institutionally Departmentally Individually*

What emerged from the discussion were three main themes:

#### **Departmentally**

1. How can teams develop to be vibrant robust containers that give shape to spiritual care in health care Institutions?  
How do they model this through professional artistry for all professions?
2. What leadership development is required from the profession for this to happen?

#### **Individually**

3. How can CHCC promote supervision/reflective practice in collaboration with APSE and others to ensure the highest quality of practice within the profession?

The NPC was emphatic in identifying leadership and team development and pastoral/clinical supervision as three core emphasis to take the profession forwards.

Chaplaincy Beyond the Boundaries found expression in two one day conferences in April and May. A number of key points emerge from both:

- The need to evidence what chaplains do, by maintaining good record keeping and by audit and evaluation.
- The need for there to be more research directed towards the effect that healthcare chaplaincy has on the outcome of treatment and on patient experience.
- That chaplaincies often exist in a bubble that occurs out of their own making and because institutions push them towards it.
- Whilst there is evidence that good spiritual care enhances outcomes in healthcare it has a low priority in most institutions.
- Chaplains need to consider the immediate political and the geo political landscape of health care.

- Chaplains should look to expand the boundaries rather than to work beyond them so that the heart and core function of chaplaincy is maintained.

### **Relationships with other bodies**

From responses to the CHCC questionnaire it was clear that high on the priority of members was the relationships between different bodies in the healthcare chaplaincy community.

I am pleased to say that significant progress had been made towards harmonious relationships.

I took part in a meeting on Tuesday 11 Jan 2011, which continued a dialogue between UKBHC, CHCC, CCHC and MFGHC. At the meeting we were able to make much progress and issued the following statement:

*"At a meeting of representatives from United Kingdom Board for Healthcare Chaplaincy, College of Health Care Chaplains, Churches Committee for Healthcare Chaplaincy and Multi Faith Group for Healthcare Chaplaincy held at the offices of Churches Together in England on January 11th 2011, it was recognised*

*that the work of the UKBHC and MFGHC were key elements in supporting the work of chaplaincy. It was agreed that the two groups would form an agenda group that will further the work of faith authorisation and professional regulation".*

I have to report that this was followed by messages to me from chaplains expressing their relief, which was echoed when I met chaplains at their conference in Scotland. It felt like a collective sigh of relief.

The conversations and relationships have continued to develop and will do so on the basis of mutual outlook and collaboration.

What has made it possible for me to be part of conversations that are based upon working relationships has been the reasoned and measured position and outlook that CHCC and then UKBHC has developed and maintained over the years. For this I am grateful to past presidents, to Carol English and all those who have contributed to the leadership of the college.

Even though the NHS faces huge economic pressures and the political landscape remains uncertain I think that the healthcare chaplaincy community is in a better place now to empower its own future because of what lies in us and between us.



*Participants at the joint CHCC Annual Study Conference at University of Sheffield, Halifax Conference Centre*



## HON TREASURER'S REPORT – YEAR ENDED 31ST DECEMBER 2010

Nick Flood

### BRANCH FUNDS

#### Receipts

Proportion of Members' Subscriptions	2435.58
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#### Payments

Web Site Maintenance/Development	550.00
Conference Fees/Expenses	660.00
Postages	26.88
Meeting Expenses	542.02
Sub-Branches	655.00
Funds withdrawn under rule 20	20.83

2454.73

#### Excess of Payments over Receipts

19.15

Cash & Bank Balances at 1st January 2010

37.91

#### Cash & Bank Balances at 31st December 2010

18.76

### BURSARY & TRAINING FUNDS

#### Funds generated by

Annual Study Course	8175.67
MHRG Conference	
MHRG In-service training	114.97
Introductory Courses	1303.34
Faiths Day	(142.00)
Managing Services beyond Chaplaincy	(703.33)
Registration Matters	632.28

9380.93

#### Payments

Journal Publication	3383.75
Bursaries	1650.00
Web-site Development	3655.94
Miscellaneous	(144.62)

8545.07

#### Net Receipts

11173.86

Cash & Bank Balances at 1st January 2010

20136.00

#### Cash & Bank Balances at 31st December 2010

20971.86

#### Notes

The accounts are prepared on a cash basis therefore income from Courses and Conference is only accounted for when actually paid.





## REGISTRAR'S REPORT

William Sharpe

### Membership

Membership during the year experienced a significant decline, probably an effect of the current staffing reductions and financial pressures fronting the NHS. Subscribing membership has declined to 797, compared to about 987 in the past two years. Other factors are a proportion of members reaching the retirement age and lapse of membership. During the first six months of 2011 I have processed 28 new members – 18 full time chaplains and 10 part-time, to whom I have sent welcome packs.

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

SP1 (1 – 12 weeks arrears)	16
SP2 (13 – 26 weeks arrears)	14
SP3 (over 26 weeks)	22

The actual paying membership of the college currently stands at 745. Members are encouraged to pay their subscription by direct debit mandate to avoid falling into arrears.

### National Professional Committee (NPC) Elections

The college council has representatives from all the regions in UK with the exception of Ireland. However, there will be elections for the following regional representatives, whose term of office ends December 2011:

Mark Burleigh	(East Midlands)
Chris Davies	(South West)
Gareth Rowlands	(East Anglia)
Stephen Bushel	(South East – Oxford)
John Glasspool	(South East- Kent, Surrey & Sussex)
Simon Betteridge	(West Midlands)
Trevor Williams	(Wales)

Mark Stobert has been in post as president of the college for the past one and half years and members have valued his leadership. As his term of office also ends in December 2011, an election will be held for the post of CHCC president by November 2011.

It is important to have regional representatives for all the regions in order to have the college function fully, and I urge

members to consider electing a representative nearer the balloting date.

### Communications with Members

I have continued to arrange and attend NPC, Executive (as part of my normal duties), together with attending regional meetings and sub-groups as required. I also carry out planning of CHCC training events. Contact with the President, NPC, Executive members, and the Professional Officer, has been regular and frequent.

Direct contact with individual members and forthcoming members, by email and telephone, remains a large part of my work, and I hope that my effort has given some help to members, not only relieving some of their frustrations but also helping in times of what are often situations of considerable personal pressure.

### Conclusion

As previously stated in my introduction to this report, membership of the college has been declining over the past few years and suggests a need for a strategy for growth. Areas such as the CHCC introductory course, faiths day conference, regional sub group meetings could be explored, also at member's place of work.

I hope to send out a letter to 'inactive members' who owe subscription payment soon.

In the current climate under the NHS with cutbacks, frozen posts and insecurity, chaplains are faced with some challenges. I am certain of the integral role played by chaplaincy in the NHS as part of the professional health care. I would therefore like to recognise the responsibilities of the presidents of the professional bodies in UK, CHCC members and the United Kingdom Board of Healthcare Care Chaplains.

I am grateful to members of the college who have kept me busy and have enabled me to learn and journeyed with them in health care chaplaincy in my role as the college registrar.

I will continue to give my support and assistance, to perform my duties with skill, sensitivity and flexibility to enable the college to further its work.



## PROFESSIONAL OFFICER REPORT

Carol English

### NHS employment

The profession of health care chaplaincy is facing severe problems as a result of the current financial situation in the UK, the related budgetary constraints in the NHS and the proposals being promoted by the ConDem government.

Chaplains are losing their jobs, vacant posts are not being filled and there is evidence of down-grading. NHS reorganisation has seen band 7 chaplains being put onto band 6 on protected pay. Band 5 chaplains are being appointed to do band 6 jobs.

It is up to working chaplains to resist these trends wherever possible – especially the use of band 5 to employ autonomous practitioners. Band 5 is clearly defined in the NHS as a trainee post and it is not safe for practitioners or employers to adopt this practice. Those who are subject to it, and their managers, should challenge it!

### RRP

The phased removal of the RRP from chaplains' pay is a cause for concern. Members should engage with employers to discuss how local RRP agreements might be reached. In the meantime, I am preparing a paper to demonstrate the difficulties that many chaplains will experience, and the short-fall of the remuneration package without the RRP against the total employment/remuneration package enjoyed by parish clergy.

A good number of members have suggested to me that they will not be able to continue in NHS employment and that they are considering a return to parish work.

### Foundation Trusts

As English trusts become foundation trusts, there will be a move away from national terms and conditions and towards local, less favourable terms and conditions. We are working at local levels and engaging with individual NHS employers to maintain standards for our members.

### NHS in the UK

The NHS as a UK-wide provider is fragmented and the devolved countries, although suffering financial constraints, are on the whole better off than those in England where the English department of health does not engage with this profession.

In Scotland, arrangements for on-call are being established on a country-wide basis, compared with England where negotiations are at a local level, within each trust.

### Standards

The organisation called the multi faith group for health care chaplaincy has issued "standards" in England in the past year. However, these "standards" have no status and do not bear the imprimatur of the department of health, unlike the devolved countries where chaplaincy standards are endorsed by the departments of health and are published by those governments. This has resulted in confusion in England. Members should be aware that the standards consulted with and accepted by practitioners are those promoted by the UKBHC, and resist any imposition of these alternative "standards".

CHCC will work towards agreement on one recognised set of standards for health care chaplains and away from the conflict and confusion caused by any different standards in circulation.

### Authorisation

Also in England the same organisation has circulated to NHS employers a document on faith group "authorisation". This is a document that I cannot recommend to our members in its present form as it has not been consulted with the professional bodies, and it has implications for the employment of some of our members. Until such arrangements are more widely consulted and facilitate the authorisation of all categories of health care chaplain employed in the NHS, I cannot recommend it. I would also remind members that it has no status and cannot be enforced.

*(It should be noted that the faith communities' authorisation bodies should also be seen as "employers" if the recommendations of the MFGHC for authorisation are taken into consideration, as they assume the power to veto the employment of members).*

### Chaplaincy regulation

One of my roles in the health sector of Unite is to lead on regulatory reform for all health professions. I began the road to regulation for chaplains some eight years ago.

I sit on the UKBHC in a co-opted role and continue to advise on recent regulatory developments and best practice. While there are still aspects of the current situation that need to be developed and changed, it is encouraging to see progress towards the desired position of becoming an independent, transparent and accountable organisation.

The one good thing that this government has done is to broaden the role of the CHRE (Council for Healthcare Regulatory Excellence) so that it can become an organisation that not only oversees the statutory regulators but also can "quality assure" non-statutory regulators. It has been encouraging to see a representative from the CHRE present at some meetings of the UKBHC.

### Professional advisers

Since 2005 when the DoH advised us that "assessors" had no place under Agenda for Change and that the role should be absorbed by the profession, the profession has failed to achieve the desired position. However, I believe that we are now in a compromise situation in conjunction with the Church. This position is less than satisfactory but I believe that CHCC will regard it as a transition position. We will work with this transition position while continuing to progress to an ideal position of establishing "professional advisers" who are organised by the professional membership bodies and therefore seen to be independent of the "employers". The four membership organisations are in agreement on this.

Also, I have pointed out to those involved in establishing the interim arrangements the requirements relating to Wales, where I and CHCC members worked closely with the Welsh Assembly Government on its guidance and standards. The Wales

guidance says –

### Recruitment

*"37. All spiritual care posts should be publicly advertised. Applicants should be interviewed according to NHS recruitment procedures to ensure that choice, fairness and adherence to the highest standards in HR practice is assured. The interview panel may include appropriate faith community representatives in an advisory capacity.*

*"38. For chaplaincy/spiritual care appointments the panel should be supported by at least one professional adviser. The professional adviser should be a practicing spiritual caregiver of not less than three years experience, nominated by the professional organisations, who works in a similar capacity in a different area. "*

And I have asked that any new arrangements facilitate this position by including advisors from Wales, and that the assurances given on behalf of the professional membership organisations are recognised and upheld.

Despite the discouraging climate of the past year it has been gratifying to see the CHCC remaining active, returning representatives to the National Professional Committee and taking part in training courses, both as tutors and students. As ever, it has been a pleasure to work with the CHCC over the past 12 months.

CHCC members know that they can contact me directly when they need to and I continue to advise and support more and more members in their difficulties with work and professional matters in the current employment climate.



Participants at the CHCC Faiths Resource Group Study Day in Leicester - June 14th 2011



## TRAINING AND EDUCATION SUB-COMMITTEE



Simon Betteridge

I took up the position of chair of the training and education sub-committee in January 2011. Since then I have been working with the other members of this group on how we best provide training that is accessible

in a climate of limited resources, while still promoting the highest standards in what is offered.

In March a non-residential introductory course was held over two days in London. This was an attempt to offer two days of quality training but at a substantially lower cost than a full residential course and with a lesser time commitment. Clearly not everything that can be offered in four days can be done in two but this compromise enabled several chaplains to take part who otherwise may not have been able to participate at all. We are planning a full residential introductory course from the 7th-10th November at Hinsley Hall in Leeds.

This year's study conference, being held at the University of East Anglia in September, has seen good support although some have questioned whether it is reasonable to expect chaplains who are stretched and facing cuts within their NHS employer to be able to attend conferences of this nature. The conference itself, chaired by Chris Swift, looks at "Spiritual Care: A public theology for the 21st Century?" The conference also includes input from Debbie Hodge, Tom Gordon, Wilf McSherry and Linda Ross.

The Mental Health Study Conference, 'Dazzling Darkness – Engaging with Complex Emotions in Spiritual Care' will be held from the 17th-19th October at Hinsley Hall in Leeds.

For the future we will seek to find effective ways of providing training that is of a consistently high quality and is accessible to as many as possible geographically, and for those who do not have large financial resources for large conferences. This may mean being creative in the use of 'e learning' and the delivery of nationally prepared training but delivered effectively through college regions.

As ever please continue to share with us training that is being offered in different areas that others may wish to participate in, and bring forward ideas as to how we can learn and develop together as chaplains in an increasingly challenging environment.

## CONSULTATIONS & COMMUNICATIONS SUB-COMMITTEE



Mark Burleigh

Two major topics have occupied the Communications and Consultations subgroup in the past year – the website and the journal.

### **The Website**

The new website has been well received. The password protected members' content is being accessed by members. The content on the site has been updated over the past year and old material has been removed as appropriate.

The regional pages rely on the regional representatives sending information to the website administrator: [web.admin@healthcarechaplains.org](mailto:web.admin@healthcarechaplains.org).

### **The Journal**

There have been two issues of the Journal in the past year, Volume 10 No 1 Summer 2010 and Volume 11 No 1 Spring 2011. These both feature the redesigned cover. It is planned to have two issues per year.

It is great to see these issues after the extended break since the autumn 2008 issue. They have been well received and we are grateful to all those who have submitted articles and book reviews. Please keep them coming!

Thanks are due to Meg Burton, editor, for the hard work done by her and her colleagues, John Wood and Chris Swift. Thanks are also due to Amar Hegedus who has stood down from the editorial committee. The past three years of journal issues are on the College website.

## SOUTH WEST REGION



Chris Davies

Due to the particular geographical spread of the region it is very difficult to arrange branch meetings as such. The regional representative on the NPC is available by phone or email to offer support to members in the re-

gion. A successful, though rather small conference took place in October 2010 in Bristol.

Heather Walton from Glasgow University led a day on Narrative Theology and its relationship to health care chaplaincy. All participants found the day extremely stimulating.

## SUPPORT AND SUPERVISION SUB-COMMITTEE



Chris Davies

The Support and supervision sub group meets formally twice a year prior to NPC meetings.

The chair and professional officer have discussed matters regarding terms and conditions for chaplains within the context of Agenda for Change throughout the past year. Concerns have been raised with both of them regarding the removal of the long term recruitment and retention premium and proposed local agreements regarding on call and out of hours payments. Members of the group have also been at the forefront of discussions regarding these important matters at recent NPC meetings.

The sub committee actively encourages CHCC members to participate in adequate and appropriate 'clinical supervision'. With this in mind the committee is seeking to explore with the Association of Pastoral Supervisors and Education (APSE) how chaplains might access support for their pastoral work in timely and effective ways. The president of CHCC and the chair of the sub committee will be exploring this further in the autumn of 2011.

All members of the committee are happy for members to contact them to discuss any matters of concern relating to support and supervision. Their details will be found on the CHCC website.

## EAST MIDLANDS REGIONAL



Mark Burleigh

During the past year we have met together on three occasions:

In November 2010 12 members gathered in Worksop. After the business meeting the assembled shared information on how we keep record of patients visited.

In March 2011 14 members met in Derby and were led by Fran Grant, nurse consultant on the elderly in Derby. She led an interactive discussion based on several case studies on some of the ethical issues that can arise in the care of the elderly.

In June 2011 11 members met in Sutton in Ashfield for our AGM. Following the business we were led in discussions about ethical issues around withdrawing treatment by Dr Paul Smith, Consultant Anaesthetist.

The minutes of our meetings are on the CHCC website. See [www.healthcarechaplains.org/EastMids](http://www.healthcarechaplains.org/EastMids)

A number of members are concerned about the future financial state of the NHS and the risk that attempts will be made to reduce chaplaincy services from their already low base. The College has an important role of supporting members in such situations.

## MENTAL HEALTH RESOURCE GROUP



Stephen Bushell

Looking back, this year the main tasks of the MHRG task group have been:

- to continue to produce a high quality quarterly newsletter which now has a wide distribution list
- to draw up terms of reference for the task group which will be presented to the MHRG AGM on October 19th this year; we hope this will help to achieve transparency and help to maintain good standards of practice as the group membership changes
- participated in planning the very successful joint conference in September
- held a reflective practice training day under the title of 'Challenging Cases' which was well received by those who participated

Looking forward the group has

- Planned the 2011 Mental Health Chaplains Conference: Dazzling Darkness – Engaging with complex emotions in spiritual care, to be held at Hinsley Hall, Leeds October 17 – 19. This should be a very engaging conference using a diverse range of input to help delegates reflect on the emotional-spiritual interface.
- We have also planned a training day exploring Mindfulness in Spiritual Care to be held in July 2011.

The group has met four times in the course of the year to plan and to discuss a range of chaplaincy issues.

The group members this year have been  
Chairperson: Julia Head, Secretary: Harry Smart, NPC representative: Stephen Bushell, co-newsletter editor: Rachel Wadey, Joint co-newsletter editor: Qaisra Khan, Michael Savage, Guy Harrison.

## WEB ADMINISTRATOR'S REPORT



Mark Burleigh

Now that the new website is established updating it has become more straightforward. The College Registrar send updates and they are usually uploaded within 24 hours. I also look through the content so that I can remove out of date material.

The Registrar has also requested that those who are in arrears with their subscriptions are suspended from the members' area of the website. This has led to a number of subscriptions being renewed and one being redirected

## RESEARCH NETWORK

Derek Fraser

The Research Network group started in 1996 and for many years has been meeting twice a year in Derby. A whole range of themes have been explored and some of the presentations were posted on the Jiscmail site for all to access. When the hospital facilities in Derby moved away from near the railway station it was difficult to find another location that was so easy to use, whether people were coming from the north or the south of the country.

This challenge prompted a radical rethink about RNG altogether. We have not met in 2010 and fascinatingly there has been little interest expressed by chaplains.

A national conference in Perth in June 2011 focussed on research into practice. It was good to see a number of the contributors coming from England. This is a cause for hope and has led us to plan the research agenda against a bigger canvas. We are planning to do some blue sky thinking about the research field during the summer of 2011. Some key priorities and a renewed direction will emerge from that so the RNG will continue to foster the research agenda in chaplaincy.

One of the challenges that has emerged in recent months is the need for a literature search facility that encompasses all the writings that have been produced by chaplains. It is planned over the next few months to trawl various avenues to find out what has already been produced. One of our recently retired chaplains has agreed to serve as a focus for that collation.

It would be helpful if the whole chaplaincy community might be able to help increase that database so the research agenda can develop as fully as possible.

RNG is alive and well, and continues to ponder the challenges of research in healthcare chaplaincy. It continues to maintain the dialogue and we welcome all discussions.

from Unison, where it was being sent in error, back to Unite.

A number of members have emailed me when they have not been able to log in and I have been able to send a reminder of their log-in details.

I am constantly willing to receive relevant information for the site. There is still a need to put more information on the Regional Pages, and I hope that I will be able to add this when it is available. If you spot a problem with the website, please do send me an email!

I am glad that the website is being well used and I continue to work to ensure that it serves the cause of Chaplaincy and the interests of the members of the College.

## NORTH EAST REGION



Diana MacNaughton

We met on 16th Feb. 2011 at Queen Elizabeth hospital, Gateshead for a business meeting. We exchanged information on our own local situations as chaplaincy departments at a time of cuts, and discussed recruitment and retention and the prospects for any local agreements. Two trusts have not been receiving RRP for recent recruits.

On 21st June 2011 we met at Sunderland City Hospital. On the agenda was an exchange of information on each trust's chaplaincy department's practice in providing multi-faith chaplaincy; a presentation by Malcolm Masterman, lead chaplain in the South Tees NHS Trust, on chaplains mentoring live organ donation; and a discussion on appropriate action for the day of strike on 30.6.11.

Sarah Rushbrooke, a Network Quality and Patient Safety director for the North of England Cancer Network, invited us to participate in research for a spirituality master class to be delivered in November. About thirty chaplains attended each NE CHCC meeting.

On 11.5.11 we provided a CHCC Study day on 'Suicide and Self Harm: Pastoral Interventions' at East Durham College in Peterlee. The key note speakers were Dr. Keith Linsley, a consultant psychiatrist and Denise Colmer, senior nurse lead on the Tees, Esk and Wear NHS Trust's suicide prevention team, and Steve Taylor, lead nurse in the Northumberland Tyne and Wear Mental Health Trust, Rev. Brian Allen, lead chaplain in the Northumberland, Tyne and Wear Trust lead a session on Mindfulness. This training day was well attended.

I have encouraged members to compare whether their percentage enhancements for on call prior to the standardised on call arrangements for Agenda for Change introduced on 1.6.11 was higher. If they were receiving more prior to 1.6.11, I encouraged them to contact payroll to request their pension payment to be based on their rate for pay before the change in on call arrangements.

The next CHCC North East business meeting is on 26.9.2011 at Hartlepool University Hospital. On the agenda is further discussion on multi-faith chaplaincy teams, as two trusts now employ part-time Muslim chaplains: Tees, Esk and Wear NHS Trust, and Northumbria Healthcare NHS Trust.

Northumberland, Tyne and Wear NHS Trust has in the past included an honorary Muslim chaplain, and are now looking to employ a contracted Muslim chaplain. Several trusts have honorary Buddhist chaplains.

On the agenda also is the progress in arranging for chaplaincy teams to be informed of all patients placed on the Liverpool Care Pathway for the Dying. This has been pioneered by the North Tees NHS Trust.

## NORTH WEST REGION



Pat Harvey

The CHCC group in the North West is a strong, active, friendly and vibrant group who meet twice a year. We hold study days in collaboration with Chaplaincy Teams and Chaplaincy Collaboratives across the region.

A study day was held in June 2011 when the topic, which was studied and discussed, was that of Spiritual Assessment. Our guest speaker for the day was Rev'd David Barnett; David is Chaplain at St John's Hospice in Lancaster. He and a colleague from Wrexham have undertaken a considerable amount of work on developing a spiritual assessment tool which it is hoped will become a nationally validated and accepted tool.

David and his colleague have been working on the project for two years; they have recently secured funding to take the project to the next stage. They are currently seeking ethical approval to undertake a pilot study of the spiritual assessment tool, in the first instance this will be done in the hospice setting but will also be carried out in an acute hospital. It was evident that this is a spiritual assessment tool which is adaptable and can be used for both patients and staff alike.

Everyone felt encouraged and expressed their thanks to David for enormous amount of work, effort and energy that is being put into developing a spiritual assessment tool which could be nationally validated and accepted.

- The Annual General Meeting took place as part of the day.

Rev'd Sue Ward Chair and Rev'd Jamie Hartwell Secretary had both indicated that they wished to stand down from their positions.

Rev'd Tony Tamberallo also stepped down as Treasurer; no appointment has been made to this post at the present time.

Rev'd John Hall was elected as Chair, proposed by Pat Harvey, seconded by Rev'd Neil Gray and accepted unanimously.

Rev'd Sandra Purvis was elected as Secretary, proposed by Pat Harvey, seconded by Rev'd Clive Lord and carried unanimously.

## SOUTH EAST REGION (OXFORD)



Stephen Bushell

This regional branch continues to serve members in the Oxford, Buckinghamshire, Northampton, and Berkshire areas, with an active membership of approximately 25 chaplains.

Meetings have been held at the same venue by mutual agreement for a number of years, attempting to be as accessible as possible over a wide-spread area.

Generally there are two study days / meetings per annum (autumn and spring), designed to facilitate continuing professional development, networking and socialising.

Our study day in November 2010 focused on developments and perspectives on chaplaincy ministry in community contexts, rather than on in-patient settings. This was well received and perhaps showed chaplaincy's preparedness to work within changes in the NHS model and in healthcare in general.

The sub-group's spring study day and AGM was held in the last week of March 2011. The morning's professional development section was led by two NHS staff who work in the arts sphere as related to health, well-being, recovery, and social inclusion. They came sharing their experiences of both the acute and mental health settings and explored the arts as a powerful dimension of spiritual and pastoral care. A group member also gave a presentation about how his department worked with its hospital to design and construct a bereavement space/centre on their site.

The AGM that followed allowed for discussion and clarifications over a number of issues: national issues of on-call and RRP, the finances of the sub-group, the need to reach out to newly appointed chaplains in our area, and the election of our secretary.

The branch officers are:

Chairperson: Jack Creag

Treasurer: Rosie Morton

Secretary: Louise Adey-Huish



## SOUTH EAST REGION (KENT, SURREY, SUSSEX)



John Glasspool

By tradition, the South East Region (Kent, Surrey and Sussex) in its three meetings during the course of the year has looked at professional issues, at patient related practice and partnership working.

- There has been considerable time spent in discussion about local professional issues, particularly cost cutting measures including the freezing of chaplaincy posts, the review of on call arrangement and the cutting of hard won employment rights brought about by the forced vote of Trust staff.
- The patient related practices we have looked at have related specifically to end of life care issues, and more generally to different clinical issues facing the trusts in the region. A comparative analysis of acute chaplaincy departments has been a very useful tool to see what resources are available to departments in the region, how they vary and how has looked to the possibility of better partnership working through meetings which are hosted by different hospital trusts, are more training focused and take more seriously the need of adequate clinical supervision and support.
- Finally, the region has looked to the possibility of better partnership working through meetings which are hosted by different hospital trusts, are more training focused, and take more seriously the need for adequate clinical supervision and support.

The region has struggled somewhat in recent months, although local county meetings have occurred for business and mutual support. The relatively quiet spring may reflect a general period of consultation within the NHS as well the struggle of individual hospital trusts in the light of threatened cuts and redundancies. The latter is particularly exhausting for hospital staff generally, and for chaplains in particular. Because chaplains absorb and reflect the general health of their hospital communities, the low morale and the general staff stress is very keenly felt by chaplains. Against this background, our meetings generally have been well supported. The need for chaplains to meet together arguably has never been greater, and although there are as ever competing priorities those who do meet have found the support and fellowship of other chaplains invaluable

## WEST MIDLANDS REGION



Simon Betteridge

Activity under the banner of the college continues to differ widely in different parts of the region. Where there are regular meetings the pressures of resources make it difficult for many members to attend with any

regularity. There have been difficulties with cuts in provision and posts being frozen and there continues to be a sense of anxiety over what the future holds.

There are though, many positive things happening which are good to celebrate; the original Black Country Chaplains Network continues to meet successfully for support and solidarity. Also in this part of the region a 3rd joint multi-faith volunteers training course has been run and this has attracted over 20 applicants on each occasion – mostly Christian but not solely; varying the venues around the Trusts involved and trying different times of day has proven successful. Most of the institutions involved now use this course as part of the 'interview' process and as a mandatory requirement. The course has led to the successful recruitment of a number of volunteers and has also contributed to the successful appointment of one participant to one paid post.

In Coventry and Warwickshire a pattern of meeting three times a year has continued with an emphasis on supporting each other and sharing good practice. The group has also worked together creatively at Christmas and Easter, facilitating opportunities for patients and staff to take part in prayer and reflection. Significant time has also been given to looking at the implications for chaplaincy in the region, following the original publication of the government's white paper and its subsequent developments.

A collaborative group has met three times in the last year. Debbie Hodge has continued facilitating the group of 6 – 10 Chaplains reflecting on the basic aims and objectives of Chaplains in all disciplines. This is part of her PhD Research and fitted in to the group's post collaborative work on Audit (in house) and Reflective Practice facilitated by Mark Stobert. It is planned to do some work this year on the process of recording the difference Chaplaincy Services make to Health Care in general. A meeting in June also looked at cultural approaches to Chaplaincy services.

We have been pleased to welcome some new members to the college during the last year and although the climate remains difficult a lot of work has gone in to promoting the work of chaplains which has been largely fruitful.



## SCOTLAND REGION



Anne Dougall

Carol English, Unite Professional Officer, organised a study day and the Annual General Meeting which was held in Glasgow on 19th October 2010.

Revd Malcolm Masterman, member of the UK Board for Healthcare Chaplaincy, gave an excellent presentation on 'Professional Regulation for Chaplains', encouraging chaplains to register with the Board, to keep their continuous professional development folder up to date, and to send the UK Board their CPD summary each year.

Ewan Kelly, Programme Director for Spiritual Care and Healthcare Chaplaincy, NHS Education for Scotland (NES), gave a presentation on 'Professional Regulation for Healthcare Chaplains and the Role of NES'.

Carol English, Unite Professional Officer gave an update on the national scene, and encouraged members to ensure that they were receiving the correct amount of National Recruitment and Retention Premium.

The CHCC Scotland branch would like to thank:-

**Judith Huggett** for all her hard work as CHCC Scotland branch representative on the National Professional Committee from 2004 to 2010. **Gordon Armstrong** for his work as branch treasurer from 2002 to 2011. **Helen Mee** and **May Patrick** for their contribution to the committee over the last two years. **Paul Russell** for his work over the last four years as branch secretary.

The current members of the committee are Judith Huggett, Paul Russell, Anne Dougall and Ann Purdie. Judith Huggett has been representing the CHCC Scotland branch on the NHS Education for Scotland (NES) Chaplaincy Training and Advisory Group (CTAG), and on the Scottish Churches Committee on Healthcare Chaplaincy during 2010. Ann Purdie was nominated as the CHCC Scotland branch Industrial representative at the 2010 AGM.

Anne Dougall was appointed the CHCC Scotland branch representative on the National Professional Committee in February 2011. A regular email list of Scotland branch members has been compiled, and members have received CHCC news by email.

Anne Dougall attended a meeting in May 2011 with a representative from the Scottish Association of Chaplains in Healthcare and from the Scottish Association of Hospice and Palliative Care Chaplains, and the three professional chaplaincy organisations in Scotland will continue to liaise regarding chaplaincy issues which affect all chaplains in Scotland.

## WALES REGION



Trevor Williams

I think it would be true to say that over the last twelve months chaplaincy throughout Wales has been adjusting to and implementing the Spiritual Care Document for Wales. I know that a review will soon be taking place to

find out how effective the standards have been in the aspect of spiritual care. What will the review reveal, and how effective has the process been?

We have held a number of training days under CHCC in Wales. These have been well attended, and these are the themes that we have undertaken, with the final theme for the year being held on 18th October 2011. Venue is Bridgend and our keynote speaker is Revd Dr Chris Swift.

**Theme "The WAG Document its Implications and Effects on Chaplaincy throughout Wales".**

**Theme "The Value of Spiritual Care in the Health Care Setting".**

**Theme "Faiths in Wales & Working in a NHS Multi Faith Environment".**

**Theme "Models of Health and Faith interacting with NHS Models".**

At present we are planning a CHCC all Wales day conference to be held in Mid or North Wales in April/May 2012 Venue and date to be confirmed. The structure of this conference will major on work related issues and give chaplains the opportunity to interact discuss and share experiences.

CHCC is also involved in a steering group that is looking at training and education for chaplaincy throughout Wales. This starts at lay-visitors through to managing chaplains and it is hoped that it can be put on e-learning.

This is a very exciting project and also has some input from WAG.

CHCC has seen a growth in membership in Wales which is partly due to new appointments.

## APPENDIX A

### Business Plan for 2011/12

CHCC business plan 2011/2012 –2011 annual report reviewed in November

1. CHCC Business Plan discussed and agreed : **On going**
  2. NPC reviews training requirements in the UK in conjunction with the regulator : **Training & Education committee**  
December 2011
  3. NPC reviews proposals for Professional Advisers Panel : **Professional bodies – requires outline by NPC Dec 2011**
  4. Introduce two year rolling programme of CHCC training - 2011/ 2012, in conjunction with Training & Education committee – dates, costs and venues for 2012 & 2013 to be identified : **NPC Dec 2011**
  5. Journal Review (with SACH) : **Autumn 2011**
  6. Review / monitor the efficacy of the committee structure of CHCC : **On going & review in spring 2012**
  7. Participate with other health care chaplaincy professional organisations in a review of the Code of Conduct : **Done**
  8. CHCC Business Plan discussed and agreed : **On going**
  9. Address action points raised in the CHCC Questionnaire : **On going**
  10. Monitor chaplaincy UK wide / making appointments : **On going**
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## APPENDIX B

### Training Schedule 2011/12

College of Health Care Chaplains' Training & Development Programme 2011/2012

#### 2011

CHCC Annual Study Course – Sept 13th – 15th Venue: East Anglia University, Norwich	£450 members'	£550 non-members
Mental Health Study Conference- Oct 17th – 19th Venue: Hinsley Hall (Leeds)	£325 members'	£350 non-member
CHCC London Region Conference – 10th Nov Venue: 128 Theobald's Road, London, WC1X 8TN	£40 members' £50 non-member	Early bird £35.00 Early bird £45.00
CHCC Introductory Course – Residential – Nov 7th – 10th Venue: Hinsley Hall (Leeds)	Cost: £480.00	

#### 2012

CHCC Introductory Course (Non-Residential) – March 20th – 22nd Venue: 128 Theobald's Road, London, WC1X 8TN	£220.00	
CHCC Annual Study Course – Sept 11th – 13th Venue: Edinburgh Conference Centre	£395.00 members' £495.00 non-member	Early bird discount rate £360.00
CHCC Introductory Course – Residential – Nov 19th – 22nd Venue: Hinsley Hall (Leeds)	£450.00	

Further information and applications for all courses may be obtained by contacting William Sharpe, CHCC Registrar, on **William.Sharpe@unitetheunion.org**

Please see CHCC web site for further details of CHCC training and cost. **www.healthcarechaplains.org**

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HEALTH CARE  
CHAPLAINS

[www.healthcarechaplains.org](http://www.healthcarechaplains.org)



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