

# CHCC ANNUAL REPORT 2012/2013

**CHCC** COLLEGE OF  
HEALTH CARE  
CHAPLAINS



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## PRESIDENT'S REPORT

Mark Burleigh

In this past year we have welcomed Jane Beach, our new Professional Officer, and Mark Robinson, our new Industrial Officer. We have started working well together on behalf of our members. We have also welcomed Philip Winn to the national Organising Professional Committee (OPC) to represent the North West and Ireland.

I have been busy through the year seeking to build relationships between the key chaplaincy bodies. I consider the launch of the new journal, Health and Social Care Chaplaincy, as a great step forward in replacing the offerings from the CHCC and the Scottish Association of Chaplains in Healthcare (SACH) of their separate journals. I do remind members that to receive their free copies as a benefit of CHCC membership, they must register through the members section of the CHCC website: [www.healthcarechaplains.org](http://www.healthcarechaplains.org).

I have also attended a number of meetings of the UK Board for Healthcare Chaplaincy (UKBHC) and the Multi-Faith Group for Healthcare Chaplaincy (MFGHC). The context of chaplaincy is changing very quickly. The move of chaplaincy at a national level in the NHS from the Chief Nurse to the Equality and Diversity department of NHS England will, I believe, affect the way chaplaincy is viewed and supported nationally in England.

I have also attended various other meetings as a representative of the CHCC, including contributing to the national review of the Liverpool Care Pathway (LCP).

I am sad that we have not made any further progress on the issue of a replacement for the national RRP or the previous accommodation allowance. At the time of writing we are still waiting for a response from NHS Employers to our proposal that tied accommodation should be considered as a part of previous earnings when a new chaplain is appointed.

Chaplaincy remains publically funded because chaplains are doing the work of healthcare providers, contributing to holistic care, particularly at times of great stress and sadness for patients and their families.

I look forward to the annual study course in Swanwick in September (24th-26th) and hope to see many of you there. The AGM will be held on the 25th, and it is an opportunity to meet a number of members and to hear what your concerns are at this time. You may recall that the last AGM was very concerned at proposals from Unite to change the way the CHCC is organised, and in our view undermine our democratic processes of electing regional representatives and a President. As you know from my previous communications (still available on our website) we were able to conclude an agreement with Unite that enabled us to retain the structure that we consider to important to us. I believe that this agreement will stand us in good stead in the years to come.

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. Please support your local representatives in the work they do - acting as a vital bridge between the grass-roots members and the national direction and priorities of the CHCC.

You will notice from the regional reports that a number of our regional reps are standing down this summer. I hope that there will be those who will rise up to take on the role, and look forward to working with the new OPC members in coming months.

May I also pass on your thanks to our Registrar, William Sharpe for his hard work. I know he is a great support to me in the work I do.

Healthcare faces a very challenging time. The Francis Report following the failings in Mid Staffordshire has been a timely reminder that financial pressures and targets must not distract from the essential nature of compassionate and holistic care. Chaplains have an important part to play along with their fellow health professionals in keeping the wellbeing of the patient at the heart of healthcare.

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



## REGISTRAR'S REPORT

William Sharpe

### 1. Membership

As the NHS is going through its biggest threat in its 65-year history, where many of our members are being outsourced to alternative providers, seeing pressure to drive down professional standards, experiencing skill mix and down banding, terms and conditions seriously cut and services and jobs disappear, College membership has declined significantly, possibly due to the current financial pressures facing the NHS and colleagues moving into other profession.

Other factors are the proportion of members reaching the retirement age and those whose membership lapses.

As at 13th June 2013, total membership of the College is 755, consisting of

• Whole-Time	404	(437 in 2012)
• Part-Time	286	(243 in 2012)
• Retired	65	(70 in 2012)

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

• SP1 (1 – 12 weeks arrears)	20	(171 in 2012)
• SP2 (13 – 26 weeks arrears)	19	(24 in 2012)
• SP3 (over 26 weeks)	52	(96 in 2012)

The above figures show that the actual paying membership of the College currently stands at 664.

In order to maintain the Professional Liability Insurance Scheme (PLI) provided by Unite it is important to stay up to date with subscriptions. Through various means of communication members who do not pay by direct debit are informed if they fall into arrears. However, I would encourage members who are not paying by direct debit to consider it as my workload may prevent me from being able to send reminders.

In the first half of 2013, I have processed 28 new members (compared to 18 in June 2012) of which 14 are full time chaplains and 14 part-time.

### 2. Organising Professional Committee (OPC) Elections

With the changes that are happening in the NHS and the threats of fragmentation, Unite need to have at least one rep per trust for each profession. Therefore the OPC has got to identify where there are gaps and to use our networks to make connections with departments where there is no rep and ensure that a rep is in place or at least a contact to ensure that CHCC is 100% organised across its profession.

Therefore, in order to have the College function fully I urge members to consider electing a Representative for the following vacant regions:

- East Anglia
- South East
- Central Southern
- South West
- East Midlands
- West Midlands
- Scotland

### 3. Communications with Members

This is an essential part of my role in getting information across to members but where we do not hold the correct details for some members, the drawback is that we are unable to reach them. I will encourage members to update their records (especially email address) directly to me or via CHCC website.

### 4. Conclusion

Unite in Health is well placed to ensure that the professional structures of CHCC are strengthened. For this reason, we have Professional Officers to support our professional work to meet the challenges of today. Unite continues to identify the professional issues impacting on CHCC which include safeguarding, education and training, advancing professional practice, research, regulation, professional standards, responding to policy, etc.

In an agreement initially formulated latter part of 2012, CHCC now stands in a better working relationship with Unite in comparison to the MSF era. I therefore look forward to continuing to support members best as I can to be strengthened, to attract, to continue to promote the role and work of Health Care Chaplains and retain members.

I wish to express my appreciation to the President and OPC reps for their sound wisdom when I had to seek some insight in carrying out my duties. To Obi Amadi - Unite Lead Professional Officer, for guidance in the Union business affairs and to my colleagues in the Health Sector.

I am also grateful to CHCC members and look forward to the privilege of serving you all.



## HON TREASURER'S REPORT – YEAR ENDED 31ST DECEMBER 2012

Nick Flood

### BRANCH FUNDS

#### Receipts

Branch Administration Allowance	3191.49
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#### Payments

Web Site Maintenance/Development	1000.80
Journal Editorial Board Meetings	467.20
Branch Management	290.50
Sub-Branches	250.00

2008.50

#### Excess of Payments over Receipts

1182.99

Cash & Bank Balances at 1st January 2012

0.12

#### Cash & Bank Balances at 31st December 2012

1183.11

### BURSARY & TRAINING FUNDS

#### Funds generated (lost) by

Annual Study Course	9956.07
MHRG Conference	487.50
Mindfulness Day	(110.00)
Chaplaincy in Current Climate	435.20
Faiths Day	(115.00)

10653.77

#### Payments

Journal Publication	3403.06
Bursaries	1800.00
General	303.80

5506.86

#### Net Increase in Funds

5146.91

Cash & Bank Balances at 1st January 2012

20650.52

#### Cash & Bank Balances at 31st December 2012

25797.43

#### Notes

The accounts are prepared on a cash basis therefore income from Courses and Conferences is only accounted for when actually received



## PROFESSIONAL OFFICER'S REPORT

Jane Beach

I joined Unite Health Sector as the Professional Officer for Regulation in October 2012. Despite over 32 years as a health professional within the NHS and regulation, my first six months has certainly provided me with a range of new experiences!

The Professional Team now consists of six Professional Officers (POs) who work across the Health Sector. My role involves being the lead PO for a number of professional groups, namely CHCC, BVU (British Veterinary Union), Support Services, MPU (Medical Practitioners Union), SSHA (Society of Sexual Health Advisers) and HPA (Hospital Physicists Association), for the West Midlands (where I am based) and Wales. The aim is to work with the Organising Professional Committees (OPCs) and members to identify the professional issues impacting on them which could include case loads, safeguarding, education and training, advancing professional practice, research, professional standards,

responding to policy, consultations and regulation. Together we will then develop work programmes to address these issues, raising awareness and identifying what needs to be addressed nationally.

In particular I have been working on providing members with guidance and support on professional issues arising from the publication of the Francis Report and the changes that are occurring across the health economy. I have also challenged a number of trusts who have advertised roles for Chaplains at inappropriate bandings on the basis that this is damaging to patient safety and the profession.

We have a range of resources, including Unite in Health Thinking Thursday (UiHTT) sessions on a whole range of topics that are available for you on our website. I encourage you to let me know if there is anything in particular you require or would like to contribute to. Please also sign up to our Twitter and Facebook to keep up to date with developments.

I look forward to working with you all in the coming year in ensuring your professional needs are met.

[www.unitetheunion.org/health](http://www.unitetheunion.org/health)  
[www.twitter.com/uniteinhealth](https://www.twitter.com/uniteinhealth)  
[www.facebook.com/uniteinhealth](https://www.facebook.com/uniteinhealth)



## INDUSTRIAL OFFICER'S REPORT

Mark Robinson

### Membership and Organising Campaigns

The Health Sector of Unite is one of the fastest growing sectors of the union with a net growth in the year to date over 6,000 net joiners recognising that Unite is the campaigning, fighting back union. We are demonstrating to NHS workers including a significant number in chaplaincy that Unite is the only union willing to challenge the government head on its plans to outsource and privatise wherever possible.

Our membership is now close to 102,000 members and continues to steadily rise. This is not just in our traditional areas such as chaplaincy, pathology and health visiting but throughout all job roles such as band 1-4 roles whether they are in acute trusts, community care or mental health trusts.

### Industrial Campaigns

Once again it is Unite leading the way in campaigning to save our NHS leading up to a nationwide weekend to celebrate the 65th birthday of the NHS on July 5th. Unite activists in many trusts up and down the country will be holding events at lunchtime Friday 5th or town rallies on Saturday 6th July to celebrate the birthday and highlight the dangers the NHS is currently under.

### Demonstrations

There are a number of demonstrations that have taken place (particularly in London) in recent weeks with tens of thousand



## MENTAL HEALTH RESOURCE GROUP REPORT

Richard Allen

As with other areas of healthcare chaplaincy, the mental health field has been adversely affected by both national NHS policy and the actions of local trusts and private employers. The second stage of the withdrawal of the Recruitment and Retention Allowance affected many chaplains employed under Agenda for Change. Anecdotal evidence suggests that in only isolated cases have trusts been prepared to retain this allowance in some disguised form, and that usually on a temporary basis. For those entering mental health chaplaincy, R&R is now nothing more than an historical detail.

Again reflecting colleagues in the acute sector, evidence has arisen that when posts are vacated, they are often being suspended or downgraded. A few Band 8 posts have been successfully retained, but, lower down, there is pressure to reduce hours and/or bands when advertising replacement posts. The cumulative effect of this policy thrust will be a reduction in the quantity and experience of the pool of mental health chaplains, to the detriment of patient care and the standing of mental health chaplaincy.

During the last 12 months, the possible effects of the new commissioning procedures began to emerge. Commissioning groups are clearly woefully ignorant of the existence of

on the streets in Lewisham to save the A&E department there. Another event on May 18th saw Unite lead thousands on a march through central London where speakers from the union and the community stood outside Downing Street protesting about the government's policies.

Future events include "The Hunt for Hunt" taking place on Saturday 15th June in Jeremy Hunt's constituency in Surrey the birthday celebrations as mentioned above a national demonstration being held on 29th September.

### Industrial

RRP will still be at the forefront of chaplains concerns. However trusts are attempting to reorganise pastoral services and use CIPs as a way to down band chaplaincy roles and disestablish senior band 7 roles.

New national mileage rates are due to come into force on 1st

pastoral and spiritual care as part of any healthcare package; and so it became clear that its provision was not being included in tender documents. As a result, incrementally but cumulatively, the work of mental health chaplains will diminish. Given that the vast majority of those who live with mental ill-health find their care in the community, this will have a very significant effect on mental health chaplaincy.

The Task Group, which is annually elected at the Resource Group's AGM, has kept these issues very much in its sights as it met together formally four times during the last 12 months. It organised the 2012 study conference (this time alongside the annual College conference) on the twin subjects of underpinning our work with research and evidencing it through reflective practice and relevant data. The Task Group felt that the current situation in mental health chaplaincy is of such concern that this year's conference, to be held at High Leigh Conference Centre, will directly address some of the issues raised earlier in this report.

Under the Resource Group's banner, Emma Louis and Stephen Bushell again offered a day's mindfulness training and, as a new departure, a residential retreat in the mindfulness tradition.

Given the significant changes and pressures that are affecting the pool of mental health chaplains, the Task Group is aiming to establish a 12 month project to contact all those who identify themselves as mental health chaplains, identify their working circumstances and see how the network might best support itself. Historically, mutual support has been one of the strengths of the network. Seldom has such collaboration been more necessary.

July. The union held a webinar to highlight the changes to reps and activists. Staff should be aware that a small number of trusts are looking to review their travel policies in line with cost improvement programmes and attempt to force staff into pool cars. The Pay Review Body is now touring the country gathering evidence for the 2014-2015 pay and conditions review. Unite representatives are being briefed from the National Office on the issues to raise when interviewed in the trusts selected for evidence gathering.

### Peoples United

To highlight issues surrounding austerity and public sector cuts Unite in conjunction with a number of other unions and the TUC is organising a number of buses to tour the country arriving at Trafford General Hospital on 5th July, the birthplace of the NHS. Details are available at [www.thepeopleunited.co.uk](http://www.thepeopleunited.co.uk)



## RESEARCH NETWORK

Derek Fraser

The research network group has not met formally this year for a number of reasons most significantly because there appears to be little appetite to meet together!

Perhaps the starkness of that comment will speak to people but it needs to be set within a context.

- The world of healthcare chaplaincy is changing in the NHS
- The English scene has been very pressured with staff cutbacks
- The attempt to make the research agenda UK wide has failed because the level of collaboration we had hoped for did not materialise. The meeting in summer 2011 failed to produce the necessary papers it agreed would be helpful to take the conversation forward.
- The reality is that research activity is often focussed around the need to gain education qualifications and lone workers are easily isolated.
- The personality make up of chaplains mitigate against a research culture developing.

That is not to say that all has been quiet on the research front in chaplaincy!

### Summer 2013 Summary of Activities

- The chaplaincy research data base which was announced last year continues to gather materials and is web based.

- The CHCC conference in 2012 addressed the research question but there was no carry through of that work in any focussed and concrete manner.
- The recent Scottish bulletin shows that the research agenda is growing in that context and has the benefit of government funding as well as a critical mass of researchers both chaplains and academics collaborating together.

The Research Network Group was initially formed to “keep the conversation alive” and to that end, my own role has been to keep it going at least by being a point of reference for CHCC. That has led to participation in a series of tele-conferences with our North American colleagues about how to increase the research engagement of chaplains in the field. The truth is that in the USA, the culture is in many ways parallel to ours with a select few doing research but with the vast majority of practitioners not really connecting with the agenda.

A study day/gathering is planned for Thursday 10th October 2013 in Cambridge (The Moeller Centre) for all those interested in research to meet and share progress and developments. Further details will be sent out soon.

### Conclusions

- We need to focus on research as part of chaplaincy.
- The database needs more attention.
- The way forward is a challenge which needs to be wrestled with more fully.
- Perhaps we need to keep talking on this subject and sharing of ideas and resources.

It is vital we are not too despairing since progress over the years has been made and we need to advance that pace of change together.



## FAITHS COORDINATOR REPORT

Rakesh Bhatt

We have, once again, achieved another successful year in the CHCC. I have had the privilege of working with plenty of personalities, and learnt innumerable things about people, their culture and their faith. It's amazing to learn so much, and to keep learning too!

I have enjoyed two and a half years of working with brilliant people but there are still a couple of issues that need to be resolved. The biggest concern that I have, along with many fellow minority faith chaplains is that it is extremely difficult for us to go on training days due to the limited hours. We need to work around this so that chaplains can provide the same level of service and care to the patients as other Chaplains.

I am hoping that the concerns that I had highlighted in last year's report and OPC meetings will be looked at thoroughly and action taken to make sure that we are providing the best for our patients, our staff and the visitors to our trusts.





## THE JOURNAL

Meg Burton

Autumn 2012 was very busy for all concerned with The Journal of Health Care Chaplaincy. The decision had been taken earlier in the year that we would enter into discussions with our counterparts in Scotland to form one journal for chaplains. We were advised that we needed to go out to tender and three publishers were interviewed. Equinox Publishing, which is based in Sheffield, was chosen as the publisher to best meet our current needs. The final issue of The Journal of Health Care Chaplaincy came out just after Christmas.

Work then began on the first issue of the new journal, which is called Health and Social Care Chaplaincy, reflecting the new direction which the NHS is taking. The first co-editors are

Meg Burton, Ian Stirling and Chris Swift. The first issue will have come out in early summer and it will normally be published in May and November each year. CHCC members should have registered their interest with Equinox via the link in the Members' Area of the CHCC website in order to continue to receive their copy as part of the membership of Unite the Union.

As part of the new direction of the journal, we now have an international Editorial Board, with members from Australia, Europe, Eire and North America, as well as the different regions of the United Kingdom, and Equinox are actively promoting Health and Social Care Chaplaincy world-wide.

We look forward to the new incarnation of this chaplaincy journal and hope that members will continue to enjoy reading it and find it relevant for their practice. We hope, too, that you will continue to send us your articles and letters. These should be inputted through the Equinox website, where you will find author guidelines. However, the co-editors will be pleased to read and support the writing of articles from those of you who are writing for the first time.



## TRAINING AND EDUCATION

Simon Betteridge

Last year I highlighted the increasing difficulty in accessing training. This theme has very much continued due in the main to lack of finances and to some degree shrinking teams making it difficult to take time out. To balance this though, I am aware of significant numbers taking part in formal education at first degree and Masters' level. The college has been able to support people financially in this and we see the fruits of this both in local teams and in what is contributed more widely.

The annual study conference and the mental health study conference were held simultaneously at the Hayes

Conference Centre, Swanwick in September. The theme of the conference was 'Can we make Compassion Reliable?' chaired by Revd Dr Derek Fraser. Those who attended enjoyed valuable input from Chris Swift, Jason Leitch, Ewan Kelly, Peter Gubi, Valda Swinton and Chris Cook. Feedback after the conference was largely very good and we hope that those attending were inspired to go away and consider how chaplains contribute to the wider contexts we work in and how we show the value of this contribution.

This year the two conferences will also be held separately with the study conference being held again at Swanwick. This will be from the 24th – 26th September with the theme being 'The Role of Religion and Belief in Society – does healthcare need to change?' keynote speakers will include Elizabeth Oldfield, Paul Holley, Barrie Brown, Anne Richards and Bishop James Newcome.

I will be ending my time as Chair of Training and Education in August, thank you to all who have worked with me and have contributed to the development of the ministries which we share.

# REGIONAL REPORTS



## NORTH WEST & IRELAND

Philip Winn

Firstly: many thanks to Pat Harvey who was the North-West Regional representative until she retired from Chaplaincy in the autumn. We are all grateful to her for her work on behalf of chaplains in the North-West and for

keeping us in touch with the rest of the CHCC.

I have recently become the representative for the North-West and Ireland (two regions have combined). I am so new to the job that, at the time of writing, I have not yet attended a meeting of the Organising Professional Committee; this will be put right in a couple of weeks' time.

Perhaps I should introduce myself. I am a full-time chaplain at Stockport NHS Foundation Trust, based at Stepping Hill Hospital. I have been in this post for almost 10 years, having been a local minister and part-time chaplain here for 9 years before that. I try (as far as time allows) to play an active part in the Greater Manchester Chaplaincy Collaborative.

On now to a brief review of the activities of the CHCC in the North-West over the past year:

The North-West branch of the CHCC held its AGM on 11th June 2012 where John Hall was elected as Chair and Sandra Purvis as secretary. The guest speaker was Rev Tim Presswood, formerly chair of Tameside NHS Foundation Trust, who was interviewed about his experience as a person of faith in this high-pressure role.

On 30th April 2013 the branch, jointly with Greater Manchester Chaplaincy Collaborative, organised a good practice study day, held at Wrightington Hospital, with a dual focus on Bereavement Improvement and Mindfulness. Speakers were Ruth Passman, a senior executive employed by the Department of Health, and Fiona Murphy, formerly clinical lead for bereavement and organ donation at Royal Bolton Hospital NHS Foundation Trust.

The 2013 AGM is to be held on 20th June, this will be followed by a presentation by Dr Shana Cohen and Sughra Ahmed of the Woolf Institute, Cambridge. Discussions at every meeting of Chaplains reveal continuing concerns about RRP and on-call payments. Practices on both these areas vary between trusts.



## EAST MIDLANDS

Jeremy Pemberton

The region has met only twice this year. During the year we were sorry to say goodbye to some long standing colleagues who have been great supporters of the College.

Members attending have been very few on the ground, and our AGM was not quorate. We very rarely see colleagues from Leicester and Nottingham, and yet colleagues from Kettering regularly travel to Derby or Mansfield for meetings. We had hoped to have a meeting in February, but sadly it was cancelled through illness. Members all across the region report increased

pressures on staffing, and this, I think reflects in the numbers able to attend our gatherings. It was however, encouraging to welcome a new member to our last meeting.

The top issues for chaplains in our area are:

- Staffing
- Management
- Uncertainty about the position of chaplaincy in the new NHS

I hope that members in the coming year will see the value of meeting together and will be enabled by their trusts to make this a priority.

No report received. Jeremy is standing down this summer as regional representative. We are grateful to him for his service for the College.



## LONDON

Tim Mercer

There have been a number of meetings this year, on a variety of topics. I have been able to attend some of the steering committee meetings during the year, but due to the planned dissolution of our trust (South London)

under Special Administration, I have been unable to attend many main meetings.

In common with some other trusts our staffing levels and vacancies have constrained participation in well worthwhile training opportunities.

Various topics have been covered. They include 'Faith Matters?' addressed by Bernd Koschland, (Royal Free), from a Jewish perspective; Abdul Choudry, Guy's and St Thomas', from a Muslim perspective and Robert Thompson, Royal Brompton, from a Christian perspective in November 2012 and End of Life Care, in Hospice, Community and Society-addressed by Andrew Goodhead, Brendan McCarthy and Yinglen Butt in March 2013. Opportunities for reflection were much appreciated by all those who attended. There was a helpful resource paper from Ruth Lambert concerning 'Transforming End of Life Care' with reports and extracts to inform engagement.

A planned meeting in October 2013 will enable some group reflection on the current world of chaplaincy and our participation in it.

Membership is at 110, allowing for some being checked for their choices about continuing.

There have been some welcome conversations between members by locality about NRRP and its local retention in some trusts; training and research; and supervision. Chaplains in a number of trusts have found that paid supervision is welcomed.

The London Region continues to benefit its members, led by the steering committee, chaired by Ruth Lambert, Guys' and St Thomas' and welcomes the work of the College as a national body and support from other national healthcare bodies, from faith communities and from fellow professionals in healthcare.



## **SOUTH WEST**

Chris Davies

The geography of the South West Region is such that it is very difficult to bring members together. There are informal groupings throughout the region which meet at different times during the year. One such group meets

under the collaborative framework originally envisaged by the 'Caring for the Spirit' initiative some years past.

Two training events have been organised in Bristol this past year. However numbers from the wider region were disappointing. This I think in part is due, in part, to chaplains having to undertake often onerous mandatory and statutory training demands from their respective trusts. Time for continuing professional development becomes almost impossible to fit in to the day to day workload demands of spiritual and pastoral care.

The Northern sector of the region has shared concerns regarding the removal of the long term Recruitment and Retention Premium along with the introduction of harmonised on call and unsocial hours payments. Both of these have led to significant reductions in take home pay for all paid chaplains.

Concerns have also been raised regarding the downgrading of Chaplains' posts when vacancies arise.

My term of office ends in the summer of 2013 and I hope that we will be able to recruit a regional rep for the coming term.



## **WEST MIDLANDS**

Simon Betteridge

The activity of the college continues to function in broadly two geographical areas, that of Coventry, Warwickshire and the south of the area, and then Birmingham and the Black Country. There are meetings and training

opportunities held during the year in both parts and it is hoped to develop occasional training events for the whole region. Members from the region have taken the opportunity to take part in post graduate studies and have benefited from financial help from the college.

There are some positive developments in the region; a regional spiritual care meeting held three times a year aimed at mental health chaplains has been a good opportunity for chaplains and some from other disciplines to meet together for support and training. There are also some creative and positive developments with regard to chaplaincy in community contexts such as GP surgeries.

As is the case in other areas there have been growing instances or re-banding roles and of varied patterns of leadership and structures; Colleagues in the Birmingham and Black County part of the region have been seeking to support those who find themselves managing chaplaincy teams who are not chaplains. This seems to be a growing pattern and is all part of a need to respond creatively and wisely to the changing face of chaplaincy.

I will be stepping down from the role of regional representative in August, it has been a privilege to represent a great group of colleagues and I am grateful to all who have given their support over the last few years.



## **YORKSHIRE AND HUMBER**

Anthony Ruddle

This is my last report as representative for the Yorkshire and Humber area. I therefore wish to take the opportunity to thank colleagues for the privilege and for their continuing interest in the activities of the College.

There is little movement in our region as the various effects of pay adjustment bite in these times of austerity and a variety of posts are downgraded to remain within tight budgets. It is important to acknowledge that while this puts a strain on departments they continually rise to the challenge and maintain high standards of patient care. Reduced staffing will in the long run have an effect on morale, individual pressures and recruitment.

I hoped to write this report after a planned meeting on the 27th June and so announce my replacement but new deadlines for the annual report publication thwarted this.

We will meet in Leeds on 27th June for a high quality day of training as well as a brief business meeting. Dr Bill Merrington is providing CPD on the title: "How to build a healthy story in a patient's life". This is a topic directly related to increasing patient care and wholeness and an opportunity to reflect on what we do and the way we do it spiritually.

I wish colleagues well and that the future of chaplaincy in the care and support of College's OPC goes from strength to strength.



## **EASTERN**

Gareth Rowlands

We have not met as a region in 2013. I have been providing support to members and trusts who are facing challenging times.

Whilst, I have not sought re-election, I am happy to carry on in an interim basis, if no one else comes forward.

## **CENTRAL SOUTHERN**

VACANCY

## **SOUTH EAST**

VACANCY

## **SCOTLAND**

VACANCY

Ann Dougall served faithfully as representative for Scotland, but has had to stand down for health reasons. We are grateful to Anne for her service and wish her well.



## WALES

Trevor Williams

I think it would be true to say that over the last twelve to eighteen months chaplaincy throughout Wales has been adjusting to and implementing the

Spiritual Care Document for Wales. We understand that, a review by Welsh Assembly Government (WAG) will soon be taking place; to find out how effective the delivery of the spiritual care standards has been throughout Wales and how each Local Health Board has set up its own Spiritual Care Groups. We will keep members updated on this.

CHCC Wales itself has seen a slight drop in membership, this has been caused by retirement of members and members moving from chaplaincy and returning to parish work, Health Board's (HB) are making up full-time positions sessional and part-time posts. Also the loss of RRP has had an impact in many factors in this trend.

CHCC in Wales is also involved in a steering group that is looking at training and education for chaplaincy throughout Wales. This starts at lay-visitors level 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 WAG interest and backing.

The first set of training materials are now available to HBs throughout Wales. The steering group will continue to produce training material and resources. There are a number of training days being organised for 2013 and will be held in the capital, whilst a Chaplaincy day is being organised for 2014 which will deal with work related issues only.

CHCC Wales has two representatives Revd Wynne Roberts who will be covering North Wales and Powys and the Revd Trevor Williams who will be covering South Wales and Mid-Wales.

The Welsh Region has three chaplaincy advisers who are available to all HBs to give advice on jobs, job descriptions, job adverts, rates of pay, national agreements and be part of the interviewing panel. They will also be available to the WAG for advice on chaplaincy matters.

Cwm Taff, have made three appointments since the last annual report. One full time in Royal Glamorgan Hospital, two part time both with responsibility for developing a Spiritual Care strategy for dementia patients and for working with this particular patient group. We are also about to publish an in house resource for staff and carers to use with dementia patients called Memories are Made of This. This is a book of photographs, pictures, poems and songs/hymns.

Cardiff and Vale UHB were unable to appoint a new chaplaincy manager.

Financial constraints continue to have a bearing on all HBs and we are looking toward change in the development of the South Wales Plan we'll keep you informed.



## 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 Tees Hospitals
- County Durham & Darlington
- North Tees & Hartlepool
- Newcastle
- Northumbria (North Tyneside)
- South Tyneside
- Gateshead

• In addition, some chaplains are employed by, or work under service level agreements in, several hospices of the region, including those in Sunderland, Teesside, and Hartlepool.

At the start of the year our local college membership was 37, a reduction of two since the same time last year. One has since returned to parish ministry, one will retire later this year. One new member has joined.

Three meetings held during the year (Autumn, Spring and Summer) with an average attendance of approximately 18 members. In addition a Study /Training day in the Summer and a Study Retreat in the Autumn.

Main issues exercising members have continued to be the changes to on call as local agreements have replaced AFC; and the removal of nationally agreed RRP/Housing allowance.

On call seems to be settling itself with trusts offering roughly comparable payments for Normal and Higher Rate sessions.

Only one trust now continues to pay a retention/housing allowance.

Among chaplains there is some difference of opinion as to whether RRP/Housing allowance should be paid or whether chaplains should be treated no differently than other NHS workers. This itself is a matter which will need to be resolved if disagreement 'within the camp' is not to become an issue in the future.

It is still too early to discern the effect loss of RRP has had on recruitment and retention of chaplains. Three Lead Chaplain posts advertised recently have both been filled: one internally, two externally. "Backfill" following the internal appointment has been partial, perhaps reflecting a decision to change staffing levels among chaplaincy teams as posts are relinquished.

EOL care has continued to exercise chaplains in some trusts but the North Tees/Hartlepool model of offering spiritual care seems increasingly to be being adopted in the region as the benchmark against which to measure provision of care. Newcastle hospitals have adopted it and County Durham & Darlington are in serious discussions about its being adopted in the near future.

Likewise access to patient information, to enable chaplains to locate and minister more efficiently, still causes issues across the region. Some trusts allow chaplains access to

electronic patient information systems, a couple still offer printed lists; one offers no effective system of access – which hinders considerably those whose work is denominational and part time. Perhaps some national guidance and review of the Information Commissioner’s judgements from the early 2000s is due?

On a more organisational note, reflection is that Unite’s recent Branch Standards/ Model Branch Standing orders are too prescriptive. We are not a union branch but a professional body under a ‘Union umbrella’ therefore need freedom to continue as we have done over the past years. The benefit of being under the ‘Union Umbrella’ is recognised and valued but since we are not obliged to adopt these Standards/standing orders as a region we will leave procedural matters as they are for the present. A possible way forward, should we be required to adopt these Standards/standing orders is to hold one formal annual meeting on a Yorkshire/North East regional basis (this meets the union requirements) then continue to meet as a sub region as at present.



## SUPPORT AND SUPERVISION

Chris Davies

The sub group has conducted its business by e mail and through the now more frequent OPC meetings.

The group's chair has offered support and advice to individual members with regard to the cessation of the AFC's long term RRP.

Supervision continues to be on the agenda and information regarding this key aspect of the professional life of health care chaplains can be found on the website.

Issues regarding chaplains' terms and conditions are regularly monitored and useful information posted on the CHCC web site as and when appropriate.



## WEBSITE ADMINISTRATOR'S REPORT

Mark Burleigh

The College website continues to be regularly updated, at the request of the College Registrar. Updates are usually uploaded within 24 hours. The existing content is also periodically monitored and out of date material is removed. If anyone is aware of information that should be removed, please email the website administrator email address.

The Members' Area login database is also regularly updated. Members whose subscriptions are in long-term arrears have their access disabled. Those who leave the College are removed. There is a steady stream of requests for password reminders from members who are unable to log in. It is not possible to set up an automatic facility to reset passwords or request password reminders, as we do not hold email addresses for all members.

A major update to the Members' Area now allows members to register for their free access to the Equinox website to view issues of the new journal and back copies of the CHCC and SACH journals. This is also how CHCC members register for their free printed copies of Health and Social Care Chaplaincy. Please note that your username and password for the Equinox site are not the same as those for the Members' Area of the CHCC website. Any queries regarding your Equinox registration should be sent directly to Equinox.

It appears that some members have attempted to register for their journals more than once with different email addresses. This may cause CHCC to pay twice for their journal subscription. If you wish to change your email address for the Equinox site please log in to the site using the username and password Equinox have sent you and then update your details. Thanks.

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 to [website.admin@healthcarechaplains.org](mailto:website.admin@healthcarechaplains.org)!

## APPENDIX A

### Appendix A: Current Business Plan: CHCC Business Plan - updated 5 Jul 13

Aim	Actions
Effective communications with members	<p>Ongoing work to launch the new Journal <i>Health and Social Care Chaplaincy</i></p> <p>Website update - inc adding material to the regional pages</p> <p>Circulate annual report for 2013</p> <p>Update Website with Minutes</p>
Manage CHCC business	<p>Review and update business plan</p> <p>Run Elections for Regional Reps</p>
Support Chaplaincy Profession	<p>Build good relationships with other Chaplaincy bodies</p> <p>Engage with and support the work of the UKBHC to help the development of an appropriate regulator for chaplains</p> <p>Support chaplaincies in specific difficulties</p>
Training	<p>Organise annual study course</p> <p>Organise annual Mental Health study course</p>
Terms & Conditions	<p>Monitor, collate and report on chaplaincy UK wide including making of appointments, banding issues, on-call, RRP &amp; staffing levels</p> <p>Regional reps monitor banding and RRP issues in their regions and report to OPC</p>

Timescale	Responsible
1st issue planned for August 2013  October 2013  Summer 2013  Ongoing	Journal Editors  Web Administrator & all regional reps  President to add a letter to go with reports Registrar to send out  Registrar & Web Administrator
Ongoing  July/August 2013	OPC meetings  Registrar
Ongoing  Through 2013  Ongoing	President  OPC & President  Regional Reps and President Unite Media Department
Conference is 24-26 September 2013  Conference is 2-4 September 2013	Registrar & Mia Hilborn  Registrar & Richard Allen
Report to OPC  Ongoing	Vice President to speak to Chris Swift  All Regional Reps & OPC

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