

CHCC

ANNUAL REPORT

2013/2014

CHCC COLLEGE OF
HEALTH CARE
CHAPLAINS



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PRESIDENT'S REPORT

Mark Burleigh

In May I attended the 13th annual Consultation of the European network of Health Care Chaplaincy (ENHCC). It was very thought provoking. Those who follow me on Twitter will already have read the tweet regarding what George Handzo said. He suggests that chaplains need to measure "outcomes" rather than "processes" to demonstrate effectiveness. I found this very thought provoking! If someone asks us what chaplaincy achieves, if we answer by describing numbers of visits and referrals - they are "processes". If we say that patients have found peace to face illness or death, or strength to go on with their struggle - then they are "outcomes". They are hard to measure, but articulating them is important.

I have been busy through the year seeking to build relationships between the key chaplaincy bodies. I consider the publication 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. In order to receive their free copies as a benefit of CHCC membership, members must register through the Members' Area of the CHCC website:
www.healthcarechaplains.org.

I have also attended a number of meetings of the UK Board for Healthcare Chaplaincy (UKBHC), the Healthcare Chaplaincy Faith and Belief Group (HCFBG) and the new Chaplaincy Leadership Forum and its executive. The context of chaplaincy is changing very quickly and much collaborative work has been done in the past to produce the new Chaplaincy guidelines for England.

One very significant development this year has been the College's membership of the Leadership Alliance for the care of Dying People. Meg Burton deserves our gratitude for all the work she has put into this on behalf of the College.

This year we held elections for our regional reps, and as a result welcomed a number of new faces to our Organising Professional Committee (OPC) meetings. These include:

- Alison Coles - representing the West Midlands
- Simon Harrison - representing the South West
- Alisdair Laird - representing the North East
- Karen MacKinnon - representing Central Southern
- Philip Staves - representing the East Midlands
- Peter Wells - representing the South East
- We have also co-opted Wynne Roberts - representing North Wales

I am working to strengthen our links with our members in Scotland.

We also had elections for the positions of President, Treasurer and Faiths Representative. As you already know Nick Flood and I were re-elected for a further three year term. We also welcomed Siddiq Diwan as our new Faiths Coordinator. Siddiq is a chaplain in Manchester.

I want to pass on the thanks of members to our outgoing regional reps, Simon Betteridge, Chris Davies, Jeremy Pemberton, Anthony Ruddle and Faiths Coordinator, Rakesh Bhatt. Thank you all for the work you have done on behalf of the members of the College.

One new venture for the College is the establishment of a resource group for GP Chaplaincy. The role leading the group has been kindly accepted by Fiona Collins who has a wealth of experience in this area in Birmingham.

I look forward to the annual study course in High Leigh in September (2nd-4th) and hope to see many of you there. The AGM will be held on the 3rd, and it is an opportunity to meet a number of members and to hear what your concerns are at this time.

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.

Many thanks you to William Sharpe for his hard work and support as College Registrar. Thank you also to Jane Beach, our Professional Officer and Mark Robinson, our Industrial Officer.

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

If you wish to contact me, do drop me an email to president@healthcarechaplains.org.

Warmest regards.



REGISTRAR'S REPORT

William Sharpe

Introduction

The year ahead is a challenging time for CHCC as the National Health Service continues to tightening its budget in the face of economic insecurity to meet budgetary targets, creating a knock on effect of cuts to Chaplaincy departmental budgets, some members facing the prospect of redundancy and some NHS Trusts or Boards no longer offer chaplaincy out of hours to patients.

Nevertheless, I remain optimistic about what CHCC OPC (Organising Professional Committee) and Unite the Union can achieve in the year ahead as they remain committed to informing and influencing the public debate about the future of Chaplaincy in the Health service.

Membership

CHCC membership is falling and as at June 2014, our membership numbers have decreased from 793 last year to 703, consisting of:

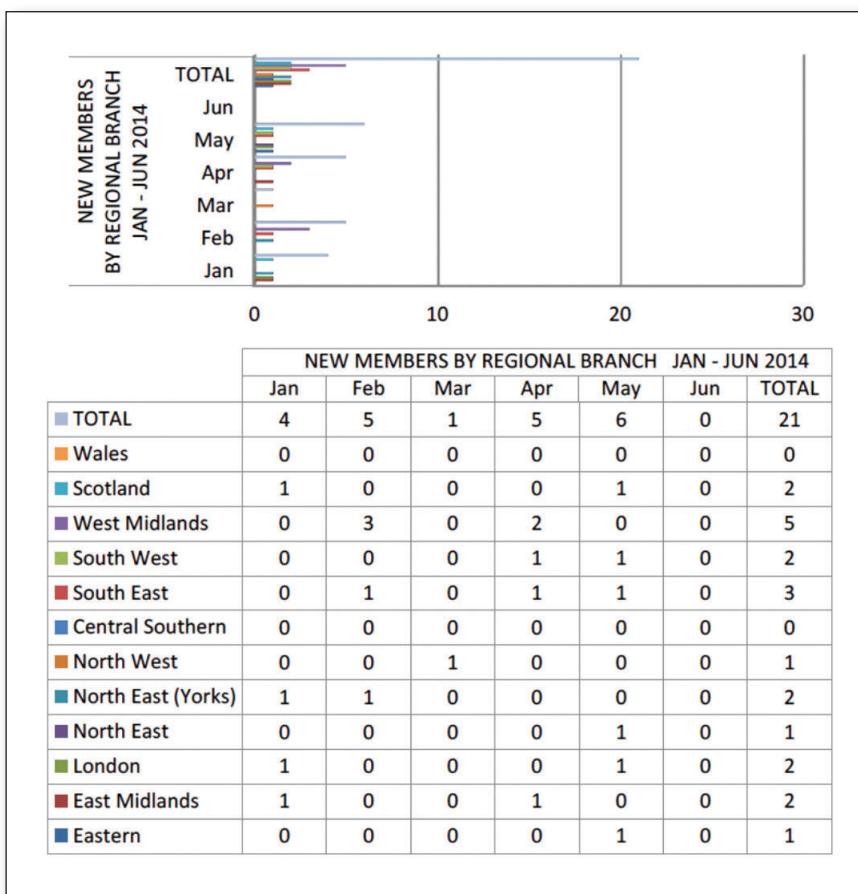
Whole-Time	405	(404 in 2013)
Part-Time	216	(286 in 2013)
Retired	59	(65 in 2013)
Other (Volunteers)	23	(38 in 2013)

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

SP1 (1 – 12 weeks arrears)	12	(20 in 2013)
SP2 (13 – 26 weeks arrears)	10	(19 in 2013)
SP3 (over 26 weeks)	47	(52 in 2013)

The above figures show that the actual paid up membership of the College currently stands at 634. Through various means of communication, members who do not pay their subscription by direct debit are informed when they fall in arrears. I would encourage members who are not paying by direct debit to consider it as due to the volume of work load I might not be able to send those reminders when their membership subscription is lapsed.

In the first half of 2014, I have processed 21 new members (compared to 28 in June 2013) of which 9 are full time chaplains and 12 part-time.



Organising Professional Committee (OPC)

The College Council has Representatives from all the regions in UK with the exception of Scotland. We have a "listening day" event in June and aim to build stronger links between our members in Scotland and the CHCC as a whole. We hope to address the vacancy.

The current OPC Representatives, whose term of office ends August 2015:

Phillip Staves	East Midlands
Gareth Rowlands	Eastern
Tim Mercer	London
Kevin Tromans	North East - Yorkshire & Humber
Philip Winn	North West & Ireland
Karen MacKinnon	Central Southern
Peter Wells	South East
Simon Harrison	South West
Alison Coles	West Midlands
Wynne Roberts	Wales - North & Powys
Trevor Williams	Wales - South in office till August 2014
Richard Allen	Mental Health Resource Group in office till September 2014
Fiona Collins	GP Resource Group
Meg Burton	Journal Editor
Derek Fraser	UKBHC (observer status)
Debbie Hodge	Faith and Belief Group (observer status)

Mark Burleigh has been in post as President of the College for the past two years and members have valued his leadership. His term of office ends in 2017. Other members of the OPC to serve till 2017 are:

Nick Flood	Treasurer
Siddiq Diwan	Multi-faith Co-ordinator

Conclusion

CHCC and health care chaplaincy have advanced and developed to meet the challenges of a fast-changing environment. However, Chaplains are faced with some tests in the present climate under the NHS- cutbacks and uncertainty. I believe the larger acceptance of chaplaincy as a fundamental part of the professional health care team is due and I would like to acknowledge those who have taken on the responsibilities - Rachael Maskell (Unite Health Sector National Officer), CHCC President, OPC members and the United Kingdom Board of Healthcare Chaplaincy (UKBHC) during this time, to promote the role and work of Healthcare Chaplains. My appreciation also goes to members of the College who have kept me busy in my role as the College Registrar. I would also like to thank my colleagues in the Health Sector at Unite HQ for their collegiality.

I continue to look forward to more years serving the membership of the College.

Communications with Members

Direct contact with individual members and prospective members by email and telephone, remains a large part of the Registrar's work as well as supporting all College study courses. I hope that my input has given some help to members, not only some help to members, not only in relieving some of their frustrations, but also helping in times of what are often situations of considerable personal pressure.



HON TREASURER'S REPORT – Year Ended 31st December 2013

Nick Flood

BRANCH FUNDS

Receipts

Branch Administration Allowance	5478.17
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Payments

Web Site Maintenance/Development	838.80
Journal Editorial Board Meetings	143.64
Journal Printing/Publication	2085.33
Mental Health Chaplains Task Group	575.50
Leadership Alliance Meetings	298.15
President's Expenses	442.49
Branch Management	506.07
Affiliation Fee ENHCC	197.18
Display Boards	175.00
Other Expenses	31.10
Sub-Banches	335.00

5628.26

Excess of Payments over Receipts

Cash & Bank Balances at 1st January 2013	150.09
Cash & Bank Balances at 31st December 2013	1183.11
	1033.02

150.09

1183.11

1033.02

BURSARY & TRAINING FUNDS

Funds generated by

Annual Study Course	3363.18
MHRG Conference	2386.62
Mindfulness Day	70.29
Chaplaincy in Current Climate	140.00

5960.09

Payments

Journal Publication	2416.88
Bursaries	1300.00
General	95.96

3812.84

Net Increase in Funds

Cash & Bank Balances at 1st January 2013	2147.25
Cash & Bank Balances at 31st December 2013	25797.43
	27944.68

2147.25

25797.43

27944.68

Note

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

It is hard to believe it has been a year since I wrote last year's submission for what was my first CHCC Annual report! What a challenging year it has been for the NHS and our members working within it, with many more tough times to come! I continue to work hard to represent members strategically across the Health Sector on professional issues, in particular related to regulation and attend the OPC meetings to advise on, and support the professional agenda.

I have also attended regional CHCC meetings and was able to contribute to the revision of the NHS Chaplaincy Guidelines in a workshop organised by NHS England and Chris Swift. I was extremely pleased to be asked to present a workshop at conference on the Francis Report which appeared to be well

received, with excellent contributions from participants. This also informed my wider work on record keeping and duty of care and a number of CHCC members contributed to the subsequent Unite in Health books: *Record Keeping and Documentation: A Guide for Health Professionals* and *Putting Patients First; The Duty of Care: Practical guidance for healthcare staff*, both of which are available via www.unitetheunion/health/bookshop. My sincere thanks go to them! These topics have also been the focus of regional training events that have been very well received and the professional team are looking at rolling these out further.

Record keeping was identified by CHCC members as an issue within practice so if you haven't attended one of these sessions, I would advise you please keep an eye out for more dates! We continue to hold regular Unite in Health Thinking Thursday (UiHTT) sessions on a whole range of topics that are available for you on the Unite website. Whilst you will receive these by email, I would encourage you to like us on Twitter and Facebook to keep up to date with developments.

www.unitetheunion.org/health
www.twitter.com/uniteinhealth
www.facebook.com/uniteinhealth



INDUSTRIAL OFFICER'S REPORT

Mark Robinson

PAY

Unite is the leading union challenging NHS employers and the DoH over the 2014-15 pay offer, particularly in England. Whilst the devolved countries have implemented the 1% in full, in England the offer is a hybrid of 1% non-consolidated for employees on the top of the band and just the increment for those still working towards the top. This offer would mean that since 2010 the value of pay in real terms would have been cut by over 15% - more so for chaplains who have had their NRRP removed.

Unite is the only union so far to hold a consultative ballot on the offer and over 90% of members who voted rejected the offer. Unite will be working with the other health service unions over the summer to draw up a strategy of action for the autumn. This will include the national demonstration for public sector workers on October 18th in London.

OUTSOURCING & PRIVATISATION

Since the creation of local Clinical Commissioning Groups, there has been a significant increase in services being put out to tender. The result has been that the majority of these front line services have been given to the non NHS providers. Evidence is growing that in some cases there have been historical links of the decision makers to the companies being taken on to provide the services going forward. Where this occurs we see attacks on pay and other terms and conditions to staff transferred from the NHS along with inferior contracts being offered to any new staff. Unite again is the forefront of challenging these contracts and will shortly be launching a national campaign highlighting these issues.



MENTAL HEALTH RESOURCE GROUP REPORT

Richard Allen

The last 12 months have seen the Mental Health Resource Group change in a positive direction. Beginning at the 2013 annual conference, entitled *Falling through the cracks: re-empowering the chaplain in the brave new world*, we built on the Swanwick conference a year earlier and looked at the future of mental health chaplaincy and how we might empower ourselves to embrace it creatively.

Many agreed it was the most open atmosphere they had experienced, and it was as if delegates took the subject matter literally. The Resource Group seized power for itself; it openly challenged the Task Group, decided that its voice should be heard in wider networks and set about achieving this. As a result...

- The Group is now represented on the Chaplaincy Leadership Forum (CLF); for six months, I contributed to the drafting of new healthcare chaplaincy guidelines as part of the Forum Executive;
- Membership of the Task Group rose from 5 members to 11, the maximum allowed under our Terms of Reference. Over half have never served on the Task Group before, reflecting a surge of interest from the floor at the annual meeting;
- Subsequently, the Task Group has looked beyond itself; in addition to its usual functions, groups of members met with Bishop James Newcome (the Church of England's lead on healthcare matters) and Bishop Richard Moth (the Roman Catholic bishop with responsibility for mental health).
- Three members of the Task Group began a project to become better acquainted with Resource Group members within the College, to understand their working environment, what they could offer to the network and what support needs they might have. The aim is to use this information to develop more effective networks of mutual support, especially for those who are working alone.

As Chair, I am delighted that these last three initiatives have not needed any input from me. It feels as if the Task Group, reflecting the dynamics of the wider Resource Group at the annual conference, is now acting as a team. This has taken the pressure off me, affording time so I can play a fuller part on both the OPC and the CLF; but most importantly, it offers a more sustainable leadership model for the Task Group.

In September, several experienced members will retire from the Task Group. Those who are new will have gained a year's experience of knowing how the network functions and where it sits within the College and in relation to other bodies in healthcare chaplaincy. I hope there will therefore be a smooth transition.

We live and work in challenging times. Many mental health chaplains are finding themselves under severe pressure from their employers to do more for less, and justify every activity they undertake. A considerable number have seen their teams cut back; at least one chaplain has been made redundant and there are some real horror stories of the decimation of chaplaincy services by cost-saving Trusts. Some have bucked the trend and been able to argue successfully for new colleagues, but most of us seem to be working harder for the same or less remuneration. It is a point that I made when I gave a series of local BBC radio interviews earlier this year.

All of us need to care for ourselves, and the Task Group was delighted to support Emma Louis and Stephen Bushell in offering a much appreciated mindfulness retreat, on the back of which they are offering another in 2014.

This has been my final year as Chair. My term of office comes to an end on 2 September at our next annual meeting. I have found the experience challenging and rewarding, exhilarating and frustrating. But I wouldn't have missed it for the world. I am very grateful for the support and advice I have received from many of you, and for your willingness to allow me to have undertaken this role. We are a group whose voice is welcomed and valued within the College and we need to continue to offer it, creatively and supportively for all our colleagues, in whatever branch of healthcare chaplaincy we work.



FAITHS COORDINATOR REPORT

Siddiq Diwan

It is a privilege to have been appointed as the National faiths Co-ordinator and present my first annual report. My motivation to join the CHCC team is built on my belief that there is a need for

the wonderful services of our chaplains, all over the country of and of all faiths, to be better appreciated and celebrated by the NHS and also their own faith communities. I also believe there is a need for a better recognition, respect and response to the unique challenges minority faith chaplains face in a changing NHS.

Finally, I believe that the best way forward to realise this vision would be a coordinated approach through a nationally recognised, respected and established organisation such as the CHCC. I therefore would encourage all chaplains especially from minority faiths to come on board too and help make a positive difference to the people we serve. I am available for help, support and advice or just for a chat!



THE JOURNAL

Meg Burton

The journal, *Health and Social Care Chaplaincy*, was launched in the summer of 2013, the amalgamation of the Scottish Journal for Health Care Chaplaincy and the Journal of Healthcare Chaplaincy. After the first issue, because of major projects for each of the co-editors, the second issue was severely delayed. However, it was published online at the end of May 2014. The aim is to produce another two issues before the end of the year.

Already the international flavour of submissions and published articles is evident. In 1.2 we have articles from the USA and Australia and we have received articles from the Netherlands and the USA that are out for blind review.

The European Network for Health Care Chaplains (ENHCC) Consultation took place in Salzburg, Austria, from 28th May to 1st June 2014, and was attended by Mark Burleigh and

me. Each delegate from the 22 countries represented received a flyer and a copy of the first issue. There were many favourable comments from the delegates and a report of the consultation will be published in the next issue in English, French and German. Some delegates indicated that they are considering subscribing.

We have decided to hold a workshop for budding authors and book reviewers on the afternoon of Tuesday 16th September 2014 at a venue near the railway station in Leeds. Further information will be found in the next issue of the HSCC, due out in July, but if you would like to book a place now, please contact Chris Swift.

After helping to steer us through the amalgamation, and being responsible for the third issue of the HSCC, Ian Stirling has decided to stand down because of pressure of work and study. We offer him grateful thanks for all that he has done and wish him well for the future. We are hoping that a replacement editor from Scotland will soon be found.

John Wood, after several years as Book Review Editor, first of the JHCC and now the HSCC, has indicated that he will be standing down on 31st March 2015. If you are interested in taking on this important task, please contact one of the editors or John.



GP CHAPLAINCY

Fiona Collins

This Easter the Interest group was given the go ahead by CHCC board to begin to bring together those interested in being involved in the exciting development of Chaplains in General Practice. This new service is developing in many different guises up and down the country.

A Conference in Birmingham in April of this year put on by the Whole Person Network Group enabled a number of Chaplains involved in General Practice work to network with each other and with Clinicians and Clergy. It is hoped that all those Chaplains in CHCC who are thinking towards Primary Care Chaplaincy and its development in General Practice will begin to relate and share ideas and we hope to meet up at the end of the year to encourage each other.

The Association of Chaplains in General Practice is a small information web site and blog which provides materials and guidance for those wanting to set up Chaplaincy in General Practice.

RESEARCH NETWORK

Derek Fraser



Research in Chaplaincy - A day to rekindle the flame!

The aim of the day was partly captured in the title. Previous chaplaincy research days had been held in Derby, but due to difficulties with venue and the general pressures of work, the last such day was held in March 2008. In recent months, a number of chaplains, active in research at some level, had expressed a desire to meet with others to support and promote research and I agreed to host a day in Cambridge. Rekindling the flame was one aim for the day. Another, equally important aim, was 'testing the water' to see what and how much enthusiasm UK chaplains have for research.

24 chaplains attended from across the UK, including Scotland and Northern Ireland.

The keynote session, 'The challenges in research and in chaplaincy, with God included?' was presented by Revd Dr Alasdair Coles. Since 2004, Alasdair has been a University Lecturer in Clinical Neuroimmunology and a Consultant Neurologist in the Department of Clinical Neurosciences at Cambridge. He is also Medical Advisor to the Multiple Sclerosis Society and was ordained a priest in the Church of England in 2009.

Alasdair briefly described his research group, how it is directed by an overarching aim (the treatment of multiple sclerosis), is interested in a 'big question' (the nature of autoimmunity) and has a clear focus (restricting its work to human - rather than animal - studies). Alasdair highlighted that the work is beyond the scope of one team, however well-funded, and that collaboration is core to the model.

The aim of Alasdair's description was to ask whether this research model could translate to chaplaincy research. And here he challenged chaplains to think big. In a profession that often perceives a need to justify its existence, Alasdair argued that being consumed by questions about the effectiveness of chaplaincy is to miss the potential chaplains have to address and make an contribution to cultural understanding about bigger and more important issues. Among which, he suggested, could be:

- Compassion in healthcare
- Altruism (eg organ donation)
- Prayer
- Acute pastoral care
- Theology of suffering
- Spiritual meaning and narrative of illness
- Biology of spirituality
- Institutional culture change

His challenge was that a chaplaincy research group should identify a 'big' question to work on and that it should channel its research energies, including its collaborations and funding applications, into that inquiry.

After coffee, Steve Nolan led an interactive session on 'Aspirations for research'.

The afternoon session aimed at opening out a 'Bigger conversation' around chaplaincy research. Revd Hugh Priestner, from University Hospitals Coventry and Warwickshire NHS Trust, outlined a project to create a database to capture Masters level dissertations in the field. The project intends to make the database accessible to future researchers so that unpublished work can be shared effectively.

Derek Fraser spoke about work in the US that he is involved with, promoting the idea of chaplaincy as a research-informed profession. The aim here is to include a research element into the requirements for chaplains continued professional development (CPD).

Participants shared their aspirations for their own research and aspirations for the research within the profession. Among the action points from the day were:

- to circulate email addresses to keep in touch;
- to produce brief pen portraits of those attending, including professional background, research interests and publications;
- to publish this report; and
- to hold another day, perhaps next year, along similar lines.

A footnote says the day was worthwhile and it is planned to repeat it again in the autumn of 2014 so we can keep the conversation alive.



WEBSITE ADMINISTRATOR

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 the members.

Members are reminded that they must register in the Members' Area for their free access to the Equinox website to view issues of the "Health and Social Care Chaplaincy" journal. Once members have done this they will also be posted their free printed copies of the journal. 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.

If you wish to change your email address for the Equinox site please log in to their site using the username and password Equinox have sent you and then update your details.

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!

Mark Burleigh
Website Administrator
website.admin@healthcarechaplains.org

REGIONAL REPORTS



EAST MIDLANDS

Phillip Staves

I became representative for the East Midlands Region and Chair of our local group in autumn 2013. My background is that I have been a Chaplain for the past 12 years, the last four as Lead Chaplain at Kettering General Hospital.

Having not met as a group for some time, we had a reasonably well attended meeting at the Royal Derby Hospital in March. We started by discussing sadness and joy in our own places of work; noting the general low morale found in most of the Trusts represented, but were also pleased to positively record -

- The work of Chaplaincy departments being recognised by the Trusts.
- The number and calibre of volunteers helping in Chaplaincy departments.
- Being alongside people for a length of time and seeing their spiritual development, including baptising an adult near the end of their life.
- Involvement in End of Life programme discussions.
- Chaplaincy input into CQC visits, particularly their presence at public meetings

We then spent some time discussing a number of issues, which we were encountering in our own Trusts

- Record keeping and writing in Patient Notes
- End of Life Care Programmes
- Same-sex Marriage and issues that might arise for Chaplaincy

We had hoped to look at the new NHS England guidelines for Chaplaincy, but as they were not available the discussion was left for our next meeting at Nottingham in June.



EASTERN

Gareth Rowlands

Although, my term of office came to an end last year, I have continued to represent the region on an interim basis, attending OPC meetings and supporting members and Trusts in the region when requested.



LONDON

Tim Mercer

Our meetings this year have been well worthwhile, with wide-ranging and useful topics. The year has included important meetings for the future of chaplaincy and opportunities for education and support from UKBHC, CHCC, faith communities, educational establishments and MFGHC and others, as well as peer support. An intelligent approach to the new Guidance re Religious and Spiritual Care in the NHS and an integrated approach to healthcare chaplaincy have been welcome.

Our current membership is 107 and we have had two new members join in this year to date. In the region there have been a number of changes in chaplaincy teams, including the retirement of experienced chaplains, and many of the usual challenges. The Revd William Sharpe, Registrar CHCC, and a London region member kindly provided information about our membership and meetings. Our Steering Committee has served us well under the leadership of Revd Ruth Lambert. In October 2013, after a review, the terms of Reference and Constitution of the Committee were approved. Thanks to the Steering Committee members and those who supported them: Maggie Davidge-Smith, Tom Baron, Bernd Koschland, Claire Carson, Tim Coleman and William Sharpe have engaged creatively with an agenda for the Region.

We responded positively to the need for development in leadership and good teamwork. In October 2013 "Creative Conversations for Hospital Chaplains today: A whole group exercise in reflective practice" took place at the Royal Free. Part 2 followed in April attended by 20 members. The theme for June 19th is "Spiritual Resilience...for longevity, for quality, for life!" This meeting will explore the theme in relation to spiritual direction, management and stress.

We have been able to raise issues of concern with one another at and between meetings and we are pleased with the Journal and the engagement made by chaplains nationally and in our Region. We hope to see improved quality in care and good organisation, so as to benefit patients, relatives and staff with regard to religious and spiritual support.



NORTH EAST

Kevin Tromans

REGULAR MEETINGS:

Meetings were held three times this year, with an additional overnight "retreat" in November at Snaefon Castle and a training day in June/July.

ATTENDANCE:

Attendance varies, but usually in the mid teens. Representatives from most trusts try to attend but unfortunately this year there have been absences owing to work pressures or other commitments clashing with meeting dates.

MATTERS DISCUSSED:

These have been more general this year but have included reflections on staffing levels; the impact of cutbacks; changes in chaplaincy and the pressures brought upon trusts by the advent of commissioning.

The "retreat", led by Canon Stephen Cherry, reflected on the importance of making time/taking time in the busyness of everything we do.

SIGNIFICANT DEVELOPMENTS:

St Benedict's Hospice in Sunderland moved into a new purpose built building in June 2013. It is proving to be a wonderful asset to Palliative Care and was listed as one of the top 20 features of why people are proud to live in Sunderland (sunfm radio www.sun-fm.com/proud-of-sunderland.php).

The new chapel was blessed by Bishop Mark in August 2013. Children from St Paul's C/E school, Ryhope came to help with the singing.

Palliative care chaplains in the North East have started to meet together: we met twice in the past year, once last August at St Benedict's Hospice, Sunderland and once in January at St Oswald's Hospice Newcastle. It is hoped we can meet 3 times a year.

Caroline Worsfold, Chaplain at St Benedicts has had an article published in the European Journal of Palliative Care (May/June 2014) on "*The effects of childhood trauma upon dying.*"

Northumbria Healthcare has reviewed their chaplaincy provision upwards. Three new chaplains (one full time, two part time) have been appointed to assure improved provision across this now geographically very large, integrated trust.

CDDFT have recently offered appointment to four "bank chaplains" to support the regular chaplaincy team during particularly busy spells and to assist in the provision of on-call cover during holiday periods.



NORTH WEST & IRELAND

Philip Winn

As trusts throughout the region face financial pressure, some chaplaincy departments have seen a reduction in provision, the downgrading of management posts and new on-call arrangements.

Chaplains are often called on to support staff of other departments as they face uncertainties about the future.

The established pattern of meetings continues, with a CHCC branch AGM and a Study Day organised jointly with the Greater Manchester Chaplaincy Collaborative. If other collaboratives in the region wish to publicise events more widely I would be happy to help.

The 2013 AGM was held on 20th June in North Manchester General Hospital, be followed by a presentation by Sughra Ahmed of the Woolf Institute, Cambridge.

In May a 2014 Good Practice study day was held in collaboration with the Greater Manchester Chaplaincy Collaborative. The keynote speaker in the morning's session on Current Issues in chaplaincy was the Bishop of Carlisle, who spoke on 'Chaplaincy and Hope'. The afternoon addressed issues in mental health chaplaincy.

This year's branch AGM will be held on Wednesday 14th October. Further details will be emailed to members and will be posted on the CHCC website.

Some chaplains have reported problems in accessing the new Journal – but this has, at times revealed those whose subscriptions have lapsed and those whose contact details have changed. Chaplains finding problems with their membership or receiving the journal are welcome to contact me.

In these challenging times I would encourage all chaplains, full-time to become members of the CHCC. Please encourage your colleagues to join; there are reduced fees for part-time and voluntary chaplains.



CENTRAL SOUTHERN

Karen Mackinnon

Has it only been a year since I volunteered (foolish woman!) to be regional representative for South Central? It has certainly flown by. Since the CHCC Conference in September, I

have attended 3 meetings of the Organising Professional Committee, an excellent team away day on vision organised by the Oxford end of the region, one of the consultations around the revision of the Chaplaincy guidelines in London, as well as a UKBHC day on developing chaplaincy.

A regional chaplaincy manager's collaborative group started in 2012 had been going well but has found meeting difficult in over the past year – mainly it seems more through difficulties in getting time away rather than a lack of will. We will see what happens over the coming year.

Recognising that we as chaplains could also do with a bit of compassion, healing and respite ourselves, a compassion day for chaplains event has been organised in June at Wisdom House in Romsey – a lovely venue for such an event.

In addition to various emails from members in the region, I have also been busy trying to encourage chaplains to share their wisdom and spiritual care teaching resources amongst ourselves so that not only do we not have to keep reinventing the wheel but also to support our colleagues not in teaching hospitals who perhaps have neither the time nor ready resources to hand. Hopefully, this material will be included in due course on the CHCC website.

Many thanks to people for their support and encouragement of me in this role. If I can be of any help at all, please don't hesitate to contact me on 023 8079 8517 or karen.mackinnon@uhs.nhs.uk



SOUTH EAST

Peter Wells

In January 2014 I took on the role as South East rep for CHCC. In the past our area also had a Chaplaincy Collaborative which met about three times a year. I would like us to continue meeting and to ensure that we can involve as many chaplains as possible who are working in the health care setting in the South East.

Like many people we are waiting for the draft guidance on the provision of Spiritual and Religious Care – replacing the 2003 edition – and when this appears I plan on attempting to arrange a meeting when chaplains in our region can come together to discuss the content and forward our views.

It is also important for us to keep up to date with reports / surveys / articles which relate to religion / belief / spirituality within the health care setting as well as issues that relate to our work and our profession. May I invite you to forward to me information that you believe would inform all of us and that some of us might have missed in the plethora of emails that get sent out. I can then pass on this information to the chaplains in our area. Please also include items of training / workshops / lectures. Please always contact me if you feel that I can be of any help and support to you.



SOUTH WEST

Simon Harrison

It has been an interesting first year as the South West representative. I have enjoyed visiting colleagues in the North of our patch (around Bristol) and the collaborative that meets in Plymouth, all of whom were keen to learn more about what the College was doing and appreciated the increased email communication! In the next year I plan to visit Cornwall where chaplaincy is under considerable pressure, and venture east to meet teams and/or local collaborative's.

Several chaplains have asked me "why should we join the College?" and I am pleased that OPC will be developing a new leaflet for members to share with colleagues explaining why it is good to belong here.



WEST MIDLANDS

Alison Coles

There are several causes for celebration in the West Midlands region. College membership has risen during the last year and chaplains continue to meet and work together in various parts of the region.

In the Coventry and Warwickshire area reflective practice sessions have become a valued aspect of these joint meetings. Individual teams have been breaking new ground by piloting community and GP surgery based chaplaincy, taking clinical referrals from COPD consultants and liaising with CCGs in Coventry. The newly built Central England Rehabilitation Unit in Leamington has a multi-faith chapel.

The Birmingham and Black Country chaplains' collaborative has seen an increase in membership over recent months. Renewed participation by members has led to the jointly led training programme for volunteers being run on a more frequent basis.

Within specific branches of healthcare in Birmingham, community chaplaincy continues to develop to meet growing demand. The Birmingham Children's Hospital and Paediatric Chaplaincy Network are offering new spiritual care resources and training opportunities. A conference on Paediatric Bereavement will be held at Helen and Douglas House Hospice, Oxford on 12 November 2014. In the autumn BBC2 will be broadcasting a series of programmes based at the Hospital.

While there are signs of growth and development across the region, there are concerns in some areas regarding the adequate resourcing of spiritual care and chaplaincy services, changes to on-call payments and the downgrading of bands for vacant posts. It is a privilege to serve the College and I am available to support members when required.



YORKSHIRE AND HUMBER

Alisdair Laird

Along with the routine dissemination of information an attempt is being made to follow up the OPC's encouragement to local chaplaincy teams to find ways of supporting each other at a local and regional level. A preliminary meeting between the North Lincolnshire & Goole, Hull & East Yorkshire, and York teams met with a positive response, and a very encouraging actual get together to explore needs, hopes, ways and means.

This is being followed up, but workloads and geographical constraints quickly make themselves felt when trying to maintain face to face contact. On the other hand electronic communications and the growing need to generate professional consistency and support will hopefully help drive this forward into something that is both useful and workable.



SCOTLAND

William Sharpe, Registrar

With the changes that are happening in the NHS and the threats of fragmentation, Unite need to have at least one rep per Trust/Board for each profession. Therefore the OPC has got to identify where there are gaps and to use our network 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, CHCC is holding a Listening Day on 24th June, to consider supporting members in Scotland and also to engage in a collaborative working with the Scottish Association of Chaplains in Healthcare (SACH). We are already working together in producing a joint journal, - *Health and Social Care Chaplaincy*. It will be an opportunity to share and support each other in the chaplaincy profession.

Hopefully, in order to have the College function fully with Regional Representatives, we might have a member to represent Scotland which has been vacant for the past two years.



WALES

Trevor Williams

The last twelve months in Wales has been on the whole quite peaceful in terms of Chaplaincy, with some interesting developments taking place.

We still await the Spiritual Care

Standards Review by the Welsh Assembly Government (WAG); to find out how effective the delivery of the spiritual care standards has been throughout Wales and how each Local Health Board (LHB) 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. We have HB's in Wales who are in the process of advertising or interviewing for posts and they are The Aueurin Bevan and Betsi-Cadwalader Health Boards. Cardiff and Vale UHB were unable to appoint a new chaplaincy manager. And have since gone into an SLA with Aueurin Bevan HB in sharing their manager on a two and a half days a week basis. Financial constraints continue to have a bearing on all HB's and we are looking toward change in the development of the South Wales Plan we'll keep you informed.

As you are aware CHCC in Wales has been involved in a steering group that has been 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. I can report that the Lay Visitor material has

been completed and is on e-learning. The steering group will continue to produce training material and resources. There are a number of training days being organised for the later part of 2014 for the M4 corridor group. An All Wales Conference Day is planned for the 22nd October Venue is Cardiff and the Theme for the Conference is "The Spiritual Care Document Four Years On - The Pro's and Con's" and we hope to invite a member of the WAG to be the keynote speaker. More details will be announced nearer the date.

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

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

As this is my last report I would like thank you for your support over the past seven years.

APPENDIX

Current Business Plan: CHCC Business Plan - updated 26 Mar 14

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 - Photos of chaplains in actions needed from OPC regional reps</p> <p>Update Website with Minutes</p> <p>Send monthly email updates to members</p> <p>Produce booklet outlining the benefits of CHCC membership for use in recruitment</p>
Manage CHCC business	<p>Review and update business plan</p> <p>Run Elections for Regional Reps</p> <p>Run AGM/Study Day in Scotland</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> <p>Maintain active participation in the "Leadership Alliance for the Care of Dying People"</p> <p>Finalise and publish information for those considering applying to be a chaplain (draft complete)</p> <p>Articulate priorities and a work plan to support Minority Faith chaplains (including training - see below)</p> <p>Set up GP Chaplaincy Resource Group</p>

Timescale	Responsible
2nd issue planned soon and the 3rd issue later this year. July 2014 On-going On-going July 2014	Journal Editors Web Administrator & all regional reps Registrar & Web Administrator President Simon Harrison and small group
Ongoing By September 2014 24 June 2014	OPC meetings Registrar President & Registrar
Ongoing Through 2014 Ongoing To August 2014 May 2014 September 2014 July 2014	President OPC & President Regional Reps and President Unite Media Dept Meg Burton & President Richard Allen Minority Faiths OPC Rep President

Continued...

APPENDIX - continued

Current Business Plan: CHCC Business Plan - updated 26 Mar 14

Aim	Actions
Training	<p>Organise annual study course and concurrent Mental Health study course</p> <p>Publish a Spiritual Care training and resource folder</p> <p>Support and publicise regional training events</p> <p>Produce training event material to be used for regional training days on Multi-faith chaplaincy</p>
Terms & Conditions	<p>Monitor, collate and report on chaplaincy UK wide including making of appointments, banding issues, on-call, RRP & staffing levels</p> <p>Regional reps monitor banding and RRP issues in their regions and report to OPC.</p>

Timescale	Responsible
Conference in September 14	Registrar, Richard Allen and Nottingham organisers
Receive progress update in September 14 Through 2014	Karen McKinnon & Debbie Hodge OPC Regional Reps
October 2014	Minority Faiths OPC Rep
Report to OPCs Ongoing	President to monitor banding of adverts All Regional Reps & OPC

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