

CHCC Annual Report

2022

This is a simple summary of College activity in the year since our 2020 AGM. We hope you find it useful. We are continuing with the less 'glossy' format as employed previously. Do please let us know if you find this report helpful.

**CHCC
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HOLBORN
LONDON
WC1X 8TN**

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THE COLLEGE OF HEALTH CARE CHAPLAINS

Minutes of the 2020 Annual General Meeting of the College of Health Care Chaplains (CHCC).

**Held at the DISKUS Centre, UNITE HQ, Theobald's Road,
LONDON, WC1X 8TN.**

14th January 2020, 1 pm – 4 pm

1. Present.

Simon Harrison, Phillip Staves, Lance Sharpe, Stewart Selby, Mark Richards, Ricarda Witcombe, Graham Peacock, Jeremy Law, Alison Thorp, Allison Cline-Dean, Tim Mercer, Ruth Bierbaum, Kevin Tromans, Claire Carson, Stephen Baker, Declan McConville, Jane Beach, William Sharpe, Martin Hills, Tom Barrett, Julia French, Matthew Ling, Alastair McCulloch, Rizwan Rawat.

Apologies: Tim Bennison, Euryl Howells, Mark Newitt, Younis Dudwala.

2. Welcome

Simon Harrison (SH) welcomed members to the AGM, especially those who had travelled a distance to attend. SH explained why the AGM had changed from a meeting within the annual study conference to a stand-alone event. This was to conform with UNITE rules primarily with the secondary benefit of getting more exposure for the College as the AGM can rotate throughout the country. SH explained the agenda with the motion to be debated later.

3. On-Call Discussion and Presentation by Dr Simon Harrison (President).

The AGM all received a draft in hard copy of a proposed on-call guidance resource.

SH began with a PowerPoint on the subject of On-Call arrangements within chaplaincy with reference to the draft resource. CHCC had surveyed members about on-call issues and found that 28.3% of members responding had suffered stress as a result of their on-call commitments. This was concerning when considering the health and safety of members. **SH** said it was important to work with bodies such as UKBHC to gain a consensus on this important part of chaplaincy provision.

SH explained that from the survey and anecdotes tensions arose around expectations. Recognition of what a good chaplaincy should look like was increasing but there was a great amount of variety from trust to trust. Questions around disability often arose with issues around when one might be exempted from on call due to medical conditions and fairness to others who have to back-fill. Often members would like definitive answers, so they know exactly what is and is not fair and lawful with respect to hours of work and how on-call impacts on their private lives. Unfortunately, due to the complexity of the issues a single model was not realistic, and it is not possible to provide cut and dried answers but offering advice and principles of good practice to both front-line chaplains and managing chaplains was the aim of the resource which was in draft and before the AGM.

SH asked various members who reported on their situations varying from mental health trusts to third-sector hospice provision and acute general hospitals. Some were informal (no obligation) and limited to certain time windows, others were 24/7 and contractual. Some covered multi-site trusts others were single site provisions. Some used staff chaplains solely whereas others used bank chaplains and faith leaders in the community to augment their provision. Some had agreements with other trusts and worked together to provide cover. Others had faith specific arrangements (e.g. Roman Catholic & Muslim). Contributors reported that they had a variety of colleague satisfaction with their arrangements with some being satisfied and others being very unhappy.

SH talked about the Q&A in the draft document. The areas **SH** and the floor felt should be added to the Q&A was that of using faith leaders in the community and that the document should include guidance on the boundaries of when a call-out was justified. It was also suggested that research be looked into whether block-working, or spread-out sessions was better for the well-being of chaplains. A discussion was held about the appropriateness of utilizing volunteers or even Band 5 chaplains in responding to the challenge of on-call response. A minimum of Band 6 was understood to be the gold standard for autonomous working although this was aspirational.

SH asked for feedback from the floor and whether it should be launched in the summer, possibly at the conference. It was felt that this was realistic and should not go past that point in time.

AGM Business Session (as per agenda).

SH explained the difference between the Organising Professional Committee (OPC) and the Branch Meeting. The OPC being a business meeting of officers, elected representatives, and observers whereas the branch meeting (AGM) was open to all members.

The minutes of the previous 2018 AGM were agreed and there were no matters arising. The 2018 AGM agreed the Aims of the College.

Matters arising from the OPC on 14th January (earlier in the day):

Wording of the Aims of the College to be changed.

After discussion it was agreed that the aims as written in the 2018 AGM Minutes should stand but with the explanation with the three aims as in the 2018 minutes.

Annual Report 2019

Officers of the college gave verbal reports based on their submissions in the Annual Report 2019. These were Simon Harrison (SH, President), Lance Sharpe (LS, Registrar), Phillip Staves (PS, Treasurer), Stewart Selby (SS, Equality and Diversity) and Jane Beach (JB, Lead Industrial Officer) with the following additional information.

SH was asked on his time commitment to which he said 5-6 hours a week and he thanked his manager in his trust. Ricarda Witcombe (**RW**) asked that the floor thank **SH** for his contribution which was minuted and to which the floor applauded.

SS referred to the new resource on equalities which he commended to the membership.

JB reported that the College had been assigned an Industrial Officer, Steve Sysons and that his administrator who be available to help with membership issues. She also reported that the Faith Workers Branch of UNITE wanted to start a conversation on mutual avenues of support.

SH asked that a minute be added to thank Tony Brookes (Vice-President) for his help in covering for the President and various meeting. He also thanked Kevin Tromans for his end-of-life work and Meg Burton for her work on the journal. He also mentioned the availability of grants for training and study that would advance the profession and the aims of the college.

Motion for debate

SH mentioned the legacy of CHCC AGM's which often had informal discussion and now with the new stand-alone AGM a request had been made on how a motion for consideration was to be brought forward. David Savage (**DS**) had submitted one that was up for debate:

The CHCC recognise that significant inequality exists in service provision/delivery related to 'religion or belief' in many parts of the UK, a protected characteristic. The CHCC confirms its aim to advance the equality of opportunity in this area. We call on the CHCC officers to set up a working party with the remit to produce a written report for the next AGM recommending actions to be taken to meet this aim.

Motion discussion

DS put forward the case for the motion as there was robust evidence to show that paid chaplaincy hours were dominated by Christians. **DS** acknowledged the care that Christian chaplains gave but said that this was true of non-religious chaplains too. He commended the motion to the College in order to promote equality of provision.

Contributions to the debate from the floor were broadly supportive of the work being done with some caveats. Not everyone has the statistics stated in the motion so the working group should look at the wider issue of unequal access. Possibly this could be the starting point and the motion would then be broken down to identify the work needed. It was argued that if the motion was passed, then this would be the position of the College. That being the case, the motion could be amended.

It was suggested that there could be potential overlap/duplication with the Network but also an opportunity for joint work?

It was argued that as the proposal stands, it was suggested this could not be voted for as it says the College thinks there is significant inequality in provision across the UK so suggested the working group should first look at the evidence.

It was pointed out that Scotland do not recruit based on religion or belief; it is a generic service. CHCC is a UK-wide group so this would not apply to, for example, Scotland.

It was argued that the CHCC support the concept behind the motion, looking more into it but not the motion as written. **DS** would like 'significant inequality in service

provision exists' to remain in and the statistics are robust, having come from the College. He accepts the need to take account of Scotland. Also it was acknowledged that there were different views at the Network.

It was put to the floor that the wording be changed by inserting 'potential'. It was agreed to change this and then vote. Simon recorded the amended version. Martin Hill seconded. **Motion carried by majority.**

The AGM closed at approximately 4pm.

The Organising Professional Committee (OPC)

The College of Health Care Chaplains (CHCC) is a semi-autonomous professional college within UNITE the Union that sits as a national branch within UNITE Health. Although CHCC retains some independence, it is in other ways wholly integrated into UNITE such that its membership is fully integrated. The good news is that all the benefits of being a UNITE member are combined with all the benefits of being a CHCC member for no extra cost.

The decision-making body of CHCC is the *Organising Professional Committee (OPC)* which is made up of the officers of the branch and elected representatives of the CHCC regions. Additionally, a general invitation is given to observers who report on various aspects of health care chaplaincy practice in the UK that they are involved with. Other observers are leaders in other health care chaplaincy bodies in the UK giving the OPC a comprehensive overview of health care chaplaincy in the UK.

The following people make up the OPC:

Officers

President: Simon Harrison

Vice-President: Kartar Singh Bring

Registrar & Branch Secretary: Allison Dean

Treasurer: Phillip Staves

Equalities Officer: Stewart Selby

Faiths Coordinator Officer: Kartar Singh Bring

Digital Communications Officer: Mark Burleigh

Lead Professional Officer: Jane Beach

Industrial Officer: Stephen Sysons

Representatives

London: Trisha Critchlow

East Anglia: Adrian Woodbridge

South-East: Stephen Baker

South-Central: Declan McConville

South-West: Mark Richards

West Midlands: Ricarda Whitcombe

East Midlands: *Vacant*

North West: Giselle Rusted and Andrew Bradley

North East (*Yorkshire & Humber*): Tony Brookes

North East (*Durham, Northumberland, Tyne & Wear*): Graham Peacock

Wales: Euryl Roberts (South) and Wynne Roberts (North)

Scotland: Paul Graham

Northern Ireland: Michael MacMillan

Observers

Mental Health Chaplaincy Forum Chair: Jeremy Law

Editor-in-Chief *HSCC Journal*: Lindsay B. Carey

GP Chaplaincy: Elizabeth Baker

End-of-Life Forum (Ambitions, NACEL): Kevin Tromans

Advisors' Group (Recruitment): Cameron Langlands

Paediatric Chaplaincy Group: Claire Carson

Free Churches Group: Mark Newitt

AHPCC Chair: Keith Morrison

UKBHC Chair: Simon Bettridge

Research Advisors: Steve Nolan and Mark Newitt

For contact details please visit the website on: www.healthcarechaplains.org

President's Report

Simon Harrison

president@healthcarechaplains.org

This report is intended to be brief, not least because I have the good fortune to be able to communicate with members on a near monthly basis. Clearly the last two years have been difficult for most of our members (and extraordinarily difficult for some), and this has applied equally to those who involved in college life.

I particularly want to mention with thanks the role that Allison has played in stepping up to serve as our College Registrar during this time - bringing both calm and a sense of humour in equal measure, as required, as we have sought to maintain college activity.

In thanking Allison, I must also offer my greatest thanks to Lance - who took up the role of Registrar when it was quite unclear how the College was going to make things work following restructuring at Unite - and he offered members and the OPC a really steady pair of hands and was deeply committed to re-building the role of Registrar- for which we should all be grateful. We wish him well now he has returned to ministry.

I am also deeply grateful for the support of all members of the OPC (our steering body) all working unpaid on top of their extraordinary day job to support the life of our profession. Two

years ago I was isolating in a cabin in the garden, living in a weird Limbo and seeking to support both my team and national activity in splendid isolation; wondering quite how Covid would interact with my MS. Roll on to this time last year, and the experts had clearly decided that I was fit for battle and so I found myself leading the team in the South-West regional Nightingale hospital on top of our acute hospital. Our Nightingale was one of the few that opened and worked in earnest for several months, which was an incredibly rewarding and precious experience in my life as a chaplain. Roll on to this January and I find myself still responding to spikes of Covid19, still seeking creative ways to support our staff, still engaged with the mysteries of NHS 'gold command meetings' and now overseeing a joining team across two merging Trusts (80 mins drive apart). That is my own private Idaho, and I know from many of the zoom 'drop in' sessions how challenges such as this are replicated across the UK.

Notwithstanding these, I am pleased that the College is maintaining some momentum around 'core' issues. Regional representatives remain available and continue to provide guidance and support in sticky situations. Our drop-in and ad-hoc training sessions were warmly received

and have grown into something far more substantial within the mental health world. Whilst take up is understandably low, we maintain our policy of fully subsidised access to the Journal of Health and Social Care Chaplaincy. And though we could not have a face-to-face conference, we were able to have a very successful and well engaged on-line conference for each of the last two years - and work has already begun to plan for our Autumn 2022 conference. One cannot underestimate the gift we are given by those who step-up to coordinate this work - thank you to those who made last year possible and to those stepping up for the year to come.

In terms of specific projects, I have worked closely with Kartar in his work on workforce diversity - a piece of work which has grown like Topsy. As soon as you seek to address one issue (let's say, recruitment challenges) you are immediately faced with the deep connections between this and issues of volunteering, job profiles, funding, on-call models and endorsement, to give just one example. This piece of work has taken much longer than we would have hoped and we do genuinely hope to bring this to members for consultation as soon as we can. In the middle of this, NHS England has, in its

wisdom, decided that now is a small window of funding for re-writing the 2015 NHS England Chaplaincy guidelines. We are doing our best to engage closely with them on a break-neck pace of work. Whilst we will be as supportive as we can, we will not let it be forgotten that Chaplaincy is an existing and somewhat complex profession, with the UKBHC as a regulatory body and the College and AHPCC as professional bodies - so we will directly challenge any naive attempts to completely re-write the script, even if we share the passion for change and modernisation within healthcare chaplaincy. Apart from this work, I am maintaining pro-active engagement with the Chaplaincy Forum in England, seeking to strengthen our relationships with organisations and members on the ground in Northern Ireland, Scotland and Wales, and continuing to support the work of the UKBHC as an active member.

Although I had envisaged stepping down before the pandemic struck, and although there have been some periods of radio silence from me from time to time in the last year, I hope you feel that I am continuing to serve you to the best of my ability during this second term of office.

Registrar & Branch Secretary's Report

Allison Dean allison.dean@unitetheunion.org

It has been such a privilege and honour to serve as CHCC's Registrar and Branch Secretary since 1 July 2021. I owe Lance Sharpe a huge thank-you for all the time he took in phone calls to brief me on the position prior to my becoming Registrar as well as sharing his knowledge and files ever since I started in July to ensure a smooth transition and handover. He continues to provide insights and wisdom as needed. I wish him all the best as he returns to parish ministry.

It has been a real pleasure to work with various members of OPC and sitting on different committees as well as working with various Unite personnel to make magic happen in the background as we serve CHCC members. Since starting 1 July 2021, I have received close to 200 e-mails from CHCC members requesting assistance of various types. The requests range from accessing the Member's Only area of the CHCC website, changing e-mail address or other details, confirming Unite membership numbers so people could register for the conference, providing contact details for our Research gurus, Steve Nolan and Mark Newitt, for those wishing to do research in chaplaincy, pointing people in the direction of regional representatives as they join CHCC or field workplace representation enquires. There have

also been enquiries about how to start out in chaplaincy and educational requirements for a chaplain not to mention how someone can arrange to do a chaplaincy placement. The breadth and depth of enquiries is fascinating and it is an honour to be able to assist someone and thereby provide some enlightenment or relieve some anxieties to enable the person to concentrate on being a chaplain and serving staff, patients, and family members. Many of the enquiries require the assistance of others to finalise details, enable access, or ensure a meeting occurs so my thanks to all who work in the background to assist – too many to name but you know who you are. Thank-you – each of you are stars as you take time to deal a request.

I am given to understand that there are persons who like to know numbers of members and other details about CHCC. I have been provided with the following statistics about membership since our 2020 AGM:

716 active members

23 of these persons listed are not paid up and likely to be removed in near future.

174 have joined CHCC since January 2020

265 left since January 2020

62 persons are retired members

Lastly, I continue to look forward to meeting people and putting names to faces at the President's various on-line drop-in sessions. I am particularly looking forward to meeting people at our first face-to-face conference in two years at the Hayes Conference Centre in Swanwick from 10-12 October 2022. I know the Conference Planning Committee have already put in much

time in the background to lay the groundwork for an interesting conference so make sure you save the date!

In closing, please do not hesitate to contact me if you have an enquiry at allison.dean@unitetheunion.org. Thank-you again for the privilege of serving you.

Treasurer's Report

J. Phillip Staves, CHCC Hon Treasurer

CHCC has two Bank Accounts; the UNITE account and the TRAINING account. The UNITE account is funded from members' Unite subscriptions and pays for the running of the College. The income from the Unite was up considerably on 2020's figure, but the increase represents some money which was not paid to us in the early days of the pandemic. Our expenditure includes an Honorarium to our Registrars - Lance Sharp until 30 June 2021 and Allison Dean from 1 July 2021. We paid a much larger amount for the Journal in 2021 compared to the previous year, but the 2020 figure

was low and the 2021 amount represents some catch up. The account can also be used to pay some travel expenses and attendance at meetings, but during the pandemic such face-to-face events have not taken place.

The TRAINING account has seen little use during the past two years. Any income comes from the profit we make on the annual College Conference and 2021's online conference made a modest amount. The Conference Deposit in the expenditure column shows that we are already thinking about the 2022 residential conference.

CHCC Unite Branch Account 2021

<u>INCOME</u>			<u>EXPENDITURE</u>		
	2021	2020		2021	2020
Balance Brought Forward	£ 2,509.54	£ 3,449.00	Registrar Services	£ 1,800.00	£ 1,800.00
Members' Contributions via UNITE	£ 9,495.28	£ 3,728.54	Journal - Equinox Publishing	£ 1,310.00	£ 260.00
			Website - Maintenance	£ 840.00	£ 840.00
			Website - Hosting	£ 779.40	£ 779.40
			Free Church Federal Council	£ 375.00	
			Social Fund - Gift	£ 35.00	
TOTAL	£ 12,004.82	£ 7,177.54	Bank Charges	£ 30.00	£ 30.00
			Treasurer's expenses - Postage	£ 5.10	£ 14.64
			President Expenses		£ 208.12
			European Network of Health Care Chaplains ¹		£ 454.29
			Travel to various meetings		£ 281.55
TOTAL INCOME	£ 12,004.82	£ 7,177.54	TOTAL	£ 5,174.50	£ 4,668.00
TOTAL EXPENDITURE	£ 5,174.50	£ 4,668.00			
BALANCE CARRIED FORWARD	£ 6,830.32	£ 2,509.54			

Notes

¹ £430.29 for European conference, postponed until 2022
+ foreign transfer fee

CHCC Training Account 2021

<u>INCOME</u>	2021	2020	<u>EXPENDITURE</u>	2021	2020
Balance Brought Forward	£ 36,966.99	£ 36,438.47	Bursaries		
Conference Fees (present year)	£ 441.53	£ 356.32	Research Grant		
Conference Fees (previous year)		£ 295.00	Conference Planning		£ 44.26
Other Income		£ 10.71	2022 Conference Deposit	£ 2,430.00	
			Return of cheque		£ 89.25
TOTAL	£ 37,408.52	£ 37,100.50	TOTAL	£ 2,430.00	£ 133.51
TOTAL INCOME	£ 37,408.52	£ 37,100.50			
TOTAL EXPENDITURE	£ 2,430.00	£ 133.51			
Balance Carried Forward	£ 34,978.52	£ 36,966.99			

Lead Professional Officer's Report

Jane Beach, Lead Professional Officer for Regulation, Unite in Health

CHCC's Industrial Officer remains on sick leave and I'm sure you will join me in sending him all best wishes.

This year has again seen an increase in CHCC members seeking advice and support with concerns about their working environment, terms and conditions. It is important that where there are concerns, members get access to the right support at the right time, so I thought it might be helpful to once again have a reminder of the process to follow:

- There should be a Unite representative/shop steward in your organisation. Whilst they may not be a chaplain, they are specifically trained to advise and represent on a whole range of issues and should be your first port of call. If you don't know who they are, you can look on the union notice board or you can ask your human resources department.
- If there isn't a representative/shop steward you should contact your local Unite office. The easiest way to do this is by completing the online form;

<https://unitetheunion.org/contact-us/>

- The Unite regional officer for your organisation will then be in touch. They are able to contact the lead professional officer and /or the relevant CHCC regional representative if specific chaplaincy advice or information is required.

Sharon Graham was elected a Unite General Secretary in August 2021. Her priority is to protect member's jobs, pay terms and conditions. To that end Unite in Health is campaigning for fair pay in the NHS. You can find more information here;

<https://unitetheunion.org/campaigns/fair-pay-for-nhs/>. Another active campaign is concerned with opposing the Health and Care Bill. You can find more information here; <https://unitetheunion.org/campaigns/oppose-the-health-and-care-bill-join-the-nhs-day-of-action-on-26-february>.

Unite representatives and Officers in England have been kept busy with the fallout from plans to make Covid-19 vaccinations mandatory for health as well as social care staff. Whilst Unite supports vaccination, you can find details of the 'get a jab campaign' here:

<https://unitetheunion.org/campaigns/stay-safe-get-a-jab/>. We were

opposed to the mandatory element, preferring education and persuasion. As I write this, Sajid Javid has announced a consultation on the issue of mandatory vaccinations for the workforce so it appears has listened to

the concerns raised although we await the outcome.

Finally, once again I would like to say thank you on behalf of Unite and its members to the OPC for their time and dedication, and to you for all that you do. Please do take time to look after yourself!

Industrial Officer's Report:

Steve Sysons

Please see the first paragraph of Jane Beach's report above.

Equalities Report

Simon Harrison on behalf of Stewart Selby

equalities@healthcarechaplains.org

This is a brief report on behalf of Stewart - our long-standing qualities officer who is currently unwell. I hope I can do him justice.

As part of the commitment to equality over many years, every OPC/ Branch is expected to have an equality officer as part of their team. We have been privileged in recent years to have Stewart's leadership in this area - bringing expertise and passion on a number of equality matters as well as a very helpful knowledge of internal Unite procedures!

Due to the pressures of the pandemic, there has been an obvious delay in our

key equality objectives, not least our desire to survey members from time to time to better understand our demographic and to hear those inclusion concerns that matter most. This said, the one main piece of long-term work we have continued under Kartar's leadership is one very much with inclusion at its heart. I keep fluctuating between talk of equality and inclusion because, whilst we are committed to addressing issues of equality and diversity within the profession - we are also mindful of the broader challenges to be considered when you really look at inclusion in its broadest sense. By this we not only

mean the many barriers people face in the profession due to race, belief, disability (visible and hidden) and so on, but wider and sometimes more hidden barriers such as social economic factors which make it harder for even the most talented potential Chaplain to enter into the profession. We will, with Stewart's support, continue to keep equality at

the top of our agenda and ensure all our regional representatives feel well supported to support you if such issues are affecting you in a place of work. Again this is where I must mention much of the hidden work carried out by the College, supporting members facing prejudice or discrimination in work or in applying for roles.

Faiths Coordinator's Report

Kartar Singh Bring

It's been a challenging year for Chaplaincy teams across the UK; working and connecting with chaplains during this time has been especially valuable. The value of Chaplaincy service within healthcare settings has been especially important for patient holistic care but also as a connection to their wider faith and belief communities. Increasingly we have seen greater demand for support by staff who have been under tremendous pressure.

This year the primary focus has been the ongoing work developing a report

on diversity and inclusion within Chaplaincy services across the UK. This is a significant piece of work looking at many different areas within Chaplaincy services and the wider profession, including entry routes, volunteering and career progression. Whilst this project is being led by the CHCC it will undoubtedly look to other Chaplaincy organisation with the spirit of collaboration as we see this issue to be a matter of collective interest and something the OPC is committed to. We hope to share this report with members in due course.

Digital Communications Officer's Report

Mark Burleigh

website.admin@healthcarechaplains.org

Website

It has been a busy time since my last report. A New Research section has been added to the site, and regional representatives' details have been undated as new representatives have been appointed. I also continue to maintain the database of members for their access to the members area of the website. A number of new members have been granted access (as well as updating email addresses for those who have changed their email address). This relies on me being informed of additional or changed details, which the Registrar regularly does.

Since my last report we have been able to keep the site secure and there were no successful attempts to hack the site since 2019 when we moved the site a faster and more secure dedicated server. This should mean that you have continued to find our site responsive and prompt to load pages. The website dashboard shows that in the past 12 months the website has had 50,741 visits!

CHCC members can access the members' area using their e-mail address. You will need to use the

email address that the CHCC has as a part of your membership details. If you need to change your registered e-mail address please e-mail the CHCC Registrar. The first time you want to log in please use the "forgot password" option. A new password will be emailed to you. When you have used that password to log in to the members' area you can change your password to something more memorable.

From a Data Protection point of view, no information is stored within the site except members' email addresses and passwords for the members' area (unless members have specifically added their names themselves).

I am glad that the website is being well used and 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!

CHCC Conferences

I have also been involved in editing and uploading video content for the 2020 and 2021 CHCC Conferences. I have been glad to support the conference organisers in this way.

Mental Health Chaplains' Forum: Chair's Report

Jeremy Laws

The CHCC Mental Health Forum (MHF) continues as the elected task group, accountable to the organising professional committee of the CHCC, making reports and recommendations as to the current concerns and future direction of mental health chaplains.

Meeting on-line through Teams – since the beginning of the Corona virus pandemic, the MHF has met online via Teams. While the 'Terms of Reference', state constitute three face-to-face meetings a year, the immediacy of a virtual platform such as MS Teams has enabled us to meet more regularly for an hour's meeting. This has proved helpful and strategic. Last year we met five times on MS Teams.

Elected members (October 2021) – diversity and inclusion going forward

As a task group and a flat structure collective we have striven towards diversity and inclusion within our eight-membership elected body, for whom CHCC membership is mandatory. Our current faith and belief diversity highlights a combination of Buddhist, Muslim, Christian (Protestant and Orthodox), Existential, and Non-Religious belief identifies, alongside a balance of four

men and three women. We currently enjoy theistic, non-theistic and atheist perspectives in our deliberations. We also aim to be representative of regions and countries within the UK, and our current elected members reside in England (Hertfordshire, the Black Country, County Durham, Manchester), Scotland (Glasgow), and Northern Ireland (Belfast). We might be a small task force, but for all the reasons listed above, we feel mighty.

CHCC – MHF Rep on the CHCC Annual Study Conference Planning team

For 2021, Yasmin Hamid from the MHF was our annual study conference rep. Yas played a significant part in facilitating the conference in day one of the two-day conference. Having a rep on the conference planning team is vital in ensuring that the needs of mental health Chaplains are included and considered in relation to the theme for the particular year and ensuring that the content is pertinent to the profession and of general interest. For 2022 the CHCC MHF Rep will be Andrew Williams.

Special Topics and Health and Social Care Chaplaincy Journal involving the CHCC MHF members

Two projects that have drawn interest and involvement with the MHF are the European Research Institute for Chaplains in Healthcare (ERICH). ERICH were looking for a UK Mental Health Chaplain to participate in an online research group exploring Suicide Prevention. Josh Turner from the MHF is the link MHF Chaplain exploring the topic with ERICH. The other project is a seminar organised with Mark Newitt from the Free Churches Group, alongside members from the AHPPC, exploring, Assisted Dying. Amatasuri (MHF) has expressed interest in this seminar. MHF members are also asked to review pertinent Mental Health themed reading matter for the Health and Social Care Chaplaincy journal.

CHCC MHF – Open Forum 2020 –2021 -2022

Probably the biggest challenge that the MHF has faced (along with all healthcare Chaplains UK wide) has been and continues to be the current pandemic. The intention to invite MH Chaplain's across the UK to gather in a virtual space, for mutual support and shared professional learning has proved very effective and has simply meant that the MHF has exercised a growing ministry. We maintain a MHF Open Forum distribution list with over 120 people on the mailing list and currently, offer four Open Forum events a year. Aside from technical challenges we offer very engaging themed talks on a whole range of MH themes, often with keynote speakers. Attendance is on average 45 people per Open Forum. A full programme is in circulation for 2022.

Chaplaincy in General Practice Observer's Report

Elizabeth Baker

Primary Care Chaplaincy continued to grow and develop during 2021. Many appointments with patients continued to be via telephone or on-line rather than face-to-face but chaplains have adapted to working effectively in different ways.

The Association of Chaplaincy in General Practice (ACGP) hosted a webinar in January 2022 exploring how social prescribing and primary care chaplaincy can enable more effective care for the whole person. Two GP Chaplains delivered a workshop at the CHCC Conference in

October on 'What good looks like in GP Chaplaincy: holistic care in the community.'

The ACGP is in contact with GP Chaplains in 26 counties/metropolitan areas of England and also with chaplains in Scotland and Ireland. Two successful on-line training courses for new and prospective chaplains working in Primary Care took place in 2021 plus one seminar on setting up a Primary Care Chaplaincy. A half-day

on-line session in November offered CPD and networking opportunities for chaplains who were also informed about the ACGP Initial Accreditation and annual Re-Accreditation for chaplains who have worked in General Practice for at least one year.

Please see the ACGP website for information on GP Chaplaincy and for details of training opportunities in 2022: www.gpchaplaincy.com

End of Life Group Observer's Report

Kevin Tromans

CHCC continues to be represented on both the National Audit of Care at the End of Life (NACEL) steering group, and the AMBITIONS for End of Life care partnership. Meetings of both have continued through the pandemic, all having been held on-line.

In 2021 the NACEL audit was conducted. The final report and results should be made available to trusts in the near future – they are being fine-checked for accuracy at the moment. Whilst nothing of the final report can be divulged as the information is currently embargoed, from discussions during the meetings throughout the year it was very clear that End of Life care was featuring very highly on the national scene owing to the effects of the pandemic, and the

importance of delivering high quality care in the face of the pandemic challenges remained paramount.

During the same period AMBITIONS have reviewed their terms of reference.

A significant step in terms of spiritual care during the pandemic was the national decision to allow visiting by faith group leaders to patients who are members of their "congregations," at times when regular visiting is suspended. This is clear recognition of the importance of spiritual care to those in hospital – not only to those receiving end of life care. It is important that chaplains working in healthcare settings are aware of this and encourage/facilitate such visits.

Paediatric Chaplaincy Network Observer's Report

Claire Carson

During the past year the Paediatric Chaplaincy Network (PCN) has been meeting regularly on-line for support sessions. We've covered many themes related to the pandemic, including staff support, trauma, volunteers, as well as how we take care of our own well-being as chaplains. The PG Certificate in Paediatric and Maternity Chaplaincy is up and running with Newman University and Birmingham Centre for Paediatric Spiritual Care.

Looking forward, we are planning at PCN day in autumn 2022 and there are several projects being launched, which include:

1. Spiritual Play Interest Group (in hospitals and hospices) being launch in April 22. Centre for Paediatric Spiritual Care
2. Supporting the complete care of children and young people with

life-threatening or life-shortening conditions, and their families: a mixed-method study of pastoral, spiritual and religious needs and support, and the role of chaplaincy services.

<https://www.journalslibrary.nihr.ac.uk/programmes/hsdr/NIHR128468/#/>

3. Mental Health first aider course with theological / belief reflection planned for hopefully 2022. Centre for Paediatric Spiritual Care.
4. Paul Nash just finished his PhD in Developing Paediatric Chaplaincy in the UK.

<https://paediatric-chaplaincy-network.org/>
<https://bwc.nhs.uk/centre-for-paediatric-spiritual-care>

HSCC Journal: Editor-in-Chief's Report

No Report Received

Research Advisors' Report

Steve Nolan and Mark Newitt

Steve Nolan and Mark Newitt both attend the OPC to offer support, advice and information in relation to chaplaincy/spiritual care research. Through the past year Steve and Mark have introduced a number of initiatives to help develop research literacy among chaplains. The first of these is a UK Chaplains' Research Digest put together by Steve which aims to be published four times a year. The Digest contains short summaries of articles that have been published in the four main journals that publish chaplaincy/spiritual care research, together with interviews with researches, book reviews and updates on chaplaincy/spiritual care related activities. This means that CHCC members can very easily keep themselves abreast of recent research and follow up in more detail any that are of particular interest to them. The Digest, along with other research related news and information can be

accessed on the research section of the CHCC website.

The second initiative, run by Mark and Steve as a joint venture between the Free Churches Group and the CHCC, is a digital Journal Club. This provides members with an opportunity to look at a research article in greater critical detail, reflect on its implications for practice and discuss their thinking with others. Journal clubs are a great way to gain confidence in your ability to read and understand published work and you very much do not need to be an academic to participate.

Within this section, Steve and Mark would remind members that they are able to access all articles published in the journal Health and Social Care Chaplaincy for free as part of their membership. If you are not sure how to please contact the Registrar.

Chaplaincy Advisors' Observer's Report

Cameron Langlands

Cameron.Langlands@slam.nhs.uk

It has been a strange few years for the Advisors' Group since funding from the NHS was withdrawn. The good news is that we now have a new home within the UKBHC which feels like the right

place to be as they deal with registration of chaplains etc.

The Advisors' Group meet quarterly and are in the process bringing together a description of what they do and how they can be of use to Trusts

throughout the chaplaincy recruitment process. In addition, they are writing a Role Description and advert with the intention of recruiting more Advisors.

If you would like more information or would like to engage the services of an Advisor through the recruitment process please email Cameron Langlands at Cameron.Langlands@slam.nhs.uk.

English Regions, Scotland, Northern Ireland, and Wales Reports

London

No report received

South-East England

Stephen Baker

It has been a busy life for all, I am sure, during the past year. Unfortunately, I have not always been able to make the OPC meetings but now that I have a new chaplain in post I hope this will change. During the year I have had

contact with several members re problems or concerns they are facing but generally all seems to be well in the South-east. If anybody does need any help, support, or advice please do contact me.

South-Central (Dorset, Hampshire, Wiltshire, Isle of Wight)

Declan McConville

In the midst of a pandemic there has been much change across the Region as colleagues leave to take up other roles or retire while Trusts continue to change and merge.

It was with great sadness that the Region learnt of the death of Canon Jane Lloyd. Jane had been a creative and dynamic ambassador for

Chaplaincy locally, regionally and nationally for almost 30 years. She was also a former President of the College.

At Southampton, Imam Siraj has established a local Leads forum and I hope to re-establish a Regional Forum for all interested in Healthcare Chaplaincy.

We look forward to 2022 being a brighter and less turbulent year for all

our colleagues.

South-West England

Mark Richards

I have been honoured to serve the college as the rep for the Southwest region throughout what has undoubtedly been another demanding and challenging year for us all.

It has been a real pleasure to facilitate the Southwest Healthcare Chaplaincy Collaborative which draws together Chaplains from as far afield as Cornwall and Bristol, many of whom are CHCC members. We have met monthly to support and learn from one another, as well as engaging with invited speakers on variety of topics relating to Chaplaincy.

It was also my privilege to chair the planning group for last year's successful online College conference which was had 180 members taking part.

My personal highlight was being able to work with and learn from colleagues from across the country as to together we were able offer an accessible conference to all our members. In fact, I enjoyed it so much I have signed up for another year!

I look forward to seeing many of you at our 2022 Conference at the Hayes Conference Centre in Swanwick on Monday October 10th- Wednesday October 12th.

West Midlands

Ricarda Witcombe

Chaplaincy Teams in the West Midlands have weathered the storms of these pandemic years and like the rest of the country, most of us are beginning to dare to dream that calmer times may be ahead. We are all working in healthcare settings where staff and systems are strained to breaking point. However, it has not all been about breaking point – and many of our teams have begun new

things in response to the challenges of the time. In Nuneaton, for example, the George Eliot hospital chapel was transformed during lockdown with a huge piece of textile art made by Juliet Hemingray, and new furnishings that have made it a more contemporary and inclusive sacred space.

Across the region there have been many small but constant

encouragements – like the team leader who spoke of the simple joy of seeing team members step up to meet and work through new challenges with integrity and enthusiasm. Another lead spoke of the articulation of appreciation and integration of the chaplaincy service, including staff support.

Staff support has been an increasing area of work for us all. The introduction of mediation sessions in Coventry & Warwickshire mental health trust has been encouraging. These sessions are now held twice weekly for staff to ‘take some time for themselves’ and have that as protected time.

Many of the Trusts in our region are small and have been used to relying on volunteers for ongoing chaplaincy work. While volunteers have been able to continue in some hospitals, in others they have been suspended since March 2020 and this has had a massive impact on how chaplaincy works. Where volunteers have been active, administration of the multitude of risk assessments and volunteer support has been time-consuming, especially for team leads. The shape and size of office spaces, along with a variety of directives from management, has determined some of the requirements for home working – every chaplaincy team has worked out a different system. In terms of how we work - there has been no ‘wandering with intent’ for most of us, and we have only responded to referrals. And

corporate spiritual and religious care events have been paused, although some of these have taken place on-line, with varying degrees of success. Much research has been on hold.

Community work has featured high both in one-to-one care - many ‘walks & talks’ have taken place – and in new community programmes - like UHCW’s use of narrative/story circles for promoting mental wellbeing amongst young people. (This is a method that works in so many areas, including staff support.) The Coventry team has also been able to appoint several new Sikh and Muslim Chaplains which has brought a greater richness to chaplaincy. Birmingham Children’s were able to move honorary chaplains to Bank so they were allowed to come in; and have been able to do some re-banding and moving of SLA’s to establishment.

There has also been much work on developing a digital chaplaincy service – especially in Birmingham where they now have on-line referrals systems, and an abundance of resources – check out their website!

And we cheered Coventry on when Panorama came to film them and helped the world to see what a difference chaplaincy can make!

We have all appreciated the College support in the virtual drop-ins and the two conferences. In some ways the scope and success of online meetings has reduced the need for regional

networking but I hope that we can explore meeting regionally in some form during the course of 2022.

This just gives a small flavour of some of what has been happening in the West Midlands. There is so much more that could be shared, both to celebrate and lament.

George Eliot Hospital chapel



East Midlands

Position vacant.

East Anglia

Adrian Woodbridge

Greetings from the Eastern Region.

My name is Adrian Woodbridge and I have just taken up this role so most of you won't have had a chance to meet or speak to me yet. I have spent all of my Church-based ministry in the Eastern Region and since coming into Chaplaincy have worked at

Addenbrookes, Papworth, and now Norfolk and Norwich University Foundation Trust where I am Head of Spiritual Healthcare looking after a team of seven chaplains. We are looking to develop as a training centre for chaplains working alongside other trusts sharing resources. This is one of the area's I hope we can

develop in the Eastern Region by networking and sharing resources together both in the region and in smaller hubs.

I also hope we can get online gatherings where we can touch base

and be a support to one another especially in the light of Covid and all the pressures it has brought.

I look forward to contacting you over the next few months or so but if there is anything I can help or support you with please do get in touch.

North-West England

Andrew Bradley and Giselle Rusted

Due to the pressures of the ongoing Covid-19 situation we have not been able to network with other healthcare chaplaincies in our region as much as we could, and the bulk of our report is around the activity of the Greater Manchester Healthcare Chaplaincy Collaborative.

The Collaborative has continued to meet throughout 2021 and was also successful in holding a face-to-face study day in September. The focus was on strategies for staff resilience, and the day included live mindfulness and Schwartz rounds, as well as a showcase of Salford NHS Foundation Trust's Health and Well-Being offer for staff, and how chaplaincy has contributed to this.

Also in September Greater Manchester Mental Health's chaplaincy team held a successful multi-faith event at Manchester Cathedral in partnership with Faith Network for Manchester, again around the theme of resilience.

The Collaborative continues to support a community chaplaincy research project, based in the Tameside area. A pilot project based in GP surgeries now has five volunteer chaplains. These are experienced volunteers from the hospital and are supervised by the Tameside Chaplaincy Service.

Referrals can come from GP clinicians or patients can self-refer. Initially the volunteers were all Christian but now have one Muslim volunteer on the team. The support given is on-going and continual rather than one-off interventions. The GPs are very supportive of the project. It started in April 2021 and is funded until end of March 2022.

It had been suggested that GMHCC should consider bidding for the writing of the new NHS Guidelines, but a decision was made not to pursue this for a number of reasons, such as time constraints, release of chaplains from Trusts, and financial liabilities. This was

disappointing but it is good to know that the Collaborative is held in high regard, and that GMHCC met the

essential and desirable criteria for such a bid.

North-East England (Yorkshire & Humber)

Tony Brooke

Covid has put much pressure on all the chaplaincy teams in this section of the North-east. Many chaplains are tired however, are still trying to creatively give their best to support patients, carers, families, as well as exhausted staff. In the past couple of years, we have seen some very innovative ways of providing chaplaincy when face-to-face physical presence was not possible. There have been many changes in the way pastoral and spiritual care is being provided and we

look forward to in the future being able to physically meet together again to share ideas, insights, and wisdom. In the meantime, I have continued to answer enquiries about chaplaincy and provide support to those CHCC members who have required same. It has been a privilege and honour to serve CHCC members. Please feel free to contact me should you have a question or require support.

North-East (Durham, Tyne & Wear, Northumberland)

Graham Peacock

We've continued to meet throughout the Pandemic and have gone on-line. We meet three times a year to look at and to reflect upon information coming from the CHCC. We also function as a learning community: in each meeting someone presents something about good practice or different ways of working. For those of us who have made these meetings, it has been a really good way to think outside of our 'silos' and to establish

links between chaplains working in very different environments.

Since the last Annual Report I've been appointed Head of Chaplaincy: the learning and support that I've got from CHCC colleagues has been invaluable in that appointment and in the continuing support that I've received: I hope that all chaplains feel the same about involvement with the CHCC!

Scotland

Paul Graham

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1. **STRATEGY:** In December 2019 we held an engagement event as part of the development of a new strategy for Spiritual Care in Scotland...then Covid happened! Throughout the pandemic the Professional Leadership Group (PLG - which is made up of the Lead Chaplains from every NHS Board, the Programme Director for Spiritual Care in NHS Education for Scotland (NES) and a rep from the Hospice Chaplains Group) met regularly and continued to make representation with Scottish Government about the need to progress with a strategy. Following a period of consultation during 2021 the Scottish Government has created a Spiritual Care Advisor role. This is a part-time (0.5 wte) 12-month appointment aimed at delivering a new strategy and creating the appropriate engagement and governance structures to support its implementation. Mark Evans, lead chaplain at NHS Fife has been appointed into this new advisory role and for the first time we have a voice in Government that is able to represent the needs of the services and those we serve. Mark takes up his post in mid-February 2022.
2. **COMPETENCES & STANDARDS:** In March 2020 the UKBHC approved a revision of the Competences and Standards for Chaplains working in Scotland, to be reviewed after a set time period. Every NHS Board has committed to auditing their Spiritual Care services against these new standards. The UKBHC are expecting a report from the Scottish PLG this coming summer on the learning from this implementation and identification of any further amendments to these documents guiding practice in Scotland.
3. **PEOPLE:** A number of Lead Chaplains have retired or left the profession in 2021. A few who will be known for their involvement in UKBHC and CHCC are Derek Brown (formerly of NHS Highland), Mark Rodgers (former UKBHC Registrar and lead at NHS Grampian) and Duncan McLaren (former lead at NHS Lothian. We thank them for all they have contributed to the profession and wish them well for the future.
4. **ENGAGEMENT:** As I have just taken up this role on the CHCC group representing Scotland, I want

to arrange a few online engagement events for the chaplains across Scotland and promote the work of the College. It will also be very important that we have a voice in the consultation and shaping of the new strategy. If

you want further info about any part of this update or are interested in promoting the work of the College in Scotland, please feel free to contact me at paul.graham@lanarkshire.scot.nhs.uk

Wales

No report received

Northern Ireland

Michael McMillan

Throughout the Covid pandemic, chaplains in Northern Ireland have continued working, adapting to face the various challenges. Policy varies from Trust to Trust but the drive and enthusiasm has remained strong. Northern Ireland's predominant model of chaplaincy is denominationally focused (largely Christian), with demographics highlighting an increasing demand for chaplains from the 'Others' category.

The pandemic has changed the way we work with less denominational focus and a more ecumenical approach being adopted. We, along with our colleagues throughout the UK, have wrestled with the question of how to deliver our service when patient contact is limited. The result has

meant an increased use of technology, better resources, increased staff support, and in terms of training, an increased focus towards professionalism. Northern Ireland is fortunate to have a strong and well-established link with CPE (Clinical Pastoral Education), however, some of our chaplains, with the support of the NIHCA (Northern Ireland Healthcare Chaplains Association) have been able to pursue other professional qualifications such as PG Certs.

The CHCC has little to no presence in Northern Ireland. Why is this? As the representative of the CHCC in NI, I am hoping to change this, with the help and support of the wider CHCC community and the OPC.