

CHCC Annual Report

2023

This is a simple summary of College activity in the year since our 2022 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.

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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/Beliefs Officer: Kartar Singh Bring

Digital Communications Officer: Mark Burleigh

Lead Professional Officer: Jane Beach

Industrial Officer: Seán Kettle

Regional Representatives

London: Trisha Critchlow

East Anglia: Adrian Woodbridge

South-East: Ruth Bierbaum (Stephen Baker has retired)

South-Central: Ruth Fitter (Declan McConville has stepped down)

South-West: Mark Richards

West Midlands: Ricarda Witcombe

East Midlands: *Vacant*

North-West: Giselle Rusted and Andrew Bradley

North-East (*Yorkshire & Humber*): *Vacant*

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

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

Scotland: Paul Graham

Northern Ireland: Michael MacMillan

Observers

Mental Health Chaplaincy Forum Chair: Andrew Williams

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

GP Chaplaincy: Angela Painter (Elizabeth Baker has retired)

End-of-Life Forum (Ambitions, NACEL): Giselle Rusted (Kevin Tromans has retired)

Advisors' Group (Recruitment): Cameron Langlands

Paediatric Chaplaincy Group: Claire Carson

AHPCC Chair: Keith Morrison

UKBHC Chair: Simon Bettridge

Research Advisor: Steve Nolan

Observer At Large: Mark Newitt

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

President's Report

Simon Harrison

I will keep my report quite general and reflective this year - in part because members probably hear too much detail from me during the year as it is!

2022 brought with it the 'usual' fascinating range of matters to attend to: maintaining relationships with NHS bodies and others with an interest or stake in healthcare chaplaincy, supporting teams or individuals when it right for me to do so (rather than the regional rep for whatever reason), visiting different Trusts and Boards (when invited) and of course playing my role within the OPC.

More broadly, it marks the beginning of a transition within the College that I hope will continue: from an organisation fundamentally shaped by the President to one that is being led by the OPC. During Covid19 (and in many ways before that)- rather too much of College strategy and decision making seemed vested in the role of President. Such a way of working is in many ways inevitable in any small professional group which primarily relies on goodwill rather than funding. We were very fortunate that those who stepped up the plate during our first 25 years have been committed to bringing everyone along for the journey - and I hope I have kept this up. This year we took the opportunity to reflect as an OPC on better working, and it was universally agreed that a key step was to broaden the leadership

across the OPC, so we are led, perhaps in a slightly more boring way, by an expert and elected group rather than through the force of personality of the President. This is behind the revised 'Role of the President' that will be shared at the AGM.

I am very happy with this evolution, as you may tell from recent 'CHCC Updates'. I am passionate that we evolve as a profession together across the UK- despite significantly different nuances and models across nations and teams – and that we do not allow the profession to dissolve into a hotch-potch of 'similar-ish services' that move too far from our core model whether this be driven by NHS pressures or local bottom up initiatives, no matter how worthwhile such innovation may be. Part of being profession is to 'hold' a body of knowledge, and this can too easily be dispensed of in the name of other well-intentioned agendas. It is why we work closely with the UKBHC and other stakeholders, to evolve safely together as a profession called 'Healthcare Chaplaincy'.

As a final comment, I want to offer special thanks to all those who have been involved in College life over the last few challenging years. I cannot tell you how much our officers go above and beyond to make things work. I also want to thank all those involved with OPC, especially those ending their

terms this year. Most of the work they have done is local and much is hidden, supporting members, but all bring the professional guidance and collective wisdom we need. We continue to evolve as a College, and I also want to welcome newly elected and co-opted members, and our new Industrial officer. Yesterday I happened to be reading the 2015 AGM report, and saw

only four faces that remain (and three have changed roles significantly). So as we look forward to an evolving profession we also look forward to an evolving College, and I hope you will feel able to play your part in shaping this future.

Simon
president@healthcarechaplains.org

Registrar & Branch Secretary's Report

Allison Dean

It has been an honour to serve CHCC over the past year as Registrar and Branch Secretary. The e-mails and telephone calls are varied and come from all over the UK and beyond. Over the year there have been 175 queries ranging from does CHCC provide degrees and training to members needing to change personal details. We have received 50 requests for memberships to be transferred over to CHCC from UNITE at large and about the same number of requests to access the web-site. I extend many thanks to Emma Page (keeper of the CHCC database) and to Mark Burleigh (CHCC Digital Communications Officer) for their assistance in ensuring that names and addresses are up-to-date and that access to the web-site is granted as required.

In addition to fielding the above enquiries, I have worked with Alice Grice and Emma Page to ensure that all those who wish to receive various

CHCC up-dates, CHCC election material, and CHCC conference booking material, as well as accessing the conference using on-line links are able to do so. Again many thanks to Alice and Emma for their work behind the scenes to ensure that things go out smoothly and sometimes at the last minute.

This past year I worked with our Equalities Officer on the President's Role description and am most appreciative of his time and wisdom in refining same to ensure that it complies with UNITE regulations.

The Regional Representative elections occurred this year and we welcome Ruth Fitter and Ruth Bierbaum to OPC. We bid farewell to Steve Baker, Declan McConville, and Tony Brookes, thank them for their service and wish them well in their future adventures.

We have co-opted several other people as regional representatives

(some familiar faces and some new) and look forward to working with them and other members of OPC over the next year.

There are persons who like to know numbers so I asked Emma Page if she could provide the number of active members. She has provided the following:

- 42 new members in 2022.
- 101 members lapsed.
 - Of these that lapsed,
 - 3 lapsed dissatisfied
 - 42 lapsed out of compliance
 - 16 Retired

671 active members

- 344 Basic rate membership
- 221 Enhanced rate
- 7 Back to work
- 6 communit7
- 24 Low pay basic
- 69 Retired

However, of these above 17 have stopped paying.

Actual active membership: **654**

If you are aware of chaplains who are part of UNITE please ask if they are part of CHCC. Most people don't realise that although they join via UNITE, they have to e-mail the CHCC Registrar and request to have their membership transferred to CHCC. This in turn provides access to the CHCC web-site and all the great resources available therein as well as receiving the monthly up-dates and other vital information.

In closing, thank-you again for the privilege of serving you – truly it has been both an honour and incredibly humbling to serve CHCC.

If you have a query, please do not hesitate to contact me at allison.dean@unitetheunion.org.

Treasurer's Report

J. Phillip Staves, CHCC Hon Treasurer

The College of Health Care Chaplains has two Bank Accounts; the Unite account and the Training account.

The Unite account is funded from members subscriptions to the Union and pays for the running of the College. Members' contributions via UNITE were down in 2022 from the previous year's figure, but the 2021 figure reflected some money from

2020 that was not paid to us in the early days of the pandemic.

During the pandemic there had been little call on the Training account and consequently it had a very healthy balance which was increased by October's successful and profitable in-person conference. The rise in bank interest rates during the year encouraged me to open a deposit

account for our savings and the interest has also increased our overall income. The Training account allows us to award grants and bursaries to members, plan a large national conference and facilitate local training events. I hope that in 2023 there will be a greater call on the money in the account.

My thanks go to Fran Kissack in Sheffield and Declan McConville in Poole for their help in auditing the accounts each quarter.

J. Phillip Staves
CHCC Hon Treasurer

CHCC Unite Branch Account 2022

<u>INCOME</u>	2022	2021	<u>EXPENDITURE</u>	2022	2021
Balance Brought Forward	£ 6,830.32	£ 2,509.54	Registrar Services	£ 1,800.00	£ 1,800.00
Members' Contributions via UNITE	£ 7,063.16	£ 9,495.28	Journal - Equinox Publishing	£ 790.00	£ 1,310.00
			Website - Maintenance	£ 840.00	£ 840.00
			Website - Hosting	£ 779.40	£ 779.40
			Website Domain Renewal	£ 101.94	
			Free Church Federal Council	£ 375.00	£ 375.00
			Social Fund - Gift		£ 35.00
			President Expenses	£ 232.50	
			Treasurer's expenses - Postage & Stationery	£ 25.50	£ 5.10
			2 places at CHCC Conference for Officers	£ 590.00	
			European Network of Health Care Chaplains ¹	£ 193.12	
			Bank Charges	£ 30.00	£ 30.00
TOTAL INCOME	£ 13,893.48	£ 12,004.82	TOTAL EXPENDITURE	£ 5,757.46	£ 5,174.50
TOTAL EXPENDITURE	£ 5,757.46	£ 5,174.50			
BALANCE CARRIED FORWARD	£ 8,136.02	£ 6,830.32			

Notes

¹ Subscription + foreign transfer fee

CHCC Training Account 2022

<u>INCOME</u>	2022	2021	<u>EXPENDITURE</u>	2022	2021
Balance Brought Forward	£ 34,978.52	£ 36,966.99	Bursaries	£ -	£ -
Conference Fees ¹	£ 20,965.00	£ 441.53	2022 Conference	£ 13,385.50	£ 2,430.00
Interest from Deposit Account ²	£ 82.75		2023 Conference (Deposit)	£ 2,850.00	
TOTAL	£ 56,026.27	£ 37,408.52	TOTAL	£ 16,235.50	£ 2,430.00
TOTAL INCOME	£ 56,026.27	£ 37,408.52			
TOTAL EXPENDITURE	£ 16,235.50	£ 2,430.00			
BALANCE CARRIED FORWARD	£ 39,790.77	£ 34,978.52			
Money in Current Account	£ 9,708.02				
Money in Deposit Account	£ 30,082.75				

Notes

¹ As of 31-12-22 we are still awaiting payment for 6 delegates = £1770.00

² Deposit Account opened 16-08-22

Lead Professional Officer's Report

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

Unite has been busy supporting members with issues arising from the pandemic and the effects of the increasing cost of living crisis. There have been several days of industrial action in all three nations following successful industrial action ballots. Together with colleagues I have been delivering webinars on the professional issues and concerns associated with industrial action. The Health Sector conference agreed on a policy to scrap the Pay Review Body in favour of collective bargaining in the NHS. To date the Secretary of State refuses to negotiate with trade unions and to end the dispute.

The OPC held a very successful away day to formulate the strategy and take a number of areas of work forward. We hope to make this an annual event.

We said goodbye to our Regional Officer Steve Syson as he retired. Steve was a great support to CHCC and we wish him well. I am pleased to say Seán

Kettle, Unite Regional Officer in Lincoln has agreed to take over as lead industrial officer. I am sure I can speak for the whole OPC when I say he is very welcome and we look forward to working with him.

The College goes from strength to strength, in no small part due to the hard work and dedication work of the OPC and associated members. This year sees the 30th anniversary of CHCC and we look forward to marking this achievement, with plans well underway.

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 in supporting members.

Jane Beach

Lead Professional Officer for
Regulation

Industrial Officer's Report:

Seán Kettle

As the recently appointed Unite industrial officer for CHCC/OPC a few words on my background may help the membership get to know me. Firstly however I wish to acknowledge the work of Steve Syson my predecessor and wish Steve a long and healthy retirement.

My background is, I was born in Ireland and at a young age my parents migrated to Corby Northants where I was raised. Leaving school far too early I have had various jobs during my work life. One constant feature however is that wherever I worked I have always been a trade union member and an active member. My second chance at education came through the the Transport & General Workers Union (TGWU)

After being made redundant following many years working in the Water

Industry where I was a senior TGWU shop steward, I was fortunate to start work with the TGWU in 2005 and following the the merger with Amicus in 2007 then Unite. I am based in the East Midlands Region where I work out of the Unite Northampton office.

I have seen at first hand the valuable and much appreciated support chaplains provide not only to patients but families of those patients. Both my parents and older brother had access to the chaplaincy and it helped them and the rest of our family immensely during very difficult times.

I look forward in working together with you all in the CHCC and OPC to provide support and assistance on all matters not least Organising, Industrially and Campaigning.

Equalities Report

Stewart Selby

Brief 2022/23 Background:

Apologies to Members, I been unable to fully undertake my duties, because of ill health.

I have kept the President, Officers, and **CHCC/Unite** up-dated. I am slowly recovering, despite some recent complications, which has delayed my

return. However I am now picking up more duties.

Below are some of the things during the past year, I have been able to advise **CHCC / OPC / Unite's**, Officers on –

- The President's Role Etc.
- The process & the elections of the incoming / new **OPC 2023 – 26**
- Options on how best to proceed, filling any **OPC** vacancies fairly, while remaining within **CHCC / Unite's** rules, Etc.
- **Living in Love and Faith and Chaplaincy:** I realise this could

be a painful subject for some of our Members, however I must reiterate & support the statements given by both the **CHCC** President, the Chair of **UKBHC & Unite's** position.

We will fully support any Members, who may encounter Employment issues as a result, & we remain committed to Equality for All!

I gave support on other issues, as needed when able.

Finally, thank-you, for your messages of support & prayers, it means so much.

Stewart
equalities@healthcarechaplains.org

Faith/Belief Officer's Report

Kartar Singh Bring

The last year has been a time of transition within hospitals and healthcare settings, adjusting from a 'covid' paradigm to grappling with significant ongoing pressures in NHS services and wider social challenges. This has meant a continued increase in support for staff, patients and relatives and continuing pressure on Chaplaincy teams.

This year we have made significant progress in developing our report on diversity and inclusion within Chaplaincy services across the UK, this has been an extensive piece of work but one that we feel is important and will be shared in due course. It is hoped that this will be a valuable resource for Chaplaincy teams across the UK.

We have continued to provide support and guidance to Chaplaincy teams and Hospital Trusts on issues relating to faith and belief whether this is relating to issues affecting staff or in responding to patient care needs. This year we have also supported Chaplaincy teams to explore the development of more diverse chaplaincy services in response to

service demands; sensitively navigating barriers as well as focusing on building positive, cohesive, and effective working environments. It remains important to the College that we support Chaplaincy teams and the wider profession to continually strive to better respond to the diverse needs of our service users.

Digital Communications Officer's Report

Mark Burleigh

Website

Once again I have made numerous amendments to the website over the year as requests are sent. It really helps when those responsible for aspects of our college life prompt me to make changes in the areas of the web-site that they are involved with.

The regional representatives' details are up-dated as new representatives are appointed. I also continue to maintain the database of members for their access to the Members' Area of the web-site. A number of new members have been granted access (as well as up-dating email addresses for those who have changed their e-mail 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 web-site dashboard shows that in the past 12 months the web-site has had 7,042 visitors in the past year (to 24 February 2023).

CHCC members can access the members' area using their e-mail address. You will need to use the e-mail address that the CHCC has as a part of your membership details. If you need to change your registered email address, please email the CHCC Registrar. The first time you want to log in please use the "forgot password" option. A new password will be e-

mailed 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' e-mail 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!

website.admin@healthcarechaplains.org

Mental Health Chaplains' Forum: Chair's Report

Andrew Williams

**** PRESIDENTS NOTE:** Sadly, Andrew (as chair of the Mental Health Chaplaincy Forum) is not available to submit a report in time for this AGM, but we are delighted that he has taken on leadership of this very active group within the College.

I also want to take this excuse to pay formal tribute to the superb way

Jeremy Law and the rest of the Forum have led and supported Mental Health Chaplaincy throughout Covid19- there has been an incredible degree of mutual support shown across the UK. Jeremy has been a huge presence within College life and has built a real platform for Mental Health Chaplaincy to build on. *Simon*

Chaplaincy in General Practice Observer's Report

Elizabeth Baker

GP Chaplaincy continues to expand and develop across the UK. The Association of Chaplaincy (ACGP) is the professional body for chaplains in primary care who offer a listening and guidance service to patients, usually on an appointment basis in GP centres. Primary Care Chaplaincy and ACGP contacts and attendees on training

courses come mainly from England particularly the Midlands and southern England as well as distinct areas of Scotland and Ireland. Provision has grown over the years and, we hope, will spread across the UK. Accessing NHS funding for this valuable service remains a continuing challenge and various models of GP Chaplaincy, both

paid and voluntary, have developed in response to patient and staff needs for pastoral and spiritual care.

ACGP provides training and a handbook to assist those interested in establishing and delivering a chaplaincy service in general practice. There are regular training courses for those interested in becoming chaplains as well as CPD and networking opportunities. Accreditation, with annual reaccreditation, for GP chaplains is also offered. Please see the ACGP website for more information on GP Chaplaincy and associated research reports.

On a personal note, I have been privileged to be the GP Chaplaincy Observer on the CHCC Organising Professional Committee for the last five years and have valued the interest and support of my OPC colleagues for this area of healthcare chaplaincy. I am retiring in April and a new observer is being appointed.

www.gpchaplaincy.com

****President's Note:** Many thanks to Elisabeth for serving OPC as the observer for GP Chaplaincy for the past five years. We look forward to welcoming her successor, Angela Painter, onto OPC.

End of Life Group Observer's Report

Giselle Rusted

Fourth Round of The National Audit of Care of the end of life for acute and Community Provision in England and Wales.

The National Audit of Care at the End of Life (NACEL) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices.

Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage, and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England,

the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies

<https://www.hqip.org.uk/national-programmes>

Round three of the NACEL took place on the 23rd January and comments on the eight recommendations were fed into the fourth round 21st February. The next meeting will take place on 20th March. At the moment the input and findings are to be kept within the Steering Group until final conclusions and outcomes have been found.

NACEL have now completed a report which sets out the findings of the fourth round of NACEL which took place in 2022. Where possible, the results are compared to previous findings. The audit comprised:

- an Organisational Level Audit covering hospital/site (H/S) level questions for 2021/22;
- a Case Note Review (CNR) which reviewed either:
 - 25 consecutive deaths between 1st April 2022 and 14th April 2022 and 25 consecutive deaths between 9th May 2022 and 22nd May 2022 for acute providers OR

- up to 50 consecutive deaths in April and May 2022 for community providers;
- a Quality Survey (QS) completed online, or by telephone, by the bereaved person; and
- a Staff Reported Measure (SRM), completed online. Key themes were taken from one audit element only, each element uses a different sample and therefore cannot be compared. Data for all elements of the audit was collected between June and October 2022. Details of participation can be found at Appendix 23.

Key themes and summary scores in the NACEL report is presented thematically in eleven sections. As in previous audit rounds, these are derived from the Five priorities for care and the NICE standards and guidelines on end of life care for adults. The themes are:

1. Recognising the possibility of imminent death (CNR)
2. Communication with the dying person (CNR)
3. Communication with families and others (CNR)
4. Involvement in decision making (CNR)

5. Individualised plan of care (CNR)
6. Needs of families and others (QS)
7. Families' and others' experience of care (QS)
8. Workforce/specialist palliative care (H/S)
9. Staff confidence (SRM)
10. Staff support (SRM)
11. Care and culture (SRM)

The summary score system was originally designed in round one of NACEL to summarise the large dataset into concise findings. The scoring methodology was up-dated during round two of NACEL. A similar summary score methodology was then adopted for rounds three and four of

NACEL. A number of component indicators are used to develop the summary scores. As in previous rounds, each summary score only uses indicators from one element of the audit. The following key is used to show the source of each theme:

- H/S – Hospital/Site Organisational Level Audit
- CNR – Case Note Review
- QS – Quality Survey
- SRM – Staff Reported Measure

The Case Note Review includes two categories of deaths; where dying was recognised (Category 1) and where dying was not recognised, but staff were not surprised (Category 2).

Date of next NACEL meeting 20th March 2023

Paediatric Chaplaincy Network Observer's Report

Claire Carson

The Paediatric Chaplaincy Network (GB&I) resumed face-to-face annual gatherings in 2022. We shared recent research updates and generic chaplaincy standards for children and young people. The PCN decided to have regular on line reflective practice together. Our next gathering is 28 June 2023 in London.

Other News:

1. There has been further paediatric focused guidance given to the UKBHC for the professional registration body.
2. The PGC in Maternity and Paediatric Chaplaincy continues with Newman University and is

a part of their application towards an accredited course with the UKBHC. It will have its first graduates this year.

[Paediatric and Maternity Chaplaincy PG Cert \(September 2023\) \(newman.ac.uk\)](https://newman.ac.uk)

3. An international paediatric chaplaincy case study book will be published in 2024 with Transforming Chaplaincy.

4. The Spiritual Play International Interest Network (SPIIN) was launch last year. It meets on line four times a year and shares Spiritual Play activities and discusses and develops subsequent principles and good practice.

[Spiritual Play | Birmingham Women's and Children's \(bwc.nhs.uk\)](https://bwc.nhs.uk)
[Home - Paediatric Chaplaincy Network \(paediatric-chaplaincy-network.org\)](https://paediatric-chaplaincy-network.org)

HSCC Journal: Editor-in-Chief's Report

No Report Received

Research Advisor's Report

Steve Nolan

Through the past year I have continued to put together a quarterly UK Chaplains' Research Digest. 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 researchers, 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 using this link: <https://www.healthcarechaplains.org/special-interests/chaplaincy-research> .

Research First On-line Journal Club

Mark Newitt

In mid-2021 a digital journal club was started as a joint venture between Steve Nolan, the CHCC Research Lead, and Mark Newitt, the Secretary for Healthcare Chaplaincy at the Free Churches Group (FCG). The journal club ran four times a year with the aim of supporting and developing research literacy within the profession. It does this by providing opportunity for chaplains to read up-to-date research, reflect on its implications for practice and discuss their thinking with others. The success of this initial journal club led to the creation of a monthly journal club that started in September 2022. Meeting on either the first Tuesday, Wednesday or Thursday of a month on rotating basis it was given the name the Research First Journal Club. The journal club is now a UK wide venture that, alongside CHCC and the FCG, attracts membership and support from the Association of Hospice and Palliative Care Chaplains, NHS Education Scotland and the Northern Ireland Healthcare Chaplains Association.

The journal club is open to any health and social care chaplain who wishes to participate. No special knowledge or research experience is required. At the

beginning of the Journal Club a presenter provides a summary of an article and we then break into smaller groups to discuss it further. A *proforma* with a framework of questions to think about when reading an article has been created to help chaplains gain confidence in their own ability to understand and critique research and apply it to their practice. Participants have the opportunity to gain up to 3 CPD points (hours). To earn the CPD points they will be expected to read the paper beforehand and answer questions on the proforma (one CPD hour), join in the Journal Club meeting (one CPD hour), finally, following the meeting, write up their reflections on what they have learnt on the proforma (one CPD hour). Those who send a completed copy of their proforma to the presenter receive a certificate for 3 CPD points accredited by the UKBHC. Following each journal club we aim to upload a video of the presentation to the CHCC website.

If you would like to receive a link to join or know more about the journal club please contact Mark Newitt (mark.newitt@freechurches.org.uk)

Chaplaincy Advisors' Observer's Report

Cameron Langlands

The Advisors' Group meet quarterly and, over the past year, have brought together a description of what they do and how they can be of use to Trusts throughout the chaplaincy recruitment process. Also, they have written a Role Description, advertised for new Advisors and are about to embark on a series of interviews with the aim of appointing more Advisors. There is now a dedicated email address for contacting the Advisors' Panel which is advisor@ukbhc.org.uk.

During the year that lies ahead the Advisors are bringing together

templates for Job Descriptions and Person Specifications for Chaplaincy Posts, covering Bands 5 – 8, which can be used by Trusts when appointing to Chaplaincy Posts. We also await the publication of the new NHS Chaplaincy Guidelines to see what is highlighted re the Advisors' Role in the recruitment process.

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 advisor@ukbhc.org.uk.

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English Regions, Scotland, Wales, and Northern Ireland Reports

London

Tasha Critchlow

There has been a lot of reshuffling among London chaplaincies this year, including GSTT and Brompton merger. A number of London chaplains took part in organising and facilitating pastoral support in the queue for the Queen's lying-in-state. Which was a very moving experience for many. The Anglican Chaplains Group has had

several meetings online and one in person over the last year, discussing many issues from equality and diversity, pregnancy loss and funerals, the marriage document, volunteers and much more. Also several hospitals including King's and GSTT launched their Faith Networks

South-East England

Stephen Baker and Ruth Bierbaum

Dear friends,

As I prepare for my up-coming retirement, this my reason for stepping down from my rep role, I want to thank everyone for their support and patience over the past few years.

I have really enjoyed my time as South-East Rep and hope that I have managed to play a small role in the ongoing work of the college.

I am sure that my successor will receive all the support they need as they take up the reins.

All the best,
Stephen

And from Ruth Bierbaum who is picking up the reins from Stephen:

Thank you to Stephen for his work with the college over many years. I am looking forward to connecting more with colleagues from across the South-east, and am happy to explore, together, what sort of support might be helpful.

If you are in this region, and would like to be informed about any initiatives, I would be grateful if you could send an email: ruth.bierbaum@nhs.net

South-Central England

Declan McConville and Ruth Fitter

After 21 years in Healthcare Chaplaincy and a member of the College it is with sadness that I am stepping away from Chaplaincy this Summer. With the demands of a recently merged Team I have not been able to be as active as I should have been regionally but I know that much great work has continued locally and regionally by so many dedicated to Chaplaincy. It is with pleasure that I introduce to you the lovely Rev. Ruth Fitter.

On a personal note, thank you to the amazing and inspirational people I have met through the College and UKBHC who give so much and more to our profession. I wish you all every blessing as Chaplaincy continues to respond to the demanding new challenges ahead. I leave you with a short bio and picture from Ruth.

My name is Ruth Fitter and I have been a team chaplain for Oxford University Hospitals Trust for just over a year



now. I am usually based at the John Radcliffe Hospital but also spend time across the trust and one day a week I am based in

Katharine House Hospice in Banbury. Prior to taking up my role as team chaplain I was a Vicar in Gloucester for ten years. Previous to ordination I was a social worker with children and families for three years whilst I also undertook my ordination training and prior to this I was a primary school teacher for ten years specialising in early years. I have a passion for people and especially for being a voice for the voiceless. I would want to take this opportunity to thank Declan for all his work and I look forward to working with you all and hope, as I get to grips with this new role, I can get to know as many of you as possible.

South-West England

Mark Richards

The past year has been rewarding and challenging for me, professionally and personally.

From a professional perspective, I enjoyed being Conference Lead for the Annual Study Conference entitled Applied Healthcare Chaplaincy, Making

a difference on the ground. The event was held at The Hayes Centre in Swannick, Derbyshire and was extremely well-received by all those who attended and by those who joined us online. After the previous year's on-line conference, meeting and engaging

with colleagues face-to-face was so refreshing.

This year's conference will be coming from High Leigh in Hertfordshire, and I have agreed to chair the planning group again, supported by Jez Brown, Andrew Williams, Liz Allison, and Allison Dean.

I was also privileged to support my colleagues across the South-West by continuing to facilitate the regional collaborative. This group meets monthly to offer support, share good practice and engage with speakers on various topics. It draws in both acute

and mental healthcare chaplains from Cornwall to Bristol.

On a personal note, I suffered a stroke in October of last year, which was a great shock. I am recovering well and am back working full time. However, I am still accepting all that has happened, which will take time. I wish to thank all my colleagues for their care and support. It has undoubtedly been a year to remember.

With warmest wishes,
Mark

West Midlands

Ricarda Witcombe

It's been another full year of chaplaincy services flexing to respond to the demands of pandemic and post-pandemic healthcare life. We have all worked hard at bringing back our volunteers and finding innovative ways to recruit and train new ones. Face-to-face work has returned in most of our places, but, like everywhere, a degree of working from home and virtual meetings with colleagues and patients has also become a norm. Here are just a few local snippets of news from a few of our hospitals:

At Birmingham Women's and Children's Hospital, the chaplaincy

team has done a soft launch of the 'Nature at the Bedside project' e.g. animal visits, and 'bringing the outside in'. They also piloted 'Blue Christmas' (the first Christmas after a bereavement or loss) with videos and drop-ins for families and staff; and helped to lead the first NHS Charities Together annual memorial event at the National Memorial Arboretum. (This will happen again this year.) They co-launched the 'Spiritual Play International Interest Network' (SPIIN); and piloted a planned fundraising programme with Hospital Charities team. They have also developed an

SLA with the community paediatric palliative teams; and a few chaplaincy team members have graduated on the Paediatric Chaplaincy PGC (now Maternity and Paediatrics).

At **Coventry & Warwickshire Partnership Trust**, mental health chaplaincy has again been working closely with Dr Ying Fei Heliot from the University of Surrey, building on her research into faith competency in the NHS. Working alongside her, this year will see the formation of a new initiative to create CWPT as a place of psychological safety which allows curious conversations to explore faith with our colleagues so that we can connect better.

At **George Eliot Hospital in Nuneaton**, it has been a year of growth and change. There has been a renewed sense of purpose as well as greater representation of faith, belief and spiritualities across our volunteer team which has been encouraging. Our volunteer base currently is comprised of volunteers from the Baha'i, Buddhist, Christian, Muslim, and non-religious traditions.

Providing placements for theological and chaplaincy students has been a part of the George Eliot Chaplaincy team's history. In 2022, they welcomed six seminarians from St. Mary's College, Oscott, and look to welcome students more broadly in

2023, with placements available from any faith or belief representation. Spring 2023 will see our first student from The Markfield Institute for Higher Education join the team for placement.

With the relaxation of some COVID-19 restrictions around group gatherings we enjoyed celebrating Diwali and Bandi Chhor Divas, as well as Christmas Carol services and singing around the tree. We had the honour of holding memorial services for sadly departed staff, her late majesty, as well as annual remembrance services with our local Armed Forces Network and Baby Loss Awareness Week in particular. 2022 saw the team engage formally with the Compassionate Communities movement, with our first Bereavement Point group opening up at the Nuneaton Library fortnightly. This group has seen a more consistent uptake as of late and is starting to make real inroads into helping those who are bereaved. This group is proudly supported by the Chaplaincy team volunteers.

The teams at **University Hospital Coventry and Warwickshire (UHCW) and South Warwickshire University NHS Foundation Trust (SWFT)** have worked together (led by UHCW) to launch the post of Funeral Officer. This means that our Trusts no longer use a local funeral director for baby funerals but we can attend to the whole

process in-house. Our Funeral Officer started in April, and the post has made a huge difference to the quality and efficiency of care that we give families who have experienced the loss of a baby at any gestation.

At **SWFT**, the post of chaplain in the community paediatric palliative team has been made a substantive full time post. This paediatric post is now shared by two chaplains, one at Band 7 and one at Band 6, and is an innovative and exciting role, developing spiritual and pastoral care for children receiving palliative care and their families, before and after bereavement. Within the acute chaplaincy team as a whole, this year we have become more involved in SUDIC processes (Sudden death of infants and children) and four of us have worked as keyworker, liaising between families and other agencies after the sudden death of a child. We are developing this

keyworker role, networking increasingly with other agencies and hoping to make this a standard part of what we offer as a chaplaincy team. We have also been developing training and on-going support for our volunteers, and working more closely with other healthcare teams in the hospital. We were very pleased to present at the Grand Round, raising awareness of chaplaincy among doctors. We have also established a Faiths Group, to provide a forum where we can support one another as people of faith and work to increase faith literacy within the Trust. And we were delighted that this year three of us could attend the CHCC conference!

This is just a small selection of things that have been happening in our area. There is much more, and if you are from the West Midlands area and your news is not here, please do contact your rep, Ricarda Witcombe.

East Midlands

Position vacant

East Anglia

Adrian Woodbridge

I am in my first year as representative for East Anglia and take up the role as

Chaplaincies around the country start to return to normality after Covid.

My first priority has been to make contact with the many hospitals in the East Anglia region and have started in Norfolk where we have started a regular meeting of Chaplains from the three acute trusts in the county for mutual support and future development.

Hospital Chaplaincies in the region have been contacted to ask chaplains to join a mailing list where we can

share mutual support and training opportunities. This will continue in 2023 and hopefully we will be running events or training together in the region.

I hope to be able to visit trusts in the region in 2023 to see how we might best support Healthcare Chaplains in our region.

North-West England

Andrew Bradley and Giselle Rusted

Giselle Rusted and Andrew Bradley, joint OPC reps in the NW have predominately focused on connecting with Trusts with in Greater Manchester in 2021/2022 but aim to connect with other Chaplaincy Teams in the Northwest 2023/24. They already have contacts but want to reach out and build on these. At the GMHCC day in May they will be having a stall to promote the CHCC and reach out to existing members and encourage others to join.

Chaplaincy Teams across the North-West have been extremely busy since the value of their work has been greatly appreciated with the impact of Covid. Across the trusts, teams have been affected by a variety of different pressures whether it is the completion of mergers, late diagnosis of individuals with stage four cancer

meaning a rise in mortality rates and recruitment issues. As with most hospitals across the UK, hospitals have been challenged to function with a reduced workforce as many staff have left. Working in Tesco's is more lucrative.

The Greater Manchester Health Care Collaborative (GMHCC) still meets four times a year with its AGM in September. The Chaplaincy Leaders Forum has not met for a while to work pressures. GMHCC had a study day at MFT (MRI) which started with a very informative day on paper on EOL and chaplaincy involvement as part of the decision making when it comes to switching off life support. What that looks like and feels. It unpacked the impact for families, chaplain and Chaplaincy teams and was very informative and thought provoking.

There was feedback on the Chaplaincy Guidelines and the day ended with poetry written or favourite works by Chaplains. It was a very moving session and provoked some deep conversation and even tears from male and female chaplains.

Across Greater Manchester there were some changes to the dynamics of teams with Pennine Care Foundation Care appointing its first Chaplaincy and Spiritual Care Lead, Giselle Rusted and ending its SLA with Greater Manchester Mental Health. Its vision is to take the Chaplaincy Team of 1 WTE to 3.49 WTE. The Northern Care Alliance (NCA) legally became one Foundation Trust (rather than group) in October. Chaplaincy is still served by two separate geographical teams with their own managers Ian Ingliss at Royal Oldham and Fairfield, Bury and Jennifer Hood at Salford Royal. Within the NCA Trust there have been significant developments with a move away for a Roman Catholic SLA to RC priests being directly employed as Chaplains. There has also been the establishment of four B6 as Well Being Chaplains. The first is now in post with the remaining two working through recruitment and one yet to be appointed.

North Manchester General Hospital is now fully covered by Manchester Foundation Trust (MFT). The large

MFT Team is now bedding in its merger with other Trusts or parts of other Trusts. It has also got a new database called HIVE which has a holistic approach to collecting patient data enabling the Chaplaincy Team to record their activity.

Greater Manchester Mental Health opened its new Spiritual Care Hub which focuses on the Health and Well Being of staff and is proving to be a much-valued resource in the trust.

Rev Jean Hurlston, Chaplain at Tameside and Glossop Hospital is carrying out research as part of her PHD, Chaplaincy in the community. Please see November's power point presentation embedded and earlier PowerPoint presentation that she gave in September. She has agreed to allow these reports to be submitted to the CHCC going forward.



PresentationJH_GMH
CCNov22.pptx

A very successful course on Mental Health was run for Faith Leaders by Greater Manchester Mental Health. It was well received, and faith leaders really valued the insights they gained from this course.

In October Greater Manchester Mental Health, Pennine Care Foundation Trust Lead Chaplains, Faith Network for Manchester and Social Care Interfaith

Working Group delivered a very successful World Mental Health Interfaith Service which was well attended and brought together many faith groups celebrating how faith has supported mental health wellbeing with a key note speaker and three narratives from individuals who had survived their mental health issues resiliently through their faith.

There is another GMHCC study planned in May focusing on Staff Well Being and on the 18th March at Lancaster Priory there is a day exploring the impact of Covid listening to narratives personal, community and faith perspective.

North-East England (Yorkshire & Humber)

Tony Brookes

It has been a privilege to serve as the Yorkshire & Humber Regional Rep for the past three years. This past year there has been much happening across the region as chaplaincy grows and expands in various trusts. I have been consulted by several members and chaplaincy departments looking for support and insights and it has been good to be able to assist in that way. I am stepping down as regional

representative and thank OPC and CHCC for the honour of working with and for the organisation.

****President's note:** A note of thanks to Tony for his years of service both as a Regional Rep and for the time he served as Vice-President. We have so appreciated receiving the benefit of your wisdom and support over the years. *Simon*

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

Graham Peacock

We meet as a region, on-line, three times a year, for an hour, although this time we added a fourth meeting. Each meeting focusses on a particular subject and one chaplain amongst our number gives a brief presentation about an aspect of work that they are

involved in. In 2022, we covered such diverse subjects as Chaplaincy to young people within a CAMHS setting, a 'Helping Hands' project (A Chaplaincy team initiated a scheme enabling their Trust staff who were struggling financially through the cost of living

crisis to find help) and a Chaplain gave a presentation based on their MA dissertation looking at different models of reflective practice.

This year our fourth meeting comprised three people giving reflections on different aspects of the CHCC conference. This, like the other three meetings, gave us the opportunity to learn and develop our practice: often that's the first thing to

go when we become too busy and we retreat into separate Chaplaincy team 'silos'.

We also look at and discuss CHCC business and reflect on what is happening in our region. In addition, I'm always available to represent chaplains in any issues they may face where they need to speak with a CHCC representative.

Scotland

Paul Graham

**** President's Note:** Paul was unable to send a report at this time. However, he continues to provide the key point of contact for members in Scotland and to work with NHS Scotland and

NES on matters relating to employment. We are most appreciative of his on-going work with OPC. *Simon*

Wales

Euryl Howells on behalf of himself and Wynn Roberts

The geographical spread for this region is quite large and the Lead Chaplains Forum has met regularly over the last year remotely but having only six Senior Chaplains as a province we discuss matters of importance by email. Currently there are two delegates one representing the south of Wales and the other the north.

All Southern Health Boards are off or at the western end of the M4 corridor. North Wales.

Betsi Cadwaladr University Health Board is responsible for planning and providing NHS services in six of the councils and it is important to have a delegate from both geographical areas as their tertiary support is often provided by NHS England

I have been involved with a number of members to give support and informal advice to and an area that is continually looked at is the on-call and

particularly around multi faith as areas in the Valleys and in the North-West and South-West are not always able to meet faith leaders within their remoter generically populated catchments

Quarterly the CHCC delegate will represent Healthcare Chaplaincy in the SHaW group. SHaW is an independent group that brings together organisations and experts in the field of spirituality, pastoral and religious interventions. The group creates collaborations and will address issues of spirituality, health and wellbeing and provides advice to the Welsh Government on spiritual care. The group will identify and recommend development of new approaches, training and resources in order to develop spiritual care and addresses acute, community and mental health needs. To be part of the group is an honour but it also ensures that healthcare chaplaincy is not overlooked and is not a clone of community faith.

We have established a direct contact with Welsh Government as currently Richard Desir, Nursing Officer to Welsh Government has met the All Wales Lead Chaplains' Forum, and is regularly invited to the Forum. The Welsh Government are currently in the process of introducing the Duty of Quality Statutory Guidance (gov.wales)

01.04.2023 which looks at clinical and non-clinical elements of care which included Spiritual Care

This will replace the Health and Care Standards of 2015 and two areas Dignified Care; holistic approach and Individual Care are influenced by the Spiritual Care Services 2010:
<https://www.gov.wales/sites/default/files/publications/2019-05/health-and-care-standards-april-2015.pdf>

As a province we are going forward with consultations with Richard Desir WG and we will address the existing documents to include

- i. Standards for Spiritual Care Services in the NHS in Wales 2010
<http://www.wales.nhs.uk/sitesplus/documents/1064/Standards%20for%20Spiritual%20Care%20in%20NHS%20Wales%202010%5B1%5D.pdf>
- ii. ii) Capabilities and Competences for Healthcare Chaplains / Spiritual Care Givers in Wales 2010
<http://www.wales.nhs.uk/sitesplus/documents/1064/Guidance%20on%20Capabilities%20and%20Competencies%20for%20Healthcare%20Chaplains%20and%20Spiritual%20Care%20Givers%20in%20NHS%20Wales%202010%5B1%5D.pdf>

There has not been any movement in the Lead/Senior Chaplain posts since Covid and this allows continuity. After a period of ill-health it is good to know that Wynne Roberts the North Wales delegate has recovered. In Wynne's understandable absence it has been a privilege to report the Welsh situation, although due to the pressures around

being the only full time Chaplain for Hywel Dda to try and keep colleagues south of the border informed of development and direction of travel. It is a case of together we can and with our continuing mission to ensure Spiritual Care (Chaplaincy) is delivered in the best way and with passion to patients, staff and Carers

Northern Ireland

Michael McMillan

What a year! Northern Ireland has experienced a prolonged period of political uncertainty with the collapse of our devolved executive. This has resulted in many challenges including key decisions within healthcare being postponed. We, as with the rest of the UK, have witnessed strike action and a tangible sense of discontentedness. This is very much apparent in the contexts in which we work and minister with higher staff turnover and an unsettled workforce.

Chaplaincy in Northern Ireland seeks to respond to the ever-changing world of healthcare. Denominational chaplaincy remains strong and is supported by specialised and ecumenical chaplaincy input e.g. bereavement, palliative, maternity, mental health and children's. On-the-whole, our five health trusts recognise

the value of a chaplaincy service with four out of five trusts now having a lead chaplain. We hope that this professionalisation will continue in leaps and bounds. Increasingly, chaplains are employed on-the-basis of chaplaincy relevant experience and qualification, with good numbers applying for posts. This is indeed movement in the right direction. We continue to encourage research literacy by offering journal access to all chaplains in Northern Ireland and by establishing our own journal club as well as advertising Research First.

We are delighted that our CPE centre will be seeking international reaccreditation. CPE has long been one of our training pathways and we are glad that it will continue to be so. Our regional chaplaincy organisation, the Northern Ireland Healthcare

Chaplains' Association recognises that one shoe doesn't fit all, and so we have expanded our funding opportunities to include other professional chaplaincy courses. We have witnessed a good uptake of these with a number of our chaplains holding PG Certs or Diplomas. Our training programme is varied, tackling the gaps that exist and there has been a need to both out-source knowledge and experience and to appreciate our own home-grown resource. We always welcome collaboration and are keen to partner with colleagues throughout the UK and Ireland. We are excited to

be joining the rest of the UK in the creation of a Northern Ireland Bereavement Charter. This will further enable and encourage the growth of our bereavement services in Northern Ireland.

The CHCC continues to have little to no presence in Northern Ireland. This is understandable but we won't be giving up any time soon. Your help in this matter would be greatly appreciated. If you fancy a visit to this delightful little footnote, we would welcome you with open arms. *Bail ó Dhia ort.*

Appendix 1

Minutes of the 2022 Annual General Meeting of the College of Health Care Chaplains (CHCC)

21 February 2022 - 11:00 – 14:30

Held Virtually via Zoom

Simon Harrison, CHCC President, welcomed all present.

The first part of the Annual General Meeting started at 11:00 a.m. with a Creative Listening Event. Poetry created and introduced by its author, David Buck, a hospice chaplain, and music selected by KSB were interspersed with periods of reflective practice in groups reflecting on the challenges and opportunities of the past two years, where we go from here and what it has been like for chaplains over the past two years. Kartar thanked David for sharing his poetry.

After a 15 minute break the business portion of the AGM commenced at 12:30 hr.

Present:

Simon Harrison
Phillip Staves
Kartar Singh Bring
Jane Beach
Ricarda Witcombe
Tim Mercer
Paul Graham
David Buck
Liz Allison
Janet Davidson
Mark Newitt
Declan McConville
William Sharpe
Nigel Ely
David Savage

Michael McMillan
Tom Baron
Claire Carson
Andrew Bradley
Gladys Mudada
Mark Richards
Juliet Horwood
Euryl Howells
Graeme Harrison
Jeremy Law
Elisabeth Baker
Jeremy Law
Adrian Wallbridge
John Kingsley
Tom Baron
Emma Louis

Apologies:

Mark Burleigh
Stewart Selby

Gisele Rusted
Jane Pope

Sheila Swarbrick
Tony Brookes
David Flower

Kevin Tromans
Ruth Beirbaum

It was noted that Sheila Swarbrick did attend the listening event however her telephone link disappeared just prior to the business portion of the AGM.

Agenda

The agenda was presented. At the request of Mark Newitt, the addition of Special Interest Research Group was included under Any Other Business. The agenda was adopted as amended.

Minutes of the 2020 AGM

Minutes of the 2020 Annual General Meeting were presented by the Registrar, Allison Dean. The minutes were amended to reflect that David Savage had been in attendance in 2020. All matters arising from the minutes are covered by the 2022 AGM agenda.

Moved by Simon Harrison, seconded by Tim Mercer that

“The minutes of the 2020 Annual General Meeting be adopted as amended.”

Motion carried.

Allison Dean will send a hard copy of the amended minutes to Simon Harrison for signature and they will subsequently be stored for future reference.

Regularisation of Faith and Belief Officer

Simon Harrison provided a history and role of the CHCC Faith and Belief Officer over the past 20 plus years pre-dated CHCC’s relationship with Unite and with Amicus partly because of the complex dynamic between faith and belief groups and healthcare challenges and profession. In the past the role was a co-option however, OPC wish to regularise the role and have the Faith and Belief Officer become an officer of CHCC.

Moved by Simon Harrison, seconded by William Sharpe:

“That the role of the Faith and Belief Officer be regularised to be an officer within the structure of the OPC”.

Motion carried.

Elections:

Simon Harrison advised that due to the impact of COVID, UNITE decided to increase people’s terms of office by one year – this was not a decision made by CHCC OPC.

Therefore, 2022 is the year for the election of officers to sit on OPC. In 2023 elections will be held for regional representatives to sit on OPC. Eight-week notification of elections was sent out in December 2021 with the deadline for nominations being four weeks later in accordance with UNITE regulations.

Simon Harrison conducted the elections as he is the only officer currently not up for election.

Posts up for election are Registrar/Branch Secretary (Allison Dean), Equality and Diversity Officer (Stewart Selby), Treasurer (Phillip Staves), and Faith and Belief Officer (Kartar Singh Bring). One nomination for each post has been received. Simon asked that Allison, Phillip, and Kartar to leave the meeting for two minutes so that a vote could be held for each person nominated by a show of hands.

Allison, Stewart, Phillip, and Kartar were all duly elected to the posts for which they had been nominated by a majority of persons.

Reports:

President's Report

Simon thanked Allison for all the work she did in following up with people for their contributions for the AGM Annual Report and for preparing the 2022 AGM Annual Report.

Simon referred all present to his report in the 2022 AGM Annual Report. He added that it has been a very challenging year, especially for CHCC. In the last two years there was a period when finances were extremely difficult because there was a fighting fund built up around Covid by UNITE, and our income completely dropped. Income from CHCC conferences was non-existent as no conferences were held. The only thing that kept CHCC financially afloat was that there were no in-person meetings so there were no expenses of that sort.

Simon reiterated how grateful he was to OPC members for maintaining the core work of supporting members in the regions when they have issues. He noted a few years back CHCC aims were changed to a threefold aim which included working with national issues as a professional body. However, the third aim included supporting members professionally in their region, potentially with issues that came up around their employment. SH again thanked the OPC regional representatives for the hidden yet vital work they do supporting CHCC members in their regions.

There were no questions regarding Simon's report.

Registrar/Branch Secretary's Report

Allison Dean referred those present to the Registrar's report contained in the Annual Report. She further expressed thanks to Lance Sharp, Simon Harrison, and other OPC members for the assistance they provided her in settling into the role of Registrar.

Simon asked Allison if she knew how many chaplains there were in the UK as he has been asked several times recently for national figures on healthcare chaplains. He acknowledged that it was an unfair question but wondered if this was something that CHCC could commit to try to do with other groups involved in healthcare chaplaincy across the UK to ascertain an accurate picture of the number of chaplains in the UK. Allison acknowledged that it was a difficult question as many chaplains are registered with several organisations including UKBHC. Mark Newitt and Allison both recall the research published by the Church of England in 2013 in which there was uncertainty about the number of chaplains. There were many different types of chaplains, some part-time, some full-time, and some volunteers. The research revealed there were over 400 different types of chaplains, ranging from rail, cruise line, sport, and air cadet chaplains to acute hospital and hospice chaplains. Simon acknowledged that that number was a start and not all were healthcare chaplains.

Mark Newitt stated that he had asked that a Special Interest Research Group be added to AOB and he felt that determining the number of chaplains in the UK might be an area that could be considered as something for the Special Interest Research Group.

There being no further questions for the Registrar, Simon asked Phillip Staves to present the Treasurer's Report.

Treasurer's Report

Phillip took those present through the UNITE Account and the Training Account. He pointed out that the UNITE Account pays for the day-to-day running of CHCC and in 2021 finished with a balance carried forward of £6,830. He noted that CHCC did not receive quite as much money from UNITE last year as in the early days of the pandemic they were not paying out to individual sectors of UNITE but they did put a little bit more in this year to balance things out.

A question was asked about the Journal billing to Equinox Publishing noting that much more was paid in 2021 compared to 2020. Phillip responded that Equinox were not up-to-date with their invoicing in 2020, and some of it came through into 2021. Additionally, in the first couple of years we were with Equinox, CHCC received a reduced rate of £5 per subscription. It is now £10, which is what CHCC was expecting. There are 68 people who are subscribed to the Journal, therefore, the annual cost should be £680. In 2020 the difference, which is £630, is made up of money which should have been paid in 2020 and a little bit which should have been paid in 2019.

There being no further questions regarding the UNITE account, Phillip took the meeting through the Training account which is used for the CHCC conference and for paying out bursaries and any research grants CHCC wishes to do. Almost nothing was paid out during the pandemic leaving a balance of nearly £35,000. The only expense in 2021 has been the deposit for the conference this coming autumn. He advised that none of the money is currently in savings as interest rates have been so low. However, with interest rates starting to rise again Phillip will investigate if a few thousand which is not being used could be put into a savings account to generate a little bit of income.

There were no further questions for the Treasurer.

Phillip expressed his thanks to Declan McConville and Fran Kissack for auditing the accounts once a quarter in line with UNITE regulations.

Simon expressed his thanks to Phillip for managing CHCC finances and noted it is rare to have someone looking after CHCC accounts who actually understands health care chaplaincy. Having Phillip as Treasurer is fortuitous and a real gift to CHCC.

Equalities Officer's Report

Simon Harrison presented the report which was written on Stewart Selby's behalf after due consultation with him. Stewart has sent his regrets to the meeting due to undergoing fairly aggressive medical treatment which is affecting his well-being and his ability to engage. He is very distressed at not being able to be present however, explicitly wanted his love sent to everybody and to thank CHCC members for their on-going thoughts and prayers.

Simon noted that the biggest part of what CHCC is doing at the moment is work focussed on diversity and inclusion. Stewart, in spite of ill-health, has been advising members on various inclusion-related matters. As the pandemic lifts and Stewart gains strength, he is hoping to be looking at our membership and examine how we can ensure equality and diversity for all.

Ricarda Witcombe asked if official good wishes and/or real flowers could be sent to Stewart from the AGM. Simon felt that was a good idea and advised that Stewart had already received a real plant earlier. Allison will send a card to Stewart on behalf of CHCC.

There being no further questions regarding the Equality Officer's report, the meeting turned to the Faith and Belief Officer's Report.

Faith and Belief Officer's Report

Kartar Singh Bring referred people to his report contained in the Annual Report. He further added that his role has been about supporting people around the country particularly when it comes to engaging with their communities and supporting families not being able to visit

in hospital during the pandemic. He has spent much time working on the Inclusion Report which has been quite a challenging process as it is a very big topic with lots of barriers. There are many partners around the table and the report needs to look at what CHCC is trying to do, not just in England but across the UK.

There were no questions for Kartar regarding his report.

Professional Officer's Report

Simon Harrison invited Jane Beach to present her report. Jane referred everyone to her report contained in the Annual Report. She advised that CHCC's Industrial Officer, Steve Syson, is still off and he sends his best wishes to all CHCC members. Jane reminded all present that if any members have any issues at work, the procedure to follow is on the CHCC website which procedure is also in her report.

Jane added that UNITE's new General Secretary's emphasis is much more on members' jobs, pay terms, and conditions. There a campaign about pay at the moment which will be continuing this year. The General Secretary is also bringing together representatives so if anyone from the OPC is interested in being part of that the General Secretary will be holding a combine. Please contact JB if you are interested in this piece of work.

JB also asked that people check their preferences on their UNITE membership. People can opt out of receiving anything political or anything related to any of the additional services. However, if one opts out of communications altogether, people won't get anything from CHCC. Jane suggested that people log into their own membership account and ensure the appropriate boxes are ticked.

She reported that the other big piece of work UNITE dealt with was mandatory vaccinations which are now no longer required in healthcare settings due to the government taking a step back.

Simon asked Jane about the re-locating CHCC's region. Jane noted that it is still on hold as Steve Syson is off sick. However, Jane is still raising it as Emma, Steve's administrative assistant, is still very keen to continue supporting the administration so it makes sense to move it to the East Midlands. The relocation is still in progress. However, if members do get notified that CHCC has been moved to the East Midlands, not to be alarmed about it as it is just purely administration and process.

Simon acknowledged that with Steve Syson off, Jane is often wearing two hats and he thanked her for graciously handling it all.

Business Arising

1. Motion from 2020 AGM moved by David Savage:

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.

The motion was amended:

The CHCC recognise that **potential** 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.

Moved by Simon Harrison, seconded by Martin Hill.

Amended motion carried by a majority

The two areas of business arising are basically the update from the motion.

Simon Harrison advised that CHCC agreed that it needed to challenge the college fairly fundamentally about the inclusion and its workforce status. A Task and Finish Group was established and were to report back by the next AGM which would have been 2021 but due to the pandemic, the last AGM did not occur. Kartar was identified by OPC to chair that piece of work however it isn't ready to bring back to this AGM. Simon advised that the work being done by Kartar is being complemented by the large amount of work being done by the group re-writing the NHS England Chaplaincy guidelines, which include many partners.

Simon apologised that the report is not ready to present to the AGM and invited Kartar to share the next steps in terms of the process. Kartar advised that the report was being drafted and it will then be shared with the Chaplaincy Network Forum in order to obtain input from other chaplaincy organisations. Kartar recognises that there are some aspects or areas that may not be for the CHCC champion to take forward and may be for some of the other groups like UKBHC or the Network because of their specialties or their expertise to speak on the topic area and this will then track from there. The report will then go out to CHCC members for their feedback and comment to produce the final product. The report needs to be about diversity and inclusion and is the one piece of work that has been carried on through the pandemic, therefore it is important that we keep moving on with this.

Simon thanked Karter for his report on the work and acknowledged that it is a slightly unusual way to work as a membership body to talk to our partners in chaplaincy before CHCC members. However Karter and Simon are very mindful that we need to hear from other partners to have a balanced report. The process has taken much longer than expected.

David Savage was appreciative of the up-date and wished to know if any non-religious persons had had input to the document. Karter stated that working with the Chaplaincy Network Forum and other chaplaincy partnerships will provide input from minority-based faith/belief groups and non-religious community and therefore, the report will include the diversity about which David is concerned. Karter also acknowledged that chaplaincy in Ireland and Scotland is very different, utilising different models than are used in England and that too will need to be acknowledged as part of the report.

The motion has been dealt with and brought to OPC and to the 2022 AGM.

Action: Karter will bring a full report back to the 2023 AGM. By a show of hands, members were in agreement.

Update on Deferred On-call Guidance, Deferred Guidance for Lead Chaplains and Deferred Guidance for Non-Chaplaincy Managers.

Deferred On-Call Guidance

Simon Harrison advised that Covid had brought many changes with respect to on-call guidance. CHCC has tried to write the guidance, with assistance from the late Tim Bennison of Scotland, to make it broad enough to match across the UK without actually dealing with some of the fundamental questions about what actually the NHS is due to deliver through an on-call system and what it can say is not part of the on-call system.

Draft on-call guidance received good engagement at the last AGM and was almost finalised as to what good on-call looked like when Covid broke out. This changed many things due to certain people not being permitted/able to provide on-call. However, having good on-call guidance has been amplified by Covid as some emergency measures that have been put in place may continue for too long. Simon acknowledged that UKBHC has a key interest ensuring that on-call provision is safe. This overlaps with CHCC's interest that good on-call provision be safe. Is the person who turns up at the bedside safe to deliver what needs to be delivered? CHCC is still legally liable for the action that is carried out by somebody if a CHCC member is the one that called a specific person. CHCC also needs to address the use of volunteers covering on-call provision as CHCC is a professional body.

Simon noted that CHCC is in a very challenging time as it starts looking at what a diversified workforce looks like, particularly if on-call is being used as a means to prevent recruitment of someone. Possibly someone is not of a Christian persuasion, most of the call-outs are Christian, and supposedly the post requires the person to be part of the on-call. It creates a very exclusive job description, therefore, CHCC on-call guidance needs to be clear while supporting the inclusion and diversification agenda.

Due to Covid, on-call guidance is no longer straightforward and so for the past couple of years the guidance has been put on hold. The work that has been done is still mostly relevant but needs to be up-dated.

Mark Newitt noted that NHS England were re-drafting chaplaincy guidelines and wondered if the new guidelines will supercede anything CHCC drafts.

Simon noted that the CHCC provisional on-call guidance has not yet been shared with those re-drafting the NHS England guidelines which in the end will be guidelines from the employer in England. He noted that CHCC will need to review the new guidelines as a professional body and as a union if it is felt that the guidelines are undermining paid roles. Need to ensure that anyone who is called in is paid for the work they do on behalf of chaplaincy. Also need to note that those working in Northern Ireland, Scotland and Wales are not part of the remit of NHS England. Simon acknowledged that the new NHS England guidelines will be just for England but hopes the notion of adequate resourcing to provide good quality care will be something that will be found more explicitly in the new guidance. He believes that CHCC can provide input towards what good on-call is about, including that all persons called out, be they current paid staff or of other faith/belief traditions, should be paid and that people are not asked to come in for free as part of overall spiritual care provision. Tim Mercer noted that one-off call-out engagements from particular faith/belief traditions also need to be acknowledged and paid as while they may rarely occur, the persons still come in and need to be compensated for their time and effort.

Simon believes it would be appropriate to send a draft of the on-call guidance to those re-writing the NHS England chaplaincy guidelines.

Those present agreed by consensus that the on-call guidance drafted by OPC two years ago be refreshed and done in tandem with the work being done by Kartar to address on-call guidance issues.

Graham Peacock thanked Simon for attempting to put the guidance together and preparing same for submission to the NHS England guideline writers.

Deferred Lead Chaplains' Guidance and Deferred Guidance for Non-Chaplaincy Managers

Simon Harrison noted that both items were brought forward three and four years ago as something CHCC membership wanted to happen. Both items were put on hold due to Covid as well as the lack of capacity on the part of people to actually write the guidance. CHCC has been asked by the authors of the NHS England Chaplaincy Guidelines re-write group for input which has been difficult to provide as people have not had the capacity to take time away from their daily work to write same. The questions to be answered are

1. "What are the most important things for lead chaplains?"
2. "What are the most important things to know for non-chaplaincy managers who oversee a chaplaincy team?"

On some occasions CHCC has been approached because a lead chaplain has left and been replaced by someone or a manager who knows nothing about chaplaincy, especially when it comes to recruiting new chaplains. CHCC has also been approached by new lead chaplains who are finding the transition difficult.

Simon suggested the following regarding these items.

Lead Chaplains: Simon noted that over the last two years, virtual drop-in sessions for Lead Chaplains have been very much valued and recommended that the virtual drop-in sessions be continued in this year coming in order build up a cohort of peer support.

Non-Chaplaincy Managers of Chaplains: This is a more difficult area. Some non-chaplain managers verbally chat with lead chaplains but in many cases they are technically line managers and some of their actions with respect to how they manage chaplaincy may border on the inappropriate.

Ricarda noted that Mark Newitt is working on developing learning sets for lead chaplains. Possibly this might be a way forward if Mark is able to trial same to ensure that it is done well. Mark is willing to do so and will bring the information to OPC about supporting coaches and mentors of lead chaplains and avoiding lead chaplains being squashed by micro-management.

Tim Mercer reminded those present of the work done by CHCC looking at spiritual care policies which included wider research done around the UK and provided a set of parameters coming from other places around the country which could be utilised by lead chaplains. This research did not receive much circulation and feedback due to Covid.

It was agreed that the guidance for lead chaplains and non-chaplain managers be kept in abeyance for the time being. There may be some work done on them by others including Mark Newitt who will provide OPC with information and knowledge which may be helpful in the future. However, there will not be a large piece of work done on these items at this time.

Any Other Business:

Special Interest Research Group:

Mark Newitt and Steve Nolan would like to stimulate interest in chaplaincy research by creating the equivalent of the CHCC Mental Health Forum by setting up a Special Interest Research Group within CHCC. This group would take examine a bit of the national picture which would link with what is happening internationally thereby building a larger picture of what is happening in chaplaincy research.

Moved by Mark Newitt, seconded by William Sharpe

“That OPC seeks to constitute a research-focussed group and that we liaise with UKBHC about the next steps.”

Motion carried

Simon noted that conversing with UKBHC as well as with Scotland ensures that what CHCC is doing is complementary to the work currently being done by UKBHC and Scotland. Checks will also be made with Jane Beach, Stewart Selby, and Allison Dean to ensure having this Special Interest Research Group does not breach the rules of having sub-groups within OPC.

Journal Up-date:

Simon Harrison noted that he had provided a small up-date earlier in the meeting however he wished to remind everyone that the Journal is a benefit of CHCC membership. It has not been a CHCC journal for the last few years but it is developing as a journal. Simon is encouraging CHCC members to sign up for the deal that Phillip Staves shared in the Treasurer’s Report. CHCC receives a very reduced rate and access to the Journal is part of CHCC membership. Ricarda Witcombe suggested CHCC publicise the Journal more, possibly through the President’s monthly up-date reminding people about how to access it. Simon agreed and invited Mark Newitt to take one of the President’s up-dates and share information about journal clubs and the Journal at the same time. Mark Newitt felt that Steve Nolan would be the better person to contact as he produces a quarterly research digest.

Simon requested that Steve Nolan be asked that when he prepares the next Research Digest that he also take over the President’s up-date that month and remind people how to link to the Journal as well as talk about journal clubs and journal club learnings as journal clubs in the UK are rare. It is all part of research literacy.

Scotland

Simon Harrison introduced Paul Graham, the newly co-opted representative for Scotland and then turned the meeting over to Paul.

Paul first thanked David Buck and Kartar Singh Bring for a good and creative reflective practice at the beginning of the AGM. Paul then noted that it was 17 months ago today (21 Feb) that Tim Bennison, the former CHCC Scotland representative, died. He is much missed in the chaplaincy community in Scotland and in CHCC.

Paul further noted that significant changes in Scottish chaplaincy are occurring including the appointment of Mark Evans, lead chaplain at NHS Fife, as a part-time key advisor to the Scottish government for the next 12 months starting February 2022. Paul directed people to his report which outlines the new role and expectations in delivering new strategies and directions. Paul is pleased to be representing Scotland on CHCC.

Ireland:

Simon then asked Michael McMillan, the newly co-opted Northern Ireland representative, to introduce himself. Michael advised that he is also a vice-president of the Northern Ireland Healthcare Chaplaincy Association, and so brings that voice to OPC as well. Northern Ireland is undergoing changes in chaplaincy, particularly in direction and leadership. The pandemic has highlighted issues that need to be addressed in their own setting including succession planning. Michael directed people to his report on Northern Ireland contained in the Annual Report. Additionally, Michael commended the Mental Health Forum which he felt was a wonderful offshoot of CHCC and from which he has greatly benefitted.

Simon thanked both Paul and Michael for their introductions. He also thanked Michael for mentioning the Mental Health Forum as the work it does and the way the forum has turned informal conversations into learning opportunities is another rich part of CHCC life.

Simon Harrison formally ended the meeting by thanking all present for attending.

The meeting adjourned at 13:53 hr.