

Report to	: Trust Board of Directors
Date of Meeting	: 29 May 2014
Subject	: SECAMB Chaplaincy
Report from	: Rev Francis Pole, Senior Chaplain
Purpose	: For information

Summary	<p>This report provides background information on the establishment of SECAMB's chaplaincy. It also provides an update on chaplaincy monitoring of SECAMB alerts. The report is accompanied by a leaflet on the role of the chaplaincy. Rev Pole will also be giving a brief presentation at the meeting.</p> <p style="text-align: center;">N/A</p>
Risk and Assurance	

Date issued	: 15 May 2014
Review by	:
Originator	: Rev Francis Pole, Senior Chaplain

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Report

Background information on the SECAMB chaplaincy and the alert system

To: Sussex Ambulance Service NHS Trust

**From: Rev. Francis Pole CQSW, Chaplain: Crawley Workplace Ministry, and
National Coordinator of Chaplains to the Police.**

Subject: Proposals for Chaplaincy for Sussex Ambulance Service

Introduction: The British Journal of Psychiatry 2001* reported on the impact of Accident and Emergency work on the mental health and emotional well-being on Ambulance personnel, following research by David A. Alexander and Susan Klein of the University of Aberdeen. This was the first investigation of its kind; its purpose was to identify the prevalence of psychopathology among ambulance personnel and its relationship to personality and exposure to critical incidents. "Data were gathered from ambulance personnel (in Scotland) by means of an anonymous questionnaire and standardised measures." The Results indicated "high levels of general psychopathology, burnout and posttraumatic symptoms. Burnout was associated with less job satisfaction, longer time in service, less recovery time between incidents, and more frequent exposure to incidents.....Concerns about confidentiality and career prospects deter staff from seeking personal help."

The conclusions of the report there that "the mental health and emotional well-being of ambulance personnel appear to be compromised by accident and emergency work."

(The British Journal of Psychiatry (2001) 178:76-81 The Royal College of Psychiatrists (Abstract))*

I first heard about this report shortly after I had moved to Crawley to take up the appointment of Chaplain to People at Work in Crawley, with special responsibility for the Emergency Services in the town. It appeared to confirm some of the conversations of a confidential nature that I had had with personnel of all three (Fire, Police and Ambulance) Services during my first five months. The Report, which was specific to the Ambulance Service, also confirmed my own 17 years' experiences of working, as Chaplain, with the Police. I was

aware that whilst the Police Service nationally has Welfare Services within each Constabulary, and a Chaplaincy Service in the majority of them – and the Fire Service has a comparatively small Chaplaincy Service – the Ambulance Services in this country, generally speaking, have none. All the more reason, I believe, to initiate a Chaplaincy Service, at least within the counties of East and West Sussex covered by Sussex Ambulance Service!

Two meetings with the HR Manager and with other senior Staff, including a representative of the Staff Association, lead me to believe that such a service is both desirable and necessary. The Staff representative indicated that there is a lack of support for Road Staff, and that help in the event of trauma is not usually immediately available – and certainly not 24/7 – so that the availability of Chaplains as a “Listening Ear” would be very valuable. In his eyes the Business Case for such an endeavour would be to keep Staff at work. The Zone Directors, who believe that Chaplaincy should, as in the police, be available to all staff and all levels, supported his view. The rest of this Paper seeks to bring such aims and desires into reality.

WHY HAVE CHAPLAINS?

This has largely been addressed in the introduction, but I would add:-

- When a member of Staff (regardless of grade) is seriously ill
- Problem members of Staff – or Staff with problems
- Religious matters*
- A Chaplain in an Ambulance Station stands as a reminder that we are all people who are loved by God – however we perceive him.

**Whilst the Chaplains are likely to be Christians, those who use his/her services do not need to be Christians, nor, indeed members of any faith.*

WHAT TO EXPECT FROM AN AMBULANCE CHAPLAIN

- Acceptance – no matter what
- Availability when needed
- Care
- 100% Confidentiality
- Ethical behaviour

- A person of faith
- Flexibility
- Interest in people as individuals
- Loyalty
- Trained
- Trustworthiness

WHAT HELP CAN THE CHAPLAINS OFFER?

- Chaplains will have time to listen to a person no matter what they may want to talk about..... whether it is
- A personal difficulty as a result of stress, illness, family difficulties, relationship or personal problems, bereavement etc.
- Stress resulting from the nature of their work
- Work-related issues
- Wider issues about life in general

However, whilst guaranteeing 100% confidentiality, the training a Chaplain will have undergone is limited, and probably limited to pre-Ordination/Commissioning He/she will be trained in listening skills, but is not a doctor or psychiatrist! The Chaplain may suggest access to further advice and counselling if this is considered appropriate – and provided the person agrees.

Chaplains are committed to the values of caring for people, being completely non-judgemental (e.g. in matters of diversity including sexual orientation), **and encouraging a sense of well-being and working for justice.**

WHO WILL KNOW THAT A MEMBER OF STAFF HAS CONSULTED A CHAPLAIN?

No-one.....unless the person who has talked with a Chaplain wants people to. All conversations and contacts are in the strictest confidence. Chaplains are privileged to be a guest of Sussex Ambulance Service.

Other Considerations

Terms of reference for Lead/Co-ordinating Chaplain. (Probably parallels Senior *Police* Chaplain. These are important for all concerned.) : viz.

- To assist in the selection of Chaplains, to be agreed jointly between the Church denominations and the Ambulance Service
- To liaise with Church Leaders across denominational boundaries and with other Faith leaders
- To Liaise with Senior Managers and Officers, and all Ambulance Stations, divisions and departments as appropriate
- To liaise with Director of Workforce, etc. and her assistants
- To support SECAMB Ambulance Chaplains in their day to day chaplaincy work
- To be available to both Church and Ambulance authorities in the event of a problem arising with an Ambulance Chaplain
- To organise and chair regular meetings of SECAMB Ambulance Chaplains.
- To establish links with other Emergency Services, especially Emergency Planning Officers
- Establishing links with Leaders of other Faith communities. (Within Sussex *some* exist, although I suspect not many.)
- Establishing links with Hospital Chaplains.

Rev. Francis Pole, July 2004

Chaplaincy Monitoring of SECamb Alerts

General Arrangements

Since May 2013 the Senior Chaplain, or one of his Deputies (depending who is 'on duty'), has been included on the SECamb Alert system on a dedicated phone line. This is for a number of broad categories of incidents, including cardiac arrests, unconsciousness, major incidents, RTCs (road traffic collisions) involving service vehicles, traumatic deaths or attempted suicides, shootings, and Gatwick Airport alerts. We pay particular attention to incidents involving paediatric cardiac arrests – although there are issues with notification of the age of the patient in cardiac/respiratory arrest. We are also notified of other trauma involving minors and any situation that may be traumatic for front-line staff (both on the road and in the Control Rooms). The initial information that a caller gives determines what goes out in an alert. As a result, an incident can be more serious or less serious than it first appears. In the first case, we have to depend on Emergency Operational Centre Managers (EOCM) calling us if the Chaplaincy may be of assistance, and in the second case we can thankfully take no further action.

Depending on the text message regarding an incident, we either take no further action, or we contact the relevant EOCM (at Banstead, Lewes or Coxheath), and follow up in a number of ways. Sometimes it amounts to informing the relevant station/Make Ready chaplain of the nature of the incident and the names of their crew involved (just to be aware). Sometimes it involves asking a chaplain to rendezvous with a crew after an incident (day or night if they have agreed to respond 24/7), and sometimes the duty Senior Chaplain will attend (particularly in the night), following up with the local chaplain later.

Nature and pattern of alerts

No two days nor, indeed, any two weeks are identical in the number or kind of incidents that they produce, but it is possible to give some indication of the number and nature of the alerts, and of how relevant ones are progressed.

On any day the Chaplaincy will receive between 20 and 50 alerts, of which roughly between 0 and 7 would necessitate a call to an EOCM. Of these, between 0 and 5 would require further action involving the duty chaplain or local chaplain at the time of the incident or later on a visit to the station or Make Ready Centre. Most of the alerts relating to paediatric cardiac arrests turn out, thankfully, to have been febrile fits or other non-life-threatening conditions, and it is always a joy to be told by an EOCM that the baby is breathing. By contrast, the death of a young child is always a significant challenge. Suicides, attempted or undertaken by various means are always followed through, sometimes to offer immediate support to crews involved, but also for local chaplains to be aware of the crews involved – and, in some case, the Emergency Medical Adviser/Dispatcher. In the strange way that random events can occur, there are often multiple paediatric or suicide events in a particular

region in a given time frame, adding to the stress of the frontline crews. Many of the RTCs involving service vehicles turn out to be very minor, vehicle damage-only incidents, but we have had a small number of serious RTCs that have adversely affected the crews, and we would always liaise with local chaplains in such instances

Francis Pole
Senior Chaplain