



AMBU
TAS



Ambulance Tasmania **Culture Improvement Action Plan**

July 2022



ambulance.tas.gov.au



Tasmanian
Government

Acknowledgement of Country

The Department of Health Tasmania respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work, and play and pays respect to Aboriginal Elders past and present.

Recognition statement

Tasmanian Aboriginal peoples' traditional lifestyle promoted physical and emotional health and wellbeing, centred around Country, Kin, Community and Spirituality. Aboriginal people continue to value the importance of culture, community connection and being on Country as vital components of health and wellness. Through colonisation, Aboriginal people experienced displacement and disconnection, which has significantly affected their health and wellbeing. We recognise that Aboriginal people are the knowledge holders and provide best practice in promoting health and wellbeing for Aboriginal people. We acknowledge and learn from the ongoing work of Aboriginal organisations in ensuring continued health and wellness. We commit to working in partnership with Tasmanian Aboriginal communities and health leaders now and into the future to improve health and wellbeing.

Note on language

Ambulance Tasmania is made up many employees of different classifications, contractors, and volunteers working together to achieve the goals of the organisation. For this report, the words staff or people will be used to inclusively refer to everyone working or volunteering at Ambulance Tasmania in any capacity.

The authors have made every effort to ensure gender-neutral language is used throughout this report, except when direct quotations are presented from other sources.

Wellbeing Support Contact Information

Please note that participating in the Culture Improvement Action Plan, reviewing outcomes from the Resilience Scan, or being exposed to issues raised during the consultation process may be triggering or present challenges for some people. If you or anyone else you know experiences difficulties or requires assistance, please contact the Peer Support Hotline on 6166 1994, the Wellbeing Support team on 6173 2873 (24 hours), the Employee Assistance Program of your choice and/or Lifeline on 13 11 14.

Photo credit: **Richard Bugg, Lewis Stadler**





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“...my vision for Tasmania is to be a place where everyone feels valued, included, encouraged, and supported to be the best they can be...”



Premier of Tasmania and Minister for Health's Foreword

Government Commitment to Cultural Reform in Health and Ambulance Tasmania

Ambulance Tasmania's biggest asset is its people.

Our aim is to make the Tasmanian Health Service a workplace of choice. To do this, we are building a strong workforce and creating positive workplace environments which is key to recruiting and retaining dedicated staff.

We recognise that increased demand on our health system, together with the COVID-19 pandemic, has presented increased pressure and stressors on our emergency staff. That is why the Tasmanian Government is investing in a safe and supportive workplace so that we can improve the culture across Ambulance Tasmania and meet the needs of all employees across the State.

We are delivering \$15.7 million over four years to implement the Health Workforce 2040 Strategy which will focus on recruitment and build positive workplace environments.

As part of the 2021-22 Tasmanian Budget, we are also investing \$5 million to implement a One Health Cultural Improvement Plan that encourages staff to empower and respect each other as they work, learn, and collaborate together.

Ambulance Tasmania's Culture Improvement Action Plan is a positive step in the right direction to creating significant changes throughout the organisation and aligns with our broader goal to reform workplaces in all areas of the health sector.

Ambulance Tasmania and the Tasmanian Government are firmly focused on cultural improvement and this plan will better support staff to do what they do best - provide quality healthcare for all Tasmanians in the right place, at the right time.

As I said when I became Premier, my vision for Tasmania is to be a place where everyone feels valued, included, encouraged, and supported to be the best they can be – building a strong workforce through creating a positive workplace environment where the Tasmanian Health Service becomes a workforce of choice, aligns with that vision.

A handwritten signature in black ink, appearing to read 'Jeremy Rockliff', written in a cursive style.

Jeremy Rockliff

Premier and Minister for Health



Non Emergency Patient Transport

HAYDEN

“By improving staff engagement and satisfaction, we will attract and retain our workforce, improve diversity, produce invaluable leaders, and drive cultural change.”



Secretary's Foreword

Department of Health Commitment to patients, employees, and volunteers

The Executive is committed to creating an inclusive environment that supports all staff to positively work together, learn, collaborate, problem solve, share risk, empower and respect each other and which draws on the diverse backgrounds, experiences, knowledge and skills of our people.

To do this we have launched our One Health Culture Program that will help us to recognise that no matter our background, our lifestyle, our expertise or our experience – we work as part of One Health Team, and that our actions together contribute to a more positive workplace that produces more positive health outcomes for Tasmanians.

The Ambulance Tasmania Culture Improvement Action Plan forms an important part of our One Health Culture Program.

The health, safety, and wellbeing of all staff across the Department of Health is a priority and to secure the future of our healthcare system, our staff must come first.

We need to ensure all employees and volunteers feel supported, valued, empowered, and motivated to make positive changes. They need to be given the potential to grow and achieve. Our individual and collective actions are needed to build a strong and inclusive culture. Each of our day-to-day activities must incorporate values and behaviours to achieve an inclusive environment that enables all of us to deliver a high-performing and integrated health service to the Tasmanian community.

We need to provide genuine opportunities in a safe space for those who are looking to advance their careers and take up leadership roles.

By improving staff engagement and satisfaction, we will attract and retain our workforce, improve diversity, produce invaluable leaders, and drive cultural change.

Building and sustaining a robust, healthy workforce will not only create engaged staff but will undoubtedly lead to better outcomes for our patients. We want to provide positive, patient-centric, and solutions-focused environments that meet contemporary and best-practice standards.

The Department of Health is prioritising and investing in positive work environments to keep everyone safe – we have shown this through our commitment, our flexibility and our hard work to support each other during the COVID-19 pandemic and we want to build on this to take Health even further.

Work is currently underway to develop better ways to offer safe, and supportive, avenues for anyone seeking help both at work and at home.

We are committed to providing readily accessible resources for staff to help improve physical and mental health and wellbeing.

While many changes have already been implemented across Ambulance Tasmania, the path to cultural improvement is ongoing and will require everyone to be committed to continue this journey. I know and recognise the amazing work of Ambulance Tasmania – let's now work together to take Ambulance Tasmania to the next level.

Kathrine Morgan-Wicks

Secretary

Department of Health



Chief Executive's Foreword

Ambulance Tasmania's Commitment to our people to improve the culture of our organisation

The Ambulance Tasmania Executive Committee is committed to a safe and supportive workplace that is free of harassment and discrimination because we believe this is fundamental to living our core values now and in the future. It is incumbent upon us to understand our employee's lived experiences in the workplace, and build and sustain an environment of professionalism, dignity, and respect.

Based on insights from the 2021 Resilience Scan and the extensive consultation across the state, we are committed more than ever to refocusing our ways of working to ensure we are providing excellence in out-of-hospital care while also being a great place to work. We will create a progressive multidisciplinary health service that engages contemporary ways of doing business, and ensure we have a safe and professional environment for all our people

Given the high frequency of narratives from the Resilience Scan and feedback from the consultation sessions that reflect despondency with historical inaction, it is important that cultural improvement actions proceed quickly to address several issues of immediate concern, before settling into sustainable continual improvement. We acknowledge that our culture will always be evolving, and we need to listen to staff and engage with them frequently to respond to change together.

We commit to the following core principles as we undertake this journey of cultural improvement:

1. Involve all of our people at Ambulance Tasmania

This Culture Improvement Action Plan must involve all levels of the organisation and requires every individual to be a part of the process. This is not an intervention that has been parachuted in from executive leadership; we are all radically going to change how we do business.

2. Transparent and evidence-based

We will regularly track for evidence (using Resilience Scans, staff consultation forums and other means) to ensure the steps that we are taking meet our intentions. This evidence, actions taken and any changes in direction will be transparently communicated for all staff to see and contribute to.

3. Leadership commitment

Our executive and senior leaders will demonstrate continued commitment to our core values and hold ourselves accountable to deliver on our commitment to action to improve the culture of Ambulance Tasmania.

We are focused on creating a healthy organisation that aligns with our purpose and values and meets the needs of the communities where we live and work. To truly enact change, we must start with who we are as an organisation and the interactions and culture within our workplace. When we are at our best, we will create a strong foundation that allows Ambulance Tasmania to have a greater impact on our patients and within our communities, contributing to positive societal change.

I am proud of the strides we have made in the past several months but strengthening our workforce culture is a relentless effort. We need to apply the same rigor that we use to provide high quality, safe out-of-hospital patient care to our own organisation's structure and health. This is a journey that will continue to evolve and grow each year.

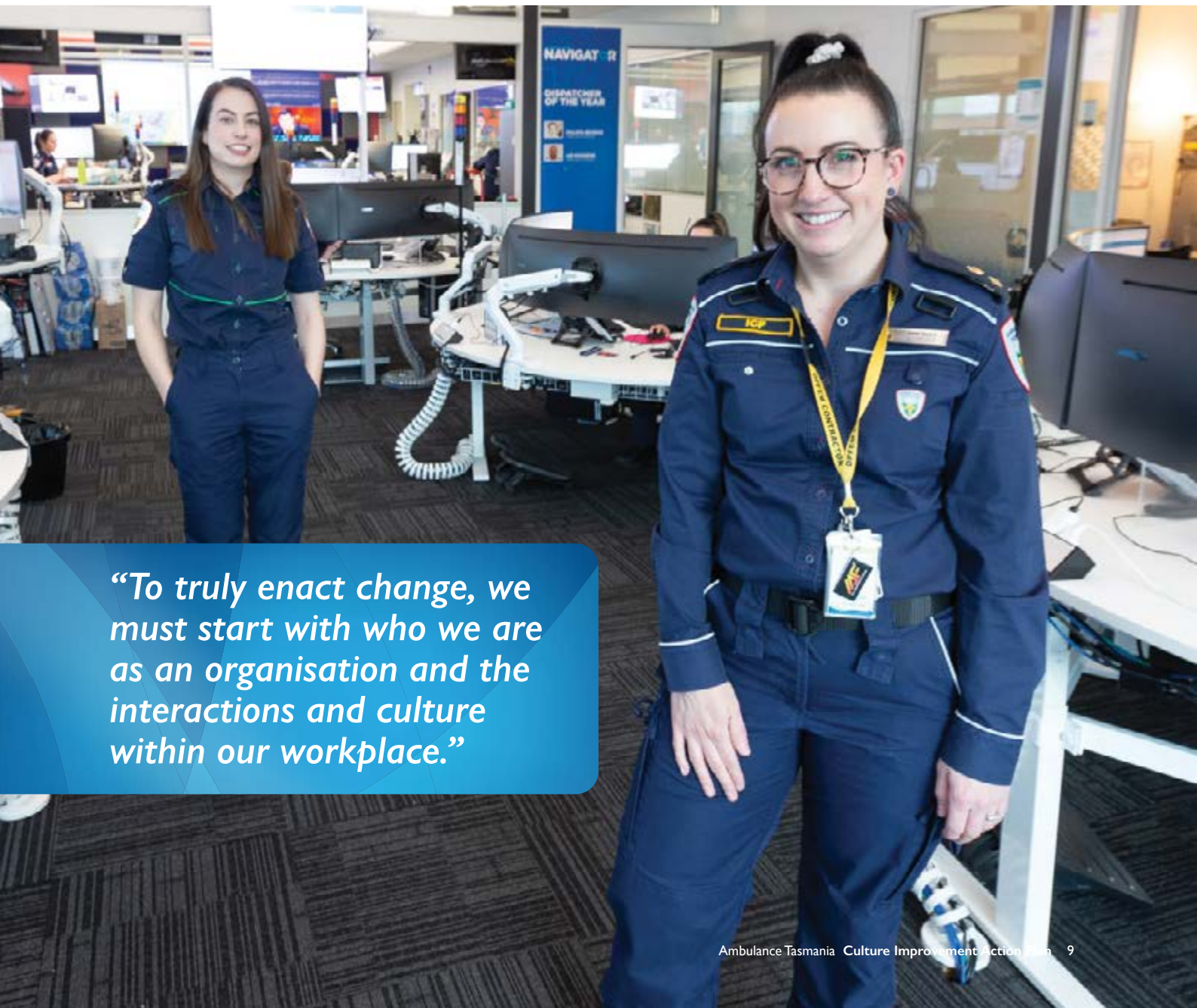
This culture improvement action plan provides a summary of what we heard from our people including 281 topics divided into eight themes. Our executive team are committed to 73 actions to accomplish before the end of 2022.

We are listening, learning, and working together to make a positive impact. We have a responsibility as a public health service to model the right behaviours and be better as a collective community. We are going to be transparent with our progress, and I invite all our people at Ambulance Tasmania to join our commitment for change.

I want to sincerely thank everyone who has contributed to the culture improvement action plan, especially all of those who completed the first Resilience Scan and attended the workshops and consultation sessions. We will be inviting you to provide feedback again very soon.



Joe Acker
Chief Executive
Ambulance Tasmania



“To truly enact change, we must start with who we are as an organisation and the interactions and culture within our workplace.”

Background

Responding to Concerns

In March 2021, a Coronial inquest into the 2016 death by suicide of an Ambulance Tasmania paramedic raised several very concerning issues regarding an unhealthy organisational culture, poor leadership, inadequate mental health and wellbeing support, and ineffective medication management procedures.

Over several weeks of testimony at the Coronial inquest, current and former Ambulance Tasmania staff reported their experiences of being bullied, harassed, subjected to sexually inappropriate behaviour, and not being supported by supervisors and managers when issues were raised. Evidence was provided to the Coroner of medication management infrastructure and procedures that did not meet acceptable standards, an absence of a peer support program, and supervisors and managers who were over tasked and not prepared to support the mental health and wellbeing of their staff.

It must be noted that Ambulance Tasmania and the Department of Health initiated several interventions between 2016 and 2021 to address concerns raised at the Coronial inquest including engaging KP Health to initiate a review of the medication management practices that led to 97 recommendations. Furthermore, a Peer Support team was created, and Ambulance Tasmania joined the Department of Police Fire and Emergency Management (DPFEM) as a full partner in the Wellbeing Support Unit that offers a wide range of industry leading and award-winning services to support the mental health and wellbeing of emergency services workers.

Regardless, it is acknowledged that despite some important interventions, much more needs to be done to address the wide range of cultural issues significantly impacting the employees and volunteers at Ambulance Tasmania.

On 26 July 2021, Joe Acker was appointed as the Chief Executive of Ambulance Tasmania and was given a mandate by the Minister for Health and the Secretary of the Department of Health to implement the Government's strategic agenda to deliver better ambulance services for all Tasmanians. When announcing his appointment to staff, Mr Acker committed to immediately initiate a cultural review to understand how staff felt about the culture of Ambulance Tasmania so the new executive team could develop plans to improve it.

Assessing the Culture

Frontline Mind was engaged to conduct a Resilience Scan across Ambulance Tasmania in August and September 2021. This was a quantitative and qualitative analysis of staff narratives utilising Sensemaker® software (Cynefin Company). Frontline Mind analysed and consolidated the quantitative and qualitative data into a dashboard (Appendix A) highlighting major themes and presenting priority findings. 323 responses were received (~32 percent response rate) which informed three key themes and some urgent action items.

The three overarching themes from the 2021 Resilience Scan:

Communication

that is reactive and directive, often not timely, and infrequent in a variety of contexts. Communication has also missed sharing the intent behind a decision or action.

Inconsistent

decision making (across different areas of the organisation), as well as inconsistency with communication, following of processes, and post-incident follow-ups.

Leadership

has been systematically missing from various levels of the organisation for a protracted period of time, and there has not been an investment in developing the leaders of our organisation.



The narratives from the Resilience Scan tell a story of an environment where work is “like a traffic jam,” where stories reflect a leadership style that is largely “authoritative,” and where 84% of stories reflect a “sense of threat”, mainly from managers. Whilst leadership styles in emergency services are often contextually authoritative, a balance of communication and consultation is essential.

The members of the Executive Team read all 323 narratives providing the opportunity to hear the voices of our staff, to appreciate the nuances of the staff experience, and to understand how our staff think and feel about the organisation without being reinterpreted by Frontline Mind. Many of these stories were confronting and difficult to read, but critical to inform our executives on what needs to be done.

The Resilience Scan tool includes standardised questions that ask participants to disclose their mental health status, sleep patterns, and use of medications and alcohol. Thirty-six percent of respondents self-reported depression, anxiety, stress, or PTSD (Post Traumatic Stress Disorder).

Seventeen percent are medicated for those issues or poor sleep and 70 percent reported trouble with sleep relating to their story indicating an inability to switch off from the day to recover optimally. These figures are broadly consistent with data collected by Frontline Mind from other frontline healthcare organisations.

Where the results from the Resilience Scan differ from other organisations is around people’s experience of their interactions with management. The results indicate an overwhelming trend towards “authoritative” leadership styles, with the greatest “sense of threat” coming from managers in a workplace where that experience is more like “a traffic jam.” It is very clear from the results of the Resilience Scan that staff at Ambulance Tasmania are feeling very negative about the organisation, and it is critical that well considered actions be implemented as quickly as possible.

Responses from the Resilience Scan

“Lack of consultation around change, feeling that “we don’t matter” and our opinions and work are not valued behaviours of some in management positions show lack of respect and do not reflect a culture of “leading by example.” [comment from participant]

“Since my short time at ambulance I have experienced a complete lack of professionalism from managers towards staff. I have had difficulty mentoring new staff members to a clinical role due to lack of direction, planning and blatant disregard for professional standards. [...] I’m extremely passionate about my career however it does not seem to be valued in this organisation. I have very specific examples of the actions taken, particularly by management but do not feel comfortable describing them here.” [comment from participant]

“Concerns were raised with superior colleagues about particular situations that staff feel uncomfortable with (i.e. enforced mentoring when feeling too inexperienced), impact our ability to practically complete our job and affect staff morale, but these concerns were essentially dismissed, and no changes made.” [comment from participant]

“I am fed up with poor communication between on road staff and management”. [comment from participant]

“Inappropriate email response and deliberate blocking due to my consistent requests on an issue from a then middle manager (now a senior manager) with inappropriate and unnecessary sarcasm and at times language when I was attempting to improve patient transfer methods.” [comment from participant]

“The manager showed very little understanding of how to manage people and support them.” [comment from participant]

“Witnessed bullying, misogynistic remarks from managers. I have witnessed poor management of teams because the manager lacks the skill set to manage a team. Conflict within the team has arisen directly from this. People are not valued, they are used as tools, and the rank on your epaulettes seemingly gives you permission to be rude and arrogant. [...] This workplace does not allow people to express their ideas or feelings. It suppresses anyone that speaks out.” [comment from participant]

“I felt unsupported by my management and felt that I could not approach them.” [comment from participant]

Improving the Culture

In response to the 2021 Resilience Scan, the Chief Executive committed to three immediate actions to start the journey of cultural improvement at Ambulance Tasmania.

1. Begin a program of regular open forums for all staff to exchange information with members of the Executive Team.



The first forum was held on 15 October 2021 via Microsoft TEAMS. Since then, we have held regular all-staff forums and commit to continue holding them on a monthly basis.



2. Hold face-to-face workshops in each region to identify ways the organisation can take ownership and enact positive changes in culture, process, and leadership.



Four facilitated workshops, ten consultation sessions and three senior leadership team meetings were held across the state. The facilitated workshops were attended by 80-120 staff. The consultation sessions were attended by 241 staff. The senior leadership team meetings were attended by 32 members of the leadership team. Rich feedback and suggested action items were collected during these sessions and dialogue was started between staff and the executives.

3. Stabilise the senior leadership team by the end of the year.



COVID-19 and the state border opening impacted the timelines of this commitment. However, we have now appointed the Director of Operations, Assistant Director Operations (South), Manager Integrated Care, Manager Education and Clinical Support, Wellbeing Program Officer, Executive Medical Director, Communications and Media Advisor and Senior Data Analyst. We are recruiting for immediate appointment, Assistant Director Patient Transport and Interfacility Coordination and Manager Community First Responders and Volunteers.



Staff Consultation Sessions

In response to the Resilience Scan, the Chief Executive engaged Dorian Broomhall from Frontline Mind to facilitate four workshops across the state. The purpose of these workshops was to identify issues relating to Ambulance Tasmania and to seek suggestions from staff as to how they can be addressed. Dorian Broomhall and the Chief Executive travelled around the state and held the face-to-face workshops where all staff located in each region were invited.

At the completion of the four facilitated workshops, it was noted that some staff groups may have been under-represented in attendance. It was identified through feedback that this was due to staff feeling hesitant to speak up about workplace issues in front of their managers. Due to the importance of gathering feedback from staff across all business units and positions, the Chief Executive made the unusual decision to hold another round of staff meetings without management staff present. It was essential that an environment was created where staff felt safe and supported to share their experiences without fear of repercussions.

Nine further consultation sessions were held across the state to cover all business units and positions. They were facilitated by Chief Executive Joe Acker, Director of Clinical Services Michael McDermott, and Staff Officer Tessa Campin as the only management staff in attendance. The sessions were held face-to-face and via Microsoft Teams to increase access and participation from our people across all regions.

The Chief Executive also met with Volunteer Ambulance Officers at the Volunteer Ambulance Officers Association of Tasmania Gathering on 14 November 2021. The Volunteers provided the Chief Executive with some valuable feedback and suggestions to add to the cultural reform process.

To ensure everyone had as many opportunities as possible to provide feedback, our people were given the option to send through their thoughts and feedback to the Office of the Chief Executive email account. This provided a pathway through which staff could share their thoughts directly to the Chief Executive's office with anonymity from their colleagues. Thirty-four emails were received through this pathway.

The Staff Officer took detailed notes of the issues raised and the suggestions provided during every consultation session except the Operations Managers session where the notes were taken by the Chief Executive. The Staff Officer then used these notes and the emails to extract the themes of the issues, the details of the issues, the suggested actions to address the issues and identified the relevant business unit. With extensive input from the Chief Executive and by cross-checking with the Resilience Scan stories, the themes were condensed to create eight specific focus areas with a combined 281 topics to address the cultural reform at Ambulance Tasmania. The process was also reviewed by Dorian Broomhall from Frontline Mind to provide external validation and to ensure the input from all sources was considered and included.

The senior leadership team then attended two face-to-face workshops and one online Microsoft TEAMS meeting. The themes of the actions were discussed to ensure the team had input into the direction Ambulance Tasmania is moving toward and to discuss what kind of organisation we wish to create.

The suggested actions were examined in detail to begin the process of prioritisation, and to also add any further actions that were missing.

In total, there have been 17 meetings, 34 emails and 323 Resilience Scan submissions that informed the "what we heard" tables in Appendix C.

Data highlights

323 Resilience Scan Submissions

34 emails

4 workshops

13 consultation sessions

> 300 people attended the workshops/consultations

Living Our Values

The five core values of Ambulance Tasmania are: leading with purpose, creativity and innovation, collegiality, integrity, and accountability. These values form the foundation of who we are, what we believe, and who we want to be. We are committed to these core values, which apply to our interactions with everyone – colleagues, patients, clients, and partners – every single day.

Sustainable improvement in culture at Ambulance Tasmania cannot occur without all of our people living the values of the organisation.

Even if we can fix every policy, procedure, process, system, and structure, we will not have an organisation that we are proud of, and feel safe in, unless we all demonstrate the behaviours and actions that align with our values.

In reviewing our actions towards cultural improvement within Ambulance Tasmania and based upon feedback from our people since the consultation sessions held between October 2021 and April 2022, we believe that every action we are committing to is embedded in our five core values.

 Lead with purpose	 Creativity and innovation	 Collegiality	 Integrity	 Accountability
Use our experience and knowledge to inspire and influence others.	Foster a culture of learning and strive to improve our services informed by the best available evidence.	Engage with our clients and the community and work in partnership with our key stakeholders to meet shared goals.	Be open, honest, and fair.	Be answerable for our decisions and efficiently managing the resources of Government in an open and transparent way.



The Ambulance Tasmania values guide how we care for our people, our patients and our community



Lead with purpose

Leading with purpose means to inspire, influence and guide people in a way that is aligned with the group's goal.

Ambulance Tasmania staff lead with purpose by:

- using our experience and knowledge to inspire and influence others
- prioritising our purpose and values when making decisions
- knowing who we are, where we are going, and why
- prioritising people and instilling purpose in others, including our colleagues, students, and partners



Creativity and innovation

Creativity improves the process of solving problems. Innovation is what allows us to learn, iterate, adapt, and generate new ideas. Creativity and innovation helps our people and our organisation achieve our full potential.

Ambulance Tasmania staff demonstrate creativity and innovation by:

- fostering a culture of learning
- striving to improve our services informed by the best available evidence
- having the confidence to take on big, ambitious goals and taking calculated risks
- adapting and being resourceful in unexpected situations
- having the motivation to identify where things can be improved and then acting on it
- having the enthusiasm to try new things and gaining new skills



Collegiality

Collegiality is the cooperative relationship of colleagues that emphasises trust, respect, independent thinking, and sharing.

Ambulance Tasmania staff demonstrate collegiality by:

- engaging with our clients, patients and the community; and working in partnership with our key stakeholders to meet shared goals
- fostering a healthy, safe, and positive environment where managers and staff enjoy working together
- building trusted relationships with colleagues and partners in which we value different points of view and listen to one another
- modelling positive communication behaviour and not allowing anyone to get away with making negative statements about anyone else



Integrity

Integrity is about valuing honesty, openness, fairness, and decency. It is said that integrity is doing the right thing, even when no one is looking.

Ambulance Tasmania staff demonstrate integrity by:

- being consistent, open, honest, and fair
- applying the highest levels of honesty and transparency in everything we deliver to those we serve
- telling the truth
- treating co-workers, clients, patients, and partners with respect



Accountability

Accountability is about defining our values, purpose and goals and establishing everyone's role in working towards them. It is about holding staff, management, and executives responsible for living the values, committing to our purpose, and accomplishing the goals.

Ambulance Tasmania staff demonstrate accountability by:

- being answerable for our decisions
- efficiently managing the resources of Government in an open and transparent way
- recognising our own mistakes and reporting them when required
- leading by example and holding ourselves accountable first
- being quick to apologise if we have wronged someone else

Culture Improvement Action Plan

The Resilience Scan was a snapshot in time, more than six months ago. In the time since, Ambulance Tasmania has worked to build and implement programs and improve policies and practices that address the very issues this survey confirmed as areas for improvement. Important highlights include the following:

We conducted a review of the organisational structure of Ambulance Tasmania that included comprehensive consultation with staff and key stakeholders to ensure our leadership structures and business units are contemporary and fit for purpose. The new organisational structure was implemented on 1 March 2022.

We progressed a major upgrade of medication management infrastructure to install new medication safes at all paramedic stations to include card swipes, personal identification codes (PIN), and closed-circuit-television (CCTV) in the medication rooms. This project is on track to be completed at the end of 2022.

The new paramedic employee induction program has been updated to include a common corporate induction curriculum which will be available to everyone joining Ambulance Tasmania. The first induction that blended new paramedic and non-paramedic staff was held on 17 January 2022.

The recruitment and hiring procedures have been updated to ensure that a consistent, fair, and transparent process is used to select all fixed-term and permanent employees. The new procedures include a process for conducting an “expression of interest” selection for short term roles. The procedures also dictate the composition of a selection panel with direction on diversity and gender parity for members.

All registered health professionals have an obligation to report to Australian Health Practitioner Regulation Agency (Ahpra) issues of impairment, intoxication while practising, significant departure from accepted professional standards, and sexual misconduct. However, when Ambulance Tasmania learns of a reportable issue, the organisation has appointed the Director Clinical Services to be the liaison with the Ahpra regarding mandatory notifications where there are concerns about a health professionals’ conduct, competence, or fitness for practice. This single point of decision-making ensures consistency, reduces bias, and reduces the risk of frivolous or vexatious reporting.

A Women in Ambulance Steering Committee has been created to enable issues, challenges or opportunities impacting women to be raised directly with the Executive Committee.

In August 2021, KP Health conducted a review of clinical governance at Ambulance Tasmania resulting in a series of recommendations for improvement including a proposed framework with five pillars and ten requirements to align with the Quality Governance Framework for Tasmania’s Publicly Funded Health Services

Ambulance Tasmania’s internal communication has seen improvements to better connect with our people. A daily update is emailed at 4pm from the Chief Executive to highlight news, procedural changes, new staff, progress on new and recurring services, and recruitment opportunities. A monthly update is also published to summarise achievements and provide updates on the major strategic focuses for the organisation.

A dedicated media and communications advisor has been employed to handle media enquiries as well as create and facilitate stories internally and externally for social media and internal distribution.

Information sessions and forums for staff and managers have been held for everyone to voice their concerns and feedback for the managers to hear and action.

Staff officers have been appointed to provide professional development opportunities for aspiring leaders in our organisation and enable the executives to increase their capacity and productivity.

A new Wellbeing Program Officer has been appointed with an updated statement of duties to lead our Peer Support team and further evolve our wellbeing services in collaboration with the Department of Police, Fire and Emergency Management Wellbeing Support.

A policy analyst has been appointed on a fixed term contract to support the Senior Manager of Strategy and Performance to conduct a review and revision of every single Ambulance Tasmania policy, procedure, and work instruction. This major initiative will eliminate outdated policies, refresh existing policies, and create a new suite of procedures to help guide our staff. We aim to publish the final documents in a location that is easy to access by all staff at any time, regardless of whether they are at work or on the Department of Health network.

A Learning from Excellence (LEX) project was implemented at Ambulance Tasmania to monitor and record episodes of excellence in patient care, collect data to improve the processes in our workplace, and improve staff morale by recognising and appreciating excellent practice.

Ambulance Tasmania implemented a trial of the Police, Ambulance and Clinician Early Response (PACER) service to better support people experiencing mental health crises in the community and reduce ambulance responses and emergency department visits.

An Assistant Director Operations was appointed with a single purpose to drive transformational change within operations.

A new Ambulance Tasmania Service Plan and the new Strategic Priorities for the organisation are under development and expected to be released by September 2022.

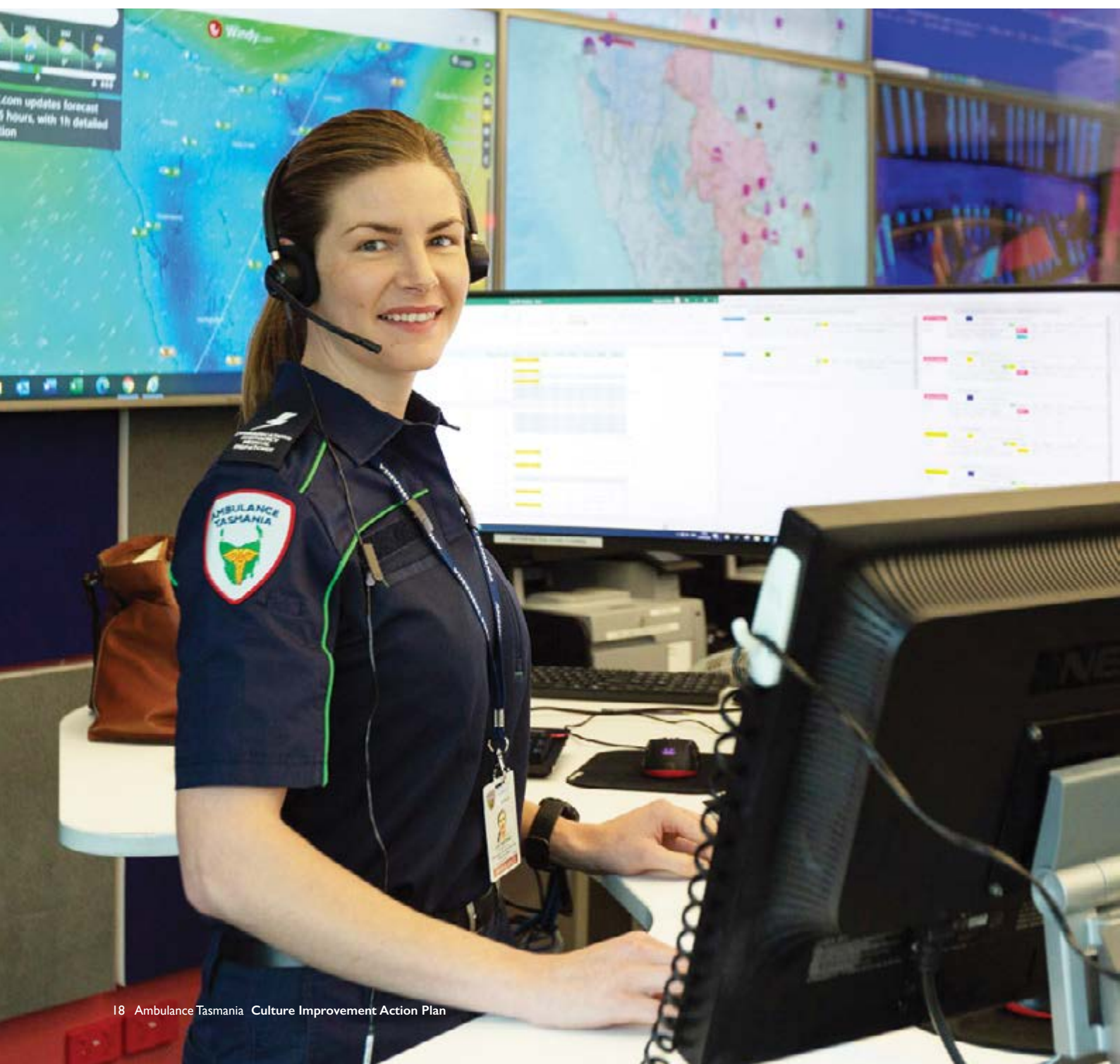


While actions taken in the past six months are positive steps in providing a safe and supportive work environment free from harassment and misconduct, we recognise our work has only begun. Therefore, considering the themes from our findings from the Resilience Scan and consultation, Ambulance Tasmania has identified eight discrete focus areas that make up our Culture Improvement Action Plan – to occur in the next three, six, nine, 12, 18 and 24 months to address challenges uncovered from the Resilience Scan survey and from hearing the experiences of Ambulance Tasmania staff during the workshops and consultation sessions. These Ambulance Tasmania activities reflect our commitment to continual improvement and are organised into eight focus areas.

Action Plan Focus Areas

Each identified focus area is sponsored by a member of the Ambulance Tasmania Executive Committee. This means they are responsible for ensuring that people across all work areas and operating levels are included in actioning the next steps. The Chief Executive will oversee all eight focus areas and ensure coherence and connection across each one.

Several interventions will start simultaneously. Some will take more time than others, and we will begin to act now, with small, achievable steps. We will then collect evidence that we are moving in the right direction, and if something is moving us away from our intentions or guiding principles, we will choose a different path.



Action Plan Focus Areas

Focus area	Executive Sponsor
 <p>1. Clinical Support and Clinical Standards</p>	<p>Director Clinical Services & Executive Medical Director</p>
 <p>2. Workplace Values, Behaviours and Support</p>	<p>Director Operations</p>
 <p>3. Leadership Accountability</p>	<p>Director Clinical Services & Director Operations</p>
 <p>4. Building Capability</p>	<p>Director Clinical Services</p>
 <p>5. Systems and Processes</p>	<p>Senior Manager, Strategy & Performance</p>
 <p>6. Communication</p>	<p>Chief Executive</p>
 <p>7. Operations</p>	<p>Director Operations</p>
 <p>8. Health, Safety and Wellbeing</p>	<p>Chief Executive</p>





1. Clinical Support and Clinical Standards



Concerns were raised regarding the perception that Ambulance Tasmania was falling behind other Australasian ambulance services with regards to clinical practice, clinical governance, clinical support, and the application of clinical policy and procedures across the organisation. Our people shared concerns that the education and training being provided to new graduates was not up to the expected standard of past induction and orientation programs and created risk to patients and undue stress to the new employee. It was recommended that many clinical roles required clarification to ensure optimum clinical response capability and the appropriate application of clinical leadership in operations.

1.1. Immediate Action

1.1.1 Action: Discontinue the recruitment and hiring of casual graduates until a full review of the induction and orientation program can be completed.

1.1.2 Action: Present the recommendations from the KP Health report into Clinical Governance at Ambulance Tasmania to the Executive Committee for endorsement.

1.1.3 Action: Implement clear and specific scopes of clinical practice for all those who provide care for patients including Volunteer Ambulance Officers, Patient Transport Officers, paramedic students, new paramedic graduates, paramedics, managers who hold paramedic registration, and each level of specialised practice.

1.2. Action by September 2022

1.2.1 Action: Identify which education, supervisory, management, and leadership positions are required to remain clinically current and develop a procedure to guide the maintenance of clinical competency for these positions.

1.2.2 Action: Create deployment and dispatching procedures to identify when advanced clinicians are required to respond to specific clinical indications and the order in which each clinical level should be activated (i.e. ICPs, CRU, CCR, CSO, etc)

1.3. Action by December 2022

1.3.1 Action: Review the statement of duties (SoD) for all clinical roles in operations, clinical services, and the communications centre to ensure the positions remain contemporary and fit for purpose.

1.3.2 Action: Conduct a review of the clinical response model and compare the Ambulance Tasmania 'dispatch grid' with other organisations like Ambulance Victoria, who are using updated clinical response models. Implement changes to improve the accuracy of dispatch priorities to reduce over triaging.





2. Workplace Values, Behaviours and Support

Feedback was received that Ambulance Tasmania could improve the support provided to employees at all stages of their career with the organisation. Respondents described opportunities for improved induction processes at station or business unit level as well as opportunities to share the knowledge of experienced employees with new employees entering the organisation. Similarly, feedback was received about those employees nearing the end of their career. This included a lack of connection for employees who have retired from the organisation but want to remain engaged with their peers and former colleagues.

A common theme was the impact of organisational stressors on the welfare of our people. A number of these issues are addressed in actions described in Appendix 7 of this plan. Feedback was also received about the importance of setting clear organisational behaviours to sit alongside our values. This was not exclusively focused on leaders, however interactions with leaders were a common contextual factor behind these experiences. Of concern, several employees did describe a reluctance to report issues they might be having in the workplace for fear that it would adversely impact factors relating to their employment including contract renewals or extensions.

Importantly, respondents made valuable suggestions about incorporating gratitude and employee recognition programs into the organisation so that we can celebrate the positive contributions of our people right across the state.

2.1. Immediate Action

2.1.1 Action: Implement a monthly employee recognition program with opportunities for peer nominations to celebrate the contributions of our people.

2.1.2 Action: Provide education and resources to operational leaders about psychological safety, its value in teams, and practical actions that can be implemented to increase psychological safety within Ambulance Tasmania.

2.2. Action by September 2022

2.2.1 Action: Develop an organisation-wide Leadership Approach that describes contemporary leadership behaviours and serves as Ambulance Tasmania's model leader standard.

2.2.2 Action: Develop a state-wide mentoring program that connects new employees with existing employees, providing peer-to-peer support alongside formal induction programs.

2.2.3 Action: Implement training for operational leaders to strengthen their management of bullying and harassment in the workplace.

2.3. Action by December 2022

2.3.1 Action: Implement annual employee engagement surveys to learn from employee experience and track employee engagement over time.

2.3.2 Action: Develop and implement other high quality feedback mechanisms for our people including formalised 'exit interviews' for those employees leaving Ambulance Tasmania.

2.3.3 Action: Create consistent employee induction packages at station and business unit level.

2.3.4 Action: Centralise workforce functions within a Workforce Planning Unit to address concerns about contract extensions and the negative impact they have on issue-reporting by team members.





3. Leadership Accountability

Our people's experiences when interacting with managers and leaders were commonly cited throughout the Resilience Scan and in many consultation sessions. There were a broad range of concerns surrounding the inability/difficulty accessing managers particularly in face-to-face settings, training and understanding of role requirements for individuals performing leadership roles, and the proper management of a wide range of workplace matters. Another common theme was the desire for our people to engage in meaningful Performance Development Agreement (PDA) discussions with their managers. This reflects the strong body of evidence that people place high value on their own career development opportunities.

3.1 Immediate Action

3.1.1 Action: Commence monthly meetings, chaired by the Director of Operations, with all operational leaders across the state to increase communication and consistency across Operations and ensure best practice leadership standards in our day-to-day interactions with the workforce.

3.1.2 Action: Establish a five-year plan for business improvement within the Operations directorate with identified actions, project leads, and reporting and accountability mechanisms to ensure project completion.

3.2 Action by September 2022

3.2.1 Action: Determine what management roles are required to maintain clinical currency.

3.2.2 Action: Implement an induction program for all our new people at Ambulance Tasmania.

3.2.3 Action: Develop an organisation-wide Leadership Approach that describes contemporary leadership behaviours and serves as Ambulance Tasmania's model leader standard (replicated in section 2.2).

3.2.4 Action: Implement performance reporting for PDAs with a focus on completion of PDA discussions, team-member feedback on their perceived value of the PDA process and measures of achievement for goals described in the PDA process.

3.3 Action by December 2022

3.3.1 Action: Develop success profiles for leadership roles within Ambulance Tasmania to describe core competencies, education and training requirements, and development areas for current and future leaders.

3.3.2 Action: Implement a Leadership Development Program that provides targeted training to current managers to support contemporary, evidence-based practice. Key focus areas will include grievance resolution, managing for improved performance and behaviour, and conflict of interest training.

3.3.3 Action: Implement 360-degree feedback PDAs for managers using validated tools that support professional development and leadership growth.

3.3.4 Action: Review delegations for all managerial levels to ensure delegations appropriately reflect job requirements and support decision making at the lowest competent level.

In addition to the above actions, the creation of the 'Daily Desk' pilot, as described in Appendix 7 of this plan, will reduce significant administrative burdens from Operations Supervisors, allowing more time for people-facing leadership and management.





4. Building Capability

The Resilience Scan and consultation sessions identified training and education as an opportunity to help the workforce, leaders, and supervisors address workplace behaviours, gaps in knowledge and capability, and other challenges within Ambulance Tasmania.

While time is limited during new employee induction and orientation, Ambulance Tasmania continues to educate all new staff on core values and specifically addresses our commitment to a workplace free of harassment and discrimination. We have adjusted new employee induction and orientation to provide the appropriate information on culture improvement efforts.

Ambulance Tasmania will identify and set aside specific days/times for all supervisors to complete training related to culture improvement. Additionally, Ambulance Tasmania will revise the curricula of our leadership development programs as needed to ensure they contribute to culture improvement.

4.1 Immediate Action

4.1.1 Action: Senior leaders to undertake Open Disclosure training to strengthen organisational capacity to manage patient safety incidents.

4.1.2 Action: Present the recommendations from the Roadcraft review into AT Driving to clinical executive with plan for implementation.

4.2 Action by September 2022

4.2.1 Action: Develop and implement a clinical precepting program that prepares clinicians to work with and support graduate paramedics.

4.2.2 Action: Develop and implement a volunteer ongoing education and development program.

4.2.3 Action: Implement training days for clinical staff within regions.

4.3 Action by December 2022

4.3.1 Action: The Director Clinical Services will review, revise, and expand leadership development programs to include the relevant information on building the appropriate culture, organisational change, emotional intelligence, and conflict resolution.

4.3.2 Action: Develop a short-term and long-term education, training, and professional development strategy for clinical responders at Ambulance Tasmania. Focus should include methods to ensure Branch Station Officers and Volunteer Ambulance Officers in low volume locations can maintain clinical competence.





5. Systems and Processes

The Resilience Scan and post results consultation process highlighted a lack of organisational strategic direction and business planning, and limited identification of Key Performance Indicators (KPIs).

Stabilisation of the executive leadership team is supporting the realisation of a strategic direction document, annual business plans, and regular clinical and performance reporting.

Ambulance Tasmania is working with the Department of Health to identify and implement contemporary Human Resource systems.

5.1 Immediate Action

5.1.1 Action: Publish the new Ambulance Tasmania organisational chart.

5.1.2 Action: Conduct a review of all Ambulance Tasmania policies, procedures, guidelines and work instructions and present recommendations to the Executive Committee for those that can be retained, updated, merged, or removed.

5.1.3 Action: Work in collaboration with the Department of Health to plan and prepare for the implementation of the Human Resources Information Services (HRIS) Project to provide contemporary Human Resource systems and supporting processes and procedures.

5.2 Action by September 2022

5.2.1 Action: Develop a three-year Strategic Direction for Ambulance Tasmania, supported by a three-year Business Plan, Key Performance Indicators, and a reporting schedule.

5.2.2 Action: Develop a document framework to guide the development and review of policy, procedure, and work instruction documents, and finalise a plan to contemporise existing documents, ensure accessibility, and increase organisational knowledge and skill.

5.2.3 Action: Develop and implement a system to monitor and report against the completion of Performance Development Agreements (PDAs).

5.2.4 Action: Complete a review of all Ambulance Tasmania Statements of Duty to reflect the current organisational structure and position requirements.

5.2.5 Action: Work with the Department of Health and Ambulance Tasmania management to ensure new employees are appropriately set-up prior to commencement.

5.3 Action by December 2022

5.3.1 Action: Develop a 10-year Ambulance Tasmania Station and Clinical Service Masterplan to accommodate community demand and optimise service delivery.

5.3.2 Action: Work with the Department of Health to improve payroll processes (pay amendments, holiday period processing, etc).

5.3.3 Action: Embed CM9 use across Ambulance Tasmania to create a common repository for corporate documents.





6. Communication

Staff report that internal and external communication at Ambulance Tasmania has not been consistent, contemporary, or strategic. The principal method of communication is email which is not effective for staff who work shift work, those in a mobile work setting like an ambulance, or volunteers who often have several email accounts that they need to check.

Ambulance Tasmania should improve its social media presence to provide more information and education to the public that could reduce unnecessary triple zero calls and ambulance responses. Furthermore, effective use of social media can also benefit staff who can learn about things happening within the organisation through external social media engagement.

Many staff feel that decisions and actions at Ambulance Tasmania are communicated “top down” in nature rather than incorporating “bottom up” feedback. It is critical that Ambulance Tasmania refines and modernises communication efforts to facilitate culture improvement.

6.1 Immediate Action

6.1.1 Action: Share the Culture Improvement Action Plan with our people across Ambulance Tasmania in print and electronic format and launch through a video presentation with the executive team.

6.1.2 Action: Launch the Culture Improvement Action Plan to the Tasmanian media through a press conference with senior leaders and stakeholders. Publish media release and produce internal communications about the plan.

6.1.3 Action: The executive and senior leaders will host a monthly all-staff information session where staff will be able to ask questions and receive updates on things happening at Ambulance Tasmania. Each session will include an update on our progress through the Culture Improvement Action Plan and our Strategic Priorities.

6.1.4 Action: The Office of the Chief Executive will produce a monthly update to provide all staff with organisation-wide information, performance data, corporate news, major funding announcements, leadership appointments, and status updates for our progress with major initiatives like the Culture Improvement Action Plan and our Strategic Priorities.

6.1.5 Action: Employ a dedicated media and communications advisor for Ambulance Tasmania to boost social media presence with updates, positive stories and interesting images to showcase our people

6.2 Action by September 2022

6.2.1 Action: The Office of the Chief Executive, in collaboration with the Department of Health, will create and sustain a corporate communications strategy.

6.2.2 Action: We will convene with executive and senior leaders virtually and through face-to-face “Listening Tours” around the state to solicit staff input and provide the stimulus for culture improvement.

6.2.3 Action: The Office of the Chief Executive and senior leaders will meet with volunteers to discuss the most practical and effective ways to communicate, gather feedback, and develop a plan.

6.2.4 Action: The Office of the Chief Executive will develop and implement a robust internal communications program to assist in improving morale and culture.

6.3 Action by December 2022

6.3.1 Action: Develop a comprehensive communications strategy focusing on change management and clearly communicating the processes behind how decisions are made.

6.3.2 Action: Publish our strategic plans for easy staff and public access.

6.3.3 Action: Publish policies and procedures for easy access by all our people.





7. Operations

Concerns were raised regarding a wide range of challenging experiences our people face daily. The most dominant theme centred around transfer of care delays (previously referred to as ramping) and the impact this has on morale. Additionally, concerns around shift completion times and shift overruns were also highlighted as a source of frustration and fatigue amongst operational team members. Many suggestions were also made about improving organisational processes, practices, and systems. Specifically, there was a common theme that Ambulance Tasmania should review the way tasks are performed within the organisation and find opportunities to make improvements. The Communications Centre was often a focal point in this feedback, however rostering processes and systems were also commonly cited as were equipment, shift readiness, and workforce planning.

7.1 Immediate Action

7.1.1 Action: Undertake a review of operational practices within the Communications Centre to understand opportunities for system improvement, including at the interface between regions and the Communications Centre itself.

7.1.2 Action: Develop a state-wide escalation process between Ambulance Tasmania and the Tasmanian Health Service to respond to transfer of care delays at all emergency departments.

7.1.3 Action: Establish a senior operational leadership role focused on business improvement and transformation across all operational domains within Ambulance Tasmania.

7.2 Action by September 2022

7.2.1 Action: Develop a state-wide action plan to address transfer of care delays that includes actionable next steps to improve the monitoring, management, and reporting of system performance in relation to ambulance transfer of care at all hospitals.

7.2.2 Action: Implement Health Relationship Managers to work collaboratively with the Tasmanian Health Service to address transfer of care delays and optimise system-wide performance.

7.2.3 Action: Pilot a 'Daily Desk' concept to manage day-to-day rostering, shift vacancies, and absence management. This will reduce the responsibility for Operations Supervisors to produce daily rosters/musters and undertake more meaningful, people-facing duties.

7.3 Action by December 2022

7.3.1 Action: Pilot a Make Ready Team model within each operational region.

7.3.2 Action: Establish a Workforce Planning Unit with a focus on operational and strategic workforce matters including recruitment, lateral transfers, roster management, and resource deployment.

7.3.3 Action: Develop end-of-shift procedures to maximise 'on time' shift completion for operational crews across the state.

7.3.4 Action: Implement 'turn-key' systems for all operational crews reporting for work, removing the requirement to source key pieces of equipment prior to commencing duty.



8. Health, Safety and Wellbeing

Health, safety and wellbeing are important to the people of Ambulance Tasmania and there is a desire for an investment in more positions to support our people, more training and education to prepare our people, and more communication to inform our people. We heard that we need to improve some systems and processes, specifically in the Communications Centre, to ensure those working in dangerous environments across the state are tracked and monitored.

8.1 Immediate Action

8.1.1 Action: Appoint the Wellbeing Program Officer position to provide the Peer Support team with a dedicated leader who can build on the Peer Support framework, develop the strategy with the associated support, consider branding of the team, and a clearer scope of operations.

8.1.2 Action: Improve SRLS processes and accountabilities of supervisors to action SRLS reports quicker and report outcomes to close the loop.

8.1.3 Action: Prepare staff for the publication of the Coronial findings and ensure wellbeing support is provided to those who need it.

8.2 Action by September 2022

8.2.1 Action: Investigate the creation of a retired staff association to enable our people to retain ties to the organisation when they retire.

8.2.2 Action: Include safety topics in the monthly update to include safety related issues, safety tips, and communicate important outcomes from SRLS.

8.3 Action by December 2022

8.3.1 Action: Work with the Department of Health to ensure that our people who are away from the workplace on Workers Compensation are supported, engaged, communicated with, and prepared to return to the workplace as seamlessly as possible.

8.3.2 Action: Update the single person response procedure to optimise safety of those who work alone.



Implementation

This Culture Improvement Action Plan addresses challenges described in the Resilience Scan and the consultation sessions with our people. While these activities reflect our core values and represent a comprehensive commitment to Ambulance Tasmania staff, they are not automatic. They require our collective attention, as well as further resourcing, the development of budget funding submissions as appropriate, and dedicated program planning.

The notional timeline presented in this Action Plan represents the implementation of actions committed by the Ambulance Tasmania Executive Team. While implementation timeframes may vary from the projected dates, it is Ambulance Tasmania's intention to initiate these efforts and encourage its workforce to actively engage in critical cultural improvement actions over the next 24 months.

All Ambulance Tasmania business units should consider the activities in this Action Plan as the minimum required to take immediate action towards improved culture and a safe and healthy workplace free of harassment and discrimination. All leaders are charged with additional measures as suited for their situation and role in the organisation.

The actions contained within the action plan are specific, and are reflective of what we heard from our people. It is also important to be mindful that in the delivery of these actions, the collaboration and cohesiveness of systems is at the core of how we achieve these actions. Delivering on the actions in a way which promotes system awareness is key to achieving our outcomes – and understanding which systems are influenced by our actions will ensure a synergy and shared understanding across directorates.

Vision for the Future

On 26 April 2022, Dorian Broomhall from Frontline Mind conducted a workshop for the Ambulance Tasmania Senior Leadership Team. One of the activities was a group exercise that challenged leaders to consider what our people would say once we have achieved our goal of improving culture at Ambulance Tasmania. This is a story that describes our vision for the future of our organisation.

I am happy to work at Ambulance Tasmania because I feel supported and empowered to excel at my career. Our leaders genuinely care about us and the community. They listen and communicate with understanding. They are there when we need them.

When I have a problem or concern, I feel I am listened to, heard, and supported. I know I can reach out to my manager without feeling judged, I can be vulnerable within a safe and confidential space.

I have confidence that things have changed for the better in Ambulance Tasmania.

Future Resilience Scans

The next Resilience Scan will be conducted by Frontline Mind before the end of July 2022 to enable organisational cultural improvement to be measured. It is the intention of Ambulance Tasmania to follow-up with a third Resilience Scan in early 2023.

Reporting

The Office of the Chief Executive will track progress through quarterly reporting, Chief Executive updates, and most importantly, by engagement with Ambulance Tasmania's workforce. The next update to this Action Plan will occur in September 2022.



Appendix A: Resilience Scan Dashboard 2021

FrontlineMind

OCTOBER 2021

RESILIENCE DASHBOARD

Ambulance Tasmania

Resilience Scan is a narrative-led engagement that combines stories shared by staff about their experience in the workplace, with objective quantitative analysis of these stories. The insights provide a snapshot at a moment in time of the sentiment, resilience, and wellbeing of the organisation.

The first scan in September 2021 provides Ambulance Tasmania with a baseline. There were 323 responses (~32% of total staff, with 6% identifying as volunteers and 94% permanent staff), with extremely high-quality narratives.

The narratives from September tell a story of an environment where work is “like a traffic jam”, where stories reflect a leadership style that is largely “authoritative” (25% of the time non-responsive), and where 84% of stories reflect a “sense of threat”, mainly from managers. Whilst leadership styles in emergency services are often contextually authoritative, a balance of communication and consultation is essential.

The results of the Resilience Scan, when considering the sentiment in relation to a story, show a culture that is very poor compared to other frontline organisations. This is based on whether the story shared was one that is negative or positive, with a strong bias towards those that are negative.

36% of respondents self-reported depression, anxiety, stress, or PTSD. 17% are medicated for those issues or poor sleep (70% reported trouble with sleep relating to their story indicating an inability to switch off from the day to recover optimally).

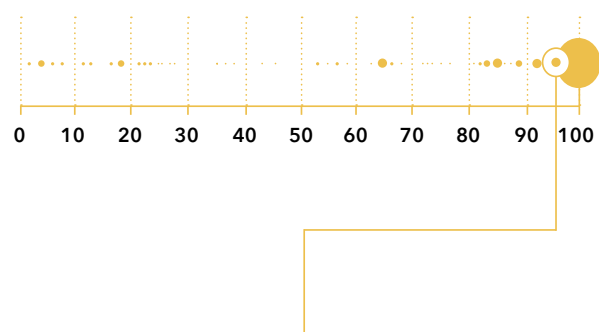
The insights shared were of extremely high quality and have informed the following three key themes and action items, that are intrinsically linked. The Ambulance Tasmania leadership team is committed to improving the culture of our organisation. We will conduct another scan in early 2022 to track progress.

DATA:

My experience felt like...

Water flowing around rocks

A traffic jam



“A decision I made based on normal processes and the best operational approach I could see was questioned, stalled, and eventually the process was redirected. There was no justification for the change, no financial implication cited, and no logic from what I could determine. It’s something that affects my work regularly, where I’m responsible for a body of work but not able to cut through red tape, get collaborative responses from other stakeholders, or find out why a change impacted the decision made. The example I’m referencing was actually a small decision, but the general theme is common, and work with other departments or business units is so siloed that any administrative requirement is easily doubled on what it should be.”

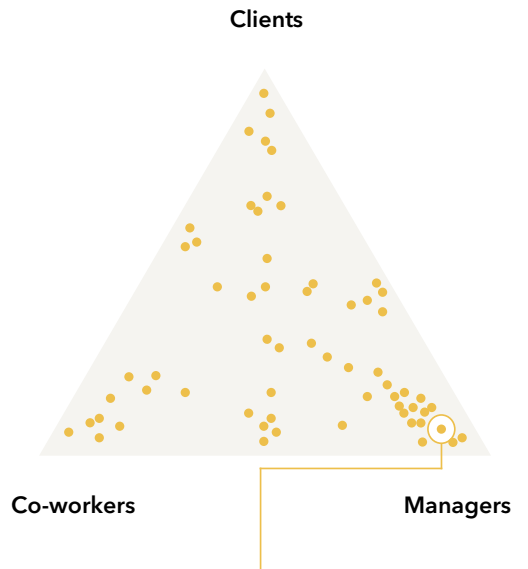
KEY THEMES

- 1. Communication** that is reactive and directive, often not timely, and infrequent in a variety of contexts. Communication also missed sharing the intent behind a decision or action.
- 2. Inconsistent** decision making (across different areas of the organisation), as well as inconsistency with communication, following of processes, and post-incident follow-ups.
- 3. Leadership** has been systematically missing from various levels of the organisation for a protracted period of time, and there has not been an investment in developing the leaders of our organisation.



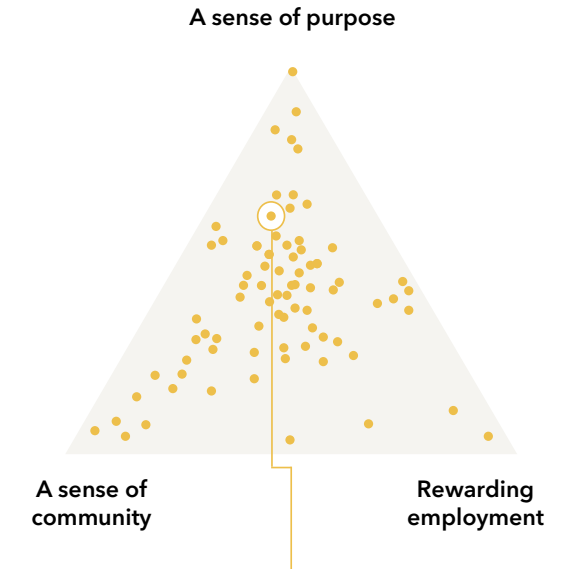
Please note some stories have been edited for length and privacy

At times like this, the greatest threat to my safety are the actions of...



“Since my short time at ambulance I have experienced a complete lack of professionalism from managers towards staff. I have had difficulty mentoring new staff members to a clinical role due to lack of direction, planning and blatant disregard for professional standards. [...] I’m extremely passionate about my career however it does not seem to be valued in this organisation. I have very specific examples of the actions taken, particularly by management but do not feel comfortable describing them here.”

In this situation, my workplace provided...



“I recently was able to progress a project forward that I have been working on solidly for the past 12 months and have been thinking about since I began working for Ambulance Tasmania in 2017. Every time I see a staff member using the new [...] guidelines I feel proud and excited about the changing landscape of AT. I am particularly proud of the fact that my work has been meaningful and will contribute to the health of Tasmanians and the professional pride of AT staff.”

OUR TOP PRIORITIES FOR BUSINESS IMPROVEMENT BASED ON THESE THEMES/INSIGHTS ARE:

- 1. Continue a program of open forums with different members of the executive team for all staff at fort nightly intervals.** We held the first forum on 15 October 2021 via TEAMS with more than 175 people joining into the session. The next session will be held on 10 November 2021 from 10:00-11:00.
- 2. Hold facilitated workshops in each region to identify ways the whole organisation can take ownership and enact positive changes in culture, process and leadership.**
 - North West (Ulverstone) – 25 October 2021 14:00-17:00
 - North (Launceston) – 26 October 2021 14:00-17:00
 - South Session 1 (Hobart) – 28 October 2021 14:00-17:00
 - South Session 2 (Hobart) – 29 October 2021 14:00-17:00

**Watch for invitations to attend, due to COVID-19, space is limited.*
- 3. Stabilise the senior leadership team by the end of the year, Joe Acker to lead.**

Appendix B: Resilience Scan

Face-to-Face Sessions

1. Ulverstone Workshop facilitated by Frontline Mind – face to face at Ulverstone Sport and Leisure Centre, 25 October 2021. Approximately 25 participants.
2. Launceston Workshop facilitated by Frontline Mind – face to face at the Tailrace Centre, 26 October 2021. Approximately 20 participants.
3. Hobart Workshop facilitated by Frontline Mind – face to face at the Menzies Centre, 28 October 2021. Approximately 25 participants.
4. Hobart Workshop facilitated by Frontline Mind – face to face at the Menzies Centre, 29 October 2021. Approximately 25 participants.
5. Volunteer Ambulance Officers Association of Tasmania (VAOAT) Gathering – 39 participants face to face at Camp Clayton, Ulverstone - 14 November 2021.
6. Frontline Staff and Volunteers – 34 participants face to face at Hobart Ambulance Station and 30 participants online via Microsoft Teams, 19 November 2021.
7. Communications Centre Staff – 3 participants face to face at Hobart Ambulance Station and 8 participants online via Microsoft Teams, 23 November 2021.
8. Frontline Staff and Volunteers – 19 participants face to face at Launceston Ambulance Station and 4 participants online via Microsoft Teams, 27 November 2021.
9. Frontline Staff and Volunteers – 10 participants face to face at Burnie Ambulance Station and 9 participants online via Microsoft Teams, 1 December 2021.
10. Frontline Staff and Volunteers – 5 participants face to face at Devonport Ambulance Station and 3 participants online via Microsoft Teams, 2 December 2021.
11. Administrative and Support Staff – 12 participants face to face at Hobart Ambulance Station and 13 participants online via Microsoft Teams, 9 December 2021.
12. Frontline Managers and Supervisors – 15 participants face to face at Hobart Ambulance Station and 21 participants online via Microsoft Teams, 22 December 2021.
13. Operations Managers – 5 participants online via Microsoft Teams, 18 January 2022.
14. Deloraine Staff and Volunteers – 10 participants face to face at Deloraine Ambulance Station and 1 phone call participant, 19 March 2022.
15. Senior Leadership Team Workshop facilitated by Frontline Mind – 21 participants face to face at State Headquarters in Hobart, 26 April 2022.
16. Senior Leadership Team – 31 participants face to face at The Grange, Campbell Town, 3 May 2022.
17. Senior Leadership Team – 17 participants via TEAMS, 10 May 2022.

In addition to data from the Resilience Scan and the face-to-face consultation sessions, we provided an opportunity for staff to provide comments and input through an email to the Office of the Chief Executive. Over the period of 25 October 2021 to 19 March 2022, 34 emails were received, and the feedback is included in Appendix C.

Appendix C: What we heard

This table consolidates what we heard during the consultation process. The issues, actions, concerns, and suggestions raised by the Resilience Scan and through the consultation process are summarised and themed within this table. Our priorities are drawn from these insights from our people.

Responsible Executives are responsible for engaging other leaders across Ambulance Tasmania, planning implementation, identifying, and justifying resource requirements, and reporting and evaluating accomplishments and performance data related to the Culture Improvement Action Plan Actions.

Table 1: What we heard

Action Plan Focus Area 1 - Clinical Support and Clinical Standards	
Responsibility: Director Clinical Services and Executive Medical Director	
#	What we heard
1.1	Introduce a clinical skills maintenance of competency program for all paramedics, doctors, volunteer ambulance officers, patient transport officers, and paramedics not currently working in a clinical role.
1.2	Role clarity is required for advanced clinical positions that may be targeted for high acuity cases. Specifically, Clinical Support Officer (CSO), Clinical Support Manager (CSM), Critical Response Unit (CRU), Critical Care and Retrieval (CCR Ground response), Extended Care Paramedic (ECP), and Intensive Care Paramedic (ICP).
1.3	A whole of organisation clinical governance strategy is required to align with national standards for patient safety and clinical quality.
1.4	Increase and enhance alternate care pathways to expand the capability of secondary triage and expand the paramedic's ability to assess/see/treat and refer patients away from the emergency department.
1.5	Define the role and function of clinicians in the Communications Centre (i.e., Clinical Deployment Officer (CDO), Deployment Supervisor (DS)) and create new procedures to better use clinicians as part of the call-taking, triage, referral pathways, and dispatch decision making.
1.6	Reinstate regular competency assessment for new graduates to ensure they are progressing in their transition to practice.
1.7	Develop a proficiency matrix to create an awareness of staff capabilities and tap into their skills, abilities, competencies, and behaviours.
1.8	Define which roles require patient contact and remain clinically active as part of the core responsibilities of the role (i.e., CSMs, Operations Supervisor (OS), Operations Managers (OM)).
1.9	Clinical development plans are required for branch station paramedics who are not well supported by typical education support and may not have frequent clinical contact with complex patients. Some BSOs should rotate through higher volume areas to maintain their clinical exposure to a variety of patient types and to work with other paramedics to create a supportive positive community of practice.
1.10	CSO tasks need to be reviewed and adjusted. If the tasks are not adding value, stop doing them (i.e., audits, paperwork).
1.11	Review the physical location of CSOs to ensure they are accessible for crews, get them out in the field more
1.12	Discontinue the casual graduate program because it is too difficult to support new graduates who do not work regular shift patterns. Review the current program and implement required changes.
1.13	Consider training Branch Station Officers (BSO) to cover the Community Paramedic scope of practice. Regular clinical practice is required for skills maintenance, consider a halfway point between Community Paramedic and BSO where ICP skills are not necessary to be maintained.
1.14	Update the dispatch grid to reflect contemporary clinical triage practice to reduce the proportion of P0 and P1 cases that do not require a rapid response – inappropriate over triage is a risk to responders and the public.
1.15	Paramedics would like printed reference cards, so we don't have to touch our phones with gloves to refer to the Clinical Practice Guideline (CPG) App for high acuity but low occurrence situations (i.e., major trauma call, obstetrics, APGAR, STEMI pathway, etc).

1.16	Staff would like the pocketbooks to be reinstated which could be used to document patient details and assessments.
1.17	Ambulance Tasmania does not have clinical practice leaders for nurses or physicians. A structure needs to be created for frontline clinicians to escalate clinical or professional concerns through to their discipline specific practice leaders.
1.18	Clinical scope of practice and CPGs should be reviewed for all clinical levels to be in line with national standards.
1.19	Improve communication during new clinical and operational roll outs to ensure staff understand why the process has been developed that way.
1.20	Share the data from the cardiac arrest registry with staff as a form of quality improvement.
1.21	Provide clinical feedback to paramedics after a case including CPR report cards and patient outcomes.
1.22	Eliminate the need for clinical jobs to require ICP as a minimum. It is not always important for an ECP or an Educator to be an ICP.
1.23	Consider transport ventilator and rapid sequence induction (RSI) training for Critical Response Unit (CRU) staff.
1.24	Consider a clinical skills mentor program.
1.25	Create a credentialing process that assists with confidence in practice not just competency in skills.
1.26	Accessible clinical support and in-field clinical leadership, with parity of staffing and modelling across each operational region.
1.27	Establish clinical instructors.
1.28	24-hour clinical support.
1.29	Nationally accredited courses for current capacity of non-clinical areas – for example, 4WD, dispatch, upskill of NEPTs staff to a Cert IV standard.
1.30	Clinical reasoning training/education based on research.
1.31	Recognition of prior learning – emergency driving, skills, and equipment.
1.32	Authority to Practice for managers.
1.33	Ensure our people have all mandatory programs completed prior to assessment so that we aren't waiting weeks for their ATP to be signed off.
1.34	Have basic manikins and a cannulation arm at all stations.
1.35	Increase continuous improvement data sharing and activities.
1.36	Role delineation designed against community needs.
1.37	Hybrid ICP/ECP model using module-based learning.
1.38	Provide a summary of key issues to be addressed and a system for staff to monitor progress and provide input and feedback.
1.39	Focus on clinical assessment decision-making rather than procedural armamentarium.

Action Plan Focus Area 2 – Workplace Values, Behaviours and Support Responsibility: Director Operations

#	What we heard
2.1	Development of agreed upon behaviours that go with our organisational values and set clear expectations of what staff will be held accountable for and what is unacceptable. This is especially important for our leaders and supervisors to model good behaviours. Empower people to speak out – stop inappropriate behaviours and discussions, call it out and make it known that it's unacceptable at all levels.
2.2	Examine strategies for improving efficiencies in operations including demand and workload management, fatigue tracking, and operational utilisation.
2.3	Operations Supervisors need to be out in the community to have more of a supportive presence throughout the regions. They seem to be in their office behind computers more than supporting their staff in the field.
2.4	Make a new employee orientation and induction program compulsory and standardised for all new staff including administrative support staff, ICT staff, and all new managers and leaders. Create standardised onboarding processes for all staff.
2.5	Consider allowing staff exchanges between business units to provide a greater awareness of the business units and support professional growth and development. This could include secondments to other Government Departments.
2.6	Organise collaboration and training meetings for staff who perform similar roles to brainstorm / support / learn from each other. This would be especially valuable for administration and support staff including finance and human resources staff who are DoH employees but work closely with Ambulance Tasmania. This can reduce duplication and poor understanding of processes.
2.7	Conduct 'exit' and 'stay' interviews to understand the reasons why people might leave the organisation and explore opportunities to retain staff.
2.8	Consider creating a position for an organisation-wide administrative General Manager to help ensure consistency across administration, finance, HR, and government processes. There is currently a lot of duplication, gaps, and inconsistency in the way the various regions and business units operate.
2.9	Schedule information sessions and workshops with hospitals and nursing homes so they can better understand paramedicine and the structure and function of Ambulance Tasmania to better manage their expectations.
2.10	Identify and make available alternate duties, including administration or logistics tasks that VAOs can do, who wish to contribute to the organisation but can't or no longer wish to work in Operations.
2.11	Consider having mentors for all new staff. This could be inter-regional and outside of business units to create more cross-over of staff.
2.12	Instead of re-inventing the wheel, we need to take what is done well in one business unit and translate it across to others – this would also improve consistency.
2.13	If contracts need to be cancelled earlier than expected for staff, a conversation with the relevant manager should take place before receiving a letter.
2.14	Provide office staff with a corporate uniform to enhance the feeling of "team" and to be fairer considering most of the staff receive a uniform. This should include those on fixed-term contracts.
2.15	Review supervision of EMDSOs and NEPT dispatchers to ensure adequate support and guidance – there is too much disparity between the call-taking and dispatch room.
2.16	There is a desire to embed or co-locate the Department of Health (DoH) finance team members who do exclusively AT work, with AT. This would improve their morale and make finance processes more efficient.
2.17	Create a new business unit for non-emergency patient transport (NEPT). This should include an Assistant Director, Managers, and dedicated Supervisors to provide centralised leadership for non-emergency patient transport and interfacility coordination, including the nurses in the communication centre.
2.18	Invite experienced staff of varying levels to present at the new staff induction to discuss their roles in the organisation and share their views on professional identity and organisational values.
2.19	Consider flexibility as a default position when designing all roles and actively increase the cohort of part-time workers to attract a more diverse workforce, formally allowing for transition to future full-time work, and ensuring equal access to professional development and career advancement opportunities.

2.20	Review workload in the Communications Centre and compare to national standards. Seek opportunities to make call-taking, triage, dispatching, clinical call-backs, and referral processes more efficient using technology and updated procedures.
2.21	Women in Ambulance – Create a Women in Ambulance Committee to create new opportunities for women at Ambulance Tasmania and to ensure the voice of women is being heard by the Ambulance Tasmania Executive Committee to create a more inclusive, progressive, and supportive organisation that encourages women to attain career growth and promotion.
2.22	Investigate having an internally hired floating person to fill gaps across different business units for administrative and support functions to support times of increased volume, sickness, or other vacancies.
2.23	Create a “Virtual gratitude board” or something similar to the “learning through excellence” program used at the RHH.
2.24	Develop interim plan for parking in Hobart until a future State Headquarters site is found.
2.25	Implement actions and recommendations from the Coroner's report regarding the Damian Crump inquest.
2.26	Celebrate milestones and awards like service medals in a more respectful, consistent, and appropriate way. We have not had an awards ceremony since COVID-19 and we need an opportunity to get together to celebrate our successes. People shouldn't have to apply for awards themselves, and PTOs should also receive the National Service Medal.
2.27	Introduce Workplace Equality Officers, embedded in each region or business unit.
2.28	Embed workplace flexibility into the future design of rosters and SoDs to create increased workplace flexibility across Ambulance Tasmania to accommodate women and any staff member requiring flexibility due to family or carer commitments. Job sharing should be considered. Build frameworks to enable flexible working arrangements.
2.29	Assume a significant percentage of the workforce will require flexibility and this will increase incrementally.
2.30	Establish a community of practice across health sectors to learn of innovative approaches to shift and roster design.
2.31	Backfill leaves in administration and support services areas to maintain critical operational functions (many are not currently backfilled when temporarily vacant).
2.32	Women in Ambulance - Explore opportunities with the Chief People Officer (DoH) to understand what lessons have been learned in the Tasmanian Health Service (THS) and the Department of Health (DoH) to improve gender equity and investigate ways to establish a network of women in leadership across the Department of Health to promote career growth and leadership development.
2.33	Find meaningful alternate duties for those who require them due to pregnancy or workplace injury. Also support women to alter their hours as recommended by a doctor during pregnancy, or if required for staff with chronic illness.
2.34	Volunteers feel unsupported after induction, don't know their regional management.
2.35	The delegation of the Operations Managers' is too low.
2.36	Frustrations arising from the fact Comms staff are timed for every minute they are away from their desk, whereas some crews go and buy lunch and drive back to station before their time starts. Comms staff don't have that ability; buying a meal should be during meal break window (unless directed to have a meal away from station).
2.37	HR support and/or procedures to provide practical advice and support to managers and ensure consistency in approach across the organisation.
2.38	Fill key leadership roles either long or short term to ensure we're not overloading others.
2.39	More supported transition to practice from induction to point of independence for all staff.
2.40	Provide adequate administrative support to release leaders.
2.41	Change our language from staff to people.
2.42	Ensure leaders are appropriately supported to be able to fulfil their role.

Action Plan Focus Area 3 – Leadership Accountability

Responsibility: Director Clinical Services & Director Operations

#	What we heard
3.1	Develop a leadership matrix and professional development guidelines for all levels in the organisation that clearly articulates the knowledge, education, skills, capabilities, and behaviour required for each level to enable career planning.
3.2	All staff should model positive behaviours and address poor behaviours. Ensure any bullying, discriminatory behaviours, code of conduct breaches and unprofessional behaviours are not tolerated and addressed appropriately.
3.3	Review the role and function of the Operations Supervisor and update the SoD to find efficiencies that can cease work tasks that do not add value and focus on people leadership, frontline staff support, system oversight, and optimising our operations.
3.4	Supervisors, managers, and leaders should be expected to proactively support staff instead of just waiting for issues to emerge and then deal with them.
3.5	Ensure all staff can participate in the Performance Development Agreement (PDA) process to enhance career development opportunities and give and receive feedback to their supervisors. Provide managers with contemporary training to undertake PDAs in an effective manner to enable reciprocal communication and feedback. Consider 360-degree reviews.
3.6	Operations Support Manager, or similar roles, are required to assist with workload during the COVID peak period due to the increased logistical, rostering, staff management, and hospital liaison demands.
3.7	Relocate Operations Supervisors throughout the regions to increase access for staff. Re-think the role of Branch Station Team Leaders and consider Station Officers like other states, the consolidated Operations Supervisor model is not working.
3.8	Managers, supervisors and leaders need to be held accountable for their actions, behaviours and performance and lead by example.
3.9	Increase accountability for the behaviours of all clinical leadership roles and provide support to those who are not meeting the expectations of Ambulance Tasmania. Some advanced clinicians, educators, and clinical support officers are disrespectful of other staff and demonstrate bullying behaviours.
3.10	Consider the competencies needed regarding peer support for Operations Supervisors, Managers, and others in people-leadership roles. Consider managers undertaking all or part of Peer Support training to be better able to care and support their staff.
3.11	Review frontline operations supervision and management capacity in North and Northwest to ensure it is meeting the needs of frontline staff.
3.12	Review workload of Operations South compared to North and NW. It feels like the South is busier, has more staff, does more calls, and takes on responsibility for corporate functions more than the team in the North and Northwest.
3.13	Review leadership and supervisory structure of operations during NW vacancy of the Assistant Director.
3.14	Review CSO requirement per region – south has many more staff than other regions and disproportionately less CSOs, unable to provide adequate frontline support.
3.15	Review the hiring processes for fixed-term and permanent positions and update to align with transparent pathways. There is too much “shoulder tapping” and “mates giving mates jobs” at Ambulance Tasmania. Include conscious inclusion as a step in the Ambulance Tasmania recruitment procedure. Encourage the greater use of external advertising to diversify the workforce and future talent pool.
3.16	Actively seek ‘lessons learned’ from clinical and operational cases in a supportive way to promote development and improve patient care delivery.
3.17	Consider the essential requirements of all Ambulance Tasmania positions. Ensure that positions requiring a paramedic degree require clinical education and experience. Currently, almost all senior roles at Ambulance Tasmania require a paramedic degree, yet several positions do not oversee paramedics (i.e., Support Services, Volunteers, Communications Centre, Emergency Management).

3.18	Ensure Ambulance Tasmania is hiring the right people for management positions by conducting fair, rigorous, open and inclusive recruitment and selection processes. We shouldn't just put the next most senior person in the seat if she/he is not qualified or capable to do that job.
3.19	Ensure staff who are offered positions based on merit are not prevented from taking up the opportunity of a contract due to inability to backfill their substantive position.
3.20	Consider opportunities to actively promote and support the ability of all staff to advance their careers while working flexibly wherever operational viable. Ensure flexibility is thoroughly and fairly considered and inform staff of reasons it may not be possible. Enhance the role of those working in the People and Culture division in the process and procedure for applying for a flexible working arrangement by including them as subject matter experts.
3.21	Improve communication during recruitment processes (including EOs) so people are informed if they don't make it to interview and are able to receive feedback on their application.
3.22	Support managers to maintain clinical skills during work hours, currently it is only possible by working overtime.
3.23	Create funded staff officer roles as stretch opportunities for future leaders and to increase the capacity of the Directors and Chief Executive.
3.24	Review the leadership and supervisory structures of the communications centre including a review of the statements of duty for the Assistant Director, Operations Manager, Deployment Supervisor and Team Leader. Re-think the need to be a paramedic as a mandatory requirement for the senior leadership roles in the Communications Centre.
3.25	Review the requirement for positions to be available only to ICP staff i.e., CSO, ECPs.
3.26	When making appointments, consider regional spread, decentralise where possible because there is a perception that all leadership and specialist positions must be in Hobart.
3.27	Create a mechanism for feedback for managers and supervisors from staff. Perhaps a 360-review or similar?
3.28	Consider ways to make the recruitment process more personal for positions where there are a large number of applicants – assessment via a computer for a job reliant on people skills is problematic.
3.29	Communicate and educate with staff how to be more self-reliant and to stop burdening OSs with trivial things. Creating clearer procedures and work instructions that can be more easily accessible would help.
3.30	Unlock doors to Operations Supervisor office to allow staff access. Get the Operations Supervisors out of their fishbowl (south) and onto the floor to see their staff and hear their concerns.
3.31	Clarity is required for the BSO Team Leader role. Is this a leadership role? Is this a training role? What responsibility do they have for the station, fleet, and logistics? What are their responsibilities to the VAOs? Should we have a station officer or team leader instead?
3.32	Reduce the number of acting positions by returning people to their substantive roles.
3.33	Service updates often end with the direction to speak to an Operational Supervisor if there are questions, when the supervisors don't have access to any further information themselves. Business units needs to be responsible for answering questions in their area.
3.34	Consider how non-clinical people can be supported.
3.35	Performance management/support flowchart for all staff to view and refer to and therefore align expectations. Managers are labelled as bullies when they try to address performance.
3.36	Provide leadership options that are appropriately remunerated when on day work to encourage staff interest.
3.37	Review current value of BSO Team Leader role and management support activities – align more to contribute to Operational Supervisor role/responsibilities.
3.38	Backfill all vacant leadership roles.
3.39	Promote opportunities internally for leadership roles.
3.40	Decentralise managers to increase accessibility to them.
3.41	Practical training and support with regular updates for people managers including training for difficult conversation.
3.42	Soft skills should be a focus during recruitment. Update SODs to reflect this requirement.
3.43	Include Operations Managers in State of Play meetings.



Action Plan Focus Area 4 – Building Capability

Responsibility: Director Clinical Services

#	What we heard
4.1	Training for preceptors, mentors, and coaches so that students, new graduates, TASOs and others can be appropriately and consistently supported.
4.2	Implement a supervisor and manager mentoring or coaching program. Consider mentoring for all levels.
4.3	Rethink the practice of requesting Expressions of Interest in roles and create a more transparent and fair process.
4.4	Ensure selection panels are comprised of impartial people with relevant qualifications, that should include external parties.
4.5	Ensure job descriptions are accurate, and the selection process relates to the job description specifically.
4.6	Ensure selection panels balance subject matter expertise, impartiality, gender balance and diversity.
4.7	Review the non-clinical training pathways to identify opportunities for staff development in non-clinical roles at Ambulance Tasmania.
4.8	Consider ways in which educators can be more supported or have more resources to be able to deliver training programs effectively.
4.9	Review the driver training program so that all staff who drive an emergency vehicle receive the same level of training for non-emergency conditions.
4.10	Create a transition to leadership program for all prospective leaders which includes emotional intelligence training, a focus on supporting 'our' team and a 'leadership toolbox' to refer to.
4.11	Consideration of a budget for professional development at an individual level where each employee (operational and non-operational) has access to a professional development fund
4.12	Investigation of a bespoke education and training approach for frontline supervisors that is fit-for-purpose for Ambulance Tasmania. Continue to support frontline supervisors to complete Manager Essentials and New Manager training programs.
4.13	Have an EOI process to be a mentor and receive appropriate education, training, and expectations to be part of a formal mentor system.
4.14	Ensure access to education and professional development is equitable for all staff at all levels.
4.15	Setting a minimum standard for VAO training curriculum, annual shift and training requirements, and appropriately resourcing the VAO training must be considered.
4.16	Make VAO training sessions by invitation so expected number is known.
4.17	Hold central VAO training sessions to cover multiple stations. Ensure that an educator is confirmed to attend and will not miss the session because they have to go to a call.
4.18	Training infrastructure and resources must be enhanced at stations with VAOs to support VAO skills education and practice.
4.19	Development of a portfolio specific to volunteer education and training.
4.20	Make the syringe driver package available to non ICPs on THEO.
4.21	Consider Mental Health First Aid Training or Lifeline training for emergency call takers who often speak to patients in a mental health crisis.
4.22	Work in partnership with an external training provider with expertise in leading practice approaches to workplace equality and leadership development, to re-develop and deliver a live (in-person or virtually) workplace equality training program for all leadership positions and consider including this training during inductions and onboarding of new staff. Consider any DoH or Government workplace equality training packages that may already exist.
4.23	Women in Ambulance - Create mentoring / coaching / sponsorship leadership development opportunities to help prepare women for promotional opportunities.
4.24	Consider culture-based training for all staff.
4.25	The organisation should provide two annual paid training days for all staff which is built into the rosters.

4.26	NEPT staff don't receive ongoing training, consider a dedicated NEPT educator. Many wish to be upskilled to assist as first response to cardiac arrest.
4.27	Provide adequate training to be a Team Leader in the Communications Centre – staff are required to act in this role based on who is most experienced which is inappropriate.
4.28	Consider non-paramedic staff who may be willing and able to assist with training i.e., PTOs who are manual task instructors assisting with VAO training.
4.29	The Award states EMDSOs have to move to EMD after two years. This is not always appropriate or what staff wish to do.
4.30	Increase the numbers of staff who are trained in four-wheel drive
4.31	Provide training and support for State Communications Centre staff.
4.32	Use PDAs to encourage our people to undertake broader opportunities for development that may be across the state, external to Ambulance Tasmania, secondments, professional development roles, education and private industry opportunities. Consider stakeholder partnerships/exchanges. Multidisciplinary professional development platforms for everyone.
4.33	Allow for job rotations (at level/band) to develop our people.
4.34	Leadership days for managers – education outside of just powerpoint presentations.
4.35	Consider creating a shadow executive team for aspiring leaders.
4.36	HR management for managers, reintroduce the Business Manager and focus to Ambulance Tasmania.



Action Plan Focus Area 5 – Systems and Processes

Responsibility: Senior Manager Strategy and Performance

#	What we heard
5.1	Develop a three-year Strategic Direction for Ambulance Tasmania, supported by a three-year Business Plan, Key Performance Indicators and a reporting schedule.
5.2	Develop a document framework to guide the development and review of policy, procedure and work instruction documents, finalise a plan to contemporise existing documents and ensure accessibility.
5.3	Develop a business case for the creation of a Workforce Planning Unit.
5.4	Develop a 10-year Ambulance Tasmania Station Masterplan to accommodate community demand and optimise service delivery.
5.5	Develop and implement a system to monitor and report against the completion of Performance Development Agreement (PDA).
5.6	Complete a review of all Ambulance Tasmania Statements of Duty (SoD) to reflect the current organisational structure and position requirements.
5.7	Work with the Department of Health to improve payroll processes (pay amendments, holiday period processing, etc).
5.8	Work in collaboration with the Department of Health to implement the Human Resources Information System (HRIS) project to provide contemporary Human Resource systems and supporting processes and procedures.
5.9	Work with the Department of Health and Ambulance Tasmania management to ensure new employees are appropriately set-up prior to commencement.
5.10	Publish the new Ambulance Tasmania Organisational Chart.
5.11	Adopt technologies.
5.12	Establish an Ambulance Tasmania specific internet page which provides a 'one stop shop' for employees to access information, updates, forms, policies, procedures and can also be accessed from non-THS sites. Each business unit could have a page for updates which would make information easier to find than searching through Reach.
5.13	Establish statewide consistent processes and forms.
5.14	Create an interpretation document so managers know what a procedure or policy means and how it is intended to be applied (including award/agreement documents). Consider training people in how the policies/procedures actually work and what their responsibilities are.
5.15	Engage the regional leadership teams in development of policies and procedures as they are the ones who have to champion the change and explain the 'why'.
5.16	Align the policies and procedures to be consistent across all regions and business units.
5.17	CM9 is not user friendly enough and is too time consuming for those in the operational space. Need business rules for it so there is statewide consistency and to progress the utilisation of it. Provide adequate training so it is easier for staff to use.
5.18	Work with the Secretary/DoH to implement a service level agreement with Ambulance Tasmania.
5.19	Create digital forms so they can be submitted online to supervisors or support team for action. All forms should be standardised.

Action Plan Focus Area 6 – Communication

Responsibility: Chief Executive

#	What we heard
6.1	Create a feedback avenue for staff that isn't Safety Reporting and Learning System (SRLS) to provide ideas for new things. An anonymous suggestion box is needed. Have a dedicated time to address them consistently to close the loop. Could be integrated as part of the intranet.
6.2	Continue fortnightly TEAMS forums, they are well received. Also consider other innovative ways for communications.
6.3	Hold regular workplace forums for staff to raise issues.
6.4	Implement a regular, cross region management focus group.
6.5	Create systems for proactive consultation, engagement, and change management. We do not do change management well at Ambulance Tasmania. The staff who will be affected by the changes need to be consulted before decisions are made where possible.
6.6	Enhance communication and information sharing with volunteers. Email is not the best way to communicate with VAOs, other technology and more importantly, more face-to-face communication methods should be implemented.
6.7	Publish our vision and strategic plan so everyone knows where we are going and what our priorities are.
6.8	Consult staff to understand ways they would like to be communicated with, and what sorts of messages/content they want to receive.
6.9	Ambulance Tasmania is not using social media well. We can educate the public through social media to manage expectations (i.e., you will not be seen faster in the ED if you call 000) and we can improve health literacy through social media. Young people don't use Facebook anymore, consider an Ambulance Tasmania Instagram account.
6.10	Continue monthly CE updates – they are popular. They should include more data and context for information and not just "fluff".
6.11	Create systems to ensure rural and remote stations are included in communication.
6.12	Ensure expectations are understood for timely responses to all staff enquiries, including responding to emails.
6.13	Ambulance Tasmania needs our own media and communications professional who is dedicated to sharing our information internally and externally.
6.14	Have a staff member for the week/month on our dedicated portal/website.
6.15	Standardised email signatures.
6.16	Create an easy way for people to send the Media and Communications Advisor pictures and information.
6.17	Consider regular scheduled 'town hall' discussions across the state with the exec team and an open invite to all.
6.18	Provide more information from state meetings back to regional leaders eg discussion and outcomes from WHS meetings, equipment rollout discussions.
6.19	Leaders to cross boundaries and engage with other business units across the state with consistent and positive messaging.
6.20	Generic email for roles where multiple people are relieving eg Supervisors, it's hard for people to figure out who is on shift.
6.21	Broader community messaging using additional platforms for positive stories and further community messaging regarding best use of resources and pathways.
6.22	All managers and supervisors to place a priority on face-to-face communication wherever possible.
6.23	Ensure inclusive language is used in all communications to send a clear message about the value Ambulance Tasmania attaches to all cohorts and roles in the organisation.
6.24	All Ambulance Tasmania people to proactively disrupt harmful stereotypes.

Action Plan Focus Area 7 – Operations

Responsibility: Director Operations

#	What we heard
7.1	Fix ramping. Investigation into a consistent ambulance offload policy. Implement Rapid Offload Procedure. Implement an effective escalation process to reduce ramping.
7.2	Review Communications Centre practices, policies, structure and procedures to become more contemporary, clinically focused, efficient and effective. We need to embrace modern technology and learn from our colleagues across Australia and from around the world. KPIs make the logical use of resources more difficult and aren't always the best indicator of performance.
7.3	A solution is required to manage the end of shift period to get crews to finish on time. End of shift overtime creates fatigue, negatively impacts morale, and it can be managed better.
7.4	Eliminate paper rostering and musters and move to an electronic solution.
7.5	Large stations need a "make-ready" model that ensures ambulances are cleaned, stocked, and ready to go at the start of every shift. Create roles for Ambulance Fleet and Supplies Technician. An Ambulance Fleet and Supplies Technician would reduce logistics burden on Operational Supervisors and admin staff. This could also improve actioning of vehicle servicing and repair requests.
7.6	Ensure that every ambulance is stocked with a Zoll monitor, VACIS Toughbook, Syringe Driver, Kits and radios so the vehicle is ready to go at the start of shift. There are significant delays getting into service when paramedics must source radios, monitors, syringe drivers, and Toughbooks from various locations around the station. Create a system in each vehicle to charge the devices in vehicle when plugged in.
7.7	Change SOC-DM to Deployment Supervisor for more appropriate dispatch and use of resources. Investigate ways to reduce Deployment Supervisors being required to complete admin tasks.
7.8	Increase AMR nurse roster for 24/7 coverage.
7.9	Review titles of positions in Communications Centre to ensure they are clear and contemporary.
7.10	We need to improve the ways of communicating between Communications Centre staff and on-road - the development of a procedure or guidelines to determine when and how on-road staff and Communications Centre staff should communicate via radio/IVIS or phone.
7.11	Move to state-wide centralised procurement of equipment and supplies to improve efficiency and reduce costs
7.12	Create procedures to ensure upgrades of cases are based on clinical needs not just operational needs or risk management.
7.13	Support Services need to review Stryker specific restraint system to allow for safer restraint of patients.
7.14	Review the location of Stryker chairs in type 1 ambulances or alternative storing system as they are a manual tasking risk for shorter people.
7.15	Cease the practice of the Communications Centre dispatching a crew anyway despite the caller cancelling their request, or secondary triage deeming it not necessary, unless there is a real perceived risk to someone's safety.
7.16	Optimise roster to align supply of resources with demand of cases.
7.17	Review EMD and EMDSO roles and modernise the statement of duties to reflect the work they do. Change the titles to align with industry standard (EMD=Emergency Medical Dispatcher, EMDSO=Emergency Medical Call Taker).
7.18	Review paramedic hiring process and recommend changes. Reconsider the use of computer-based interviews.
7.19	Consider more workforce planning/operational support positions to enable Operations Supervisors to improve their efficiency and increase support of staff.
7.20	Review fleet allocation to retire vehicles that aren't fit for purpose or sit idle.
7.21	Consider stocking every type 1 ambulance with an ELK Manger Lifting Cushion.
7.22	Consider salary compression at bargaining with HACSU. The MAN2B positions are paid significantly less than MAN1C.
7.23	Ensure all new ambulance sprinters have a bull bar for driver/crew safety and to prevent expensive damage from animal strikes that takes vehicles out of service for repairs.
7.24	Improve complaint investigation processes to ensure they are dealt with by the appropriate person in a timely manner.

7.25	Creation of an Assistant Director, Patient Transport Services in the new Org Chart: this position can create policies to guide overnight Inter-facility Transfers.
7.26	Create procedures that allows for NEPTs crews to assist emergency crews with lift assists and extrication.
7.27	Expand NEPT after hours coverage to assist with hospital flow and reduce emergency crews doing NEPTs cases.
7.28	Consideration should be given to keeping branch crews off the ramp and in their communities.
7.29	Can an instant message be sent via Message Media? ESCAD? It would be a much better way to communicate with staff and managers to provide updates and notifications.
7.30	Fix IVIS to ensure it is stable or replace it. IVIS is not reliable, fails often and can't be trusted.
7.31	Create a new system or process for paramedics to let the Communications Centre know when they are ramped when they are not able to get back to their vehicle (i.e., a tablet in the ED).
7.32	The radios don't work in many areas due to "black spots" which leads to a safety risk. The system needs to be upgraded.
7.33	Optimise clinical hub (secondary triage) and update the clinical response model (matrix) to reduce the volume of P0 and P1 cases that are not true emergencies and reduce emergency crews attending cases where an ambulance is not required.
7.34	Install performance and status dashboards at major hospitals and large stations.
7.35	Install dashboards for Operations Managers to monitor system performance (including Critical Care and Retrieval Dashboards).
7.36	Can we have system performance screens installed throughout the stations so we can view fleet activity and NEPT activity?
7.37	Ensure Emergency Operations Centre staff have on-call coverage to answer questions out of hours when required (COVID related).
7.38	Ensure enough mobile phones are available for operational crews.
7.39	Investigate ways to facilitate an open forum between Operations and Communications Centre staff. This will build relationships and enhance collaboration. Consider options for communications staff spending time on road and operational staff spending time in the communications centre.
7.40	Crews' status is often incorrect, or not updated in a timely way. TasGRN will allow crews to update status from their radio.
7.41	Investigate ways to inform volunteers of short notice BSO vacancies so they don't travel to stations unnecessarily – can a message be sent via Message service or app?
7.42	Ensure clear processes are created for new BSOs to receive an orientation to prepare them for working at new stations with local insight.
7.43	Consider innovative approaches to meal break procedures where crews are more likely to have timely meal breaks, be able to take their second meal break or be adequately compensated.
7.44	Continue to work with the government towards increasing resourcing of operational and communications centre staff, particularly overnight.
7.45	Make changes to regulations to allow NEPT to transport patients to emergency departments and other destinations. This is often more efficient than using an ambulance.
7.46	Consider innovations in our processes and procedures to create a more efficient non-emergency patient transport system. Develop a BCP to ensure continuity of NEPT services in the event of critical failure.
7.47	Provide all VAO stations with VACIS units and training.
7.48	Increase manual operations training in the Communications Centre.
7.49	Assess ways to improve operational coverage of fixed wing and rotary wing assets.
7.50	Improve rostering to increase the availability of ICPs for back up when required.
7.51	Increase swipe card access for volunteers as appropriate so they can independently access bathroom/kitchen facilities at Hobart and Launceston headquarters.

7.52	Improve staffing and relieving pools so that 24/7 OS coverage can be provided without expecting staff to do unreasonable amounts of on call and overtime when they are burning out.
7.53	Strengthen relationships with hospitals to establish improved relations between hospital staff, security staff and paramedics and volunteers.
7.54	Consider if 24/7 Operations Supervisor roster provides coverage at the most appropriate times, or if they should be working more afternoon shifts with multiple supervisors on call for the 0200-0600 period.
7.55	BSO Team Leaders aren't available enough when working a 4x4 roster, need to work Mon-Fri or be on Flexible Work Agreements to ensure all BSOs have contact with them.
7.56	Consider if the introduction of an afternoon shift in Northern region is possible.
7.57	Retrieval teams have refused to complete cases with NEPT crews – why not when they only requirement is to drive.
7.58	South Arm CERT team does not have a garage for the vehicle – its condition is deteriorating.
7.59	Strengthen the Business Continuity Plans and have them reviewed and exercised.
7.60	Use SMS messaging to communicate about incidents and activation of assists.
7.61	Scrap the daily muster.
7.62	Create new ways for volunteers to contribute such as a 'make ready' program at metro stations.
7.63	Review and remove all single point dependencies.
7.64	Role clarity between regional support staff and functions/Support Services.
7.65	Asset/inventory/contract management system.
7.66	Statewide asset management and tracking system.
7.67	Review and define workflow of patient transport cases (all from NEPT to high acuity transfers) in Comms to ensure patient safety and needs are met appropriately by reviewing role and function as well as training requirements for staff dispatching these resources.



Action Plan Focus Area 8 – Health, Safety and Wellbeing

Responsibility: Chief Executive

#	What we heard
8.1	Implement a Safety Newsletter to update all staff on safety related issues, communicate outcomes from SRLS, and provide safety tips.
8.2	AT should have a “return to work coordinator” to provide better support for people off work due to injuries or other reasons to ensure a more seamless return to work. People on Workers Compensation, maternity leave, or other leaves feel like they never hear from anyone from Ambulance Tasmania.
8.3	Peer Support Officers require a dedicated leadership structure, an updated strategy with the associated support, branding and clearer scope of operations. Continued support of psychologist coaches is critical.
8.4	Prepare staff for the publication of the coronial findings.
8.5	Ensure administrative staff have acceptable workplace conditions – not freezing cold.
8.6	Support the creation of a Retired Staff Association to retain ties with the organisation including access to peer support and maintain social connections.
8.7	Implement drug and alcohol testing and policy for employees.
8.8	Consider Mental Health First Aid training being compulsory for managers and BSOs.
8.9	Improve SRLS processes and accountabilities of supervisors to action SRLS quicker and report outcomes to close the loop.
8.10	Appoint a Safety Advisor position at Ambulance Tasmania like they have in Victoria.
8.11	Strengthen procedures in the Communications Centre relating to crew safety to ensure alerts are not missed and crews are not unnecessarily exposed to danger. Crew safety is not prioritised enough.
8.12	Review Single Officer Dispatch procedures to bolster safety of single officers. Several paramedics don't wish to be dispatched by themselves due to inappropriate assignment to cases with a safety issue or back up not being sent.
8.13	Investigate implementation of dedicated role for SRLS management, particularly regarding complaints management. Additional education for our people in appropriate use of SRLS.
8.14	Appoint a dedicated Wellbeing Program Officer to lead wellbeing strategies for Ambulance Tasmania.



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