

Leadership Unleashed:

Elevating Accountability, Standards, and Cultivating Compassion


CN
PARAMEDIC UNIT
2771
EMS
EMERGENCY MEDICAL SERVICES
A-35
EMERGENCY MEDICAL SERVICES
MULTIPLE PATIENT UNIT
EMS
Edmonton


EMS


EMERGENCY MEDICAL SERVICES
EMS
Edmonton

Edmonton

Alberta replaces health authorities with new 'superboard'

Opposition says changes won't solve system's problems, labour reaction mixed

CBC News · Posted: May 15, 2008 2:31 PM EDT | Last Updated: May 16, 2008

The Alberta government has slashed the number of health authorities in the province from nine to one, Health Minister Ron Liepert announced Thursday.

The change is the first phase of the Conservatives' plan to reshape the province's health-care

Edmonton

Ambulance services moving to new health superboard

CBC News · Posted: May 29, 2008 12:54 PM EDT | Last Updated: May 30, 2008

Alberta's new health superboard will assume responsibility for the province's roughly 500 ambulances, 3,000 emergency workers and 80 service providers starting in April 2009, the government announced Thursday.

The Alberta Health Services Board, which was announced on May 15 to replace the province's nine regional health authorities, will take over ambulance services from the municipalities effective April 1, 2009, a government release said.

Health Minister Ron Liepert said ambulance services "rightfully belong in the health-care system."

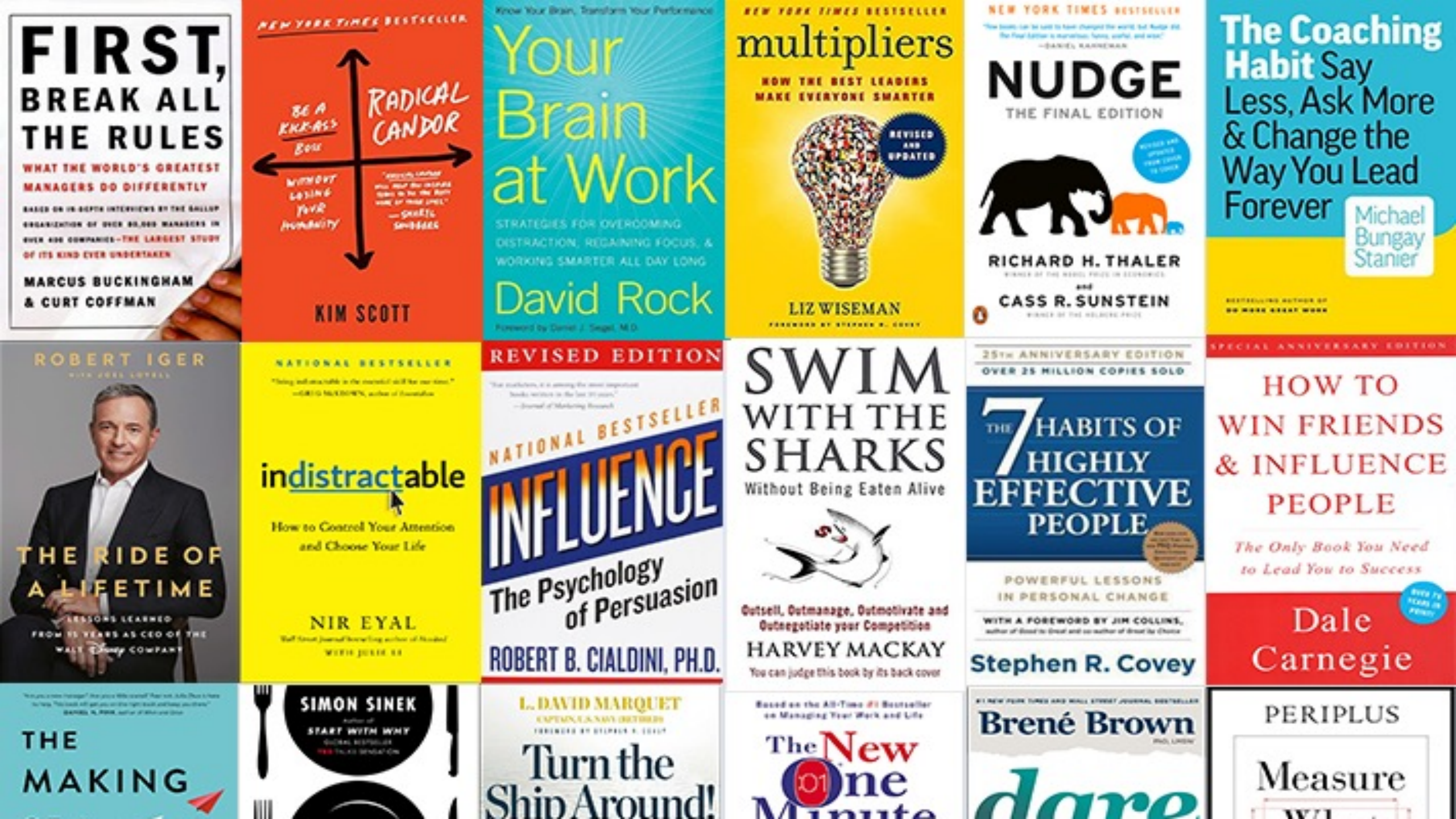
"Ambulance service is health care and as such should be part of the health system. This just makes sense," Liepert said in the release.

Liepert said the move follows extensive studies and reviews, and is part of the Progressive Conservatives' plan to reshape the province's health-care system.

Liepert promised to "increase funding and provide leadership to ensure the transition is as seamless as possible."

The government estimates the transition of the ambulance services will cost approximately $29 million. After the responsibility is transferred, operating costs are expected to top $220 million a year.

**“Leadership isn't about you.
It's about how effective you are at empowering other people — and making sure this impact endures even in your absence.”**


FIRST, BREAK ALL THE RULES
WHAT THE WORLD'S GREATEST MANAGERS DO DIFFERENTLY
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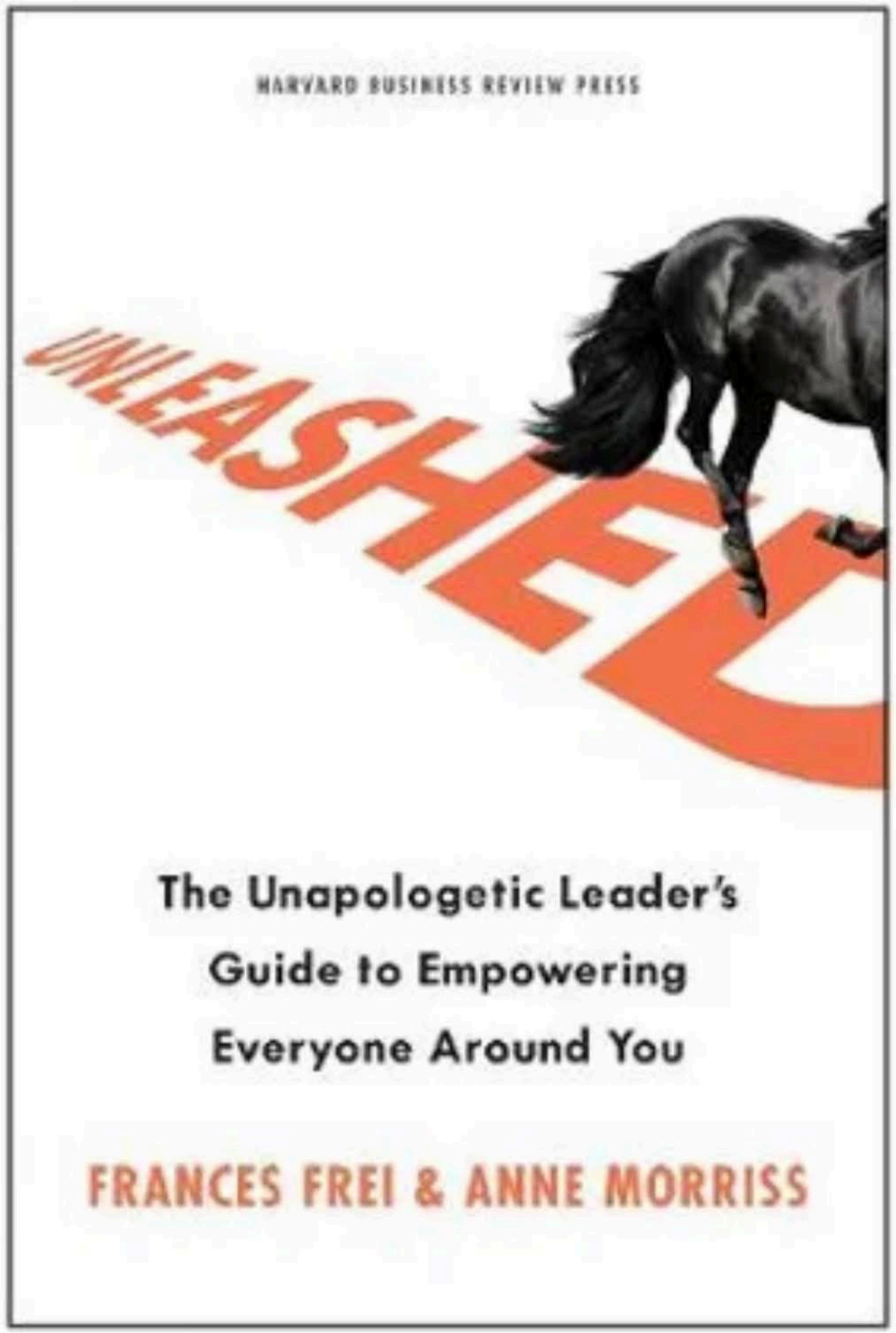

HARVARD BUSINESS REVIEW PRESS
UNLEASHED
The Unapologetic Leader's Guide to Empowering Everyone Around You
FRANCES FREI & ANNE MORRISS



Our Journey Today



Step 1

Building Trust



Step 2

Presence & Absence



Step 3

Strategy & Culture



Step 4

High Standards & Deep Devotion

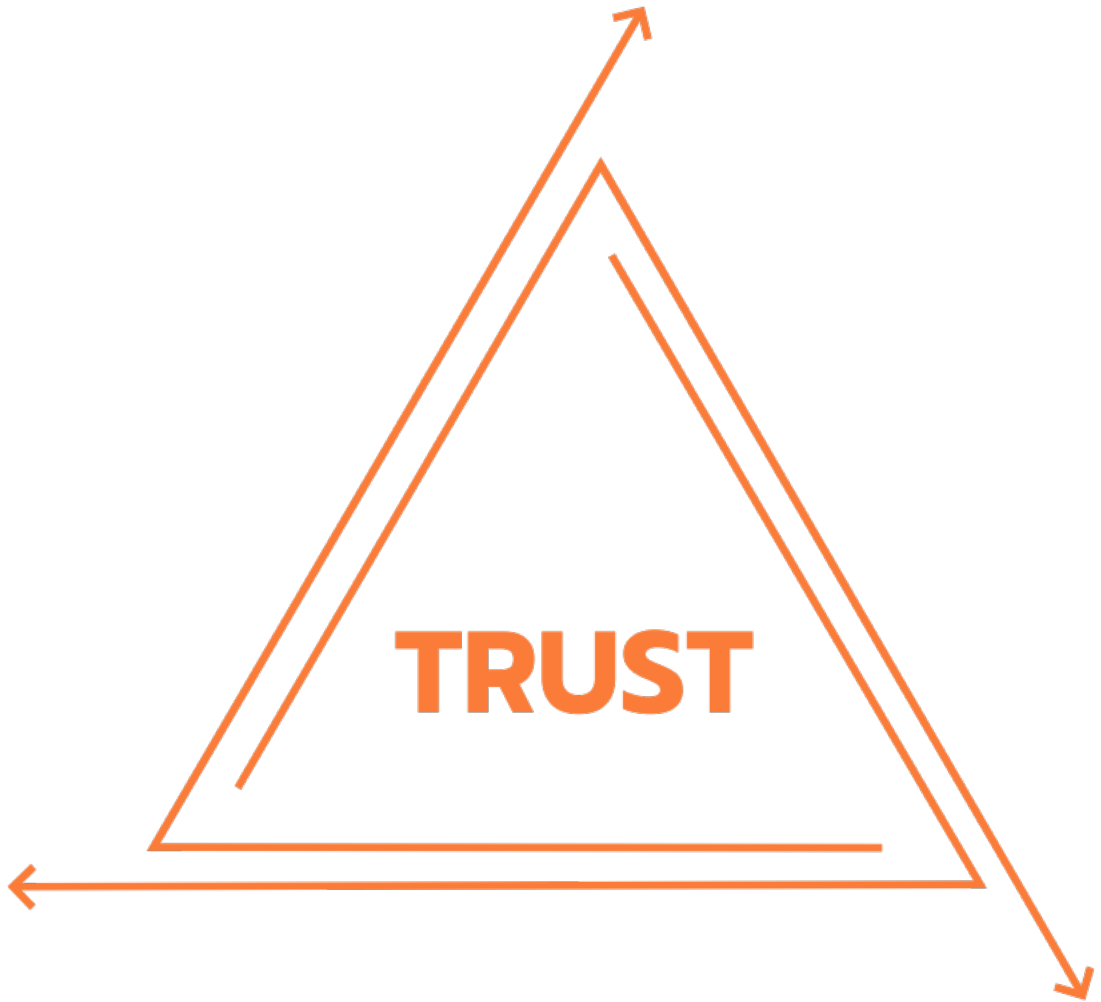
Building Trust

1


2853
EMS
Alberta Health Services
Alberta Health
Services
Emergency Medical
Services
9-1-1
2853

AUTHENTICITY

I experience the real you



LOGIC

I believe your reasoning and judgement

EMPATHY

I believe you care about me and my success

Authentic leaders are perceived as trustworthy because:

- They are transparent
- They are honest
- They are consistent in their actions and communication



Leaders who use **logic** effectively:

- Communicate their ideas, strategies, and decisions in a logical and coherent manner
- It is about having a clear rationale behind actions and decisions

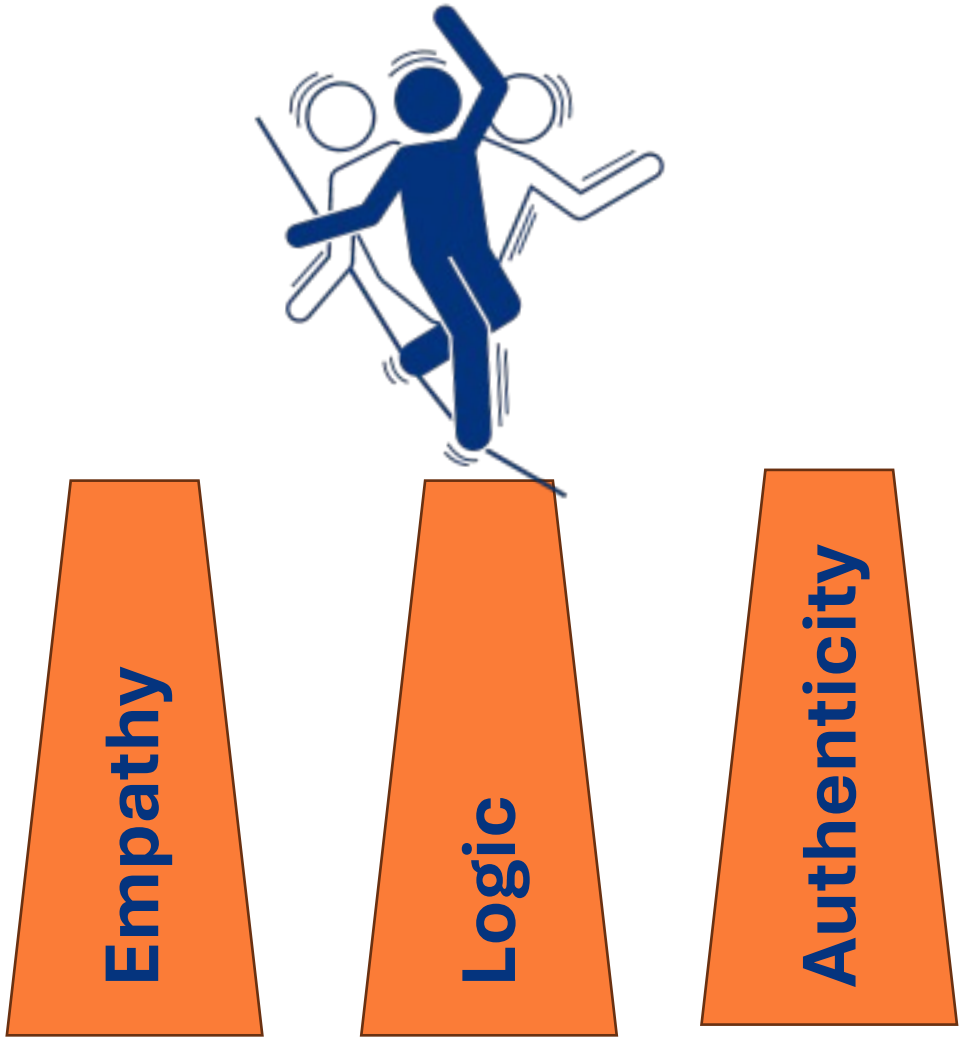




Leaders who demonstrate

empathy:

- Can connect with their followers emotionally
- Show that they genuinely care about followers' well-being and perspectives
- This emotional connection fosters trust


Empathy
Logic
Authenticity




Update


Town Hall
Meeting


Show up
and
do
the work.



Presence and Absence

2


Charles Sturt University

VANCOUVER SUN

News

Top two ambulance officials in B.C. quit following investigation into personnel issue (update)

The Provincial Health Services Authority is not providing details about the investigation, but Chair Wynne Powell says there was no criminal or fraudulent activity involved.

Brian Morton

Published Mar 26, 2014 • Last updated Mar 28, 2014 • 1 minute read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Beautiful British Columbia
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Paramedic Specialist
PEDIATRIC KIT
RIT - KIT
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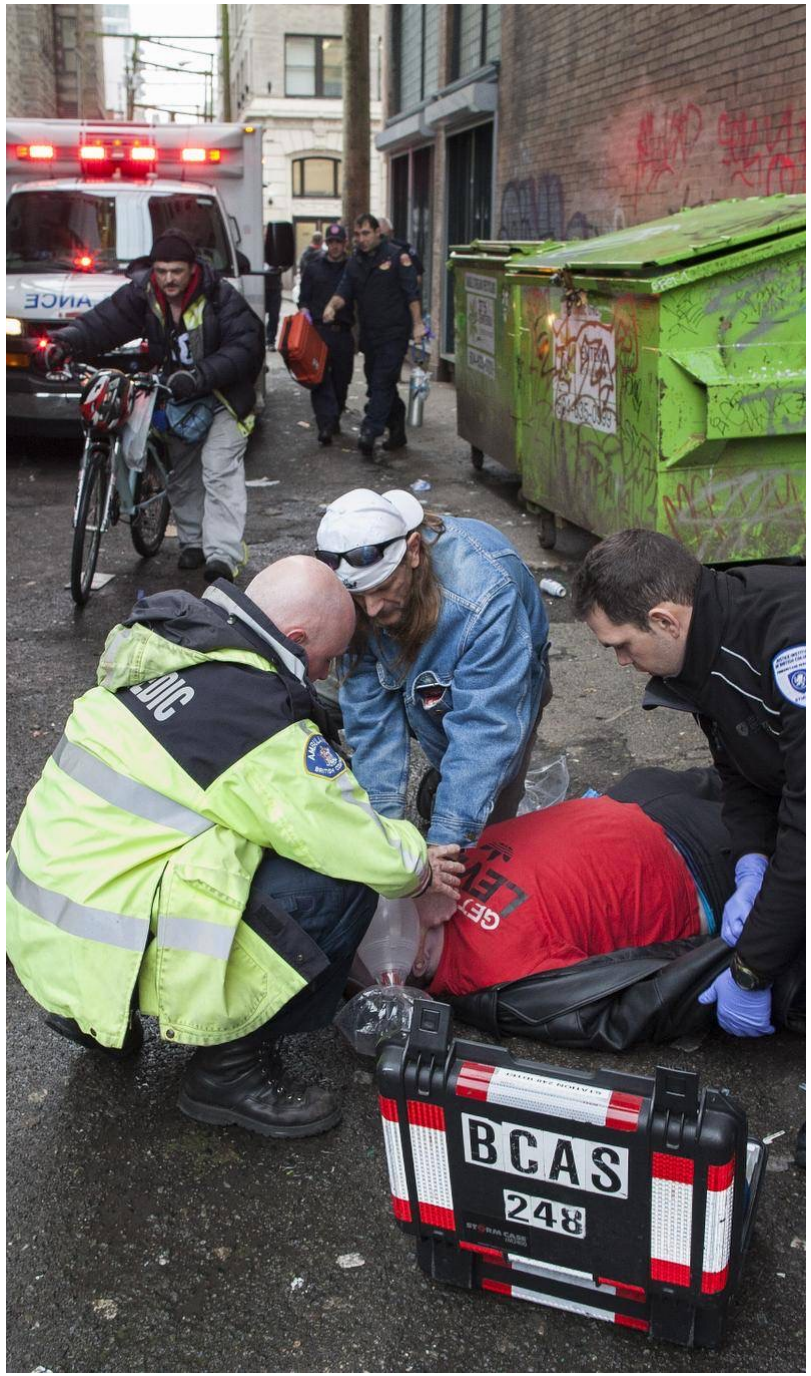

BCAS
248

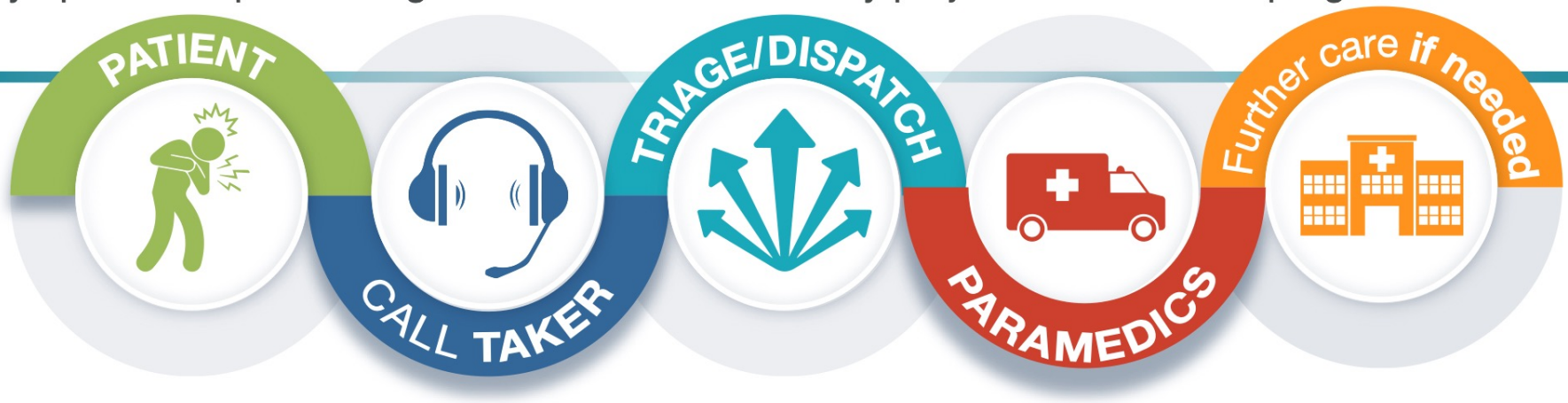

(REST IN PEACE)
TOO EVERY GOOD
INDIVIDUAL'S, WHOSE
LIVES WERE STOLEN
FROM ANY TYPE OF
DRUG OVERDOSES
WE THINK OF YOU ALL
MISS, LOVE YOU
MORE AS DAYS
GO PAST, TILL
WE JOIN YOU
AGAIN
SMOKEY D
ITS THA LOWER EAST END-CITY OF DOPE'S...
FENTANYL
DEATH TOLL
-FOR THA YEAR-2016
(SIX-FIFTY-SIX(656))
DECEASED!!
ACTUALLY SORRY ITS NOW
755 AS OF TODAY.
MORE THAN 2 DEATHS
PER DAY//EVERYDAY
-OUT OF CONTROL-
SMOKEY D.

JUNE 2017

ACTION PLAN UPDATE

BCEHS | BC Emergency Health Services

The **BCEHS Action Plan** is a provincial strategy to transform how emergency health care services are delivered throughout BC. This monthly update will provide regular information on the key project milestones as progress is made.

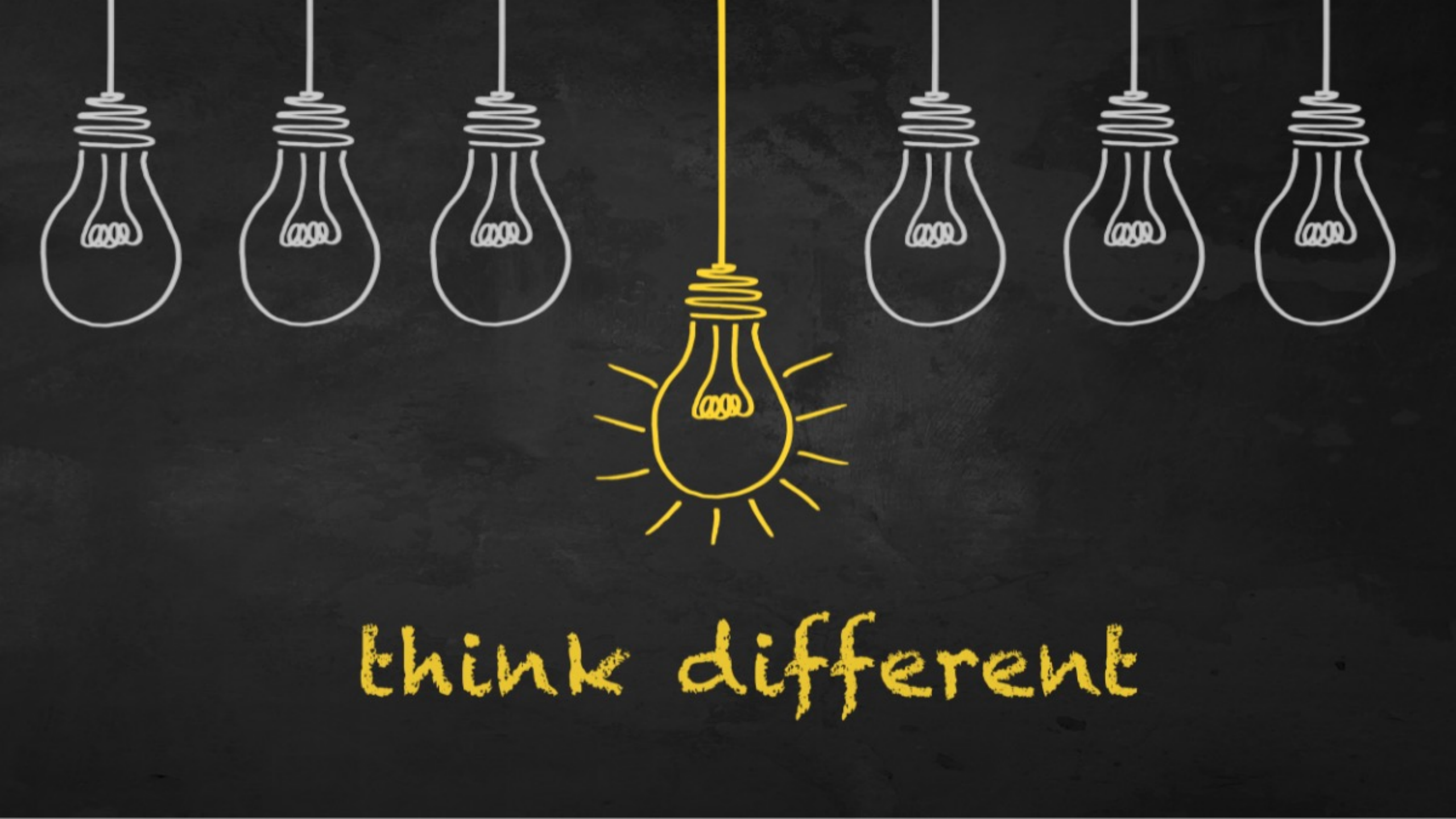


Why are we changing?

In recent years there has been an increasing demand for emergency patient care. Without changes, demand is projected to increase by 6.1% annually.

BCEHS responded with an action plan that outlined key innovations and the strategic investment of additional resources to help improve patient care and ensure our provincial service is more sustainable moving forward. Government approved the action plan as well as other key projects, and provided $91.4M in additional funding over the next three years to help BCEHS undertake these improvements in service delivery and transformation of its service model.




think different

Presence:

- Effective leadership involves being physically, mentally, and emotionally present
- Leaders need to be actively engaged with those they are leading
- Being present allows leaders to:
    - Connect with followers
    - Understand their needs
    - Provide guidance, support, and inspiration
    - Empower team members to reach their full potential






Foot Locker
GNC
THERAPY DOG


BCEHS
BC Emergency Health Services
BRITISH COLUMBIA AMBULANCE SERVICE






EMERGENCY
PARAMEDIC
PARAMEDIC


B.C. AMBULANCE
SERVICE
AMBULANCE
AMBULANCE


Clementines
SnackKit
albacore tuna
SnackKit
albacore tuna
Variety Pack
50
KIRKLAND
KIRKLAND
HERSHEY'S
HERSHEY'S
QUAKER


MEDICAL
EMERGENCY MANAGEMEN

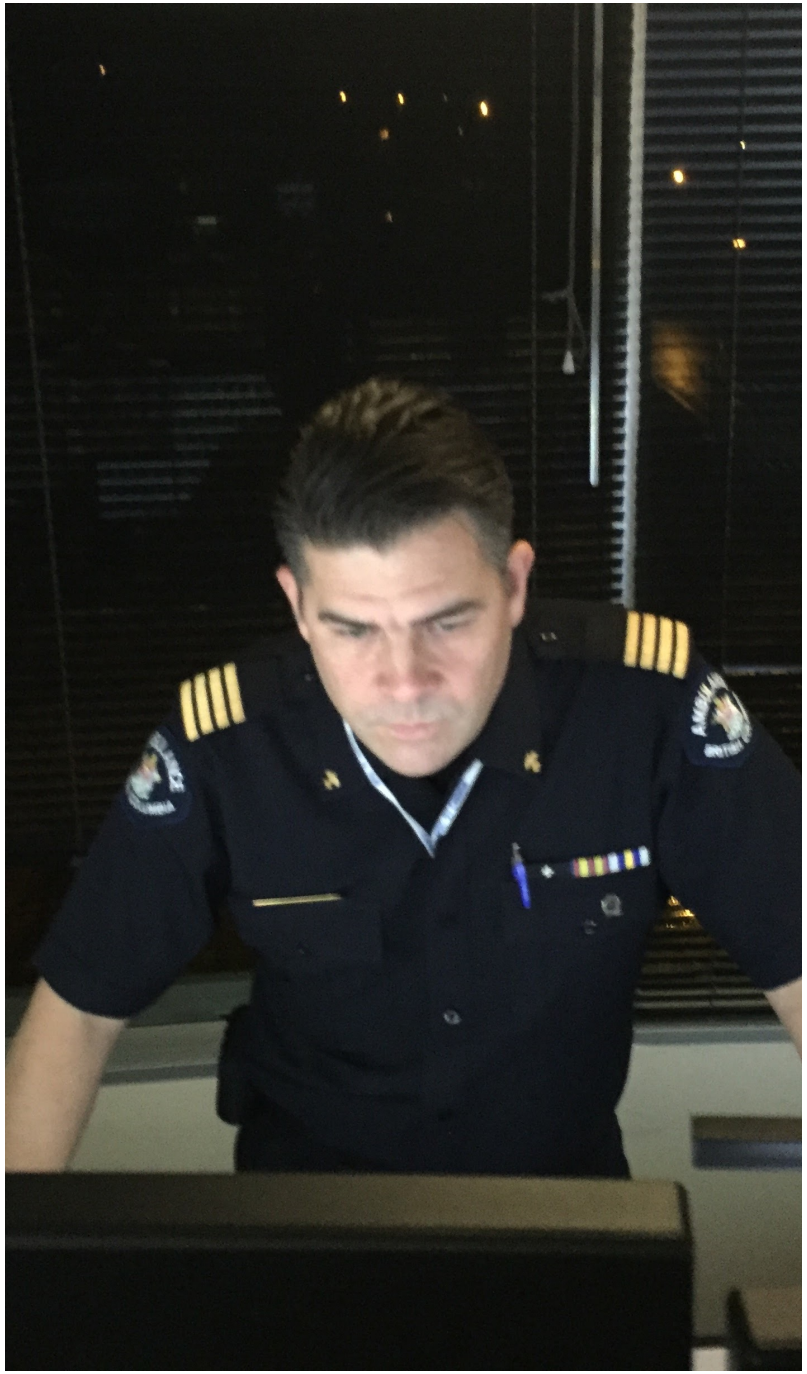

Variety Pack
50

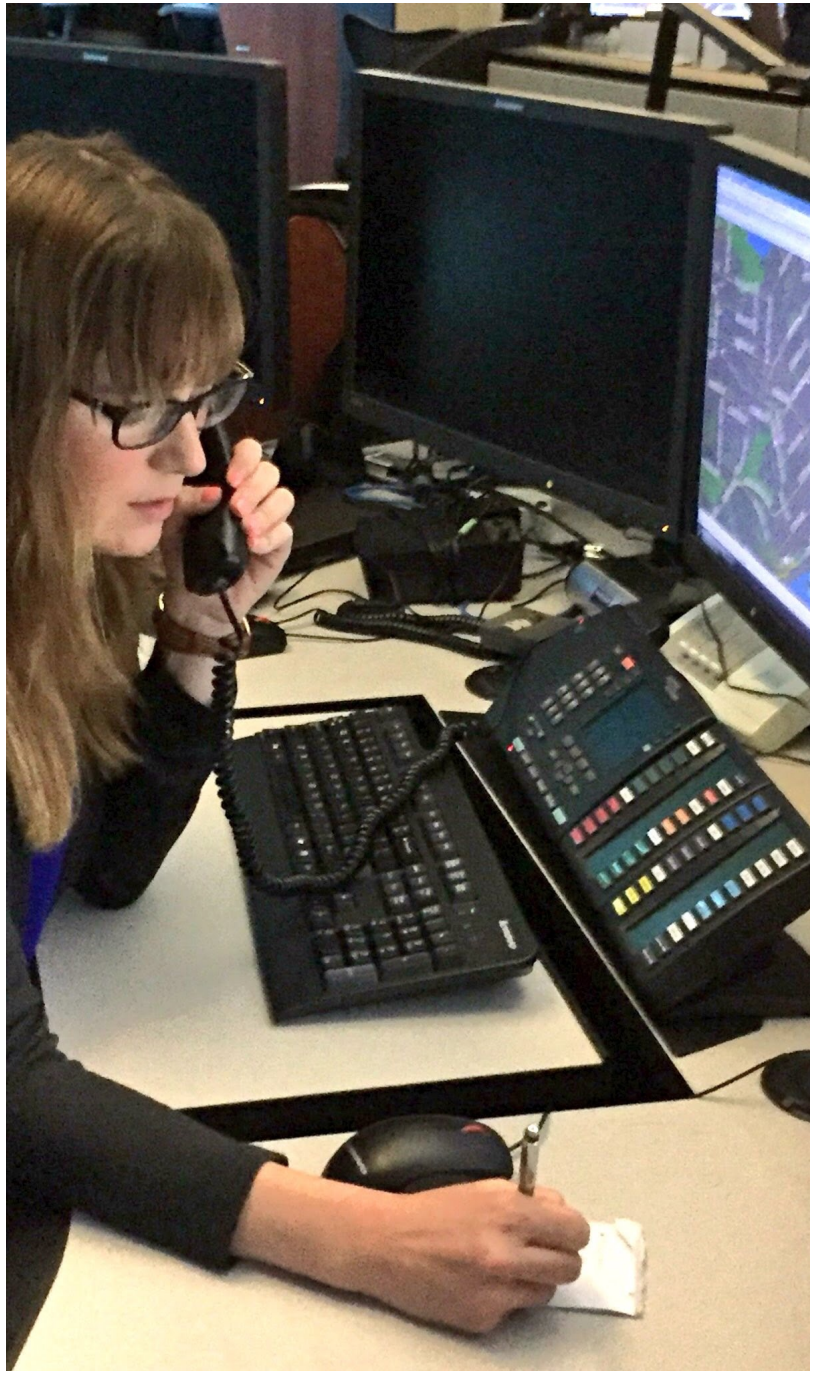
Absence:

- Leadership extends beyond presence, leaving an impact in absence.
- Leaders should empower & inspire even when absent.
- Empowering others creates a **sustainable** leadership legacy.
- Shift from leader-centric to facilitator of growth for those they lead.










BRITISH COLUMBIA
AMBULANCE
SERVICE






Ambulance Service

"Leadership is about empowering other people as a result of your presence—and making sure that impact continues into your absence."

Strategy and Culture

3


AMBULANCE
EMERGENCY RESPONSE
Ambulance
G 22 CX

Ambulance Tasmania failing to meet health and safety standards for paramedics, leaked report shows

By state political reporter Rhiana Whitson

Posted Wed 6 Nov 2019 at 5:42am, updated Wed 6 Nov 2019 at 7:48am

Ambulance Tasmania under fire from former paramedic over PTSD case handling

By Rhiana Whitson

Posted Fri 10 Aug 2018 at 6:04pm, updated Sat 11 Aug 2018 at 10:24pm

NEWS > HOBART NEWS > TASMANIAN AMBULANCE RESPONSE TIMES WORST IN THE COUNTRY

Tasmanian Ambulance Response Times Worst In The Country

As paramedics take action

Patient's relative drives ambulance to hospital amid staff shortages

By Georgie Burgess and state political reporter Rhiana Whitson

Posted Tue 2 Jul 2019 at 5:25am, updated Tue 2 Jul 2019 at 8:02am

Recovering ice addict Cristy Collins drove ambulances as paramedic while high on drugs

OPINION

How Working for Ambulance Tasmania Became Like an Abusive Relationship

Tasmanian man dies waiting seven hours for ambulance

Inquest into suicide of paramedic to examine Ambulance Tasmania's mental health systems and drug security

By Lucy MacDonald

Posted Mon 15 Mar 2021 at 10:29am, updated Mon 15 Mar 2021 at 2:01pm

Female Ambulance Tasmania paramedic tells of 'rape plan' during inquest into colleague Damian Crump's death

By Lucy MacDonald

Posted Wed 17 Mar 2021 at 1:32pm, updated Wed 17 Mar 2021 at 3:41pm

Jeremy Rockliff

Premier of Tasmania

Share

26 July 2021

Jeremy Rockliff, Minister for Health

Ambulance Tasmania Chief Executive appointed

I am pleased to announce that Mr Joe Acker has been appointed as Chief Executive of Ambulance Tasmania.

Joe was appointed as Interim Chief Executive in February and will now take on the role following an extensive recruitment process.

Joe has more than 30 years' experience in paramedic systems, health services and academia in both Australia and Canada. Before joining Ambulance Tasmania, his most recent position was Director of Clinical and Professional Practice for the British Columbia Emergency Health Services based in Vancouver, Canada.

He has extensive experience leading large organisations as the Chief Executive of the City of Edmonton Emergency Medical Services, Executive Director of Ambulance for the Alberta Health Services, and the General Manager of the Shock Trauma Air Rescue Society which is a helicopter medical retrieval service.

We are employing more paramedics and recruiting and supporting more volunteer ambulance officers, and Joe will be at the forefront of implementing the Government's strategic agenda to deliver better ambulance services for all Tasmanians.





OVERHAUL: New ambo boss vows to fix 'toxic' culture

The new boss of Ambulance Tasmania has vowed to stamp out bullying, racism, sexism and harassment in the service, saying improving the agency's culture is his immediate priority.


STRATEGY



*Culture establishes the rules of engagement after leadership leaves the room; it explains how things are **really** done around here.*

LinkedIn

Articles People Learning



Ruby Commane

Media and Communications Advisor

Hobart, Tasmania, Australia

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Ambulance Tasmania

University of Tasmania

Ambulance Tasmania
May 10 at 9:19 AM

Growing up on Tasmania's North West Coast, Hayden began volunteering at Ambulance Tasmania in 2015 at Sheffield Station.

Hayden has since relocated to Hobart where he works as a Patient Transport Officer (PTO), while continuing to volunteer at Ouse Station.

"Patient Transport is a vital part of the health service. We provide a means of transport, and link healthcare services to patients that otherwise wouldn't have access to these services. ... See more



Ange Green, Lee Beaver Pickering and 436 others
48 comments 12 shares



You, Ange Green, Jarrod Bell and 764 others
Like Comment Share
41 comments 12 shares

Ambulance Tasmania
April 20

After a casual visit with her owner, Ambulance Tasmania Communication Centre staff have claimed 13-week-old Penny as their newest recruit!

While the little French Bulldog may not be able to take Triple-0 calls or dispatch ambulances, she can certainly provide plenty of puppy cuddles.

Penny is a popular regular at State Headquarters where on her visits, unsurprisingly, she receives plenty of attention!



Toby West, Simone Haigh and 467 others
22 comments 10 shares

Ambulance Tasmania
1d

Paramedic Brendan wasted no time on day 1 of the Emergency Service Blood Drive, jumping into the chair nice and early!

From today until 31 August, Ambulance Tasmania is up against other local emergency services to see who can donate the most blood to help save lives.

In last year's drive, Ambulance Tasmania finished in third place, so this year we are going for gold and encouraging all our people to donate. ... See more



Kylie Kapeller, Andrew Herweynen and 175 others
5 comments 4 shares

Ambulance Tasmania
May 27 at 10:00 AM

Hobart Station became a mini skate park for 13-year-old skaters Charlotte and Zailee who performed tricks to some paramedics for a cause close to girls' hearts.

The powerhouse pair are shredding and landing tricks at 65 locations, and Ambulance Tasmania was on their bucket list along with the Royal Hobart Hospital and Hobart Airport.

Their goal? Raising $20,000 and awareness for Cystic Fibrosis – a condition Charlotte lives with. ...

See more



Mat Johnston, Ange Green and 323 others
5 comments 6 shares

Ambulance Tasmania
May 10 at 8:21 AM

After years of sharing a site with the Tasmania Fire Service, Bridgewater ambulance crews now have their own space to call home.

The new and completed four-bay station will be fully operational in the coming days, and contains training room facilities and capacity for future growth to accommodate the growing area.

"We thank the TFS for sharing the space, however the capacity of the current station has been overtaken by increases in both ambulance and fire resources and th... See more



Cassandra McKenzie, Ange Green and 393 others
6 comments 3 shares
Like Comment Share

Ambulance Tasmania
March 31 ·

From undertaking rescues in the New Zealand wilderness to working in stations across Tasmania, today Gerald's 38-year ambulance career has come to an end.

Gerald began volunteering at St John Ambulance in New Zealand in 1985 and throughout the years became a fully qualified paramedic, was involved in the Search and Rescue Alpine Team, and was Incident Commander and a paramedic during the devastating earthquake in Christchurch in 2011.

"There are so many good memories, the... See more



You, Brent Cashion, Kerryn Wratt and 388 others

59 comments 5 shares

Ambulance Tasmania
April 5 ·

Ambulance Tasmania paramedics Nikki and Rob took a break from on-road duties yesterday to visit some potential future paramedics at Claremont College.

The pair set up an interactive stall with manikins and equipment bags for students to explore – a few were tested on the cardiac monitor which proved a hit.

Nikki was impressed by the amount of students who had some emergency health knowledge which could one day help save a life.... See more



You, Toby West, Anna Ekdahl and 249 others

1 comment 4 shares

Ambulance Tasmania
February 10 ·

Neale has always had a passion for rock climbing, kayaking and bushwalking in remote Tasmania.

In 1982, while running courses to prepare emergency service workers for these environments, someone suggested that he apply for Ambulance Tasmania in Devonport.

"By good luck really, somehow I got employed!" Neale said. ... See more



Tes Sa, Ange Green and 640 others

132 comments 13 shares

Ambulance Tasmania
March 15 ·

Therapy dog Teddy was very excited to have his fluffy friend join him on his weekly visit in Hobart yesterday, although Brian didn't look too impressed!

The pair brought plenty of laughter to our hard-working people as part of Ambulance Tasmania's wellbeing program, and the British Shorthair purred his way through many cuddles despite the grumpy face.

It was also Teddy's 7th birthday, and Brian's occasional appearance with Therapy Paws Tasmania made his day even more special.



You, Ange Green, Simone Haigh and 410 others

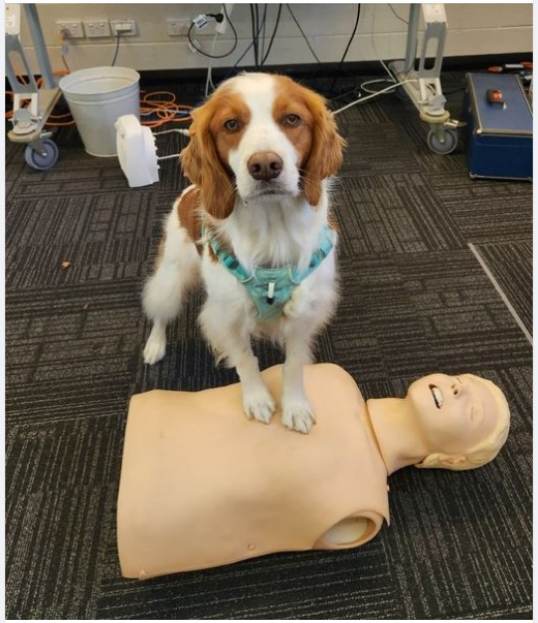
55 comments 17 shares

Ambulance Tasmania
February 6 ·

Everyone can learn CPR!

For every minute a person suffering a cardiac arrest in goes without receiving CPR or an AED shock their chances of survival drop by 10%.

Knowing this essential skill can save a life and it is simple and easy to learn.... See more



Ange Green, Pam Heiermann and 274 others 13 comments 39 shares

Ambulance Tasmania
December 28, 2022 ·

Go Kat!



Department of Health, Tasmania
December 28, 2022 ·

For Ambulance Tasmania paramedics like Katrina working over the Christmas period can be fun 🚑

"I find that the type of work is different because the community i... See more

You, Toby West, Jarath Cobcroft and 329 others 12 comments 3 shares

Ambulance Tasmania
December 19, 2022 ·

Therapy dog Nova had a little friend join her on her rounds last week.

Sonny offered up many puppy cuddles to staff in Devonport, Latrobe, Ulverstone, Burnie as well as the Mersey and North West Regional Hospitals – it would have been very hard to resist his cuteness!

Therapy dogs regularly visit stations across the state to put smiles on the faces of our people as part of Ambulance Tasmania's Wellbeing Program.



You, Ange Green, Siobhan Graham and 306 others 16 comments 4 shares

Like Comment Share

Ambulance Tasmania
November 24, 2022 ·

Ambulance Tasmania is proud of the outstanding leaders we have recruited to the Communications Centre, and we are excited to share that from this month, 75% of these leaders are women.

50% of staff who share the Operations Manager position are women and 100% of the Communications Centre support roles are performed by women.

Our service supports all of our people to achieve their leadership goals to strengthen and add value to our already brilliant team!



Patrick Boyle, Cassandra McKenzie and 300 others 7 comments 5 shares

Like Comment Share

Ambulance Tasmania chief executive says organisation needs to better support staff

By state political reporter Alexandra Humphries

Posted Wed 20 Oct 2021 at 3:47pm, updated Wed 20 Oct 2021 at 4:33pm







FrontlineMind

RESILIENCE IS A STATE THAT EVERYONE CAN DEVELOP – BY DESIGN

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.

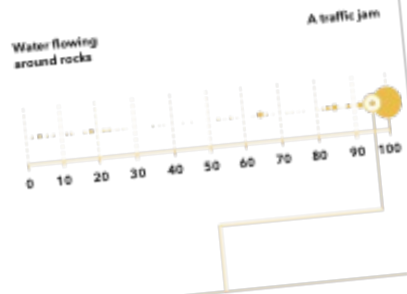
36% of respondents self-reported depression, anxiety, stress, or PTSD. 17% are medicated for those issues or poor sleep (70% reported trouble with sleep relating to their story indicating an inability to switch off from the day to recover optimally).

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.

Please note some stories have been edited for length and privacy

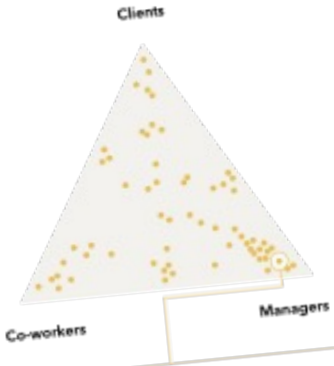
DATA:

My experience felt like...



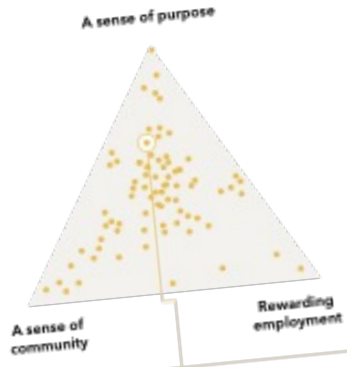
"A decision I made based on normal processes and the best operational approach I could see was questioned, stalled, and eventually the process was redirected. There was no justification for the change, no financial implication cited, and no logic from what I could determine. It's something that affects 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."

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."

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.

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 fortnightly 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 1400-17:00
   - 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.**

Results of First Resilience Scan – October 2021

- **323** responses were received (32%)
- Results:
  - ***"authoritative"*** leadership styles
  - greatest ***"sense of threat"*** coming from managers
  - workplace where that experience is more like ***"a traffic jam"***
- 36% reported depression, stress, anxiety or PTSD
- On a scale of 0 to 100, AT was **-81**
- Rich text narratives described a history of significant workplace bullying, abuse of power, discrimination, sexually inappropriate behavior, and an absence of leadership at all levels



Main Themes

1. **Communication –** reactive, directive, not timely & infrequent. Missed sharing the intent behind a decision or action.
2. **Inconsistent –** decision-making across different areas, communication, following of processes & post-incident follow-ups.
3. **Leadership –** systematically missing from various levels of the organization for a protracted period, little investment in developing leaders.

Immediate Executive Commitments



- Begin a program of **regular open forums for everyone** to exchange information with the executive team.
- Hold **face-to-face workshops** to identify ways the organization can take ownership, and enact positive changes in culture, process, and leadership.
- **Stabilize the senior leadership** team by filling all the vacancies with qualified people.

Authentic Consultation

- October 2021 to May 2022
- 17 workshops
- >300 people attended
- Managers excluded from most sessions
- TEAMS sessions for those who could not attend in-person









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.
	ease and enhance alternate care pathways to expand the capability of secondary triage and expand the ability to assess/see/treat and refer patients away from the emergency department.
	nction of clinicians in the Communications Centre (i.e., Clinical Deployment Officer (DS)) and create new procedures to better use clinicians as part of the dispatch decision making.
	raduates to ensure they are progressing in their transition
	and tap into their skills, abilities,
	esponsibilities of the

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 th
2.4	Make a new employee orientation and induction program compulsory and standardi including administrative support staff, ICT staff, and all new managers and lead onboarding processes for all staff.
2.5	Consider allowing staff exchanges between business units to p and support professional growth and development. This Departments.
2.6	Organise collaboration and training mee support / learn from each other. T finance and human resour can reduce duplicati
2.7	Conduct 'exit' and explore opportuniti
2.8	Consider creating a pe consistency across adm duplication, gaps, and inc
2.9	Schedule information sess paramedicine and the struc
2.10	Identify and make available alt wish to contribute to the orga
2.11	Consider having mentors for all more cross-over of staff.
2.12	Instead of re-inventing the wheel, w translate it across to others – this wo
2.13	If contracts need to be cancelled earli should take place before receiving a lett
	Provide office staff with a corporate unifo most of the staff receive a uniform. This sh
	Review supervision of EMDSOs and NEPT d much disparity between the call-taking and dis

Action Plan Focus Area 3 – Leadership Accountability
Responsibility: Director Clinical Services & Director Operations

What we heard
velop a leadership matrix and professional development guidelines for all levels in the organisation that rly articulates the knowledge, education, skills, capabilities, and behaviour required for each level to enable er planning.
taff should model positive behaviours and address poor behaviours. Ensure any bullying, discriminatory viours, code of conduct breaches and unprofessional behaviours are not tolerated and addressed opriately.
w the role and f ease work tasks ght, and optim
visors, manag to emerge a
all staff ca developm porary t k. Consi
ons Su lue to
work
Regular nedic and

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 a appropriately and consistently supported.
4.2	Implement a supervisor and manager mentoring or coaching program. Consider men
4.3	Rethink the practice of requesting Expressions of Interest in roles and create a more process.
4.4	Ensure selection panels are comprised of impartial people with relevant qualificati external parties.
4.5	Ensure job descriptions are accurate, and the selection process relates to the
4.6	Ensure selection panels balance subject matter expertise, impartiality, gender
4.7	Review the non-clinical training pathways to identify opportunities for staff at Ambulance Tasmania.
4.8	Consider ways in which educators can be more supported or have more training programs effectively.
	Review the driver training program so that all staff who drive an emer for non-emergency conditions.
	to leadership program for all prospective leader on supporting 'our' team and a 'leader
	al development at an ind professional developm
	r frontline supervisor plete Manager Es

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 communi with VAOs, other technology and more importantly, more face-to-face communication meth
6.7	Publish our vision and strategic plan so everyone knows where w
6.8	Consult staff to understand ways they would like t messages/content they want to receiv
6.9	Ambulance Tasmania expectati through account.
6.10	Continue and not ju
6.11	Create syst
6.12	Ensure expe
6.13	Ambulance T information in
6.14	Have a staff me
6.15	Standardised em
6.16	Create an easy w
6.17	Consider regular
6.18	Provide more infor meetings, equipmen
6.19	Leaders to cross bou messaging.
6.20	Generic email for role who is on shift.
6.21	Broader community me regarding best use of res
6.22	All managers and supervis
6.23	Ensure inclusive language i Tasmania attaches to all co
6.24	All Ambulance Tasmania pe

Action Plan Focus Area 7 – Operations
Responsibility: Director Operations

#	What we heard
7.1	Fix ramping. Investigation into a consistent ambulance offload policy Implement an effective escalation process to reduce ramping.
7.2	Review Communications Centre practices, policies, structure and clinically focused, efficient and effective. We need to embrace mo colleagues across Australia and from around the world. KPIs mak and aren't always the best indicator of performance.
7.3	A solution is required to manage the end of shift period to get creates fatigue, negatively impacts morale, and it can be manage
7.4	Eliminate paper rostering and musters and move to an electron
7.5	Large stations need a "make-ready" model that ensures ambul the start of every shift. Create roles for Ambulance Fleet and Supplies Technician would reduce logistics burden on Operati improve actioning of vehicle servicing and repair requests.
7.6	Ensure that every ambulance is stocked with a Zoll monitor, so the vehicle is ready to go at the start of shift. There are s ics must source radios, monitors, syringe drivers, and Tough Create a system in each vehicle to charge the devices in ve
7.7	Change SOC-DM to Deployment Supervisor for more ap Deployment Supervisors being required t
	24/7 coverage.

Action Plan Focus Area 5 – Systems and Processes
Responsibility: Senior Manager Strategy and Performance

What we heard
Develop a three-year Strategic Direction for Ambulance Tasmania, supported by a three-year Business Plan, Key Performance Indicators and a reporting schedule.
evelop a document framework to guide the development and review of policy, procedure and work struction documents, finalise a plan to contemporise existing documents and ensure accessibility.
velop a business case for the creation of a Workforce Planning Unit.
lop a 10-year Ambulance Tasmania Station Masterplan to accommodate community demand and optimise e delivery.
p and implement a system to monitor and report against the completion of Performance Development ent (PDA).
te a review of all Ambulance Tasmania Statements of Duty (SoD) to reflect the current organisational on requirements.
rtment of Health to improve payroll processes (pay amendments, holiday period process-
n with the Department of Health to implement the Human Resources Information System ovide contemporary Human Resource systems and supporting processes and procedures.
rtment of Health and Ambulance Tasmania management to ensure new priately set-up prior to commencement.
ulance Tasmania Organisational Chart.
e Tasmania specific internet page which provides a 'one stop shop' for employees to dates, forms, policies, procedures and also be accessed from non-THS sites. Each ve a page for updates which formation easier to find than searching
dure or policy means and how it is ider training people in how the
ocedures as they are the ones who have

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 S and provide safety tips.
8.2	AT should have a "return to work coordinator" to provide better support for people off work due to inj or other reasons to ensure a more seamless return to work. People on Workers Compensation, matern 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 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 close the loop.
8.10	Appoint a Safety Advisor position at Ambulance Tasmania like they have in Victoria.



Ambulance Tasmania

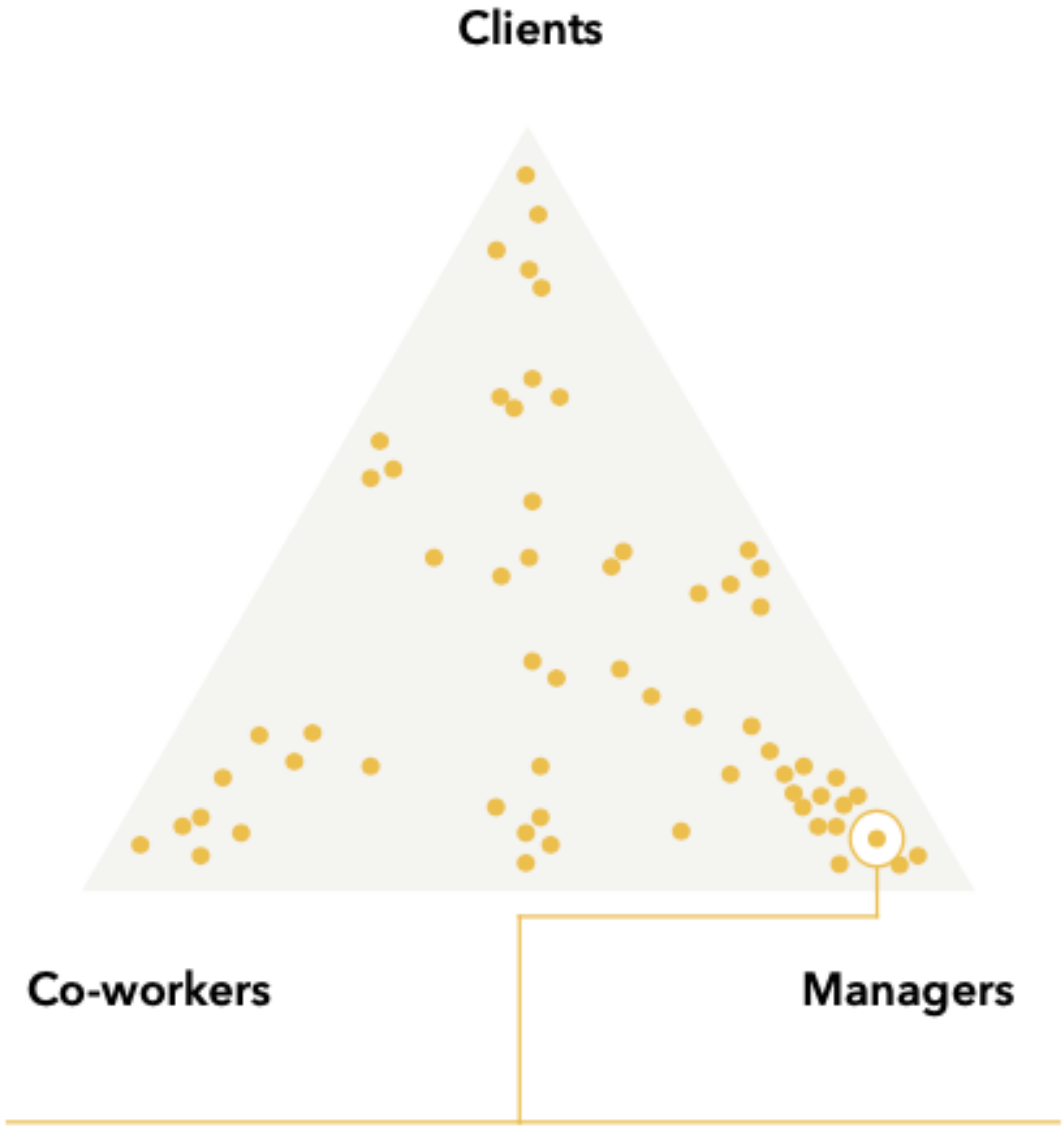
Culture Improvement Action Plan

July 2022

ambulance.tas.gov.au

Tasmanian Government

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

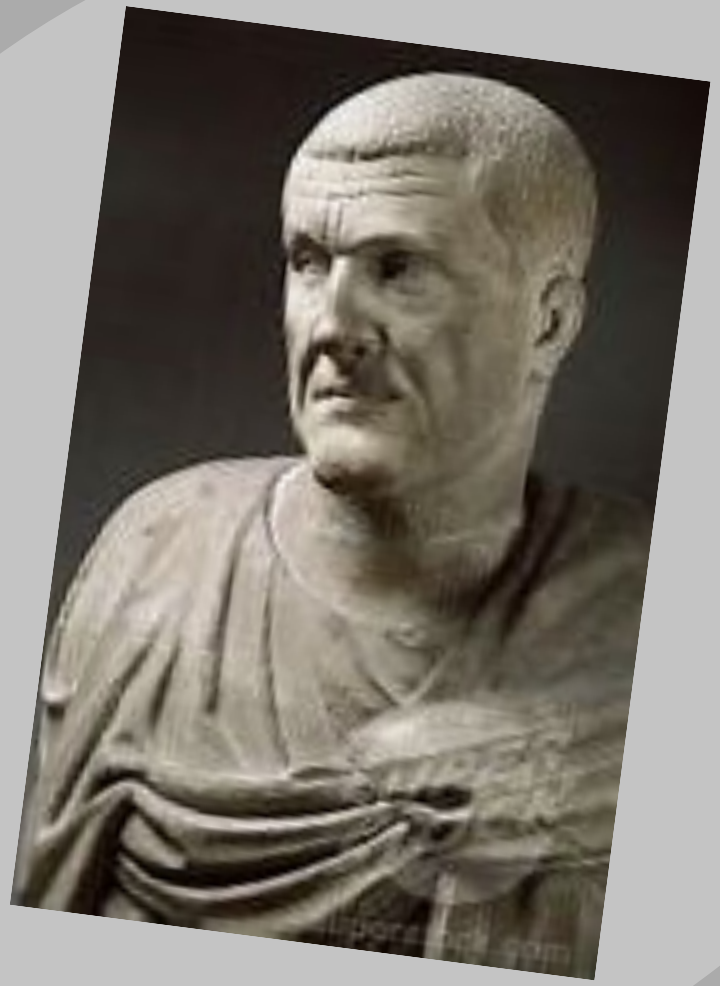


"Since my short time at ambulance I have experienced a complete lack of professionalism from managers towards staff. I have had difficulty mentoring new staff members to a clinical role due to lack of direction, planning and blatant disregard for professional standards. [...] I'm extremely passionate 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."


Organizational change can fix good people behaving badly, but it can't fix "bad" people behaving badly. Employees with an established pattern of toxicity, discrimination, or misconduct need to go.

High Standards and Deep Devotion

4



Valerius Maximus

Rein of Tiberius14-37 AD

(Nine Books of Memorable Deeds & Sayings)





Emphasis on virtues - **courage, duty, piety, frugality, and compassion.**



Leading by example – He praised leaders who **led from the front**, inspiring their followers.



Decisiveness - He lauded leaders who could **make difficult decisions** firmly and without hesitation.



Discipline - Maintaining **strict military discipline** was viewed as crucial for successful leadership, especially among the highest commanders.



Rewarding merit - **rewarded ability, valour and achievement** among their subordinates.

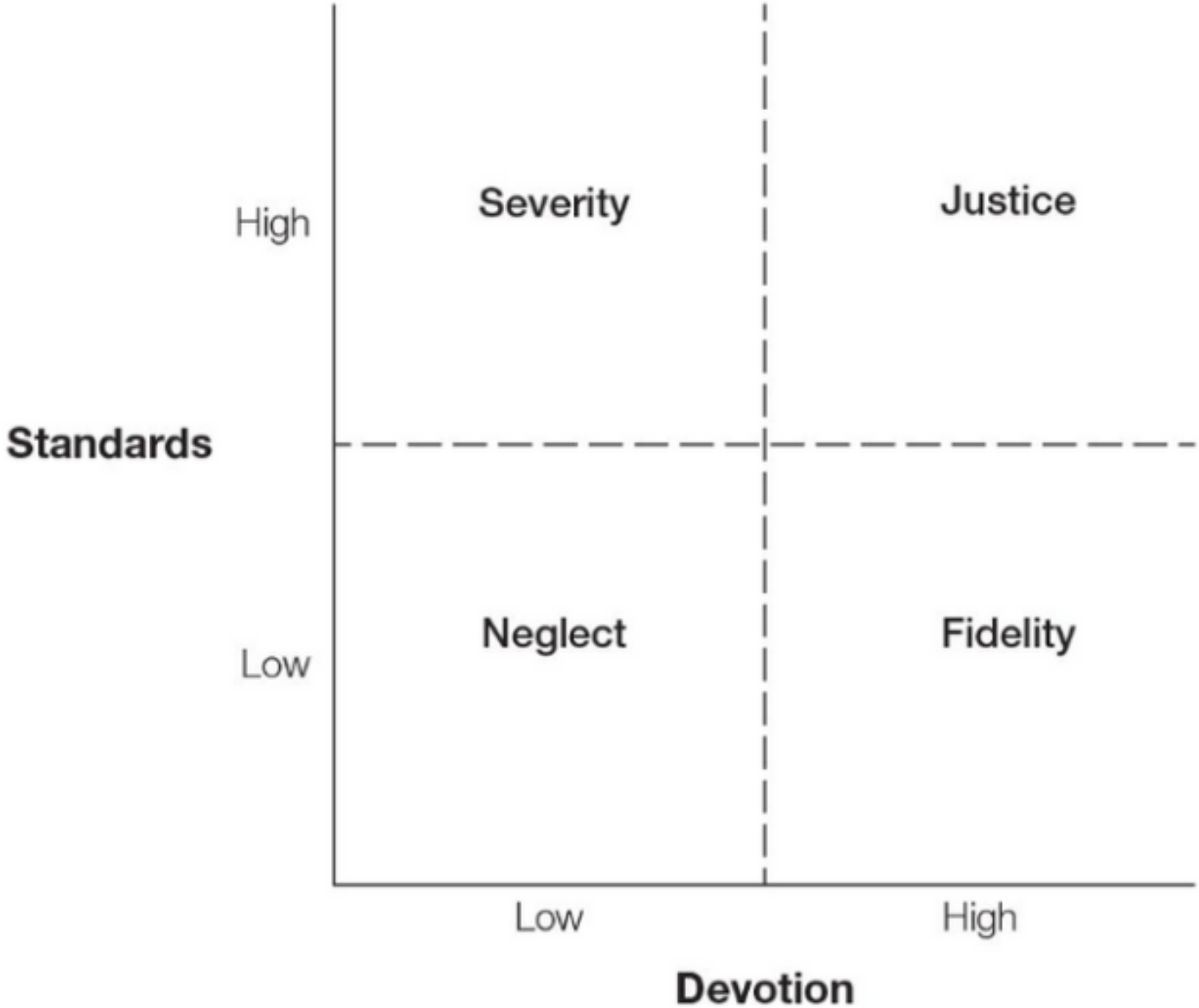
Standards and Devotion



Standards are the performance we want out of people. The level they are supposed to meet.



Devotion is about how much we care for another person. Their wellbeing, their success, whether they are okay.


Severity
Justice
High
Standards
Neglect
Fidelity
Low
Low
High
Devotion

Severity is about holding high standards without regard for the humanness of those we are dealing with.

Putting **results** before **people** and their wellbeing.

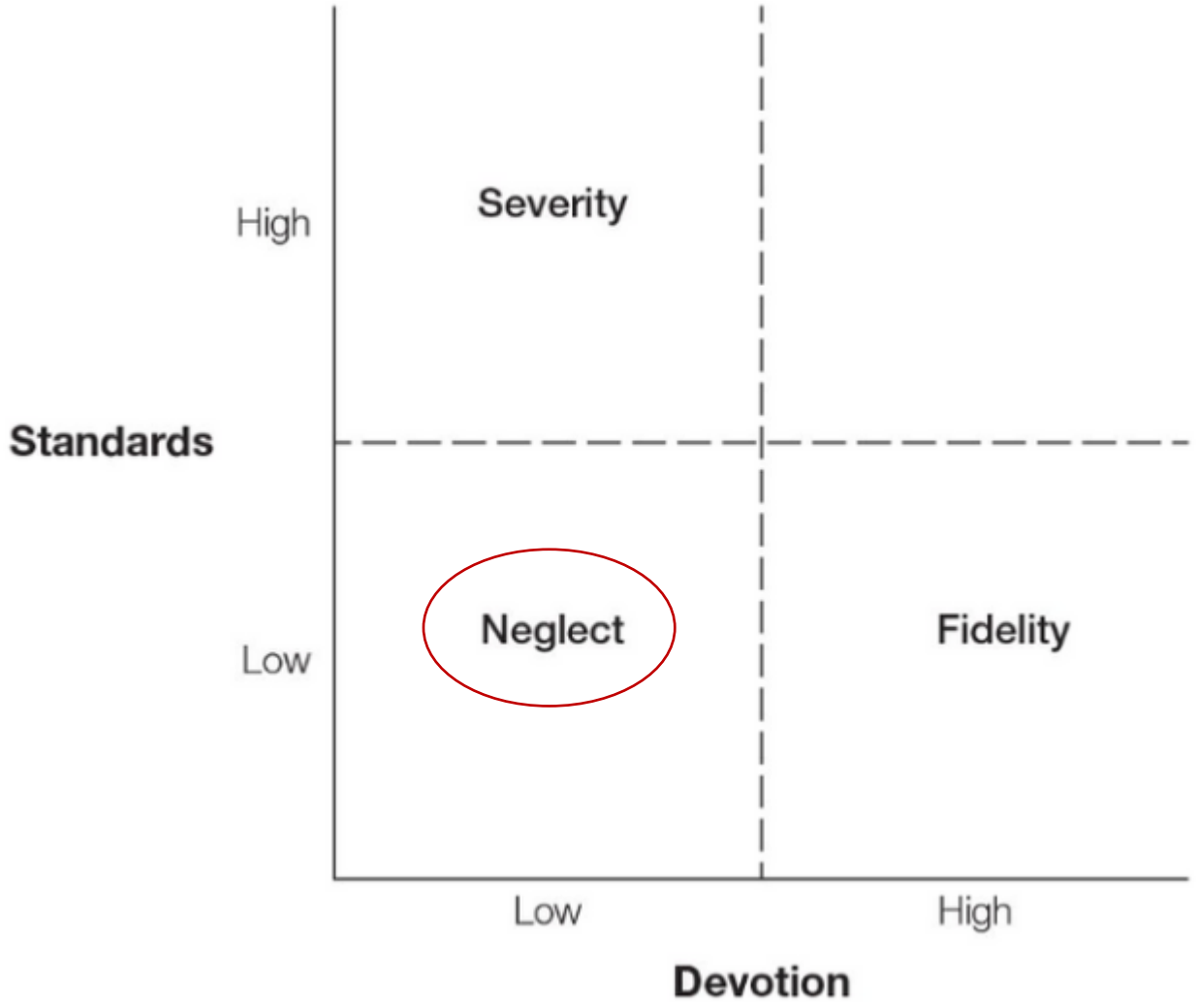


Fidelity *is caring avoidance. Letting empathy be a barrier to action and results*

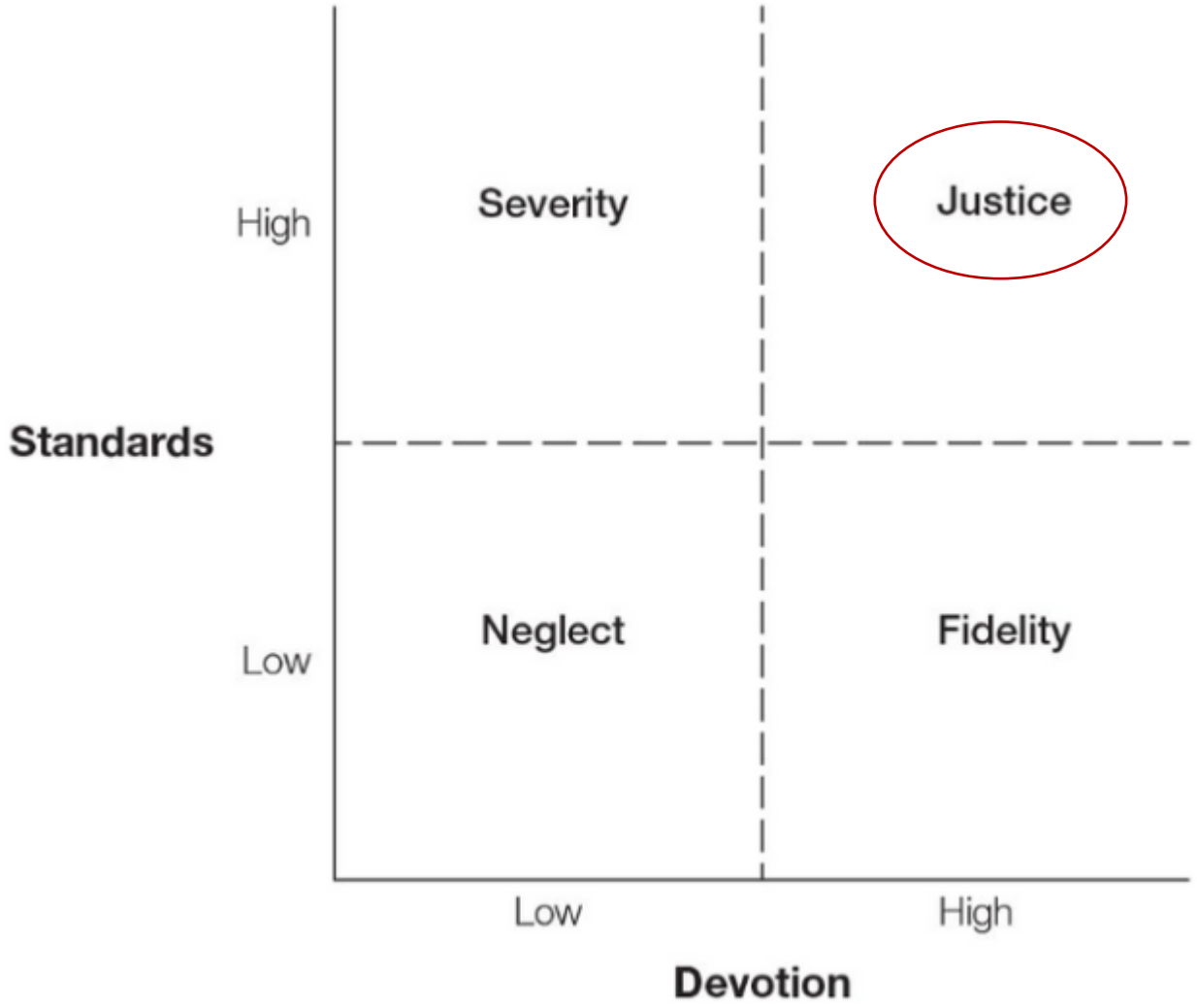




Neglect. Ineffective indifference. Lacking interest or concern for the project or the person.



Justice *- wise compassion. Getting tough things done in a human way to deliver results.*



Severe and fidelity are easier in EMS

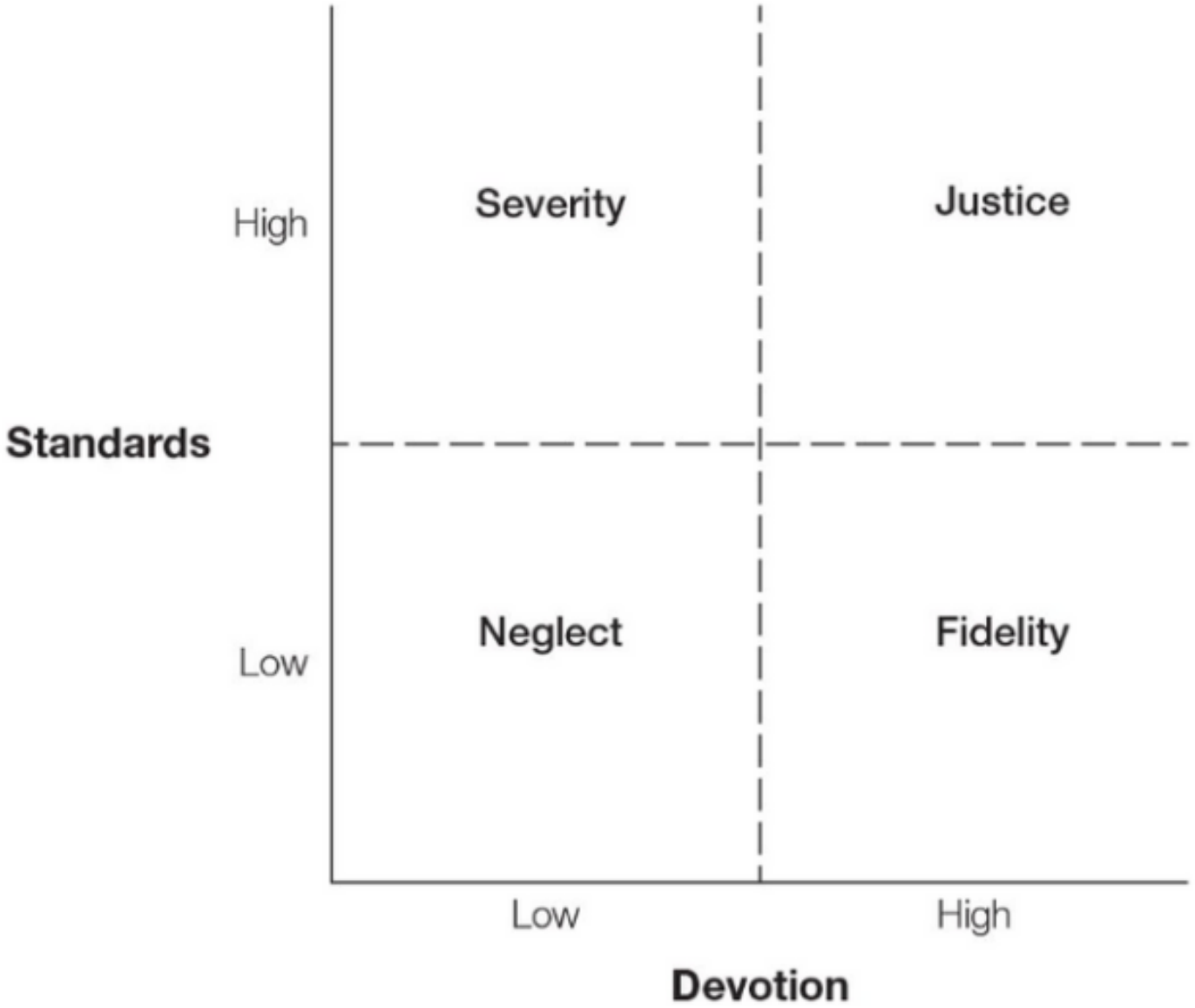


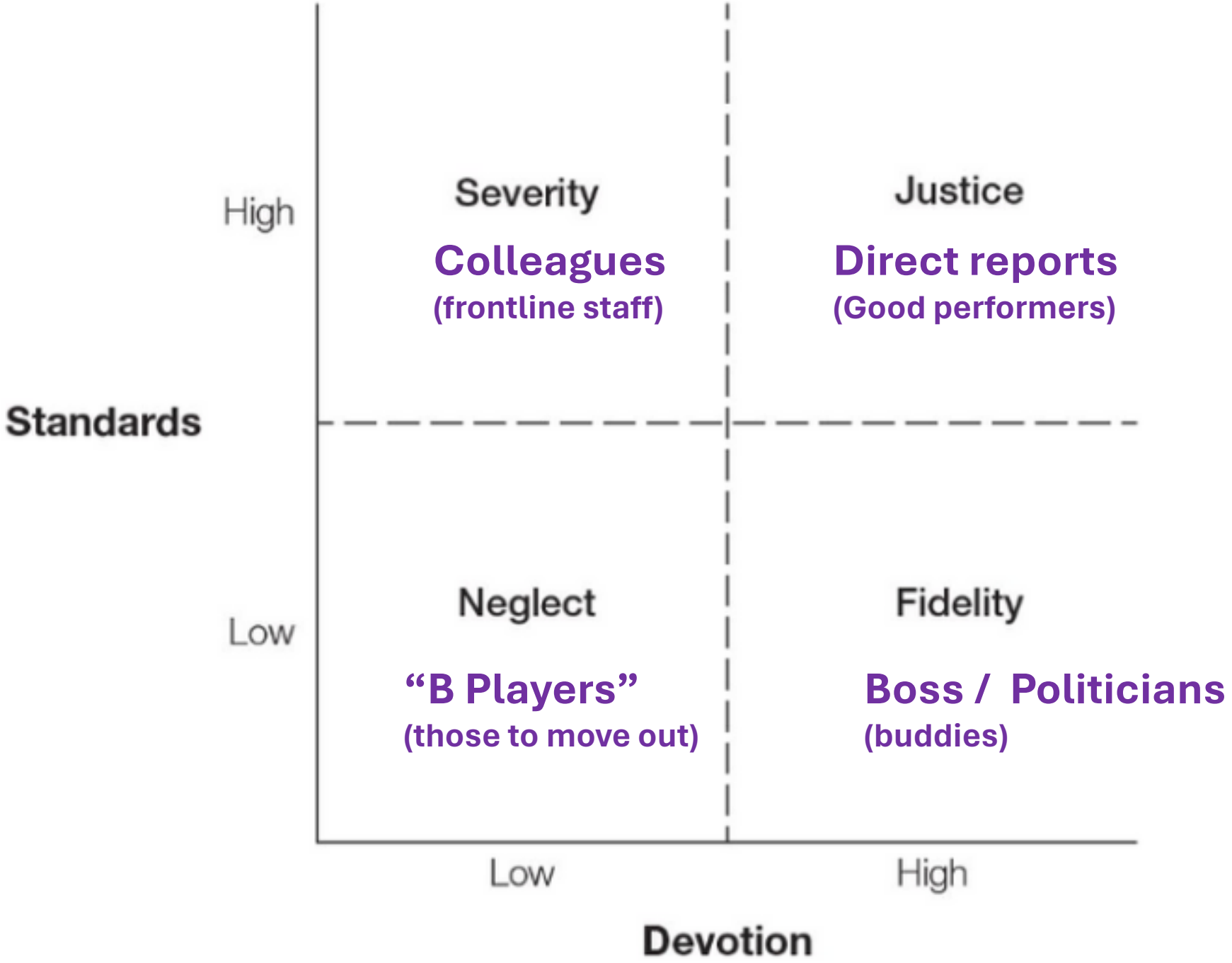
Fidelity *is caring avoidance. Letting empathy be a barrier to action and results*



Severity is about holding high standards without regard for the humanness of who we are dealing with.

How do other people experience you?




High
Severity
Colleagues
(frontline staff)
Justice
Direct reports
(Good performers)
Standards
Low
Neglect
"B Players"
(those to move out)
Fidelity
Boss / Politicians
(buddies)
Low
High
Devotion

Ambulance Tasmania resilience scan drives change for the health service.

By Andrew Chounding
Updated October 20 2021 - 8:02pm, first published 8:00pm



‘We’re not perfect’: Ambulance chief admits to mistakes

The head of Ambulance Tasmania has defended his embattled staff but concedes the service “has not been meeting the expectations of the community”. WHAT HE HAD TO SAY >>

STATEMENTS

Ambulance Tasmania Launches ‘Action Plan’

By Tasmanian Times

Posted on August 12, 2022

Ambulance Tasmania chief executive says organisation needs to better support staff

By state political reporter Alexandra Humphries

Posted Wed 20 Oct 2021 at 3:47pm, updated Wed 20 Oct 2021 at 4:33pm

FrontlineMind

SEPTEMBER 2022

RESILIENCE DASHBOARD

AMBULANCE TASMANIA

The September 2022 Resilience Scan at Ambulance Tasmania saw a significant increase in the participation rate compared with September 2021. We received 449 in-depth responses compared to 325 when we first completed the Resilience Scan. We are cautiously optimistic that the higher participation rates indicate that more people who had given up or were cynical that their opinions mattered, are now prepared to share stories and insights into their experiences.

The patterns remained broadly stable compared with last year's scan. Significantly, many of the responses reflected; a continuing "negative sentiment" (78%), a sense of "overwhelm" (70%), and experiences like "a traffic jam" (84%), these sorts of situations occur "frequently" (81%), and the management response in this situation was "authoritative" (73%).

Stories shared also reflect ongoing challenges with management and co-workers at all levels of the organisation. A sense of threat from a client/patient, co-worker or manager declined slightly from 85% to 80%. Managers still represented a significant source of that "threat" and it is important that we continue to change our leadership approach and behaviours so that our people feel nurtured and supported.

Encouragingly there are early signs of small positive changes reflected in some responses. Respondents reporting a sense of purpose in the workplace increased from 52% to 56%. The Net Promoter Score (overall sentiment) of -69 (negative 69) increased from -81 the previous year – a 15% positive improvement.

Overall, the resilience scan results reflect ongoing challenges in the workplace and provide clear direction and priorities.

Our Response – Ambulance Tasmania Executive Team

The Ambulance Tasmania Executive Team (ATEC) are appreciative of the insights shared and acknowledges the organisation has a deep desire to see action following the scan.

The second Resilience Scan highlighted that many of our people are not feeling cared for by the organisation, our supervisors, managers, and leaders, and in some cases by their colleagues.

The ATEC members reviewed the anonymised results of the second Resilience Scan including the rich stories provided by 449 of our people. The ATEC has identified one overarching priority theme of "Caring for our people" and three sub-themes from the data received.

The ATEC is committed to three immediate actions flowing from the resilience scan, in addition to our continued commitment to the Culture Improvement Action Plan.

SENSEMAKER

DATA:

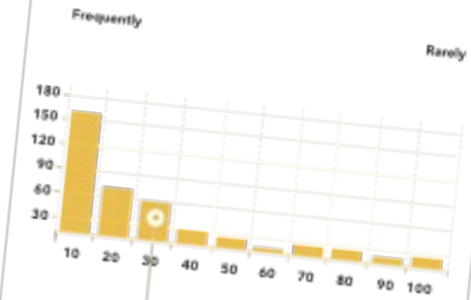
Note: Some stories may be edited for length & anonimity

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



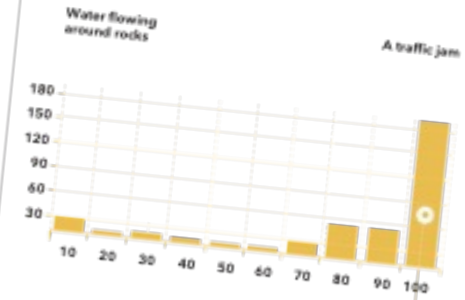
"I was recently told " I wouldn't bring that up until you have permanency" by a direct manager. Basically, a threat not to make trouble or voice an opinion for change, because I don't have job security. Absolutely gut-wrenching that this is the narrative in the organisation I work for."

This sort of situation occurs...



"This is an observation, not a story - but it happens all the time. I'm a Vollie. Example: We're at the RHH, paramedics walk in, walk right past, no acknowledgement, no hello, then say hello to the Paramedic standing 1m away. Same (but to a lesser extent) at HQ. It would be nice to feel part of the team by receiving just a short "G'day" or "how you going?". It shouldn't make a difference - Vollie or Paramedic - we're in it together, it is just common courtesy and would make me feel more appreciated."

My experience felt like...



"I am a volunteer and work at Branch Stations. Working with paramedics provides insights into many of the issues that they report seriously under-mine the culture, leads to cynical views about the CEO's cultural revolution and simply poor management. So, I am taking up one of their key issues. Something that I hear often because they often find themselves in this position. It's the application, selection and notification when applying for AT positions. And, because many are applying for new roles this issue influences so many options about AT and in particular the AT leadership team. The key elements that need to fixed are: > email advice that their application has been received; > email advice about the process - set out the steps and timing; > email advice if they have been short-listed and if so, next steps; > information for an interview including the matters to be raised and the weighting for this issues and how the successful applicant will be selected; > everyone informed of the successful applicant BEFORE everyone is advised; and > an opportunity with sensible and constructive feedback an explanation why a person was unsuccessful. Not particularly difficult to implement the above but it is at AT. You would be surprised how often this issue is raised and how much it effects morale. It IS a BIG issue. The current practices seem out of alignment with the AT Values and they are often spoken about as 'words on paper'. It would seem to me that much of the cultural work is not aligned with good practice much less the 'cultural waffle' that goes on. Might seem a bit strange for a Vollie to be speaking on behalf of paramedics but it is surprising what is said."

KEY THEMES

Caring for our people:

1. Create a culture of kindness
2. Build respectful relationships
3. Implement people-centric processes

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

1. Train and support our frontline leaders on how to collaborate and create an environment of psychological safety.
2. Workshop with our people a Values and Behaviors Framework that will be implemented across the organisation.
3. Tackle the problems of our recruitment processes by improving transparency, timeliness of communications and providing constructive feedback to candidates.

Results of 2nd Resilience Scan – September 2022

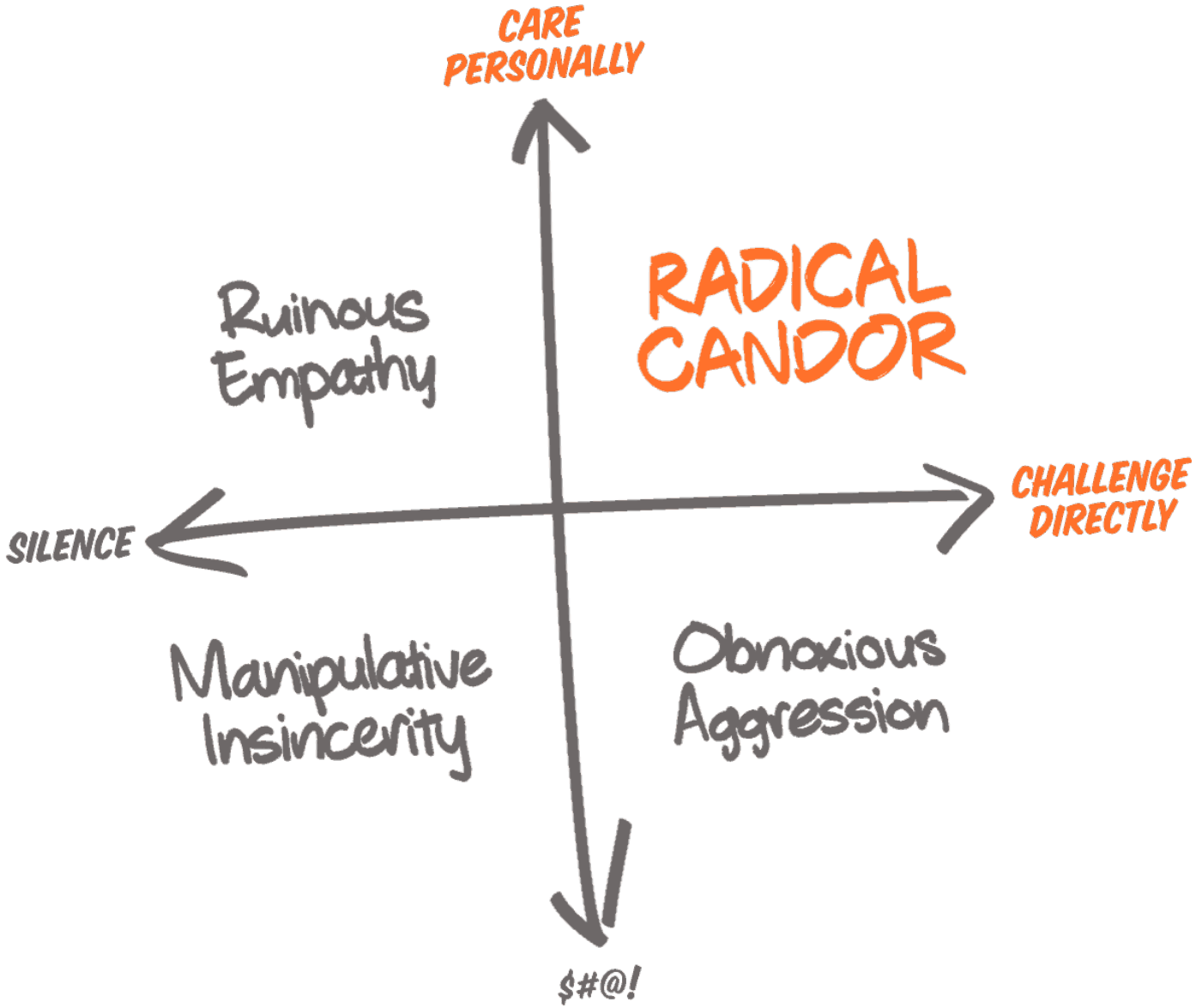
- **449 vs 323** responses were received (45%).
- **Results:**
  - On a scale of 0 to 100, AT was **-69**
  - Sense of purpose improved 4% (52%-56%)
  - Threat from managers decreased 5% (85%-80%)
- Very rich text narratives about current issues vs historical

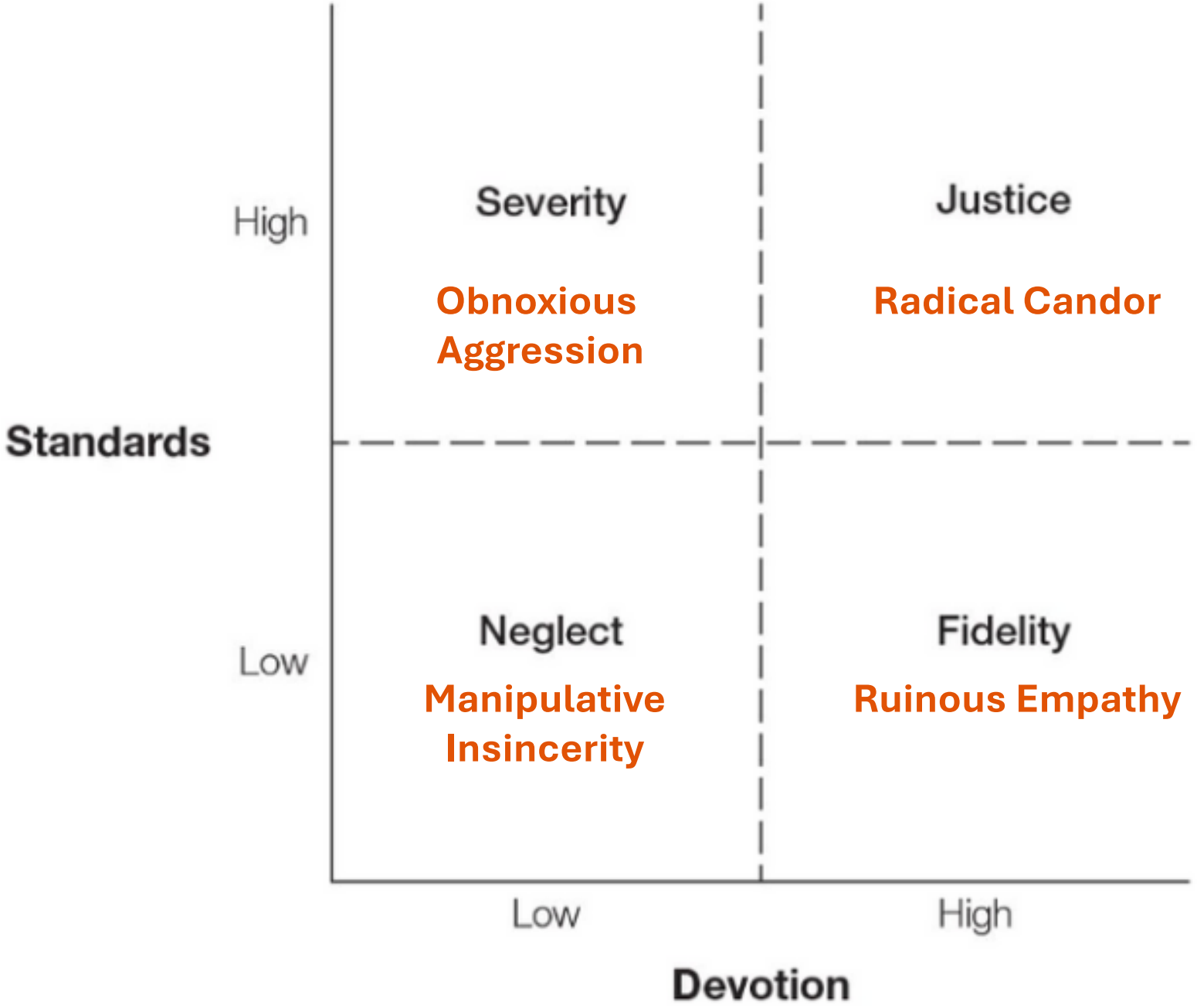
Themes

- Caring for our people:
  - Create a culture of **kindness**
  - Build **respectful** relationships
  - Implement **people-centric processes**



Kim Scott


CARE PERSONALLY
Ruinous Empathy
RADICAL CANDOR
SILENCE
CHALLENGE DIRECTLY
Manipulative Insincerity
Obnoxious Aggression
$#@!


Standards
High
Low
Severity
Obnoxious Aggression
Justice
Radical Candor
Neglect
Manipulative Insincerity
Fidelity
Ruinous Empathy
Low
High
Devotion


CHIEF EXECUTIVE
AMBULANCE TASMANIA


DOCTOR


ICP
AMBULANCE TASMANIA


PARAMEDIC
AMBULANCE TASMANIA


000
EMERGENCY


ICP
AMBULANCE TASMANIA


SUMMARY



Leadership isn’t about you, it is about empowering others



Building trust requires authenticity, empathy, and logic



Leadership involves being physically, mentally, and emotionally present



Leaders should empower and inspire even when physically absent



We can’t advance a strategy with an unhealthy culture



Leaders are responsible for creating and managing culture



Leading with high standards and deep devotion is justice

Leadership Unleashed:

Elevating Accountability, Standards, and Cultivating Compassion



Contact me:

Joe Acker

www.joeacker.net
www.leadertonic.com