

Building a better culture for
our ambulance workforce
and our patients

What we'll cover

1. Why this happens and what do we mean by culture
2. Why trauma matters and what is the link between trauma and health inequalities
3. A trauma-informed culture, including psychological safety and civility in the workforce
4. Seeing patients through a Public Health lens and why workforce wellbeing is not separate to patient care
5. Practical actions and what success may look like

Connecting culture and health inequalities

- Every day, ambulance professionals encounter people experiencing some of the most difficult moments of their lives. Less often acknowledged is that our workforce is repeatedly exposed to trauma too. If we are serious about building a better culture for patients, we must also build a culture that understands, supports and protects our people.
- Most paramedics, ambulance professionals, call handlers and dispatchers did not experience one difficult event. They may have experienced hundreds. The challenge for those leaders is not to remove all adversity from the workplace, which is impossible, but to ensure people do not face it alone and feel supported.
- The experience of our patients is inseparable from the experience of our workforce. A workforce that feels respected, listened to and psychologically safe is better able to provide compassionate, person-centred care to others.



Ambulance services sit at the intersection of healthcare, social care, emergency crisis response, urgent response and public health.

- We know that demand continues to grow in complexity.
- Staff are working in increasingly challenging environments.
- We see the consequences of health inequalities every day.
- Both patients and staff may have experienced trauma

Do we consider that culture is something that is simply written in our values statements or on every organisational document? Should we ask 'How do people experience working here and how are they receiving care from us.'

Culture is evident in:

- How leaders behave under pressure.
- How mistakes are handled.
- How staff are treated after difficult incidents.
- How patients feel during vulnerable moments

Trauma is not rare.

For patients and staff, it is often cumulative.

The impact is not always one major event.

It is often the accumulation.

The question is not necessarily whether trauma is present, it is whether our culture recognises and responds to it

Patients:

- Abuse
- Neglect
- Domestic violence
- Experiencing homelessness
- Substance dependency
- Discrimination

Staff:

- Distressing incidents
- Violence and aggression
- Moral injury
- Repeated exposure to suffering
- Organisational stress

The link between trauma and health inequalities



Higher emergency service use is often linked with:

- Deprivation
- Mental ill health
- Substance misuse
- Social exclusion
- Unsafe or inadequate housing

We may ask, “What is wrong with a patient who is a high-intensity user of our services?” but should we reframe it to ask, “what circumstances keep bringing this person back into crisis?”

The latter question may produce different solutions.

A trauma-informed culture – 6 principles

Safety

Do staff and patients feel psychologically safe? Is there a risk of re-traumatisation

Trust

Are decisions explained honestly? Is there a risk of overpromising?

Choice

Do people feel that they have a voice in the decision-making process of the organisation and its services?

Collaboration

Are solutions built with staff and communities about how their needs can be met?

Empowerment

Do people feel able to succeed? Making efforts to share power and give service users and staff a strong voice in decision-making

Cultural consideration

Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity



If we want staff to create safety for patients, we must create safety for staff.

Psychological safety saves lives

Ambulance Examples

Can staff:

- Admit an error?
- Report concerns?
- Ask for support?
- Challenge unsafe practice?

After a difficult resuscitation attempt or prolonged traumatic incident, what happens to staff?

A poorly informed culture within a service may say:
"You need to toughen up," or "pull yourself together"

A trauma-informed culture will ask:
"How are you doing, and what support do you need?"

Compassion for staff directly affects patient care quality.

Key Message

Psychological safety is a patient safety issue.

Seeing through a Public Health lens



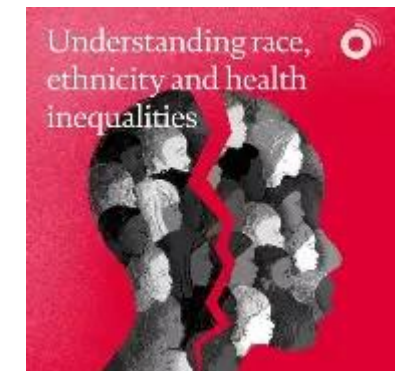
Many emergencies begin long before the 999 call, with crews often seeing issues before anyone else

A chest infection may relate to:

- Poor or inadequate housing
- Fuel poverty
- Isolation
- Restricted healthcare access

A mental health crisis may relate to:

- Adverse childhood experiences
- Social exclusion
- Unemployment



Workforce wellbeing is not separate from patient care

Staff experience and patient experience are closely connected.

A workforce experiencing.....

- Fatigue
- Occupational exhaustion
- High stress
- Lack of support

.....cannot consistently deliver:

- Compassion
- Patience
- Person-centred care



For Leaders

- Prioritise compassionate leadership.
- Be visible (via line managers) after difficult incidents.
- Create safe spaces for reflection.
- Improve feedback loops and communication.

For Organisations

- Using your staff's voice in decision-making.
- Strengthening inclusion.
- Measuring psychological safety alongside performance.
- Designing services around population need.

For Teams

- Regular wellbeing check-ins.
- Structured post-incident debriefs or After-Action Reviews.
- Consistent peer support programmes.
- Recognition of good practice, separate from poor practice.

What might success look like?

For our workforce

- Higher engagement
- Better retention
- Reduced sickness absence
- Greater psychological safety
- Improved Staff Survey results over time

For our communities

- Earlier intervention where it is needed
- Reduced inequality over time
- Stronger partnerships

For our patients

- Improved experience, possibly fewer complaints
- Greater trust with the service
- Better engagement
- Safer, and more equitable care





Royal College of
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Thank You!