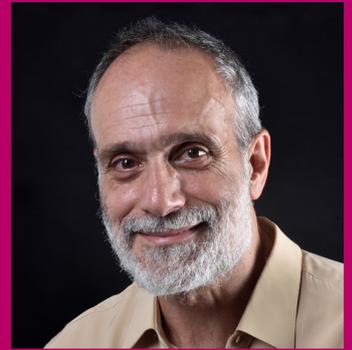
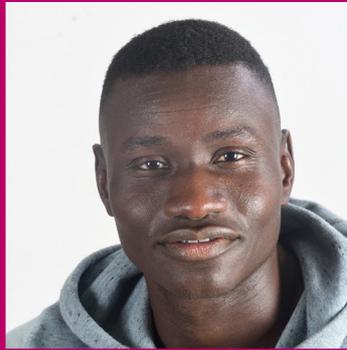
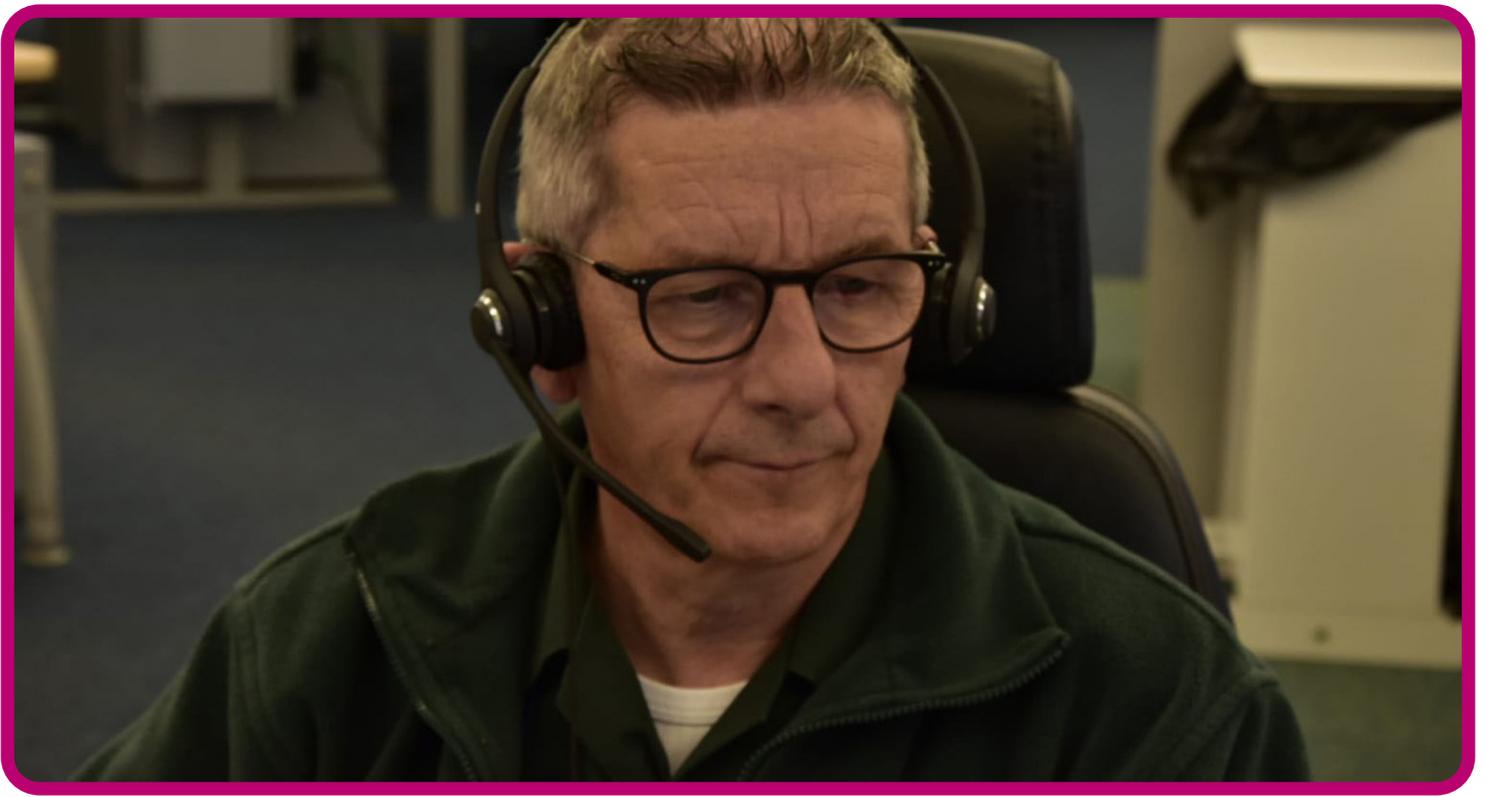


Feedback, Comments, Concerns and Complaints



Annual Report 2022-2023





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1. Introduction

Statement from our Chief Executive, Michael Dickson OBE

Like other parts of the NHS, the pandemic and subsequent period has brought about an increase in demand for our urgent and unscheduled care services, an increase in patient acuity levels and, significantly increased hospital turnaround times. Despite these pressures, our 30-day survival rate for our most time-critically unwell patients continues to improve, and the year-to-date figures for 2022/23 are the best ever.

We have also introduced a number of new innovations aimed at supporting patients into the most appropriate care pathways and reducing avoidable attendance at Accident and Emergency. Our alternative pathways have been designed to ensure more patients are being treated at home, when safe to do so. Our Pathway Navigation hub supports our clinicians in making referrals to services that will improve outcomes for patients, without the need for hospital admission. We are also focussed on developing social care links and connections to other community services.

In autumn 2022 we piloted our Integrated Clinical Hub, where a multidisciplinary team of GPs, Advanced Practitioners and Clinical Advisers are based within the Ambulance Control Centres (ACCs). They manage the flow of patients presenting with non-immediately life-threatening conditions through a remote pre-dispatch clinical assessment. It has allowed for an increased number of patients managed at point of call and at the scene, with around 25% of emergency calls not requiring an ambulance response. The Hub is now being further strengthened before winter 2023/24.

Another initiative is Call Before Convey, which supports frontline clinicians in managing more patients on scene, and where there is potential for escalation through Flow Navigation Centres and other alternatives to hospital admission. The volume of patients managed at point of call and on-scene represents around 50% of demand.

To further reduce demand and improve patient experience, a new initiative was launched earlier this year to engage with high intensity users of our 999 services – these are patients who call 999 several times a day for seeking assistance. Research has shown that they often require the assistance of other parts of the health service, rather than an ambulance. Our staff have been meeting with them to talk to them about their needs and requirements from the health service in order to ensure they are getting the right care, in the right place. We are evaluating the initiative but initial data and feedback from both patients and staff has been really encouraging in terms of improving the patient experience and freeing up demand upon our services.

One of the main challenges we experienced in 2022/23 was long turnaround times at hospital sites across the country, which prevented our crews from getting back out on the road to help other patients in need. We continue to work in partnership with health board colleagues to find solutions to these challenges, including introducing HALOs to manage flow at key hospital sites. The Scottish Government have now issued new safe handover guidance, with new protocols to ensure timely handover of patients at all sites.

Over the last year we have been holding a wide-ranging consultation to inform the re-procurement of our Air Ambulance Service, prior to its renewal. The Air Ambulance Service, which is funded in its entirety by the Scottish Government, is a vital service for patients living in remote, rural and island communities to and from hospital. This re-procurement is an exciting opportunity for the service to develop and expand in accordance with the needs of the public and our stakeholders. Three years after the start of the pandemic, we have fully adapted to new ways of working. Rigorous infection prevention control processes are part of everyday life, and agile working where possible is the norm.



We are continuing to do everything in our power to support our staff, by focusing on staff experience, health and wellbeing. We have further developed our staff welfare by introducing a range of measures as part of the Health and Wellbeing Strategy 2021 to 2024. We are working closely with other health and social care partners to ensure crews receive rest breaks. We have also introduced TRiM, a trauma-focused peer support system, designed to help people who have experienced a traumatic, or potentially traumatic, event at work. The network, managed by our Wellbeing team, has trained 60 TRiM assessors who will offer peer support and assessment.

To help ease the pressures, our Demand and Capacity programme has recruited a record 1,388 new staff over the last three years. The programme has also invested in new vehicles and stations across Scotland, with 52 additional ambulances, ten new locations and aligned shift patterns to more closely match patient demand. There is obvious interest across the country to work with us, as we have seen an overwhelming increase in the number of people applying to join our Service, as well as applying to study the BSc Paramedic Science programme at Scottish Universities.

Our network of Community First Responders (CFRs) continue to make a vital impact on patient care across the country. Over 1000 CFRs currently volunteer for the Service within the communities in which they live or work, responding to thousands of incidents each year and having a significant impact on patient care and saving lives. Often first on scene in those vital minutes before an ambulance arrives, they are highly valued by the Service. They are a dedicated, motivated and highly trained in medical care and are a valuable resource, forming an integral part of the Scottish Ambulance Service response capabilities.

Our Drug Harm Reduction leads continue their vital work in supporting front-line clinicians to identify those people at risk of drug harm, overcoming stigma and changing culture. Following the completion of the two-year naloxone training programme, launched in 2021, all active crews at the Service have now been trained to supply life-saving Take Home Naloxone (THN) kits, which reverse the effects of an opioid overdose. What's more, 2333 kits have been distributed by crews to patient's family, friends and service workers who may have to administer naloxone in the future.

Almost £1 million in funding was provided by Macmillan, the cancer charity, to the Service to develop the unique Macmillan Partnership. The investment has been used to fund an innovative collaboration with the Service, to help our clinical staff better support people with cancer and anyone needing palliative or end of life care. Over the past year, this funding has provided specialist training and support to equip emergency responders with the expertise and skills to reduce unnecessary hospital admissions. As the number of people living with cancer continues to rise, it is vital that we offer the support to make their final days as comfortable and pain-free as possible. Where appropriate, the aim is to support them at home, to reduce stress and unplanned hospital admissions.

In November 2022 we entered into a new strategic partnership with the University of Glasgow. The aim of the partnership is to improve the health and wellbeing of the population of Glasgow as well as people more widely across Scotland, while also delivering wider societal and economic benefits.

As part of our role as an anchor institution in Scotland's communities, we are seeking to build relationships and partnerships with community groups across the country. We have begun the initial development of a project to replace one of our busiest stations – Glasgow South Station – which is located in Govan, one of the most deprived areas in Scotland. The redevelopment will include working with partner services to create an integrated community hub to improve local population health, educate people on where best to access health care, and reduce health inequalities. This community hub will be the first in the UK and will inform how we develop this model across similar communities in Scotland.

These are important developments and improvements to the Service which are helping us to deliver more effective services for our patients. Of course, what is important is that these service improvements are felt where it matters most – in the experiences of our patients.

The following report outlines how we monitor, evaluate and learn from the valuable feedback our patients and their families provide us with and how we use this feedback, whether positive or negative, to improve care for our patients and their experience of our service.

2. Encouraging and Gathering Feedback

We actively promote a range of methods by which members of the public can feedback their experiences of the Service. Email and telephone continue to be the primary methods of contacting us, but the public continue to utilise online channels such as Facebook, Twitter, the Service website and Care Opinion. We also encourage feedback through the Citizens Advice Scotland 'Patient Advice and Support Service'.

The vast majority of our feedback is positive and any comments from patients, their families, carers or members of the public are fed back directly to the staff involved and their manager.

Where negative feedback is involved, a thorough investigation is undertaken where we will engage with complainants to explain why certain actions were taken, outline where any lessons have been learned and where remedial action may have been taken. In certain cases, formal face-to-face meetings are offered and, where appropriate, a sincere apology offered.

Care Opinion

We continue to promote Care Opinion as a valuable channel for feedback from patients, families and carers who would rather express their views anonymously or indirectly to the Service. The website allows their voice to be heard on a national forum and gives us a great opportunity to engage with them about the care they received or assist them with any ongoing issues.



About Care Opinion

Care Opinion is a place where you can share your experience of health or care services, and help make them better for everyone.

At Care Opinion we make it safe and simple to share your story online and see other people's stories too. You can see how stories are leading to change.

We think that by sharing honest experiences of care, we learn to see the world differently. Working together, we can all help make care better.

The Service is dedicated to reviewing and responding to every post to support patients and their families and this year we responded to 93% of stories within 5 days. The Service is also keen to identify learning from the feedback we receive.

Between 1 April 2022 and 31 March 2023, 207 stories were posted on Care Opinion relating to the Service. This is an 29.4% increase from the volume posted the year before. On 19 July 2023 these have been viewed 53,239 times. NHS Greater Glasgow and Clyde and NHS Lanarkshire board areas currently make up just over 30% of the stories posted. Of these posts 52% were posted by the patient themselves. Of the 207 posts, 71% were uncritical in tone. It should be noted that whilst the remaining 29% will have some form of criticality, this is not necessarily directed towards the Service, with the feedback often involving multiple NHS boards.

Below are some of the most popular tags for what was good about the Service this year.

Scottish Ambulance Service
Published by Hootsuite · 30 May ·

Lisa Stirling has been in touch to thank Robert Walton & Anne Marie Smith of Kirkcaldy station after they assisted her 9-year-old daughter, Jessica.

She says: "My daughter became unwell after school, and as soon as the crew, Rab and AnneMarie, arrived, they put my daughter at ease. They were so kind & reassuring to her, as they did a thorough check.

"I thank them both for being very friendly and professional. They even had my daughter giggling before they left. Thanks again."

#WellDoneTeamSAS #EmergencyServices #bluelightheroes #paramedics

Scottish Ambulance Service
Published by Hootsuite · 23 May ·

Edinburgh Rugby and **Scottish Rugby** star Darcy Graham presented Hawick Ambulance Station with a donation of £500 and a signed match jersey to thank the SAS staff who saved his brother's life 🙏🙏

Graham previously donated £500 to Hawick station – donated on behalf of the club's sponsors **Scottish Building Society** - after winning the team's Player of The Month last September. He was once again chosen as Edinburgh's April's Player of the Month this year

Graham said: "It means so ... See more



Posts About Videos More ▾

Scottish Ambulance Service You should be so proud of the guys at Pride yesterday in Glasgow!!!

They helped make Jackson's first Pride awesome! They helped us out when Js legs couldn't carry him much further on the route, they encouraged him and chatted with him making him feel special.

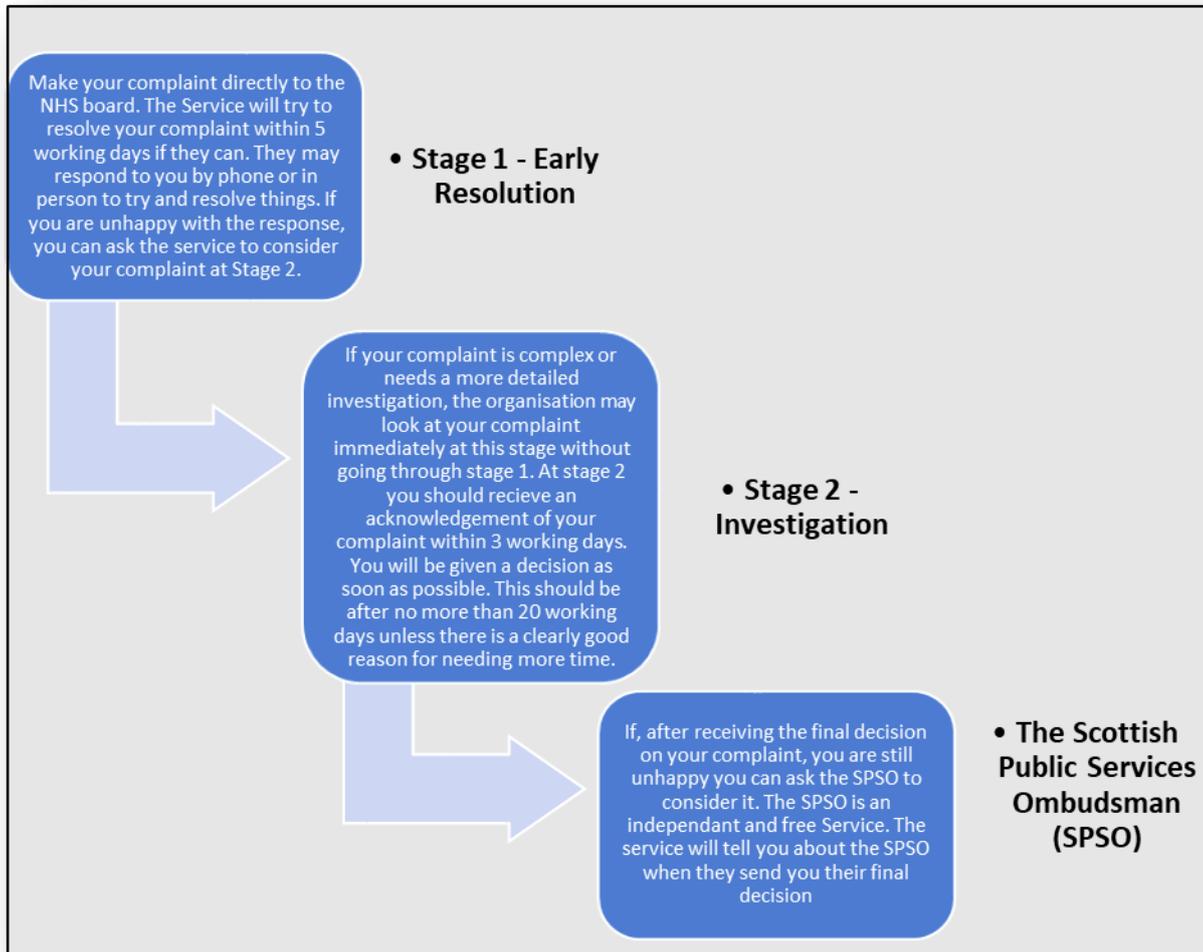
He met guys from the control room, paramedics, student paramedics and technicians.

You are all amazing 🌈🌈🌈🌈🌈



3. Encouraging and Handling Complaints

On the 1st of April 2017, NHS Scotland implemented a new NHS Complaints Handling Procedure (CHP). This was put in place in an effort to improve and standardise how all NHS Boards handle complaints. There is now a two-stage process in place. If at the end of this process, the complainant is not satisfied with the outcome, they are sign posted to the Scottish Public Services Ombudsman (SPSO).



During 2022/23, 1,176 complaints were received. This is down by over 30% from last year when we received 1,683. This is a welcome decrease from the previous year.

Of these complaints, 783 were 'Stage 1' complaints and 383 were 'Stage 2' complaints.

To provide some context, the number of complaints received by the Service in 2022/23 represents around 0.08% of all the calls we received asking for our assistance.

While complaints handling is co-ordinated and quality assured by the Patient Experience Team, complaints are investigated in each region by local staff who will contact the complainant and any staff members involved to look into the issues raised and resolve the situation.

Early conversations with the complainant help to put in place a proportionate review or investigation into the circumstances that led to the complaint. Local managers have access to report functions in order to understand what is working well and to identify areas for improvement. The Patient Experience Team reviews feedback data at a national level to identify any emerging trends that might relate to systemic issues.

There are a number of assurance groups within the Service to ensure that we take the learning from all complaints and utilise this valuable feedback to improve our services further. We also work closely with other health boards and ambulance services across the UK.

4. Accountability and Governance

We ensure patients and carers continue to have access to a range of feedback options for providing feedback to the Service.

Complaints handling is co-ordinated by the Patient Experience Team, with each complaint looked into at a local level to drive improvement, while identifying any issues that require national consideration.

Complaints trends and themes are shared in a patient experience paper that is a standing item at our Clinical Governance Committee meetings and our Public Board meetings. This enables members of our Clinical Governance Committee and our Board to review emerging feedback and complaints trends and ensure individuals and groups of staff are given responsibility for addressing areas for improvement and embedding good practice.



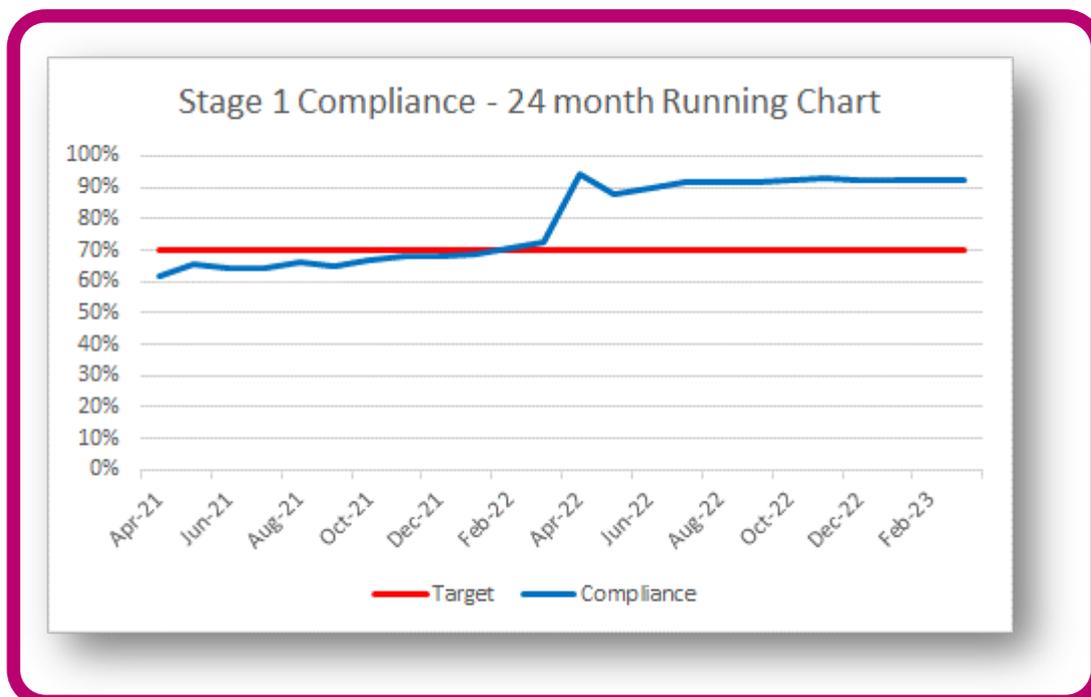
COMPLAINTS COMPLIANCE

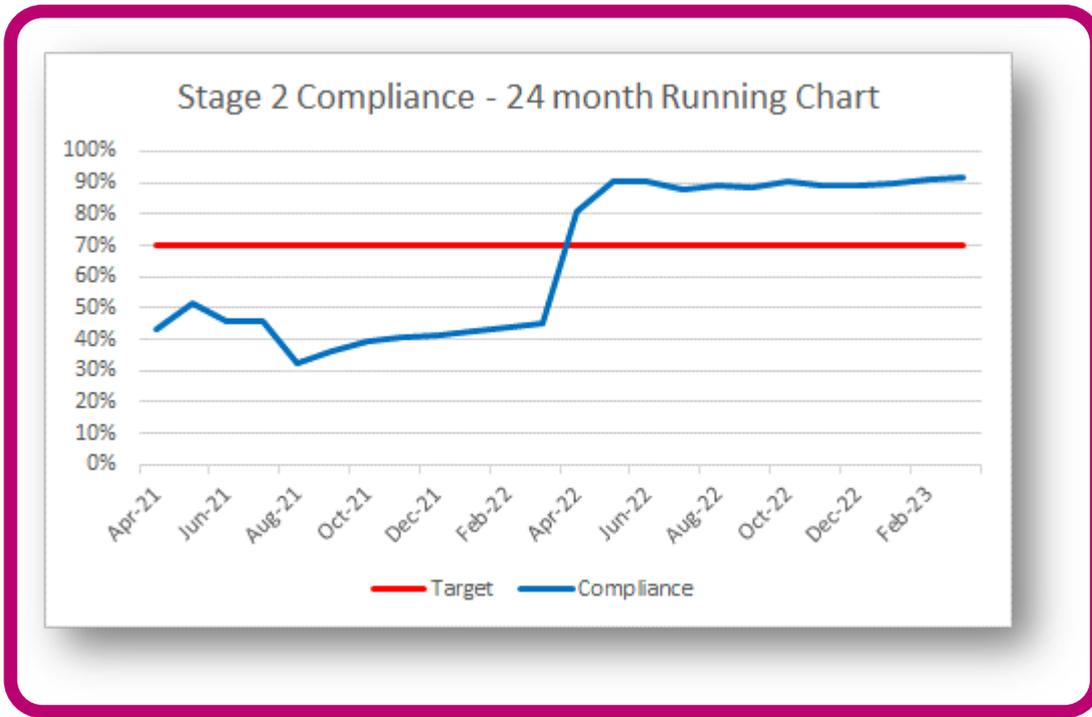
Guidance states that all NHS Boards in Scotland should aim to respond to 70% of 'stage 1' complaints within five working days and 70% of 'stage 2' complaints within 20 working days.

The Service finished completed the year well over the Government Target for both Stage 1 and Stage 2 complaints. Whilst there is no doubt that this performance is down the hard work, dedication and professionalism shown by the staff who are all involved in the Service's complaints handling, the number of improvement plans which were outlined in last year's Annual Report appear to have also made a positive impact. These included further complaints handling training, increased reporting to Senior Leadership Team to allow clearer oversight and more detailed management and the recruitment of additional Complaints Handling staff in the Ambulance Control Centre.

In 2021/22, Stage 1 compliance was 92.5%, up from 72.8% last year. Stage 2 compliance was 91.9%, up from 45% last year.

Stage 1 Compliance Rates 2021/22 and 2022/23





Scottish Public Services Ombudsman (SPSO)

The Service continues to have a positive and co-operative relationship with the Scottish Public Services Ombudsman.

In 2022/23 there were 3 SPSO cases fully investigated, this is one less than the previous financial year. The SPSO fully upheld 2 and did not uphold 1. Where cases are upheld or partially upheld, the Service may already have undertaken much of the improvement work and any remedial action suggested by the SPSO in advance of the findings being formally issued. Where this isn't the case, a plan to complete the recommendations will be implemented.

5. Our Culture of Learning from Feedback, Comments, Concerns and Complaints

We have made a clear commitment to ensuring the voice of our patients, their carers and the public have a say in how our services are delivered. This explicit commitment features prominently in our corporate objectives.

This commitment is translated into action in many ways. For example, our project governance documents require project boards to review patient and public involvement requirements in relation to every project to be delivered. Consideration of patient and public involvement at the earliest stages of scoping our projects enables us to build involvement into our projects from the start.

Our Vision

Saving more lives, reducing inequalities, improving health and wellbeing

Our Mission

Working together with the people of Scotland, our staff and partners to deliver sustainable and effective care, experience and treatment, anticipating needs and preventing ill health

Our Values

Care & Compassion
 Equality, Dignity & Respect
 Openness, Honesty & Responsibility
 Quality & Teamwork

Our Principles

We will adopt an equality and human rights based approach.

Our services will be planned, designed and delivered around people and their lived experience

Ensuring best value, good governance, joined-up working and effective management of resources

Implementation will build on evidence and best practice, championing digital and innovation



Another example of how seriously we take our responsibility to involve patients and members of the public is illustrated by how we gather patient and carer feedback on how we deliver services at a local and national level in accordance with our Involving People Strategy. We now have around 40 active members of our Involving People Network, and are continuously recruiting more. Our network of volunteers allows us to receive and share ideas on future development and improvement. Our network consists of third sector organisations, previous patients and interested members of the public.

We continue to involve people at every level of our service, both locally and nationally, and encourage all teams throughout the Service to gain patient feedback when developing services. To simplify this process for staff and to increase patient involvement, we have created a new Engagement Guide and Toolbox section which is available on our staff intranet. This toolkit helps staff from across the Service tap into the very valuable insights, experiences and views of patients on a regular basis across all projects, initiatives and work plans. The Toolbox includes examples of introductory communication templates, links to further support and the contact details of our Involvement Manager – should further support be needed. The research and development team were the first to use this new system to gather patient feedback on a range of projects, as part of a case to the Scottish Government. With their feedback, we are refining the system and revising the Engagement Guide to include new engagement guidance from Healthcare Improvement Scotland. It is important to us that teams feel empowered to carry out their own engagement projects, but are aware that up-to-date help and advice is available should they need it.



We are now exploring how to put in place a system of continual feedback involving the patients we actually treat, in addition to our normal feedback mechanisms. This has historically been very difficult to achieve due to a range of factors. However, we are currently engaging with patient engagement teams from ambulance services across the UK to learn more about successful methods they have used to gather patient feedback and how they have managed to overcome some of the issues faced.

We continue improvement work with Scheduled Care to ensure the evolving Patient Needs Assessment (PNA) remains accessible, equitable and fit for purpose.

The mobility section has been highlighted by some patients as an area of possible concern. Working with disabled people's organisations and local Access Panels, we hope to identify and resolve any issue. We are working with Third-Sector organisations, the Glasgow disability alliance (GDA), Disability Equality Scotland (DES) and Inclusion Scotland, to speak to their members, and patients of the ambulance service, to discover their views of the PNA and Scheduled Care Service and a follow-up on results from a planned nation-wide survey. This is a similar technique to the one that we used when developing the mental health section of the guidance.

We are also working with the Glasgow disability alliance, Disability Equality Scotland and Inclusion Scotland to help with a consultation document for us on accessing Scheduled Care, the PNA and ways we can continue to improve for disabled patients.

We plan to continue to build a strong evidence-base of patient feedback to help inform improvement. This work will also feed into the new Strategy for Scheduled Care.

We are in the process of formalising a partnership agreement and work plan for the year ahead with the mental health organisation 'See Me'. We have already worked closely with See Me over the last few years, forming a very close relationship. The goal in formalising this partnership working is to continually improve services for patients with mental health issues and support our staff in the delivery of these services.

We have redesigned the mental health training given to Scheduled Care Call-Handlers during their induction. Based on feedback from call handlers, we worked alongside patients, volunteers and See Me, to create a module that focuses on compassionate communication and how to best support a patient with a mental health issue. The roll-out of the mental health training for new-starts will begin in October 2023. We are now designing a CPD module for existing members of Scheduled Care's Call-Handling staff.

Working with the Third-Sector organisations, Young Scot, Carer's Trust, and Who Cares? We have been able to engage with a traditionally hard-to-reach demographic of young people, Young Carers and those with Care Experience. We have an active online survey put to the young people, which covers areas such as what it is like to call 999, recruitment, and where they get information from regarding the Service.

Alongside this, we are looking to improve our engagement with schools and young people across Scotland. We know there is a huge appetite from members of the public across the country to learn more about the Service. As part of this work, we want to implement a more formalised process for crews visiting classrooms and community events in order to improve standards and ensure we are engaging with as many communities as possible.

Working with Save a Life for Scotland, Edinburgh primary schools and Queen Margaret University, we will be trialling new delivery methods to ensure a better experience for both staff and attendees.

We are aiming to create a network of staff and resources to increase our visibility in the community, aid recruitment and support our corporate goal of being an anchor institution.

We are working in tandem with regional health boards and Third-Sector organisations to engage with their pre-existing community networks and learn from their expertise. Through this and other work, we are promoting a culture of learning from feedback such as compliments, comments, concerns and complaints.

Our plan for the coming year is to build on this and further raise the standard of community engagement and involvement.

6. Improvements to Services

Complaint and Concern Themes and Trends

The three most common complaint themes in 2022/23 were Attitude and Behaviour, Delayed Response, and 999 Call Triage however the Service welcomes feedback in regards to any part of the Service.

Feedback data received by the patient experience team is shared widely across key staff and business areas in the Service on a quarterly basis to allow them to identify learning and actions. A number of improvements that we are making to improve patient experience are outlined below.



Integrated Clinical Hub & Pathway Navigation

The Service's role has continuously evolved and expanded over the past year. We have provided patients and carers with virtual care (pre-dispatch), in-home care (non-conveyed), secondary care in suitable settings, and Emergency Department (ED) transportation, ensuring rapid response for time-critical events while considering resource utilisation.

The pandemic prompted us to re-design our response model, focusing on person-centred care through a Realistic Medicine approach. This strategy allowed us to offer meaningful care without always resorting to conveying patients to busy EDs, improving their experience and confidence in our services.

The key initiative is the development of the Integrated Clinical Hub. Here, we offer a clinical assessment that tailors the care needs of patients with non-immediately life-threatening conditions to facilitate the right care in the right place at the right time. This aligns closely with our vision of saving more lives, reducing inequalities and improving the health and well-being of the citizens of Scotland.

The integration we deliver ensures that we offer safe, appropriate, sustainable, and innovative care. We operate in a virtual environment staffed by a multi-disciplinary clinical team of paramedics, nurses, advanced practice clinicians and GPs. It is designed to manage the flow of patients from point-of-call through to an agreed outcome which may include self-care, onward referral to another pathway or the dispatch of a conveying resource.

The positive impact of the introduction of GP Advisors is already being felt in Scotland's communities, with around 64% of calls managed in ways that do not require an ambulance response.

Though still in development, the Integrated Clinical Hub has already produced significant benefits for patients, staff, the Service, and the wider NHS. In 2022-23, it managed about 25% of emergency demand without traditional ambulance responses.

We have successfully collaborated with several Boards to introduce the "Call Before Convey" model, acknowledging the value of frontline clinicians having access to senior clinical decision-making support. We have also focused on managing more patients on-scene using our Pathway Navigation Hub. In 2022-23, we experienced increased use of Flow Navigation Centres, senior decision support, and developing pathways beyond the ED, such as Same Day Emergency Care for low-risk chest pain.

The available alternative care pathways continue to expand, including Mental Health pathways, Alcohol and Drug partnerships, social services, and third-sector options. Our Pathway Navigation Hub, which handles around 500 calls per month, supports frontline clinicians in accessing pathways and completing referrals while connecting patients with other services. This work contributes to greater hospital avoidance and ensures patients are referred to services that best address their specific needs.

In 2022-23, the Integrated Clinical Hub and Pathway Navigation efforts along with management of patients at scene allowed us to manage approximately 50% of demand without requiring ED attendance.

Unscheduled Care - Demand & Capacity Programme

Providing people with safe and effective urgent and emergency care, where and when needed, is enabled by having the right number of people with the right skills and equipment in the right place at the right time. We are in the final stage of implementing our Demand and Capacity programme in Unscheduled Care. We have:

- Attracted and employed 578 staff to increase the number of staff and ambulance resources available to respond to citizens.
- Implemented new shift patterns for Double Crewed Ambulances, with those for Urgent Tiers, Rapid Response Vehicles and Advanced Practitioners due to go live by the end of June 2023 that are more closely aligned with demand to respond when we are needed the most.
- Introduced 10 new ambulance locations (8 of which are shared with SFRS) (Grampian, Ayrshire & Arran)
- Upskilled our existing staff and further embedding new ways of working to support the wider development of sustainable services, for example, in Primary Care, and helping to reduce pressures on Urgent & Unscheduled Care services
- Developed new roles, education, and development opportunities with partners to meet changing healthcare needs.

This will be supported by the re-design and restructure of our resource planning function to deliver automation of system processes as well as improved forecasting, planning and scheduling of resources to improve staff experience, maximise shift coverage and efficiency, and enable support to Primary and Urgent Care.

Mental Health

We continue progressing towards our mental health ambitions as described in our Mental Health Strategy. Our five key areas are - education, leadership, collaboration, sharing and listening and research and innovation. Key aspects of the work in 22/23 include;

- In partnership with NHS 24 and Police Scotland, we are looking at optimal mechanisms to connect people with support that most effectively meets their needs across the three services, irrespective of which service the person came into contact with first. This work looks at processes to connect people across the services and understand demand/need and operational models that enable joined-up responses where appropriate.
- We have contributed to the review of mental health unscheduled care led by the Scottish Government and have mapped mental health pathways across Scotland, launching three further professional-to-professional pathways connecting us, and the person we support, with local secondary mental health care, frequently without the need for conveyance to accident and emergency. The ambition would be to access professional mental health support via local pathways across all regions.
- The Mental Health Car project has moved into a substantive delivery model within the Service, and retitled, mental health paramedic response unit service. The pilot year was evaluated and shared with key stakeholders. Highlights from the evaluation include a reduced conveyance rate compared

with a standard ambulance response and a strong sense of providing the best care possible to people from the clinicians within the Service. A review of identified gaps will be undertaken during financial year 2023/24.

- Learning/training needs analysis has been undertaken across all clinical roles within the Service and learning priorities have been identified. Knowledge skills and improvement frameworks will be used to design and deliver learning opportunities concerning suicide intervention and prevention, self-harm and psychological trauma in partnership with NHS Education for Scotland colleagues, with an initial trial of resources being undertaken. Additionally, bespoke learning resources and experiences from external partners, such as Samaritans, have been commissioned to support colleagues by providing remote and telephone support for people at risk of suicide.

Palliative and End of Life Care

Most people, if asked, would prefer to die in their own homes and yet approximately half die in an acute hospital. If early conversations regarding anticipatory care planning occur, the crisis risk can be reduced, and more people could die at home. Recent research identified that the need for unscheduled care increases in the last year of life, especially in the last month of life. With the excess deaths since the pandemic, the demand for palliative care will increase further.

In April 2022, a three-year Partnership Project funded by Macmillan Cancer Support was launched. The Macmillan Project Team consists of:

- Programme Lead
- Nurse Consultant for Palliative and End of Life Care
- 3 Clinical Effectiveness Leads

The project aims to improve the quality of palliative and end of life care provided by the Service in recognition of the increased calls to people with palliative or end of life care needs. Many of these calls are made due to a lack of planning and result in conveyance to hospital with the person not dying in their own home or care home. To avoid this, the development of alternative pathways to admission is required. The team works with multiple teams in Health and Social Care and the third sector to develop new pathways.

A comprehensive education programme commenced in September 2022 with the two overarching themes of symptom control and communication skills. All sessions are evidence-based and will be evaluated. To date, the evaluation has been extremely positive.

Achievements during 2022/23 include:

- Formal engagement with all hospices across Scotland with professional-to-professional support and direct admission possible in the majority
- Collaborative working with the Health Boards and HSCPs in the development of pathways is culminating in excellent progress and tests of change in eight of the Boards, with engagement with all other Boards well underway.
- Collaborative working with the Lead Nurses in three areas (one in each of the three regions) to complete tests of change regarding reducing conveyance at the end of life for Care Home residents.
- The Clinical Effectiveness Leads have trained as facilitators of Last Aid Training and will deliver a programme commencing with senior managers during Dying Matters week.



The key components of the project are summarised below:

- Alternative pathways
- Education
- Bereavement
- Care Homes
- Carer involvement
- Marginalised groups
- Data (to inform measurable outcomes)
- Complaints
- Prisons
- Establishment of Professional-to-Professional support



Each of these components will be embraced in all project planning of the four phases of the project and in accordance with the governance processes. Dignity and respect are pivotal to the success of the project.

Conclusion

Reflecting on the year, it has once again been an extremely challenging year.

During the financial year ending 31 March 2023 we received 1,561,664 calls and dealt with 807,212 incidents, of which 520,816 were emergency incidents that we attended. We also completed 403,279 patient transport journeys, 4,527 air ambulance missions, 33,643 inter hospital transfers, 3,156 transfer and retrievals across Scotland and 5,957 special operations teams responses. Despite the immense and ongoing systemic challenges within the Healthcare system, the Service continues to perform and provide one of the most important roles in Public Service. The Service has continued to innovate and grow, ensuring solid governance to develop new ways of safe working that are adapted to tackle to changes in demand.

During this time, the Service has not lost focus on planning for the future and following an extensive period of engagement and consultation with our staff and the public, our 2030 Strategy was published in August 2022. A copy of the strategy can be downloaded using the link [Our 2030 Strategy](#).

Our new Strategy builds on the success of delivering our 2020 strategy "Taking care to the patient". We have developed it through consultation with citizens, staff, partners organisations, volunteers, local and national government, educational institutions, community groups, charities and voluntary organisations. Our strategy builds on the positive whole system changes made throughout our response to the pandemic, benefitting patients and the wider Health and Social Care system.

Once again we would like to extend a huge thank you to all of our incredible staff for their commitment, dedication and hard work this year. Our experts on the frontline continue to deliver exceptional person-centred care. We would also like to once again extend a thank you to everyone who has given us feedback on our services throughout the year, from patients and their families, to members of the public, third sector organisations and partner agencies.

We hope that this report highlights some of the ways in which this important feedback is being utilised for the benefit of all.

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