Email – 29/05/2024
(redacted section 38(1)(b)) further to our discussion on 17 May and ongoing correspondence(Redacted section 30(b)(ii), that I've been contacted separately by (redacted section 38(1)(b)) who wished to share their experiences with the Scottish Ambulance Service with me.
(redacted section 38(1)(b)) (Redacted section 30(b)(ii), these examples provide further evidence of the need for modifications to the way in which ambulances are dispatched in Orkney. (Redacted section 30(b)(ii)

Email – 03/06/2024
Out of Scope/Process, Please be reassured we are looking at these issues and we will come back to you once we have reached a conclusion,
(Redacted section 30(b)(ii), , and they recognise the concerns that have been raised to you however it needs to be balanced with examples of how it has helped.
We had a case in the Islands where we were able to use a remote clinician to manage a patient with a (redacted section 38(1)(b))whilst dealing with a collapse (redacted section 38(1)(b))who ultimately survived (redacted section 38(1)(b)) cardiac arrest because we didn't use the first come first served approach. Across the islands SAS has a 32% non- attendance rate (against a whole Scotland average of around 38%), these are patients who we are able to treat at home, get them to alternative care or referral into nationally available pathways – mental health etc, this equates to around 35 saved journeys a month.
We are looking at how we could interact with patients in the island communities quicker to understand if they need an ambulance and reduce that delay and look at if we can exclude the islands from our routine escalation process which (Redacted section 30(b)(ii), was one of the contributing factors in these cases but based on the above case outlined above and avoiding unwarranted ambulance journeys I would be reluctant to commit to removing the function of the integrated hub. (Redacted section 30(b)(ii)

Email – 24/06/2024
Out of Scope/Process, , (redacted section 38(1)(b))
I was contacted over the weekend by (redacted section 38(1)(b)) way down to Aberdeen. (redacted section 38(1)(b)) the points made in your email below about the need to avoid ambulances being tasked unnecessarily, as with the previous case (redacted section 38(1)(b)) (Redacted section 30(b)(ii), (redacted section 38(1)(b))
The local media are aware of the broad details of what happened and SAS may have already been approached for a comment. However, as I say, I think this further illustrates the need for changes/refinements to be made to call out process that avoids the need to go through a national-level escalation (Redacted section 30(b)(ii)

Email - 31/07/2024
(redacted section 38(1)(b)) hope you're well. Just wondering if there is any update further to our earlier correspondence and call on this issue? (redacted section 38(1)(b))

Email – 09/08/2024
Further to my earlier email, I would really welcome an update on where things stand in relation to the planned changes we discussed to the way isles calls are dealt with and triaged. (Out of Scope, (redacted section 38(1)(b))

It is not at all clear why no ambulance was available at the time, although it may be that it was on another call (redacted section 38(1)(b))
I would be grateful to know if any review of how the incident was handled has taken place and what, if any lessons were drawn from this exercise.

Email – 09/08/2024
(Out of Scope)…could you let me know how things are progressing with the islands discussion?

Email – 21/08/2024
(Out of Scope)
I have had a little look at the query before and where we are at the moment with the ICH and the rural work.
Incident Query (redacted section 38(1)(b))
ICH Update: Its good to see that all the incident that day, and indeed the whole day were at baseline operations for us and the islands were not in any escalation. Previously we mentioned that sometimes the islands get caught up in "mainland" escalation and pressures so from a Northern and Western Isles aspect we have managed to fix this issue with the joint work between the SCSM and SOM's.
(Redacted section 30(b)(ii)
We have of course agreed an increase in SCSM's and are developing the roles and responsibilities of the SCSM's of which Rural incident priority review is one aspect but the team are very focused now on those communities and the importance of a fast review to consider likelihood of closed at point of consultation v's likely need for transport. (redacted section 38(1)(b)). (Redacted section 30(b)(ii)

Email – 04/09/2024

(Out of Scope), (redacted section 38(1)(b)) had given me an overview which I have passed on to (redacted section 38(1)(b)) and your overview of the situation is very much aligned to this.

I appreciate the update on the ICH for the islands (Redacted section 30(b)(ii), (Out of Scope)

Email – 09/09/2024
(redacted section 38(1)(b)) – (Out of Scope)

Meantime, I'd be very grateful for an update on any progress identifying ways in which calls are handled/ambulances despatched in the islands, further to our initial exchanges on the back of the incident at the (redacted section 38(1)(b)).
(Out of Scope)

Email – 10/09/2024
(Out of Scope). Meantime, an indication of when I might get an update on any changes to the way isles calls and tasking of ambulances takes place would be much appreciated.

Email – 04/11/2024
(redacted section 38(1)(b) a particular interest about rural ambulance provision and the patient journey on the island v's mainland. I have included a bit about (redacted section 38(1)(b))

(redacted section 38(1)(b)) however the outline plan for the moment will include:
09:00 (ish)– Welcome – Tea and Coffee etc
09:15 - ACC/ICH overview and questions – (redacted section 38(1)(b)). (Redacted section 30(b)(ii) Operational Overview ACC – Overview of Call Handling, Dispatch and then the rest of the time within the ICH. (Redacted section 30(b)(ii)
Operational Overview ICH – The intention will be to overview SCSM role, pre-dispatch, teal safety netting etc –
(Redacted section 30(b)(ii), Out of Scope/Process

Email – 12/11/2024
Out of Scope/Process
So I think the options below are:

Using our polygons to circle around the rural/island communities which then allows us to exclude these areas from escalation. (Redacted section 30(b)(ii), the DCR element could be done for the Northern and Western Isles now as they sit as already defined separate areas. (Redacted section 30(b)(ii), it would need some NCRM input, to write, agree and signoff a new DCR table and then a link to the escalation plan etc
(Redacted section 30(b)(ii),
Finally we will just continue the important and engagement with the teams about quick reviews for island communities and moving "decision point 2"
(Redacted section 30(b)(ii), Out of Scope/Process, (redacted section 38(1)(b)).

Email – 18/12/2024
(redacted section 38(1)(b)) Here is statement (redacted section 38(1)(b)).
A Scottish Ambulance Service spokesperson said: "For those patients that require an immediate ambulance response, such as immediately life-threatening conditions, we will always dispatch the nearest and most appropriate resource. The Western Isles like other remote and rural locations are excluded from escalation when we experience system pressures on the mainland. For other types of patients, remote clinical assessments have been successful in delivering better patient-centred care and we are working to optimise the management of these across Scotland and all island settings. The median response time for these in November was 13 minutes for our highest priority patients and 31 minutes for others in need of assessment. Currently, 42% of emergencies in Scotland are managed at point of

call, without the need for unnecessary attendance at hospitals, freeing up resources for high priority patients in need.

Email – 19/12/2024
Can I ask for further explanation please, around a couple of sentences? Can you explain what "excluded from escalation" means please, as I don't understand that? It's somewhat technical. Also, what does "working to optimise" actually mean? What could that look like?

Email – 19/12/2024
Excluded from escalation - we know areas within the mainland often have times of significant pressure and therefore we have to react appropriately to this through our call triage and response levels/times. Excluding the islands means they are not affected by any of these contingency arrangements.
Working to optimise - this is us making sure all our processes are as efficient, sustainable and as patient centered as possible. For example, ensuring our time to interaction is as quick as possible, and ensuring there are adequate patient pathways and alternatives available for referral into, rather than conveying to ED's.

Email – 29/01/2025
Thank you for your continued engagement on the issues surrounding ambulance call handling and dispatch in Orkney. As you'll recall from our previous discussions, correspondence and my visit to the South Queensferry site, this has been an ongoing concern for some time, (redacted section 38(1)(b)). Out of Scope/Process

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Email – 30/01/2025
(Out of Scope)

It is important to stress that making system changes is due to its very nature handled cautiously and (Redacted section 30(b)(ii))

The changes we have discussed are being progressed but due to the complexities you will have seen during your visit this isn't as simple as making a minor code change. It requires significant recoding, boundary considerations and testing both on a test system and when introduced in a live environment. We need to ensure the change works not just for Orkney but all areas and untoward consequences are not created.

This takes time and resources, (Redacted section 30(b)(ii))

Email – 06/02/2025

(redacted section 38(1)(b)) has just finishing the polygon work (redacted section 38(1)(b)). (Redacted section 30(b)(ii))

Then we will test them and bring it into the live environment. (Redacted section 30(b)(ii))

Email – 27/02/2025

I have had the chance to engage with the team as we progress the project to introduce changes to the integrated clinical hub based on the needs of Orkney and other rural and island areas.
The critical mapping work has been completed which allows us to progress with testing prior to moving the changes to the live environment, this is coupled with introducing an islands / rural digital protocol which will allow us to include appropriate conditions such as falls and exclude others such as traumatic injuries, it will still be based on the information provided to us from the general public but will be a significant step forward to avoid the concerns we have discussed.

It is my expectation this will be implemented in late March 2025.

I thought it would be useful to share that in the month of January 34 calls from Orkney went through the integrated clinical hub with 38% (13 calls) concluded without sending an ambulance following consultation with the patient, I'm sure you can appreciate the benefit this brings to the community of Orkney and ensures greater availability of ambulances across the island.

Email – 09/05/2025

(redacted section 38(1)(b)). - further to our ongoing discussions about planned changes to the way isles calls are dealt with and triaged, (redacted section 38(1)(b)).
(Out of Scope)
I believe it further reinforces the need to take these type of cases out of the system at an early stage.

Email – 26/11/2025

Just following on from our previous conversation, (Out of Scope) wanted to check where we are with the island exclusion process?

Email – 26/11/2025

The last I had heard (redacted section 38(1)(b)) was that testing was was completed and it was going to be applied to the live system from 4th December.
(redacted section 38(1)(b)) is there any other further (redacted section 38(1)(b))

Email - 01/12/2025
(Redacted section 30(b)(ii))

Supporting statement:

In order to provide an improved service across some of our islands, we have taken the opportunity to create some new island polygons.
This allows us to remove the islands from the mainland divisional area and as such apply an appropriate escalation level allowing SAS to respond appropriately for the islands conditions.

Email – 30/01/2026
(redacted section 38(1)(b)) and my response, could you please provide an update with where we are (Redacted section 30(b)(ii))

Meeting Notes – 04/02/2026
(Out of Scope)

Island Escalation Levels and Response Model Adjustments: (redacted section 38(1)(b)) discussed issues with escalation levels affecting island communities, where islands were being grouped with urban centres for escalation purposes, and outlined steps taken to create separate polygons and consider tailored response models.
(Out of Scope)

Email – 02/03/2026
(redacted section 38(1)(b))

It comes after (redacted section 38(1)(b)) met with reps from Island communities about complaints ref. high escalation affecting the islands response to emergencies. So (redacted section 38(1)(b)) make an island specific DCR that removes appropriate TEAL responses.
(Redacted section 30(b)(ii))
(Out of Scope)

Email – 10/03/2026
(Out of Scope) The purpose of the workshop is (Out of Scope) to complete the draft DCR table for the island polygons to ensure that communities on islands are not disadvantaged by processes such as escalation on the mainland. (Redacted section 30(b)(ii)) (Out of Scope)

Email 26/03/2026 –
Dear all SOM, ASOM and SCSM's,

I am just emailing to make you all aware that as of next week there will be a new DCR level currently named 'Level Island'.

1. This table was designed in partnership with frontline clinical colleagues who work within our island communities in the North and West Regions (redacted section 38(1)(b))
2. The purpose of this table is to ensure that our island communities receive the most appropriate care given their circumstances and ultimately, ensure that they are not 'caught up' in the ever changing escalation created by the challenges on the mainland.

3. The first iteration of this table has mainly focussed on trauma-based codes and I have provided a list of codes that we have agreed to move from TEAL to YELLOW.

4. Please can we begin using it for the island polygons that (redacted section 38(1)(b)) created (Shetland, Orkney, Western Islands, Skye, Rum & Eigg, Bute, Arran, Jura & Islay and Coll & Tiree). **The upload is planned to be completed by 1st of April.**

5. All islands should remain in this specific level (Level Island) as opposed to BAU unless business requires an escalation as determined by current SOM decision making process.

6. Please can everyone in this email who has staff or teams that are likely to require or benefit from this information/notification forward this email on.

(redacted section 33(1)(b))

I plan on going in and adding this table to the NEP plan to ensure it is documented, but in the meantime, if anyone has any questions please do not hesitate to get in touch.

Clinical Response Model Update – April 2026
Island-Specific DCR Trauma Code Changes

- Following engagement with Island colleagues, bespoke DCR changes for trauma codes in the Islands have now been made live.
- These changes allow selected TEAL calls to be appropriately dispatched where clinically and operationally required, rather than being automatically constrained by mainland escalation arrangements.
- This supports a more context-sensitive response model for island communities.

Email – 01/04/2026
(Redacted section 30(b)(ii))(redacted section 38(1)(b)) - a new escalation level has been added for the Islands if you need sight of those codes. section 33(1)(b)