

NHS Greater Glasgow & Clyde	Paper No. 26/110
Meeting:	NHSGGC Board Meeting
Meeting Date:	27 August 2026
Title:	Emergency Medicine Update
Sponsoring Director/Manager:	Russell Coulthard, Interim Deputy Chief Executive / Interim Chief Operating Officer
Report Author:	Ali Marshall, Deputy Director of Planning

1. Introduction

The purpose of this paper is to provide the Board with a site-specific overview of the operating context, patient experience, performance, improvement activity and impact on staff across the Emergency Departments at the Queen Elizabeth University Hospital (QEUH), Glasgow Royal Infirmary (GRI) and Royal Alexandra Hospital (RAH), together with an update on recent correspondence received by Healthcare Improvement Scotland (HIS).

2. Executive Summary

The paper can be summarised as follows:

Emergency Departments across NHS Greater Glasgow and Clyde operate within distinct local contexts reflecting the populations they serve, their physical environments and their role within the wider urgent and emergency care system. This report provides a site-specific overview of patient experience, performance, improvement activity and staff experience across the Queen Elizabeth University Hospital (QEUH), Glasgow Royal Infirmary (GRI) and Royal Alexandra Hospital (RAH).

Patient experience remains positive across all three sites, with high levels of reported dignity, respect and patient safety. The report also highlights a number of site-specific themes relating to communication and involvement, care in non-standard areas and privacy, and delays to first assessment.

Performance data demonstrates variation across sites, with periods of improvement observed during the reporting period. The report includes site-level performance trends alongside a comparison with publicly available national performance data to provide additional context.

The report describes both the improvement activity delivered through the GGC Way Forward Programme and the wider whole-system actions being progressed to improve flow, capacity and patient experience. A further report on whole-system flow improvement is being developed for consideration through the Transforming Together Executive Oversight Group.

3. Recommendations

The NHS GGC Board are asked to note:

- The distinct operating context, patient experience findings, performance trends and improvement activity across each Emergency Department
- The progress made to date and the continued focus on improving patient flow, capacity and performance through both local and whole-system improvement programmes

4. Response Required

This paper is presented for **assurance**.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- | | |
|-----------------------------------|------------------------|
| • Better Health | Positive impact |
| • Better Care | Positive impact |
| • Better Value | Positive impact |
| • Better Workplace | Positive impact |
| • Equality & Diversity | Neutral impact |
| • Environment | Positive impact |

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

This report has been developed using information from senior system leaders within GGC, key services, and executive leads via the Transforming Together and GGC Way Forward Programme including the feedback obtained through the Patient Experience Surveys and Conversations undertaken in early 2026.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

This paper has been prepared specifically in response to a Board Request and has therefore not been presented at any other Governance Groups.

8. Date Prepared & Issued

Paper prepared: 10 August 2026

Paper issued: 19 August 2026

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1. Introduction

This paper provides a site-specific overview of the operating context, patient experience, performance, improvement activity and impact on staff across the Emergency Departments (EDs) at the Queen Elizabeth University Hospital (QEUE), Glasgow Royal Infirmary (GRI) and Royal Alexandra Hospital (RAH).

Whilst there are common themes across all sites relating to demand, patient flow and workforce pressures, each ED operates within a distinct local context, reflecting the population it serves, its physical environment, and its role within the wider urgent and emergency care system. The following summaries provide a high-level overview, supported by site-level performance and patient experience measures.

The paper also provides an update on the recent correspondence from Healthcare Improvement Scotland (HIS) relating to the Emergency Department at the Queen Elizabeth University Hospital (QEUE).

In parallel, work is being progressed across Interface and Urgent Care for presentation to Executive Oversight Group (EOG), bringing together actions already in place and planned across the full patient pathway to improve access, flow and hospital occupancy. This will aim to demonstrate the collective impact of admission avoidance, inpatient flow, earlier discharge and community/virtual alternatives.

2. Queen Elizabeth University Hospital

2.1 Site Context and Experience

The QEUE is one of Scotland's busiest Emergency Departments and operates within a complex tertiary care environment as the West of Scotland Major Trauma Centre. The department provides care for a large volume of patients with complex clinical needs, including major trauma, specialist referrals and emergency transfers from across the West of Scotland. It also sees a significant number of patients who choose to attend the site due to the range of specialist services available.

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This creates a distinct operating environment characterised by high levels of clinical complexity, multidisciplinary working, sustained demand and regional responsibility.

The combination of regional specialist responsibilities, complex case mix and sustained levels of demand can present additional challenges in maintaining patient flow and managing capacity across the wider hospital system. Despite this, staff continue to provide safe and compassionate care, with patient feedback consistently recognising their professionalism, commitment and person-centred approach to care

2.2 Patient Experience

QEUH is the site where communication, reassurance and involvement were most clearly shown to influence experience more than the actual length of the wait.

Examples from the Patient Experience Report undertaken January to March 2026:

- The report explicitly states that communication quality has significantly greater impact on experience than wait duration itself
- Patients who felt listened to, reassured and involved were much more likely to describe a positive experience
- Uncertainty, rather than time and environment, was identified as the main driver of discomfort during waits
- A second distinctive theme was the experience of vulnerable groups, including people with sensory, language, cognitive or addiction-related needs, who faced greater barriers and occasional stigma

Patient feedback demonstrates continued high levels of compassionate and person-centred care despite the complexity and demand experienced within the site. Overall, 92.5% of patients reported being treated with dignity and respect, 97% reported feeling safe within the Emergency Department environment and 88% rated their overall experience as good or very good. Patient involvement in care decisions was reported by 83% of respondents, reflecting ongoing work to strengthen shared decision-making and communication.

In summary the QEUH stood out for demonstrating that excellent communication, reassurance and involvement particularly for those in vulnerable groups, can offset the impact of long waits more effectively than operational performance alone.

2.3 Performance

The following section provides an overview of ED activity and performance between May and August 2026. The measures presented include attendances, admissions, performance against the 4-hour Emergency Access Standard and extended waits, providing an indication of current pressures over the period.

QEUH continued to experience sustained ED demand between May and August 2026, with attendances remaining high throughout the reporting period. Performance against the 4-hour Emergency Access Standard remained variable throughout the period, ranging from 42.3% to 59.0%. Extended waits also fluctuated, with 8-hour and 12-hour waits peaking during June before reducing significantly during July. Whilst some increase was observed towards the end of the reporting period, levels remained below those experienced earlier in the summer. QEUH recorded a 12-hour average breach rate of 5.9% between May and August 2026, compared with a national average of 4.8%.

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Whilst performance remains variable, there have been encouraging signs of improvement in extended waits during the period, particularly during July. Demand, occupancy and patient flow continue to present challenges and remain key areas of focus for ongoing improvement. Summary tables of the weekly site-level data for May to August 2026 are included in Figures 1-2 below. (Source – Weekly PHS Published ED Performance Data)

Figure 1: QEUH Emergency Department Activity Trends, May–August 2026

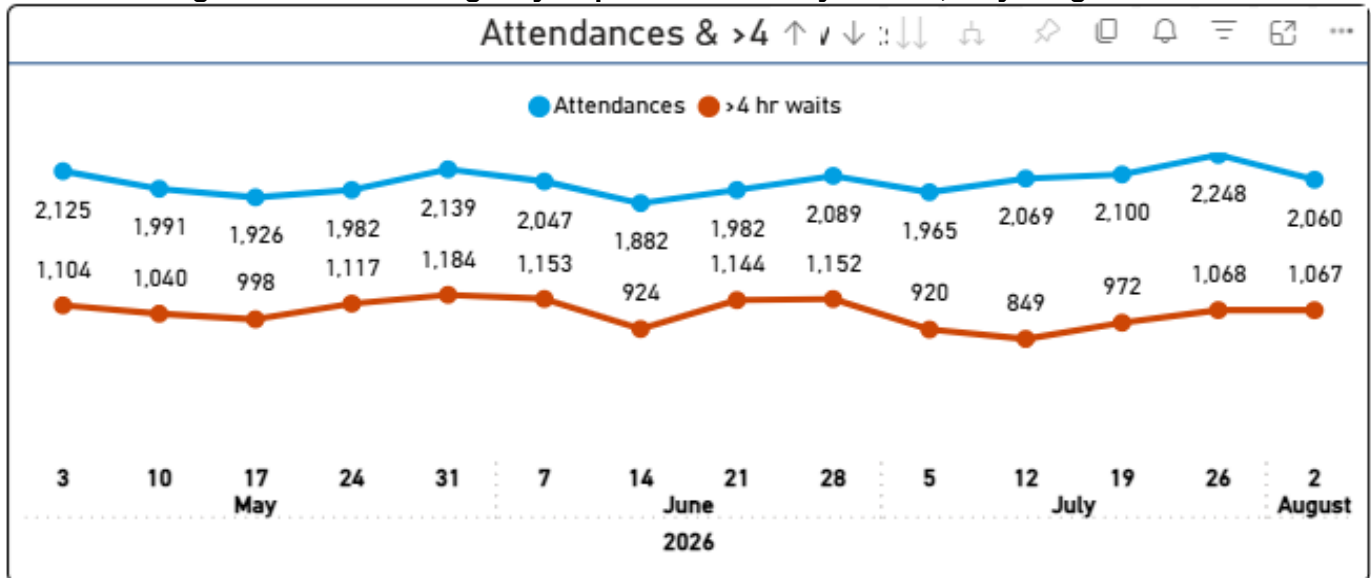
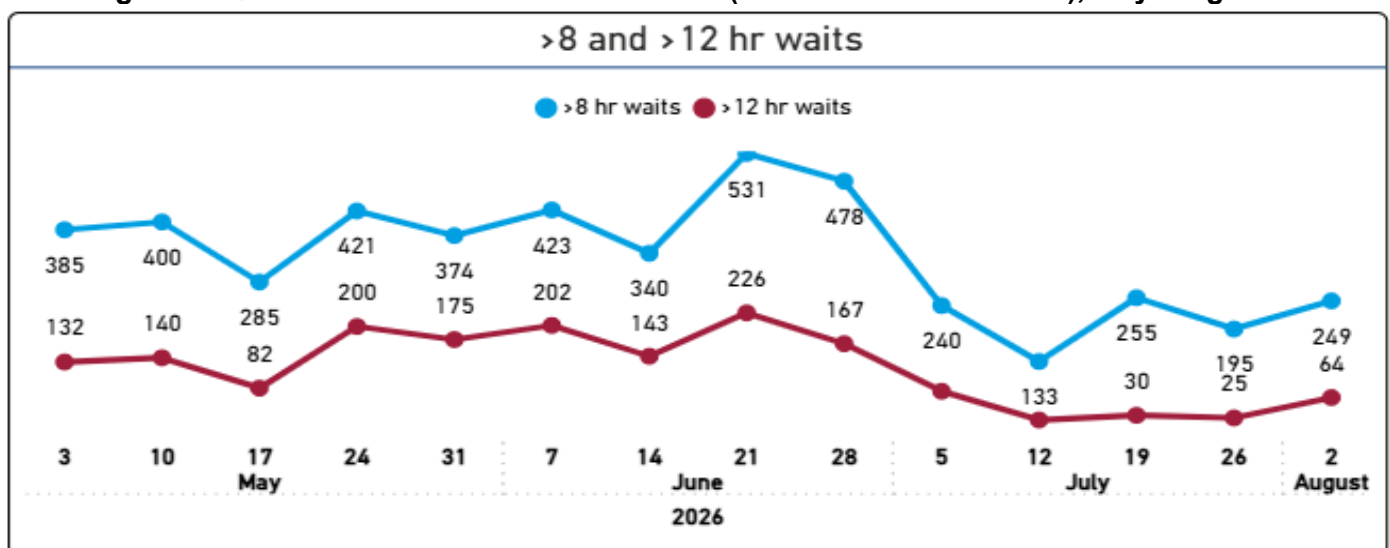


Figure 2: QEUH Extended Waits Performance (8-Hour & 12-Hour Waits), May–Aug 2026



2.4 Key improvement activity

Improvement activity has focused on strengthening patient flow, enhancing escalation processes, improving workforce support, and responding to feedback from both patients and staff. Actions have included improvements to site-wide flow arrangements, strengthened staff engagement and training programmes, increased patient involvement in service improvement and targeted enhancements to the Emergency Department environment. Alongside this, work has continued to improve flow through the wider hospital system, supporting more timely assessment, clinical decision-making, and discharge processes.

Examples:

- Strengthening patient flow and escalation arrangements across the site
- Enhancing staff engagement, support, and training programmes
- Increasing patient involvement in service improvement and experience initiatives

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- Delivering targeted improvements to the Emergency Department physical environment
- Improving flow through the wider hospital system to support timely assessment, treatment, and discharge

2.5 Impact on Staff:

Staff have played a central role in shaping and delivering improvement activity across the site. Increased opportunities for engagement with senior leaders, participation in improvement initiatives and access to training and development programmes have helped strengthen staff involvement in service redesign whilst maintaining a focus on safe and effective care delivery within a demanding specialist environment. Examples of the impact of these actions on staff include:

- Enhanced staff engagement, training, and involvement in service improvement
- Greater opportunities for frontline teams to influence operational and service redesign initiatives
- Improvements to escalation processes and the working environment to support care delivery

3. Glasgow Royal Infirmary (GRI)

3.1 Site Context and Experience

Glasgow Royal Infirmary is the principal acute hospital serving north and east Glasgow and provides emergency care to a population experiencing some of the highest levels of deprivation in Scotland. The department manages a high volume of patients with complex health and social care needs, many of whom require support from multiple services and agencies. This creates a distinctive operating environment characterised by significant clinical complexity, high levels of demand and a strong interface between emergency, acute and community services.

The combination of sustained demand, patient complexity and the constraints of an ageing physical estate can present challenges for patient flow and service delivery. Despite this, patient feedback continues to highlight the professionalism, compassion and commitment of staff in delivering high-quality care.

3.2 Patient Experience

The GRI patient experience findings placed a particularly strong emphasis on the impact of care in non-standard areas, privacy, comfort and meeting patient needs during long waits, this emerged as one of the strongest factors influencing overall experience.

Examples from the Patient Experience Report undertaken January to March 2026:

- Care in non-standard areas was associated with markedly lower privacy scores and lower overall care experience ratings
- Patients frequently described issues with the environment associated with an older property in the estate such as cold temperatures and hard seating
- The report highlights that reducing exposure to care in non-standard areas is one of the most important levers for improving patient experience

In summary the GRI's strongest differentiator is the relationship between care in non-standard areas, comfort, privacy and overall experience.

Feedback from patients highlights the commitment and professionalism of staff caring for patients with often complex health and social care needs. Overall, 92% of patients reported being treated with dignity and respect, 93.7% reported feeling safe within the Emergency Department environment and 89% rated their overall experience as good or very good. Glasgow Royal Infirmary reported the

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highest level of patient involvement in care decisions across the three sites, with 94% of patients reporting they were involved in decisions about their care.

3.3 Performance:

The following section provides an overview of ED activity and performance between May and August 2026. The measures presented include attendances, admissions, performance against the 4-hour Emergency Access Standard and extended waits, providing an indication of current pressures over the period.

GRI continued to experience sustained ED demand between May and August 2026, with attendances remaining broadly stable throughout the reporting period. Performance against the 4-hour Emergency Access Standard varied across the period, ranging from 43.8% to 58.8%, with the highest levels of performance observed during July. Extended waits also demonstrated periods of improvement, with both 8-hour and 12-hour waits reducing from peaks recorded in May and June before increasing slightly towards the end of the reporting period. GRI recorded a 12-hour average breach rate of 2.3% between May and August 2026, below the national average of 4.8%.

Whilst performance remains variable, there have been encouraging signs of improvement across a number of indicators during the period, particularly in relation to extended waits. Demand, patient complexity and patient flow continue to present challenges and remain key areas of focus for ongoing improvement. Summary tables of the weekly site-level data for May to August 2026 are included in Figures 3-4 below. (Source – Weekly PHS Published ED Performance Data)

Figure 3: GRI Emergency Department Activity Trends, May–August 2026

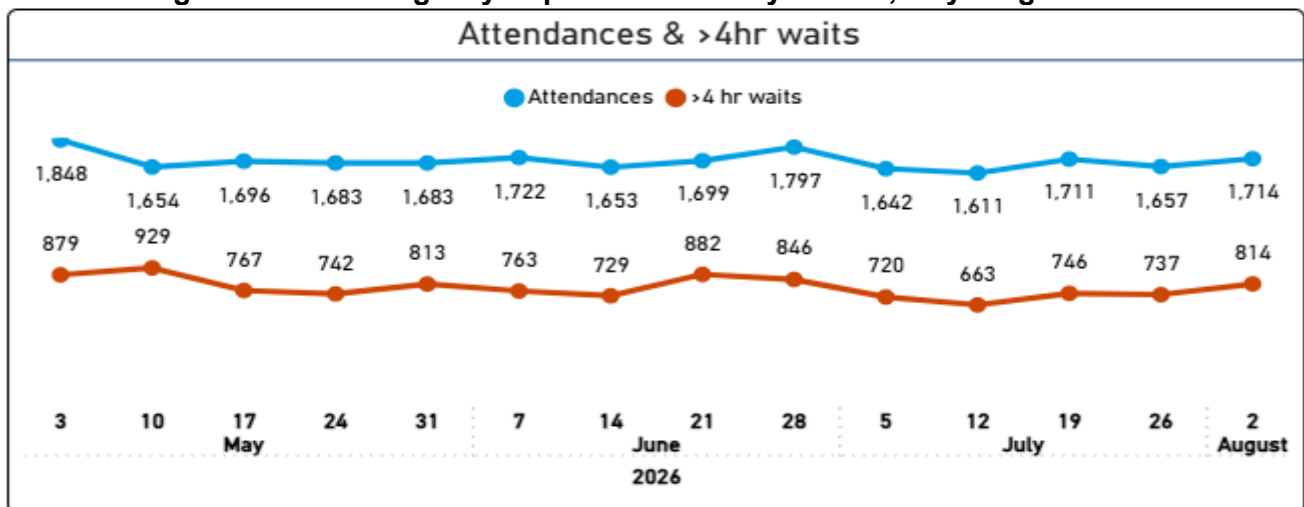
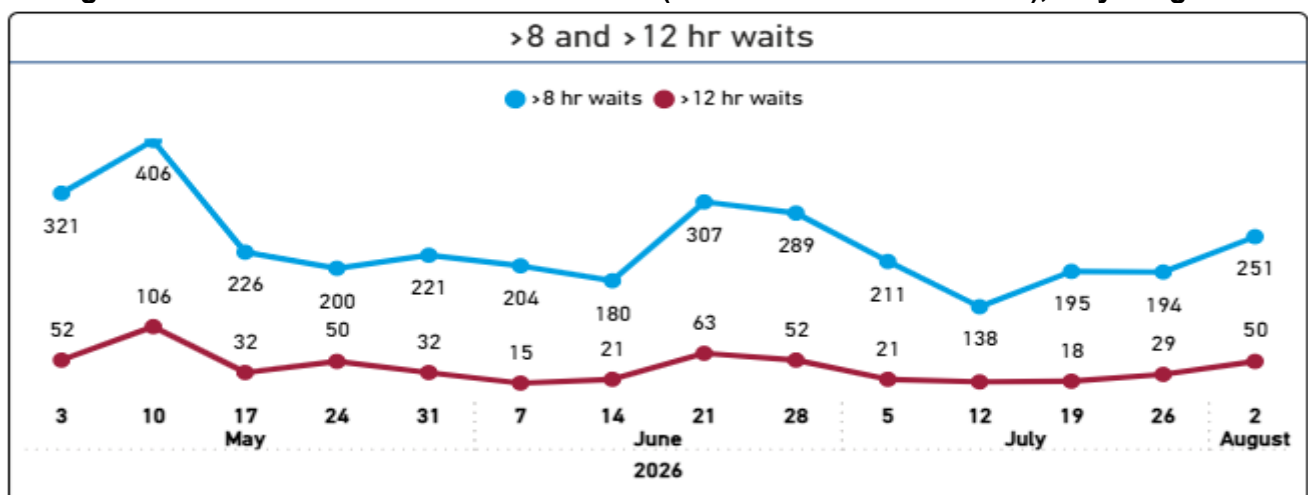


Figure 4: GRI Extended Waits Performance (8-Hour and 12-Hour Waits), May–Aug 2026



3.4 Key Improvement Activity

Improvement activity at Glasgow Royal Infirmary has focused on strengthening workforce capacity, enhancing front-door clinical decision-making, and improving patient flow through the hospital. Key actions have included the implementation of eTriage and supporting digital infrastructure, the introduction of Advanced Practice Nursing roles, and review of staffing models to support a sustainable workforce. Alongside this, work has progressed to improve assessment processes and explore longer-term opportunities to enhance the clinical environment.

Examples

- Strengthening workforce capacity through the introduction of Advanced Practice Nursing roles and review of staffing models
- Implementation of eTriage and supporting digital infrastructure
- Enhancing front-door clinical decision-making and patient flow processes
- Review of estate constraints, short-term environment improvements and longer-term opportunities to improve the clinical environment

3.5 Impact on Staff

Staff have been closely involved in the development and implementation of improvement initiatives across the site. Workforce investment, new clinical roles and enhanced opportunities for training and development have strengthened clinical capacity, whilst new digital tools and processes are supporting staff in delivering timely assessment and care in a high-demand environment. Examples of the impact of these actions on staff include:

- Increased workforce capacity through new clinical and advanced practice roles
- Enhanced training and professional development opportunities
- Introduction of digital tools to support assessment, decision-making and patient flow
- Greater engagement between frontline teams and site leadership

4. Royal Alexandra Hospital (RAH)

4.1 Site Context and Experience

The Royal Alexandra Hospital provides emergency care for Renfrewshire and much of the Clyde area and serves communities with diverse and often complex health and social care needs, including areas experiencing significant deprivation. The department manages a high volume of urgent and unscheduled care activity and plays a key role within the wider Clyde system, working closely with community, primary care and acute services.

The combination of sustained demand, the physical configuration of the site and the need to support patient flow across the wider hospital creates a distinctive operating environment that relies on close collaboration between services and professional groups. Despite these pressures, patient feedback consistently highlights the commitment, professionalism and compassion of staff working across the department.

4.2 Patient Experience

The Patient Experience at RAH is distinguished by the longer waits to first clinical assessment and the clear relationship between these waits, communication gaps and a less favourable experience. The report uniquely identifies a "weekend effect".

Examples from the Patient Experience Report undertaken January to March 2026:

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- People in RAH waited longer than at the other NHSGGC ED sites to be first assessed by a doctor/ANP/ENP
- Of those presenting only 20% of people were first assessed within 30 minutes, while 31% waited between 1 and 4 hours and 10% waited over 4 hours
- 52% described being informed about their wait, which is an improvement on previous data
- Staff described efforts to "front-load" investigations while patients waited for medical review, which sometimes left people feeling that nothing was happening
- The report specifically identifies longer overall stays at weekends compared with weekdays

In summary the RAH's most distinctive finding is the impact of delayed first assessment, particularly at weekends, and how this drives uncertainty and a lesser experience despite highly compassionate staff interactions.

Patient feedback at the Royal Alexandra Hospital reflects consistently positive experiences of care and strong patient confidence in the service. Overall, 94.6% of patients reported being treated with dignity and respect, the highest reported across the three sites, whilst 92.1% reported feeling safe within the Emergency Department environment. A total of 91% of patients rated their overall experience as good or very good and 88.2% reported being involved in decisions about their care.

4.3 Performance

The following section provides an overview of ED activity and performance between May and August 2026. The measures presented include attendances, admissions, performance against the 4-hour Emergency Access Standard and extended waits, providing an indication of current pressures over the period.

RAH continued to experience sustained ED demand between May and August 2026, with weekly attendances remaining broadly stable throughout the reporting period. Performance against the 4-hour Emergency Access Standard remained above 60% for much of the reporting period, ranging from 52.5% to 71.2%, before reducing towards the end of July and into early August. Extended waits remained relatively low throughout May, June and much of July, although increases in both 8-hour and 12-hour waits were observed during late July and early August. RAH recorded a 12-hour average breach rate of 1.5% between May and August 2026, below the national average of 4.8%.

Whilst performance remains variable, the site demonstrated periods of improvement across a number of measures during the reporting period. Demand, patient flow and the operational challenges associated with the physical configuration of the site continue to remain key areas of focus for ongoing improvement. Summary tables of the weekly site-level data for May to August 2026 are included in **Figures 5-6 below**. (Source – Weekly PHS Published ED Performance Data)

Figure 5: RAH Emergency Department Activity Trends, May–August 2026

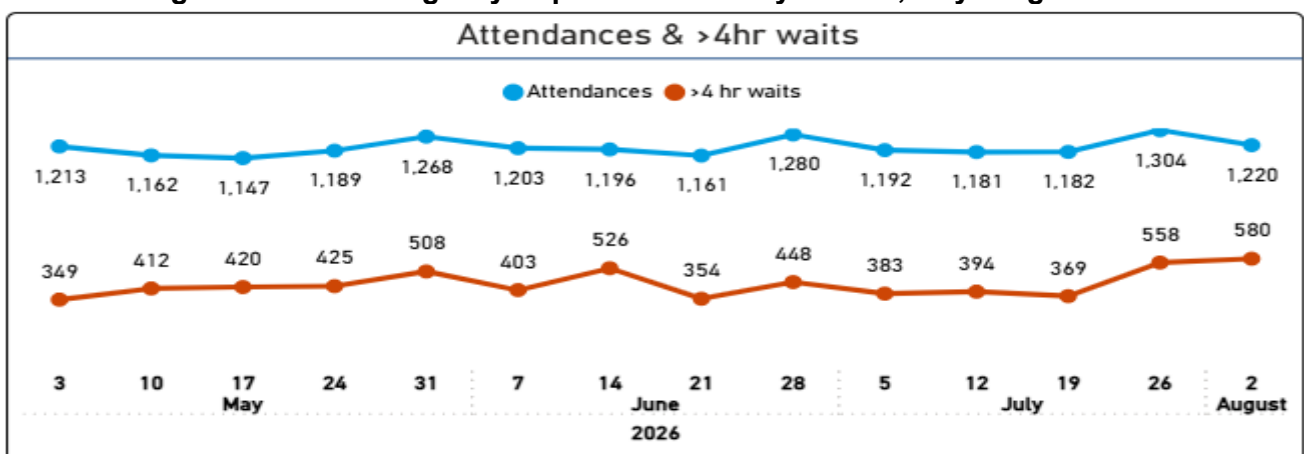
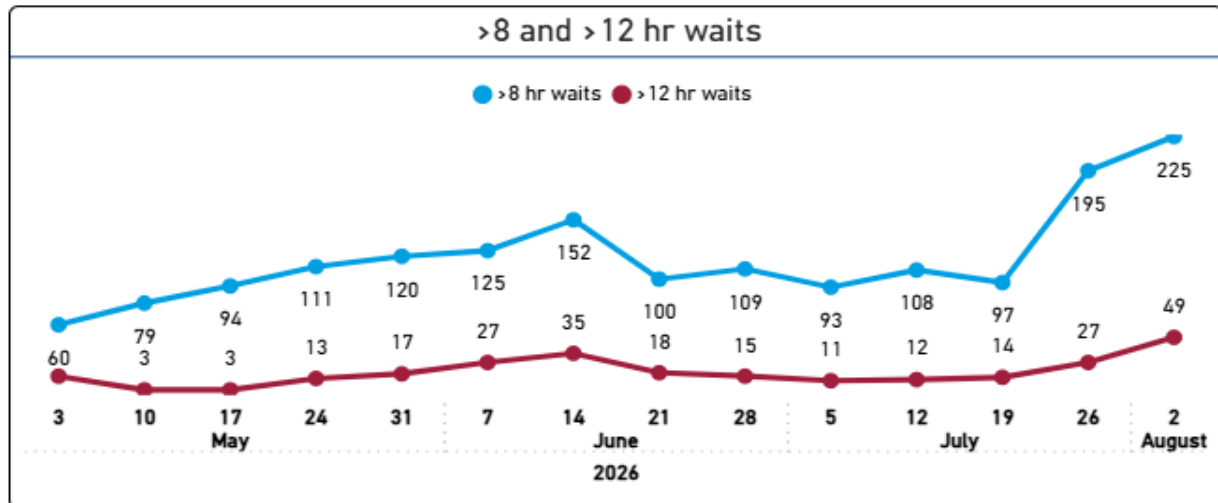


Figure 6: RAH Extended Waits Performance (8-Hour and 12-Hour Waits), May–Aug 2026

4.4 Key Improvement Activity:

Improvement activity within the Royal Alexandra Hospital has focused on addressing the challenges associated with sustained demand, patient flow, and the physical configuration of the site. Key actions have included strengthening clinical pathways, expanding alternatives to admission, enhancing digital capability, and progressing longer-term estate planning. The site has also worked closely with the wider whole-system programme to improve patient flow and reduce avoidable delays across the patient journey.

Examples:

- Development of trauma and specialty assessment pathways to support timely assessment and treatment
- Implementation of digital solutions, including eTriage and eObservations, to enhance clinical decision-making and patient management
- Expansion of ambulatory care and admission avoidance models to reduce unnecessary admissions and support care closer to home
- Progression of estate planning and consideration of refurbishment options to improve the clinical environment
- Strengthening multidisciplinary and cross-sector improvement arrangements to support patient flow and whole-system working

4.5 Impact on Staff

Staff have played a central role in shaping and delivering local improvement activity. The introduction of new pathways strengthened multidisciplinary working arrangements and digital innovations has supported greater collaboration across teams, whilst creating opportunities for staff to contribute directly to service redesign and improvement. Examples of the impact of these actions on staff include:

- Greater multidisciplinary collaboration through pathway redesign
- Introduction of digital solutions to support clinical practice and patient management
- Increased staff involvement in local improvement initiatives
- Enhanced cross-sector working to support patient flow and service delivery

5. Additional Whole System Actions Taken in Response

In addition to our response to the HIS ED review through the GGC Way Forward Programme, a series of additional whole-system actions have been implemented since May 2026, in response to the operational pressures being experienced across Emergency Departments and the wider urgent and unscheduled care system. These actions have focused on strengthening oversight, improving coordination between services, and supporting more rapid identification and resolution of barriers to patient flow.

Key actions include:

- Establishment of a weekly Unscheduled Care Collaborative to provide system-wide oversight of operational pressures, performance, and improvement activity
- Introduction of regular sector-level unscheduled care touchpoints and monthly improvement meetings to support local ownership and escalation of issues
- Development of sector-led action plans focused on both shared and site-specific priorities, with progress monitored on a weekly basis
- Implementation of a targeted South Sector improvement plan from June 2026 to address identified challenges in patient flow and operational performance
- Strengthened collaboration between Whole-System Flow, Unscheduled Care, Interface services, and sector teams to support coordinated action across the patient pathway

While local improvements have been evident across all sites, patient flow remains the single greatest challenge to sustained improvement, particularly at QEUH where the combination of high occupancy, regional specialist services and complex patient demand continues to impact performance. The whole-system actions described above are intended to address these underlying constraints through coordinated action across acute services, interface services, and alternative pathways.

Emerging Impact

Whilst many of these actions remain in the early stages of implementation, there are encouraging signs of improvement across a number of indicators. Increased operational oversight, more rapid escalation of issues and strengthened collaboration between services have supported a greater focus on patient flow and capacity management. This has contributed to improvements in performance at some sites, including reductions in 12 hour extended waits and improvements in 4-hour performance compared with the same period in the previous year, although challenges remain and progress continues to vary across sites. Sustained focus on whole-system improvement will be required to embed these changes and deliver consistent improvement across all sectors.

We have assessed an average 12-hour breach rate for Scotland using the 14 weekly published data (data commencing 3 May 26), this calculated as 4.8%, against which GGC calculated an average of 2.6% overall and the respective sites were as follows: QEUH 5.9%, GRI 2.3% and RAH 1.5%. The ranges across Scotland were from 0% to 10.8%.

6. Update on communications from HIS

In March 2026, HIS notified us of the intention to conduct a One-year review of the progress undertaken on the GGC Way Forward Programme with formal notification being received on 4th May 2026. As part of this process HIS had prepared a letter for issue to all ED staff inviting them to contact HIS directly with their feedback.

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In July 2026, Healthcare Improvement Scotland received correspondence from the Queen Elizabeth University Hospital Emergency Department Consultant Body setting out their perspective on progress following the 2025 HIS review.

The correspondence raised continuing concerns regarding patient flow, hospital capacity, delays in accessing inpatient care and the impact of wider system pressures on both patient and staff experience within the Emergency Department. It emphasised the importance of demonstrating tangible and sustained improvements arising from actions implemented following the HIS review, together with continued focus on staff engagement, organisational learning, escalation processes and whole-system approaches to improving patient flow.

The concerns expressed by the consultant body are disappointing, particularly given the significant focus, investment and improvement activity undertaken through the GGC Way Forward Programme and wider Transforming Together initiatives. However, the correspondence reinforces the importance of continuing to evidence the impact of improvement activity and maintaining momentum in addressing the factors affecting patient flow, capacity and staff and patient experience. These are being addressed through actions identified throughout this report.

HIS has advised that it intends to engage directly with staff as part of the review process. NHSGGC will continue to engage constructively with HIS regarding both the correspondence received and the findings arising from the one-year review.

7. Summary

This paper has provided a site-specific overview of the operating context, patient experience, performance, improvement activity and impact on staff across the Emergency Departments at Queen Elizabeth University Hospital, Glasgow Royal Infirmary and Royal Alexandra Hospital. Whilst each site operates within a distinct local context, common themes remain evident, including sustained demand, pressures on patient flow and the impact of wider system capacity constraints.

The improvement activity undertaken through the GGC Way Forward Programme and wider whole-system actions has strengthened governance, staff engagement, escalation processes, patient involvement, and operational oversight across all sites. Feedback from patients continues to demonstrate high levels of compassionate and person-centred care, with positive ratings for dignity, respect, safety, and overall experience consistently reported across all three Emergency Departments.

Performance data demonstrates that demand remains high across all sites and that progress has not been uniform. Patient flow remains the most significant challenge to sustained improvement, particularly where high occupancy, complex patient needs and wider system pressures continue to impact operational performance. A specific report on whole system flow improvements and impact across GGC is being brought to the Transforming Together Executive Oversight Group.

The Board is asked to note:

- The distinct operating context, patient experience findings, performance trends and improvement activity across each Emergency Department
- The progress made to date and the continued focus on improving patient flow, capacity, and performance through both local and whole-system improvement programmes