



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# NHS Greater Glasgow & Clyde Emergency Department Review

**Terms of Reference**

## Aim

This review has been initiated in response to concerns about the Emergency Department at the Queen Elizabeth University Hospital, Glasgow but in carrying out the review, will take account of relevant considerations in relation to safety and quality of care across the other main receiving Emergency Departments in NHS Greater Glasgow & Clyde.

The review will also consider and report on the national context and relevant comparable data from other Emergency Departments as appropriate to the issues highlighted in NHS Greater Glasgow & Clyde and identify any wider learning for Emergency Departments and NHS Boards across NHS Scotland.

The aim of the review is to:

1. Provide an evidence-based, balanced, objective and proportionate analysis of the key challenges facing the Emergency Department at the Queen Elizabeth University Hospital.
2. Consider any wider implications for the Emergency Departments at the Royal Alexandra Hospital, Paisley and Glasgow Royal Infirmary.
3. Offer support to NHS Greater Glasgow & Clyde to identify practical, evidence-based and sustainable actions that may be required to improve quality and safety in Emergency Departments in NHS Greater Glasgow & Clyde.
4. Consider any wider evidence-based learning for Emergency Departments and NHS Boards across NHS Scotland.

## Scope

The review will be undertaken by Healthcare Improvement Scotland (HIS) in the context of its existing legal powers and statutory duties.

The review will adopt the guiding principles and other appropriate elements of the HIS [Quality Assurance System Framework](#), and the HIS [Essentials of Safe Care](#). It will consider relevant national data and draw on strengths and learning identified in each of the Emergency Departments to share understanding of good practice, along with potential improvements in:

- **Safety:** the extent to which patients are treated in a safe environment and are protected from avoidable harm.
- **Leadership and Culture:** the extent to which the service is well led, supported by robust governance arrangements, effective working relationships and team working, and a supportive culture both within and beyond the Emergency Department.
- **Patient Experience and Responsiveness:** the extent to which individuals receive timely, person-centred care; and the extent to which patient feedback and wider community engagement informs the planning and delivery of services.

20240425 GGC ED Review ToR v2.0	Version 2.0	Document as agreed on 02 July 2024
Produced by: NHS GGC ED Review Programme Team	Page 2 of 6	

The review, whilst also taking account of and considering the national context and relevant comparable data from other Emergency Departments, will be focused on the following:

- The three identified Emergency Departments in NHS Greater Glasgow & Clyde.
- The current issues and strengths in each department, within the context of the scope.
- The overall experience of patient care in the three Emergency Departments.

An independent review of Healthcare Improvement Scotland’s Responding to Concerns process (the mechanism by which the original concerns were raised) is ongoing and is separate to, and out with the scope of the NHS Greater Glasgow & Clyde Emergency Department Review.

## Approach

The review will draw on:

- A range of sources of data and information including patient safety data, relevant performance data, safe delivery of care inspection reports, patient experience data, workforce data and staff experience data such as iMatter.
- Evidence from proportionate engagement with patients and a range of staff groups (including Partnership groups and whistleblowing champions). The approach to this engagement will include a combination of group and individual discussions for both categories, to obtain their views and perspectives on the safety and quality of care, culture, experience of raising concerns, and areas for improvement.
- Recognised standards where available, and relevant best practice principles and/or expert opinion to inform assessments of the above.

The review will comprise:

- An initial scoping phase to establish an evidence base and identify the initial key lines of enquiry.
- A discovery phase to collect data from information systems, review relevant evidence and the information collected through engagement with staff and patients. Emerging themes will be considered as the review progresses and may identify further key lines of enquiry.
- An analysis phase to synthesise the data gathered and produce a report.

## Structure to Support the Review

The Executive Sponsor of the review will be Robbie Pearson, Chief Executive of HIS. The Senior Responsible Owner (SRO) will be Lynsey Cleland, Director of Quality Assurance & Regulation at HIS, who is accountable for the overall delivery of this work. Jane Byrne, Head of Multiagency Inspections (Quality Assurance & Regulation at HIS) will be the Programme Director responsible for operational delivery within HIS.

20240425 GGC ED Review ToR v2.0	Version 2.0	Document as agreed on 02 July 2024
Produced by: NHS GGC ED Review Programme Team	Page 3 of 6	

The review will have the following structural support:

- **Core Review Group**

The review will be conducted by a Core Review Group comprised of external and internal representatives (membership at appendix A). The Core Review Group will be responsible for the effective and efficient conduct of the review and the achievement of its aims within the agreed scope of the review. The Core Review Group will be supported by a dedicated HIS Review Programme Director and programme management staff. HIS members of the Core Review Group will mobilise staff within their Directorates to carry out the work of the review. The Core Review Group will also include appropriate subject matter experts.

- **External Reference Group**

To provide advice, appropriate scrutiny, and validation of the work of the Core Review Group. This will consist of external experts and will be independently chaired.

The Core Review Group will report progress on a monthly basis to the HIS Executive Team and regular updates will be provided to the HIS Quality and Performance Committee and HIS Board for oversight and governance.

Any matters that require formal escalation during the course of the review will be taken forward through [established processes](#).

## **Timescale**

It is envisaged that the work of the review will be undertaken within six months, with HIS feeding back emergent findings that require action from NHS Greater Glasgow and Clyde or other relevant bodies during the review process, prior to publishing a report of findings and recommendations.

20240425 GGC ED Review ToR v2.0	Version 2.0	Document as agreed on 02 July 2024
Produced by: NHS GGC ED Review Programme Team	Page 4 of 6	

## Appendix A: Membership of the Core Review Group

Name	Role
Professor Hazel Borland	Co-chair of Core Review Group
Dr Pamela Johnston	Co-chair of Core Review Group
Jane Byrne	Head of Multiagency Inspections, Quality Assurance and Regulation, HIS (Review Programme Director)
Michelle Cassidy	Project Officer, Quality Assurance and Regulation, HIS
Lynsey Cleland	Director of Quality Assurance and Regulation, HIS (Review Senior Responsible Owner)
Kay Cordiner	Clinical Services Manager, Unscheduled Care, NHS Highland
Caroline Craig	Associate Director, Healthcare Staffing & Care Assurance, HIS
Rhona Davies	HIS Public Partner
Dr Simon Eaton	Associate Medical Director, Northumbria Healthcare NHS Foundation Trust
Dr Jo Hughes	Consultant in Emergency Medicine, Northumbria Healthcare NHS Foundation Trust
Jo Matthews	Associate Director, Improvement & Safety, HIS
Tony McGowan	Associate Director, Community Engagement, HIS
Eileidh McIntosh	HIS Public Partner
Clare Morrison	Director of Engagement & Change, HIS
Donald Morrison	Head of Data, Measurement & Business Intelligence, HIS
Shirley-Anne O'Hare	Senior Emergency Department Nurse, NHS Lanarkshire
Moraig Rollo	Clinical Quality Lead East Region, Scottish Ambulance Service
Dr Julie Ronald	Emergency Department Consultant and Associate Medical Director - Acute Care, NHS 24, and Specialty Advisor for Emergency Medicine to the Chief Medical Officer for Scotland
Edel Sheridan	Review Programme Manager, Quality Assurance and Regulation, HIS
Gillian Smith	Administrative Officer, Quality Assurance and Regulation, HIS

Dr Sian Tucker	Deputy Medical Director, Clinical Directorate, NHS National Services Scotland, and Primary Care Out of Hours Advisor to the Scottish Government
----------------	-------------------------------------------------------------------------------------------------------------------------------------------------