

# The State of Emergency Medicine in Scotland

## Introduction

**Crowding and long waits remained significant issues in Scotland in 2025.** Over **75,000** patients waited longer than 12 hours from their time of arrival.

In a December 2025 survey, Emergency Department (ED) clinical leads reported that one third of patients were receiving care in an undesignated space such as a corridor, floor, or chair.

Long waits in A&E are directly correlated with harm – yet they are not unsolvable, or the inevitable consequence of increases in demand or an ageing population.

This paper sets out the State of Emergency Medicine in 2025 in Scotland and the very real impact long waits are having on patients.

We know that there is a direct correlation between long A&E waits and patients coming to harm. In 2025, RCEM conservatively estimates that **818 deaths were associated with long waits in A&E in Scotland**, unchanged from 2024.

**RCEM is calling for the Scottish Government to make overcrowding a top priority in the coming year by:**

- Committing to end the current practice of caring for patients in corridors or other non-designated spaces.
- Avoiding new policies increasing ED pressure without demonstrated improvements in hospital flow.
- Adopting a whole-system approach with responsibility shared across the entire patient pathway.
- Ensuring system-wide accountability across trusts, the NHS, and government for achieving 85% hospital bed occupancy.
- Eliminating avoidable deaths from long ED waits and treating them with the seriousness they deserve.



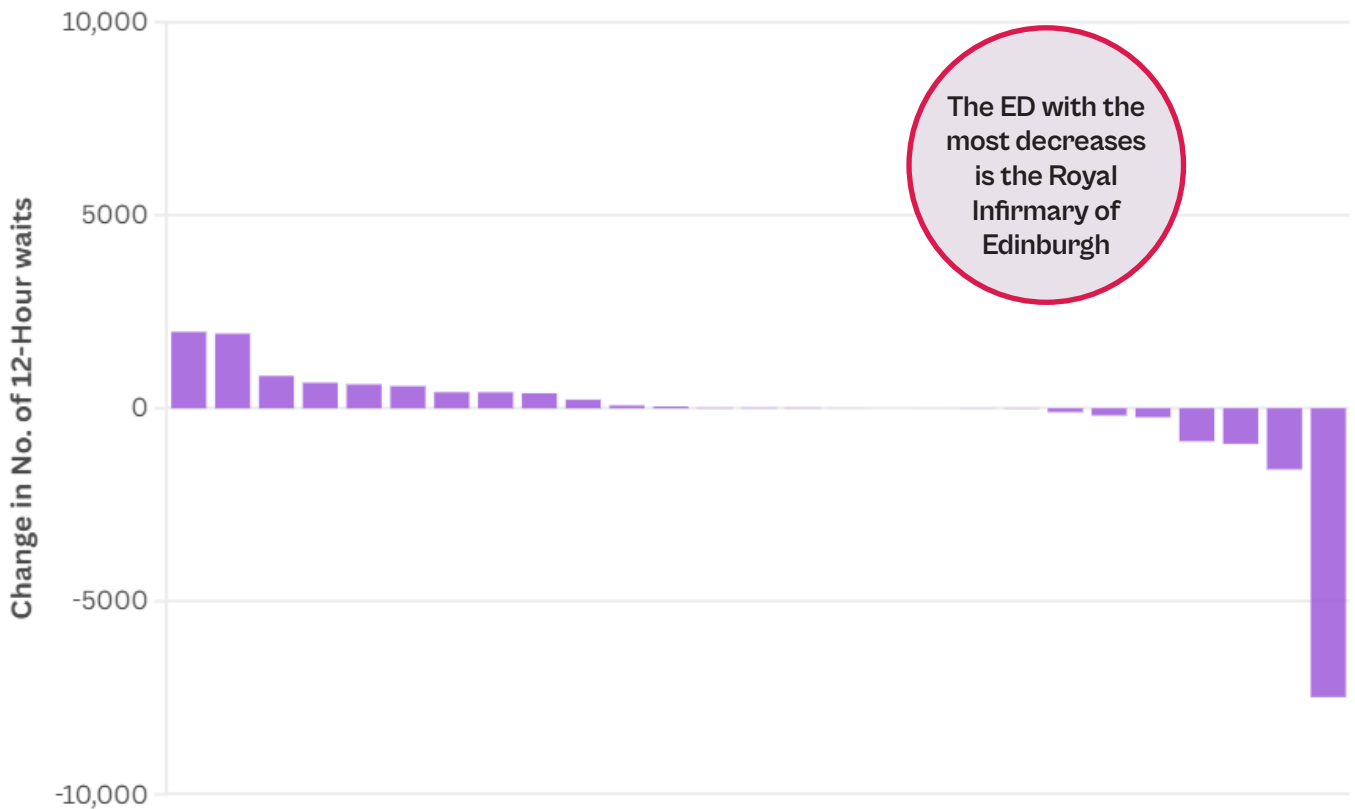
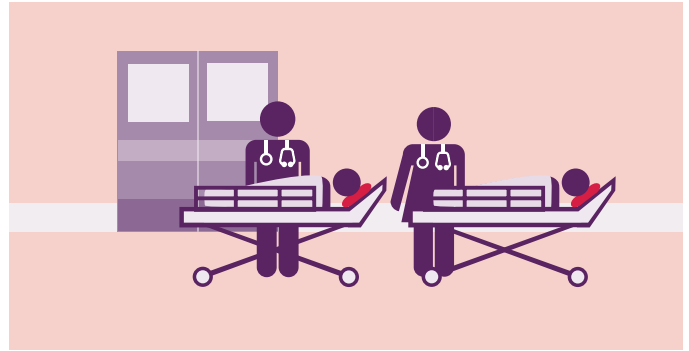
## Context

ED performance in Scotland saw slight improvements in 2025 on the previous year, yet remained a significant challenge:

- **75,077** patients waited for 12 hours or more in Scottish EDs, a decrease of 1,433 on 2024. While this is an improvement, at the current reduction rate of 1.8% **it would take 237 years** to reduce 12-hour waits to 1,000, the level they were at in 2016.
- **171,854** patients waited for eight hours or more, a decrease of 1,437.
- **65%** of patients were admitted, transferred or discharged within four hours, an increase of 0.7 percentage points. **This falls far below the NHS constitutional standard of 95%** and even the interim target of 78%.
- **1,934** patients daily were remaining in hospital despite being deemed medically fit to leave, a decrease of just 20 over the entire year.

Despite improvements, it is important to note that the Royal Infirmary of Edinburgh (RIE) implemented a whole-system approach for the first half of 2025. By focusing on reducing bed occupancy and incorporating system metric accountability across the patient pathway, they reduced 12-hour waits by 7,478 from the previous year. This is more than **five times** the national improvement in 12-hour waits.

If it were not for improvements in this one department, Scotland's national performance would likely have been worse than 2024. **Figure 1** shows that no other ED came close to achieving the same degree of improvement, with the majority of EDs either remaining at the same level or experiencing declines in 12-hour performance. The case of RIE demonstrates the scale of improvement that may be achievable across Scotland if similar whole-system approaches to managing patient flow were implemented widely across health boards.





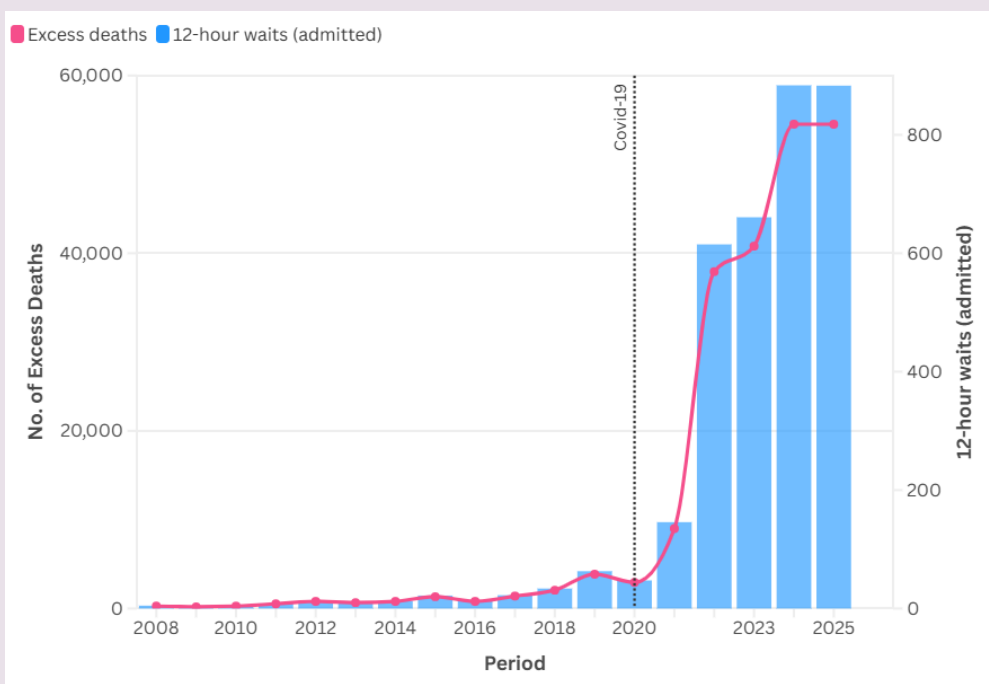
This means ED staff are going beyond the scope of their usual roles and doing so without the resources available on inpatient wards, burdening them with an increased level of risk that places them under sustained psychological and professional strain. This leads to a high degree of moral injury, as staff are unable to deliver the highest standard of clinical care they want to, as a result of systemic pressures causing overcrowding in EDs. Over time, this contributes to decision fatigue, declining morale, and an increased risk of burnout among ED staff.

### Impact on Patients

At the same time, patients are persistently facing delays to admission, transfer or discharge. Long waiting times are not just inconvenient, they can be deadly. A large observational study of more than five million NHS patients showed an increase in all-cause

30-day mortality, adjusted for age and co-morbidity.<sup>1</sup> This quantified the harm: there was one additional (excess) death for every 72 patients that spend 8-12 hours in the ED. Given that in 2025, 58,870 patients waited for 12 hours or longer before they were admitted to a hospital ward in Scotland, we can conservatively estimate that 818 excess deaths were associated with long waiting times. This figure is completely unchanged from the previous year.

**Figure 2** represents the direct correlation between (admitted) patients waiting 12 hours and the number of excess deaths. The COVID-19 pandemic exacerbated already existing structural pressures, as the number of waits was already beginning to rise prior to 2020. The system still has not recovered from the effects of this and will not do so until the underlying issues are addressed.



**Figure 2: Excess deaths associated with long waiting times in Scottish Emergency Departments**

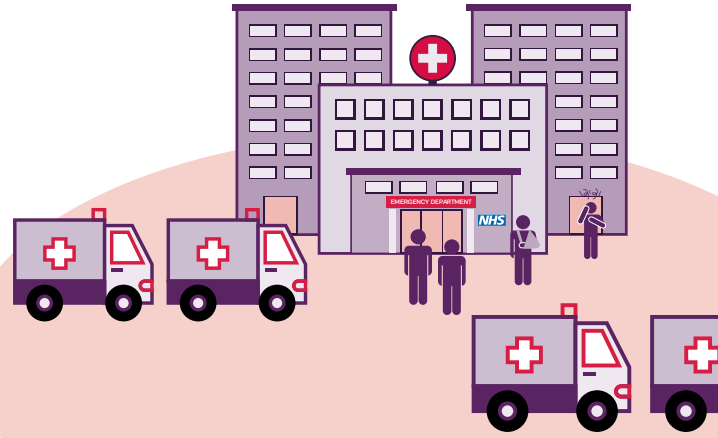
<sup>1</sup> Jones et al. (2022), 'Association between delays to patient admission from the emergency department and all-cause 30-day mortality', *Emergency Medicine Journal*, 39(3): pp168-173. DOI: [10.1136/emmermed-2021-211572](https://doi.org/10.1136/emmermed-2021-211572)

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## Recommendations

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The Royal College of Emergency Medicine is calling on the Scottish Government to make a national commitment to end overcrowding in Emergency Departments across Scotland.



Commit to the principle that any patient who requires a cubicle space is never treated in a non-designated treatment area (corridors, cupboards, waiting room chairs)

Ensure no new NHS policies increase pressure on EDs without demonstrable improvements first having been made in hospital flow metrics (long waits, bed occupancy, discharges)

Prioritise the adoption of a whole-system approach with responsibility for performance spread across the entire patient pathway

- Introduce 7-day extended working across the health system so that emergency departments have the supporting services they need to operate and that other specialities are resourced adequately to provide this
- Ensure that bed occupancy is used as a system-wide metric so that adequate attention is given to improving flow. The Scottish Government should adopt the RCEM recommendation that occupancy does not exceed the safe level of 85%.

Ensure that there is accountability for ending overcrowding across the system and that health boards, the NHS in Scotland and national government play their role in ending overcrowding

Irradicate mortality associated with long waits in EDs by the end of the decade and make sure the government treats these deaths with the seriousness they deserve.

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