Clyde SAR Team
Level E
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

NHS
Greater Glasgow and Clyde

PRIVATE

MMA LEGAL LTD
23 GOODLASS ROAD
BUILDING B
SPEKE LIVERPOOL
L24 9HJ

Date: 12.6.2026
Your Ref: 100839
Our Ref: SART / JM / LM / 1701806541
Enquiries to: Lynne McEldowney
Direct Line: 01475 504786

E-mail: lynne.mceldowney@nhs.scot

Dear Sir/Madam

Subject Access Request under the General Data Protection Regulation

Patient: LISA HUGHES **DOB: 17/01/1980**

Thank you for your request for records received 2nd June 2026 in which you seek a copy of your client's personal information.

Your request has been dealt in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:-

COPY ROYAL ALEXANDRA HOSPITAL MEDICAL RECORDS

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature, and can include:-

- patient health records, photographs or Radiology images;
- video/telephone recordings, including CCTV images;
- Witness Statements;
- Incident reports

- Complaints files
- Emails

The source of our data includes patients, General Practitioners, healthcare, social and welfare organisations, legal representatives and police forces.
We sometimes need to share the personal information we process with the individual themselves and also with other organizations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation.

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information:

- Adult general hospital records – six years after the date of the last entry;
- Maternity records – 25 years after the birth of the last child;
- Children's and young people's records – until the child or young person's 25th birthday;
- Mental health records – 20 years after the date of the last contact.

If you have any queries, please do not hesitate to contact me.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection officer. Their contact details are noted below:

Data Protection officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Lynne McEldowney
SAR Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☑	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
HYDROTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐
OPEN EYES	☐
PODIATRY	☐

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Royal Alexandra Hospital

CHI: 1701806541

Total Att: 19

12 Mth Att: 2

Title: **MISS**

HUGHES **Lisa Rosemary**

DOB 17/01/1980 Age: 45y Sex: Female

2 LANGSTILE ROAD

Glasgow
Lanarkshire
G52 4AG
07858379780

Next of kin: **HAUGHEY, AGNES**
Relationship: **Mother**
07769815357

GP: **JD Datta**
0141 892 2548

Attendance Date: **11/06/2025** Arrival Time: **22:21**

Registration Time: **22:21** Date of Incident: **11/06/2025**

Major Incident Desc:

Reason for Attendance: **NHS 24 REFERRAL DIRECT TO ED CHEST PAIN - 3 DAYS**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **None Known** Pain Score:

Triage Category: **2** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **11/06/2025 23:42**

Nurse name: **Nurse Laura Feeley**

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils Right		Pupils Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **"3 day hx of central chest heaviness radiating shoulder and to left arm. feels sweaty.**

did not wish to wait to be seen.

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

DO NOT WRITE HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Date	CLINICAL NOTES
	Seen by (Dr) Time seen

Date	CLINICAL NOTES

Discharge Codes (Please CIRCLE)					Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)			
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge	8. D.O.A.	Discharge time	

Ward number (if admitted):	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

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HUGHES
Lisa Rosemary

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

SpO2 Scale 1 Target >96%	SpO2 Scale 2 Target 88-92%	Patient on home oxygen Y☐ N☐
Signature:	Signature:	If yes, add details of oxygen therapy
Print Name:	Print Name:	
Dr/ANP initials ONLY:	Dr/ANP initials ONLY:	
Date:	Date:	

Document all actions and interventions

NEWS 0	NEWS 1-4	NEWS 5-6 or 3 in one parameter	NEWS 7 or more
Min 12 Hourly Observations	Low Clinical Risk	Medium Clinical Risk	High Clinical Risk
	Min 4 Hourly Observation	Min Hourly Observations	Continuous Monitoring
	Inform Registered Nurse	Urgent Assessment by Medical Team	Urgent Assessment by Senior Medical Team
	Agree Frequency of Observation Required	ACE Response in Medical Notes	ACE Response in Medical Notes
		Think Sepsis if Suspicion of Infection	Consider 2222

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the nursing notes

Discontinuation of NEWS

Following MDT discussion, it has been agreed that this patient no longer has a requirement for observations

Signed...

Medical:...

Date:.................................

Glasgow Coma Scale

Pupil Reaction and size: S = sluggish, + = reaction, - = no reaction, c = eyes closed

Pupil Size (mm): 1 2 3 4 5 6 7 8

Date:
Time:

EYES (Eyes closed by swelling = NT): Spontaneously 4, To sound 3, To pressure 2, None 1, Non testable NT

VERBAL (Endotracheal tube or tracheostomy = NT): Orientated 5, Confused 4, Words 3, Sounds 2, None 1, Non testable NT

MOTOR (Always record the best response): Obeys commands 6, Localising pressure 5, Normal flexion 4, Abnormal flexion 3, Extension 2, None 1, Non testable NT

TOTAL

PUPILS: Right size: Right reaction: Left size: Left reaction:

ARMS (Record right (R) and left (L) separately if there is a difference between the two sides): Normal power, Mild weakness, Severe weakness, Spastic flexion, Extension, No response

LEGS (Record right (R) and left (L) separately if there is a difference between the two sides): Normal power, Mild weakness, Severe weakness, Spastic flexion, Extension, No response

Pain Score

Ask the patient to rate his/her pain by using numerical scale 0 to 10. Use the chart below to assist the patient. If the patient is unable to communicate, use alternative pain scoring tools.

No Pain	Mild Pain			Moderate Pain			Severe Pain			
0	1	2	3	4	5	6	7	8	9	10

Pain Function Score

A	No limitations, activity unrestricted by pain or settles quickly
B	Mild limitations, mild activity restrictions
C	Moderate limitations, attempts but reluctant to continue because of pain. **Seek Advice**
D	Severe limitations, unable to or refuse to perform because of pain. **Urgent Review Required**

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Lisa Rosemary

NEWS 2 Key	1	2	3

	Example	Entry 1	Range	Score
Date	1/11	11/6/25		
Time	11:00	23 40		
A + B Respirations Breaths/min			≥25	3
			21-24	2
	•	•	12-20	0
			9-11	1
			≤8	3
A + B SpO2 Scale 1 Oxygen saturation (%)	97	97	≥96	0
			94-95	1
			92-93	2
			≤91	3
SpO2 Scale 2			≥97 on O2	3
			95-96% on O2	2
			93-94% on O2	1
			≥93 on air	0
			88-92	0
Only use scale 2 under direction of qualified clinician			86-87	1
			84-85	2
			≤83	3
Air or oxygen?	A	A	Air (A) or O2 device	0
			O2 L/min	2
C Blood Pressure mmHg (Score uses systolic BP only)			≥220	3
			201–219	0
			181-200	0
			161-180	0
			141-160	0
	↕		121-140	0
			111-120	0
			101-110	1
			91-100	2
			81-90	3
			71-80	3
			61-70	3
			51-60	3
			≤50	3
C Pulse Beats/min			≥131	3
			121-130	2
			111-120	2
			101-110	1
		•	91-100	1
			81-90	0
	•		71-80	0
			61-70	0
			51-60	0
			41-50	1
			31-40	3
			≤30	3
D Any changes in neuro response, do GCS. Immediate medical review. Check Blood Glucose. Think Delirium.	•	A	A Alert	0
			C New Confusion	3
			V Verbal	3
			P Pressure	3
			U Unresponsive	3
E Temperature			≥39	2
			38.1-39.0	1
			37.1-38.0	0
	•		36.1-37.0	0
			35.1-36.0	1
			≤35.0	3
NEWS Total	0			
Blood glucose	7.0			
Pain / function score	DA			
Time Pt last passed urine	10.20			
Fluid balance chart indicated Y/N	N			
GCS indicated Y/N	N			
Time NEWS due	23.00			
Escalation of care Y / N	N			
Initials	AB			

Affix Patient ID

LISA ROSEMARY HUGHES.
1701806541.

Abbreviations for recording oxygen device

A	Room Air
N	Nasal Cannulae
SM	Simple Mask
V	Venturi Mask and % eg. V24
NIV	Non Invasive Ventilation
IV	Invasive Ventilation
T	Tracheostomy
CP	CPAP Mask
HFN	High Flow Nasal Oxygen
NEB	Nebuliser
RM	Reservoir Mask (Emergency use only)

Affix Patient ID

NEWS > 4 THINK SEPSIS
Apply SEPSIS 6 within 1 hour

1. Give oxygen to target saturation >94% (COPD 88-92%)
2. IV fluids up to 20ml/kg
3. Take blood cultures
4. Measure lactate and FBC
5. Give IV antibiotics
6. Monitor urine output and fluid balance chart

Think ACE

A Action: Working diagnosis (consider SEPSIS). Consider frequency of observations. Management plan. Set review time. Document.

C Communicate: Inform nurse of plan. Inform senior medic if necessary. Document the discussion.

E Escalate: Document the treatment escalation plan. Should include need for next level of care & consideration of resuscitation status.

Hughes, Lisa ID:1701806541 11-JUN-2025 23:55:19 GREATER GLASGOW SITE-RAHAE ROUTINE RECORD

17-JAN-1980 (45 yr)
Female Caucasian

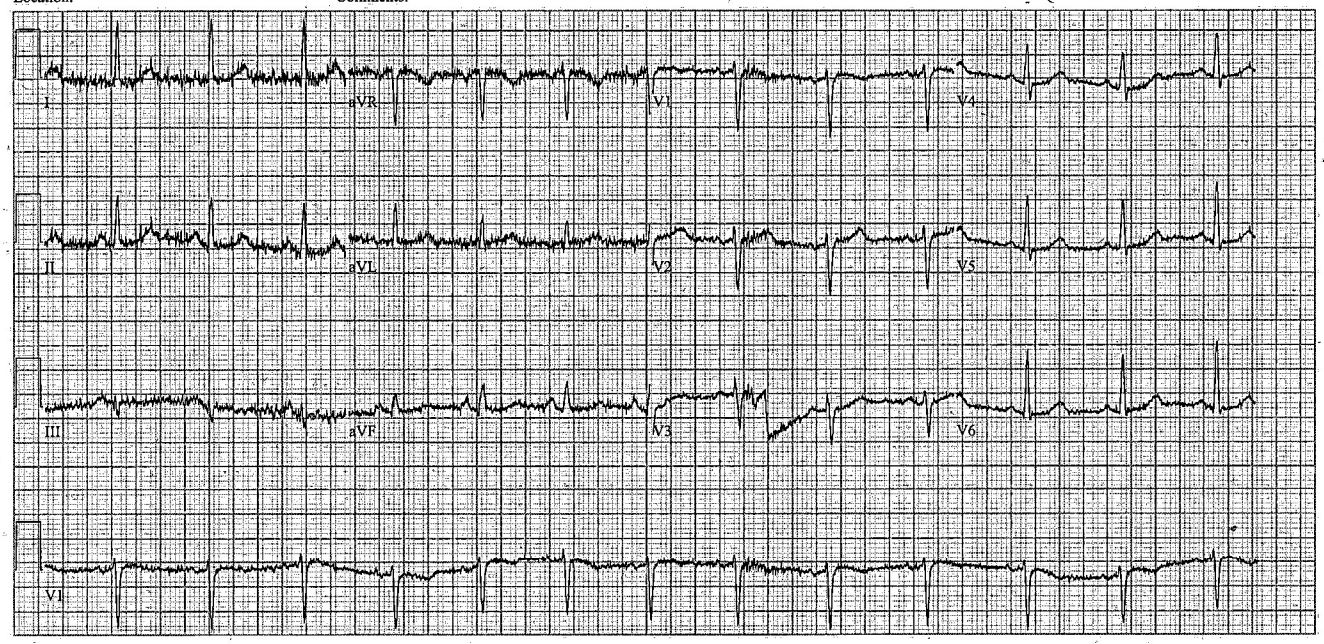
Room:
Loc:800

Vent. rate	79	BPM
PR interval	142	ms
QRS duration	80	ms
QT/QTc	400/458	ms
P-R-T axes	68 32	36

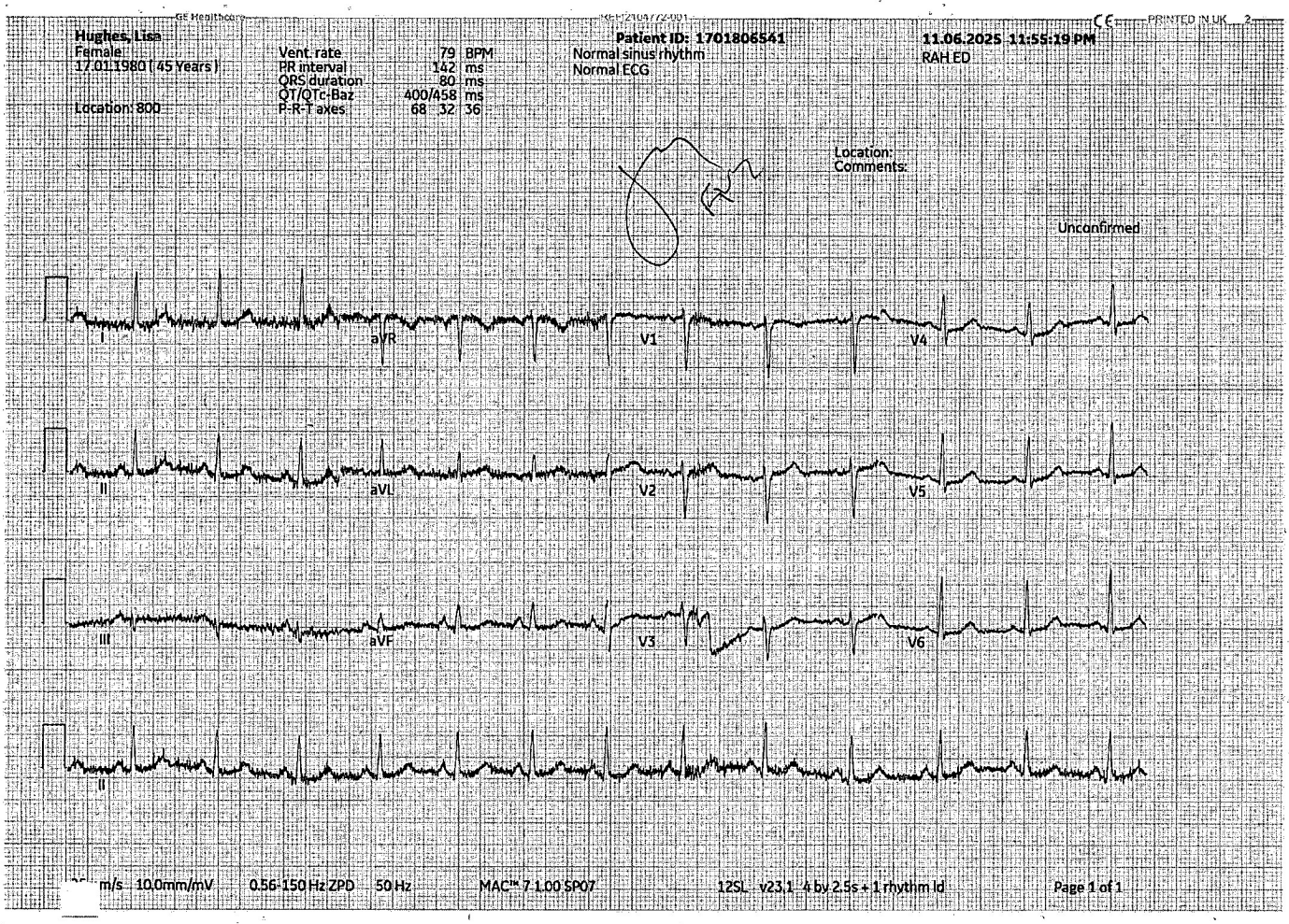
Normal sinus rhythm
Normal ECG

Technician:
Test ind:

Location: Comments: Unconfirmed



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1808 SID: 3252249 EID:13 EDT: ORDER:


GE Healthcare
PRINTED IN UK
Hughes, Lisa
Female
17.01.1980 (45 Years)
Location: 800
Vent. rate 79 BPM
PR interval 142 ms
QRS duration 80 ms
QT/QTc-Baz 400/458 ms
P-R-T axes 68 32 36
Patient ID: 1701806541
Normal sinus rhythm
Normal ECG
11.06.2025 11:55:19 PM
RAH ED
Location:
Comments:
Unconfirmed
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
m/s 10.0mm/mV 0.56-150 Hz ZPD 50 Hz MAC™ 7 1.00 SP07 12SL v23.1 4 by 2.5s + 1 rhythm Id
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