

NHSGGC

Core Brief



Daily update
(22 May 2026, 12.10pm)

In this Core Brief, we share stories from recent Board Member visits:

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Outstanding care across Older People and Stroke services highlighted on visit to the QEUH

In a recent visit to Older People and Stroke Services (OPSS) wards at the Queen Elizabeth University Hospital (QEUH), our Non-Executive Board Member Charles Vincent discovered how colleagues provide high-quality, personalised care every day.



Geraldine Marsh, Chief Nurse, explained how the team have focused on two of the [Leading the Way](#) priorities in recent months: How we lead and how we assure quality of care. For 'How we lead', the team are embarking on a leadership course with one-to-one coaching and an additional Lead Nurse recruited to the service to enhance visible leadership and help upskill colleagues, with senior nurses acting as role models and mentors.

As for 'How we assure quality of care', Lead Nurse, Joanne Maxwell, talked through the site's recent Food, Fluid, and Nutrition project. Colleagues use a red-amber-green (RAG) system to identify high risk patients and personalise care. This simplifies information at shift changes and helps bank colleagues to get up to speed quickly on busy wards.



During the visit, the group also spoke to colleagues on the Stroke Rehab ward, hearing how they are working closely with the Stroke Association and Community teams to review pathways. They visited the on-site gym where patients can receive physio support on the ward and heard how each patient has a 'stroke folder' so that their family can see where they are in their journey, talk about future care options, and interact with the patient's rehab journey.

Read the [full story on Staffnet](#).

NHSGGC Chair and Board members visit Cook Freeze Production Unit

The Chair of the NHSGGC Board, Dr Lesley Thomson KC, and Non-Executive Board Members were welcomed to the Cook Freeze Production Unit (CFPU) at Inverclyde Royal Hospital to see for themselves the work that goes into providing high-quality, nutritious meals for our patients.



The IRH unit is one of two CFPUs in NHSGGC, with the other at the Royal Alexandra Hospital in Paisley. The units procure, cook and produce food for all hospital sites across GGC, and between them they provide more than 6,000 meals twice per day to patients.

During their visit, they discussed in detail the current catering model at the health board, current pressures and the work going on to keep the two-week cycle up-to-date, incorporating where appropriate new trends in food and restaurant offerings.

They were also given a presentation on the national Food in Hospitals specifications and how NHSGGC met the dietary needs of all patient groups, including those with very particular needs such as low potassium or fibre and different textures or easy-to-chew food.

Afterwards Dr Thomson said: "I and my fellow Board members were very impressed by the operation that has been put in place to ensure our patients receive high-quality meals every day. As well as being a source of enjoyment and distraction for our patients, it was fascinating to see the role that food plays in the health, treatment and recovery of our patients."

Find [the full story on Staffnet](#).

Glasgow Royal Infirmary teams discuss challenges and successes in ED, Orthopaedics, and Older People's wards

In a recent trip to the Glasgow Royal Infirmary, NHSGGC Board Members got an insight into day-to-day life for colleagues working across the site's Emergency Department (ED), Orthopaedics, and Older People's wards.

In ED, the team discussed their challenges, including overcrowding and flow,

as well as the increasing clinical complexity of patients presenting to ED. Despite these challenges, the team achieve an average triage time of 20 minutes and received glowing feedback from patients in a recent Care Experience survey, with 88% of patients describing their care and experience as very good or good.



The team also talked about recent improvements and innovations in the department under the GGC Way Forward programme. Now, the team can offer rapid point-of-care troponin testing delivering cardiac blood test results in under 15 minutes at the patient's bedside. They have also introduced opt-out [Blood Borne Virus \(BBV\) testing](#) for any patients that have a blood sample taken, as part of a national plan to eliminate Hepatitis C and end new HIV transmission.

The next stop was orthopaedics, with the team explaining how they provide specialist trauma care and receive a high volume of external referrals, particularly for complex knee fractures and cases with multiple traumas. The service admits around 10 to 20 patients each day, with almost half coming from ED.



The team spoke about how demand is increasing due to an ageing population, with more hip and knee fractures around existing implants and falls. The specialty manages both trauma and planned care, requiring separate patient flows and creating ongoing pressure on ward capacity. However, performance remains strong, with a recent gold ACAT audit result, positive Care Opinion feedback, and improved tissue viability work led by nurses helping to enhance patient care. Outpatient and day case waiting lists have also dropped significantly over the past year, with increased elective operations for hips and knee joint replacements resulting in shorter waits for surgery.

The final stop was Ward 12, where Board Members caught up with colleagues from Older People's services.



The team spoke about the progress they have made with frailty pathways which includes screening and streamlining processes to ensure the right patient is in the right bed. Work is underway to create a dedicated frailty unit providing daily comprehensive geriatric assessments and to provide alternatives to admission; which may include attending rapid access clinic within our Day Hospitals at Stobhill and Lightburn Hospital. The Frailty front door service has recently introduced seven-day cover which has been well received.

Read [the full story on Staffnet](#).

Innovation and challenges highlighted across ED, Surgical and General Medicine wards at the QEUH

In a recent visit to the Emergency Department (ED), Surgical and General Medicine wards at the Queen Elizabeth University Hospital (QEUH), Board

Members spoke with ED Consultant Dr Mike Gillespie about issues with overcrowding and flow, and how tackling long waits in ambulances and the waiting room would have the biggest impact on morbidity rates.

In the Immediate Assessment Unit (IAU), Lead Nurse Nicola Baxter and Senior Charge Nurse Fiona Shepherd spoke of plans to move to a single front door model to handle the 450 patients presenting at ED and IAU every day.

Through redesigning pathways, increasing ambulatory care and Rapid Assessment and Care (RAaC) units, and getting the right mix of skills, they hope to boost the number of patients getting the right care, in the right place, at the right time.

The next stop was Major Trauma on Ward 1C, where AHP Consultant Karen Scott and colleagues talked about how the multi-disciplinary team on the unit manages around 60% of all major trauma cases in Scotland. The service has developed an effective protected learning model, with over 260 nurses trained in six months, low staff attrition and high recruitment interest.



Since moving to a hub-and-spoke model in 2021, patient outcomes have significantly improved, with return-to-work rates increasing from 67% to 76% and severe ongoing disability reduced to 25%. Patients are reviewed daily by trauma consultants and supported by physiotherapy, psychology and rehabilitation teams.

The next stop for the Board Members was Vascular on Ward 11A, a service that covers a 1.5 million population as one of only two regional vascular centres in the West of Scotland. The team is seeing an increase in demand and more unscheduled, crisis presentations linked to smoking and rising rates of type-2 diabetes, dealing with associated major limb amputations.



The team spoke about how the average length of stay on the ward was around 35 days due to the complexity of packages of care, and delayed discharge is proving a significant challenge. Staffing recruitment is ongoing, but the unit remains high functioning, adapting to new treatments and same-day or next-day discharge for carefully selected patients, which has in turn increased referrals.

Next, the Board Members caught up with colleagues on Ward 7B, Respiratory Medicine.



With delayed discharges remaining a core issue, Senior Charge Nurse Yasmin Bagli came up with an innovative way to free up rooms on the ward, while ensuring that patients have a comfortable discharge experience.

The team converted an old staff room on the ward into a comfortable space for patients to use in the gap between leaving their room and being fully discharged, ensuring that they still have dignity and privacy while their package of care is finalised. The team has plans to add a television to the room, and continues to focus on pre-noon discharges where they can improve flow and reduce delays.

The final stop was Ward 6C, Cardiology, where the team supports step-down care from the Coronary Care Unit (CCU) and provides telemetry support to patients within the ward.



Senior Charge Nurse Linda Oduro spoke of the strong multi-disciplinary team on the unit, including cardiology ANPs and heart failure nurses, helping to manage complex patients. Much like other wards, flow and capacity are the main challenges, where patients often complete cardiology treatment but cannot transfer onwards. The team also spoke about some practical, everyday issues that could be quick wins for the ward.

Charles Vincent, Non-Executive Board Member, said: “Visiting the general medical wards showed the diversity of patients that are cared for every day. The team were extremely patient focused and showed a deep understanding of their particular patient groups and how best to care for them. It was interesting to hear about the variety of preventative initiatives they explained would prevent many of the admissions and the more invasive interventions, with long hospital stays that many patients needed.”

Read [the full story on Staffnet](#).



Bench unveiled at Royal Alexandra Hospital to mark International Workers' Memorial Day

A memorial bench unveiled by UNISON is now in place at the Royal Alexandra Hospital, providing a lasting place of reflection to mark International Workers' Memorial Day (IWMD).

International Workers' Memorial Day is held annually and is a time to remember those who have died, been injured, or made ill as a result of their work, while also renewing a shared commitment to creating safe and healthy workplaces.



During the ceremony, NHSGGC Chair Dr Thomson KC paid tribute to Greenock nurse Janice Graham, a UNISON member who became the first Scottish NHS worker to die from COVID-19 in April 2020.

The bench was created by Shettleston Men's Shed and commissioned by UNISON NHSGGC and CVS Branch. It serves as a permanent reminder of those who have lost their lives while at work and reflects UNISON's long-standing message to "remember the dead and fight for the living."

Unison's Ms Carmichael and Ms Macer both spoke about the dedication of staff who go above and beyond every day to care for patients, often making personal sacrifices and placing themselves at risk in the course of their work.

While workplace fatalities involving NHS staff are thankfully rare, UNISON highlighted that many workers experience serious injuries and long-term work-related ill health.

Dr Thomson KC said: "This memorial bench provides a lasting space for quiet reflection, and I am grateful to UNISON and to Shettleston Men's Shed for creating something so meaningful for our staff, patients and visitors."

Support and Wellbeing resources can be found here: [Staff Support And Wellbeing - NHSGGC](#)

Read [the full story on Staffnet](#).



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Getting the right care is as easy as ABC

A
Ask yourself
Do I need to go out?
For information on treating minor illnesses and injuries from home, go to **NHS inform** or download the **NHS 24 App**.

B
Be aware
There is help on your doorstep.
Your local **GP, pharmacy, dental practice and optician** offer a range of services.

C
Call 111
If it's urgent, or you're unsure, call **NHS 24** on **111**.
They'll get you the care you need.

Unless it's an emergency - think ABC before visiting A&E.
For more information: www.nhsggc.scot/rcrp



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It is important to share Core Brief with colleagues who do not have access to a computer. A full archive of printable PDFs are available on the [website](#)