

# Core brief

**Message from the Chief Executive, Professor Jann Gardner (30 April 2025, 12:25pm)**

As part of Professor Jann Gardner's recent visits to NHSGGC sites, she had the opportunity to speak with teams across the Queen Elizabeth University Hospital (QEUH). Here is a round-up of her conversations with colleagues, the innovative work they're doing, and what the future looks like going forward.

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## Positive patient and staff feedback from the Medical Day Unit

On Professor Jann Gardner's recent visit to the QEUH, a patient on the Medical Day Unit called her over to sing the team's praises. Speaking about Senior Charge Nurse Ann Jarvis, the patient wanted to explain how fantastic his care was during his regular visits to the unit and how much he valued Ann and the team.

During the visit, Sharon Parrot, Clinical Service Manager, also commended her colleague, Ward Clerk Ryan Boswell, who works on the Unit's reception desk. She explained that he goes above and beyond to support the busy team and deliver an exceptional experience for their patients.



*(Left) Patient pictured with Ann Jarvis, Senior Charge Nurse, and Professor Jann Gardner, Chief Executive (Right) Professor Gardner speaking with Ryan Boswell, Ward Clerk and Sharon Parrot, Clinical Service Manager*

## Hear from the multi-disciplinary team managing the Flow Navigation Centre

QEUH's Flow Navigation Centre (FNC) acts as a virtual A&E, facilitating and routing patient care. Now, the team achieves an impressive 47% discharge rate.

A common misconception is that the FNC is a simple triaging service. However, all roles in the FNC are clinical, with a multi-disciplinary team of nurses, doctors, and ambulance service staff treating patients and supporting the flow of patients across primary and secondary care. Their combined skills ensure that patients are seen at the right place, at the right time, by the right person.



*Arwel Williams, Director – South, Julia Murray, Advanced Nurse Practitioner, Ed Pool, Lead Advanced Nurse Practitioner, Professor Jann Gardner, Chief Executive, William Chidzey, Advanced Paramedic, Pauline Kerray, Lead Advanced Nurse Practitioner, Professor Angela Wallace, Nursing Director*

Professor Gardner heard how the FNC team handles an average of 400 patient contacts per week that come in mainly via NHS24, GPs, and community pharmacists. As a central hub of expertise, the team can then discuss and action the best pathway for the patient's care, including routes such as urgent assessment of patients within their care home, sending paramedics and medicine supply to patients' homes, or scheduling appointments for diagnostic services. Not only is this crucial to facilitate rapid, targeted patient care, but it is also a great place for staff to gain experience from colleagues and a vital way to relieve pressure on other services.

Looking to the future, Professor Gardner discussed plans to enhance the unit as part of The GGC Way Forward – Transforming Together plan, and the team were excited about potential developments in remote monitoring for patients and greater collaboration with sites across NHSGGC.

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## **A focus on frailty – how the team is improving care for older adults**

Speaking with the QEUH frailty team, Professor Gardner heard how they use proactive communications and hospital-wide collaboration to improve care for up to 800 patients a month.

At QEUH, the frailty team actively screens the hospital looking for patients who could benefit from a space on their specialised wards, speaking to relatives and carers as soon as patients arrive. This enables teams to create or adapt care plans faster and be more flexible with patient discharge. Frailty teams have also successfully tested new fast-track patient pathways from ED and have physio and occupational therapists on wards to further prevent delays to care.



*Kathryn Allen, ECAN Frailty Team Lead, Elizabeth Burleigh, Clinical Director, Joan Edge, General Manager, Professor Jann Gardner, Chief Executive, and Arwel Williams, Director – South*

The team expressed that working closely with HSCPs will prove vital to help patients earlier on in their journey and that increased frailty training for clinical staff is crucial. They also welcomed plans for digital transformation, with improved triaging and remote monitoring for patients top of their agenda.

These innovations are key for frailty care, with many patients more comfortable being treated from their own home or in community care settings, rather than making the trip to QEUH.

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## How ENT and Audiology are improving patient experience and flow

The ENT and Audiology teams at the QEUH gave Professor Gardner an insight into how they are reducing cancer and non-cancer waiting times. Through the development of one-stop clinics and rapid diagnosis, the ENT team has increased capacity for urgent cancer referrals, and is working steadily through its backlog, providing care not just to Glasgow and Clyde, but also to Argyll and Bute.

As part of their innovative ways of working, the team has developed an ENT Diagnostic Hub model, including two first-of-their-kind roles in Scotland - ENT Nurse Endoscopists. These roles help to facilitate a circular flow of patients, where they can receive all head and neck treatments in one visit to the unit under the same local anaesthetic. Not only does this enhance patient experience but means that staff get to work more flexibly and learn new skills in the unit.



*Pauline Dawson, Audiology Team Lead, Grant Steedman, Healthcare Support Worker, Caitlin McCloskey, Trainee Advanced Nurse Practitioner, Anne Hitchings, Clinical Director ENT / Head and Neck, Jennifer Montgomery, Head and Neck Robotic Lead Consultant, Julie Rodger, Macmillan Head and Neck Cancer Clinical Nurse Specialist*

The Audiology team also showcased its excellent soundproof facilities where staff carry out highly specialised diagnostic and rehab procedures for hearing loss, tinnitus, and balance concerns. Professor Gardner discussed with the team the range of factors involved in delivering a highly complex Audiology Service and how the team were working to speed up access for patients into their service.

In future, the ENT team hopes to bring services closer to patients by supporting community-based treatment of poverty-related diseases for head and neck cancers, and provide extra services on their unit to ease pressure on other departments.

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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](http://www.nhsggc.scot/rcrp)



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