

NHSGGC

Core Brief



Daily update
(31 October 2025, 11.25am)

South sector colleagues at the GGH, New Victoria ACH and QEUH highlight challenges, successes, and innovation

On a recent board member visit to South Sector sites, colleagues at Gartnavel General Hospital (GGH), New Victoria ACH (VACH), and Queen Elizabeth University Hospital (QEUH) highlighted the positive stories and challenges faced on a wide range of units.

Gartnavel General Hospital

The first stop was the GGH campus, where they visited Older People's Rehab and Ophthalmology. Board members spoke with staff and patients in Ward 8a and 8c, Older People Rehabilitation wards supporting patients with complex needs. The wards have recently undergone environmental upgrades to improve patient comfort, safety, and dignity with enhancements such as new furnishings, accessible bathrooms, improved lighting, and ID badge access required for entry.

Colleagues discussed patient rehabilitation goal setting, the role of the activity coordinator, and daily activities. Members also visited the Patient Day Room and Occupational Therapy area and kitchen where patients are taken to perform tasks in preparation for discharge, ensuring they feel comfortable and confident leaving the site.

Board members were then welcomed to the Ophthalmology Service by Liza Campbell, Ophthalmology Clinical Service Manager, and Lynne Campbell, Ophthalmology Lead Nurse. The Board heard about the unit's daily operations and patient flow, and how patients access emergency ophthalmic care via their local optician, streamlining urgent referrals into the Acute Referral Service.



The Board also met with the Medical Illustration team, who demonstrated the use of Optical Coherence Tomography (OCT) in diagnosing and managing eye conditions, and members learnt about a new optometrist-led cataract listing pathway enables patients to be listed for surgery and attend a pre-operative appointment on the same day, improving efficiency and patient experience. Liza discussed the recent appointment of a Consultant Ophthalmologist as well as two former resident doctors returning to NHS Greater Glasgow and Clyde following completion of their training, highlighting the unit's positive atmosphere and friendly team.

New Victoria ACH

The tour continued to the New Victoria ACH (VACH), where Board Members were shown around Day Surgery by Kim Kilgour, Clinical Service Manager. The visit provided an in-depth overview of the day surgery process, covering every stage from pre-operative preparations, the theatre experience to post-operative recovery.



The New Victoria ACH Day Surgery Unit is a state-of-the-art, purpose-built facility. Operations at VACH are guided by the British Association of Day Surgery (BADS), which continually pushes the boundaries of day surgery. Most recently, with the support of our 23-hour ward, the site now performs laparoscopic hysterectomy procedures. The Board heard how the unit is meticulously maintained, reflecting the commitment to providing the highest standard of care, and how its primary objective is to discharge patients on the day of surgery whenever possible, adhering to Criteria Led Discharge.

During the visit, the Board heard of the crucial role that Operating Department Practitioners (ODPs) play, not only within the VACH theatres, but across all theatres within GGC. It was emphasised that, despite the different path ODPs take to attain their degree, their responsibilities and contributions are on par with those of the Registered Nurses. Their expertise and dedication are vital to the smooth operation and high-quality care provided in our theatres.

Queen Elizabeth University Hospital

The final stop was the QEUH, where Board Members visited the Medical Day Unit, ED, IAU, Acute Receiving Units, and the ambulatory care Same Day Urgent Care Centre (SDUCC).



The Medical Day Unit provides planned investigations and treatments to patients on a day-case basis. At times, space within the Medical Day Unit is used to support wider site pressures and colleagues were keen to understand more about the role the Medical Day Unit played in this regard.

By touring the ED, IAU, Acute Receiving Units and SDUCC, the group were able to see the full scope of unscheduled care receiving capacity within the QEUH and were able to discuss both the successes and challenges faced by staff working within the area. As the busiest receiving hospital in the Board, the group discussed the pressures that come with this in terms of the hospital's overall occupancy and the developments being planned to support these challenges, such as plans to expand the ambulatory care footprint within the QEUH.

The visits were attended by Board Members: Katie Pragnell, Mehvish Ashraf, Gio D'Alessio, and Cath Cooney.

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