

# NHS Greater Glasgow and Clyde Core brief

**Message from the NHSGGC Board Chair, Dr Lesley Thomson KC  
(5 June 2025, 1.30pm)**

## **Teamwork in action: Transforming patient flow and experience in Clyde**

This week, NHS Greater Glasgow and Clyde Chair Dr Lesley Thomson KC and Non-Executive Board Member Margaret Kerr visited the Royal Alexandra Hospital (RAH) to witness first-hand how teamwork is driving better patient outcomes and smoother hospital flow.



Welcomed by Director of Clyde Melanie McColgan, Chief of Medicine Dr Lucy McCracken, and Chief Nurse Denise Wilkinson, one of the visit highlights was the collaboration between the Surgical Assessment Unit (SAU) and Ward 20.



The SAU is a vital hub for emergency and ambulatory care patients, primarily those with general surgical or urological concerns, who are referred by GPs or referred via the hospital's Emergency Department (ED). The SAU is designed to assess and have a management plan for patients efficiently to avoid unnecessary admissions and ensure continuity of care.

Senior Charge Nurse Lynsay Docherty, who leads both SAU and Ward 20, shared how SAU have created a new pathway to support ED which has significantly improved hospital flow: "Surgical patients who attend ED directly are triaged and if appropriate are directly sent to SAU. This eliminates the requirement for the patients to have their first assessment within the emergency department, ultimately enhancing their journey and reducing ED waits.

"If they do not require acute emergency care or admission, they're treated and sent home with a follow-up appointment at our Hot Clinic, which can often be as soon as the next day if required. This keeps patients in their own beds, own clothes, and in a shared control of their care."

These simple ways of working have had a positive impact. Patients feel more empowered, and the hospital benefits from reduced admissions and improved bed availability.

"We've found that letting patients stay in their own clothes helps maintain their resilience. When we used to offer gowns, many assumed they were being admitted, which could affect their mindset."

The SAU's layout, expanded during the COVID-19 pandemic, was purpose-built for flow and proximity to key services like Radiology. But it's the people, not just the design, that make it work.

Ward 20, a busy inpatient unit, works hand-in-hand with SAU with an aim for seamless transitions and timely discharges.

"This system works due to the constant communication and shared goals," Lynsay said.

"We aim to have patients ready for discharge by 10am, which supports the flow moving and opens up beds for surgical patients."

This model of care is already making a difference and is also working well in other Clyde hospitals.



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