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Welcome to the second edition of Research Roundup

The six months since the publication of the first Research Roundup has been a period of immense change affecting all NHS GGC nurses and midwives. The opening of the Queen Elizabeth University Hospital and the associated closure of other hospitals and the recent integration of Health and Social Care and the ensuing changes to the organisation and delivery of community health services has made huge demands on nurses at all levels within NHS GGC. However the associated restructuring within the Acute Division will provide opportunities to develop the infrastructure to support nursing and midwifery research along with practice development and other aspects of professional development and the Integration Joint Boards will provide more scope for research at the health/ social care interface within Partnerships.

Despite working in the context of these huge organisational developments, the NHS GGC nursing and midwifery research agenda has made significant progress. Research capacity and capability has increased with the appointment of three Clinical Academic Research Fellows funded jointly by Glasgow Caledonian University and Glasgow Clinical Research Facility, and the establishment of research internships at GCU. A successful NHS GGC Nursing and Midwifery Research Conference was held in April 2015. Communication and easy access to information, which featured in the feedback from the conference delegates has been developed via the setting up of webpages on the NHS GGC website dedicated to nursing and midwifery research.

NHS GGC Nursing and Midwifery Research Conference

Our first research conference since the launch of the NHS GGC Nursing and Midwifery Research strategy co-incided with the day when the new Queen Elizabeth University Hospital opened for business. Indeed our Executive Nurse Director, Professor Rosslyn Crocket came to our conference hotfoot from welcoming the first patients at the new hospital. The day started with a morning workshop for members of the NHS GGC Nursing and Midwifery Research Strategy Steering Group, led by Dr Jo Cooke (pictured left), who was also the keynote speaker at the afternoon event. The workshop explored how and why we need to build research capacity in nursing and midwifery, and to identify the resources we have and how we can make most use of them.



Nursing Research at the Beatson West of Scotland Cancer Centre

Dr Cathy Hutchison - Cancer Consultant Nurse
Dr Audrey Morrison—Research Practitioner



Audrey (left) and Cathy (right)

The Beatson West of Scotland Cancer Centre (BWoSCC) is the largest cancer centre in Scotland and the second largest in the UK, serving a population of 2.6 million. It is the lead centre for the delivery of non-surgical cancer care for the West of Scotland with 151 in-patient beds (including 4 High Acuity) and 47 day case stations for chemotherapy and supportive therapies. Additional clinical areas within the BWoSCC include a large Out-Patient Department, Radiotherapy Department, Clinical Apheresis Unit, and an Acute Oncology Assessment Unit. Specific to research, there is a Clinical Research Unit (CRU) that specialises in early phase clinical trials. However, patients receive treatment as part of a clinical trial in inpatient and day case areas throughout the BWoSCC, with approximately 160 clinical trials ongoing at any one time within the centre, supported by clinical trials staff.

There is a multi-professional research culture within the BWoSCC, and as part of a commitment to developing and sustaining nursing research, there was the opportunity several years ago, to establish a new nursing post (Research Practitioner-RP) to work with the Cancer Consultant Nurse (CCN) in raising the profile of nursing research and to undertake more research to improve practice. This commitment has enabled a number of initiatives to be progressed.

People & structures

Nursing research is part of the work plan of an established practice development structure within Specialist Oncology Services. A Practice Development, Education and Research (PDER) steering group meets quarterly and is chaired by the CCN. In addition to the PDER team, membership includes the Lead Nurses from Oncology & Haematology, and the Chief Nurse, to ensure work is aligned with corporate priorities. Work plans are discussed and shared with ward staff, including regular input to Senior Charge Nurse Meetings.

See box below for an example of integration of work: *Malignant Spinal Cord Compression*

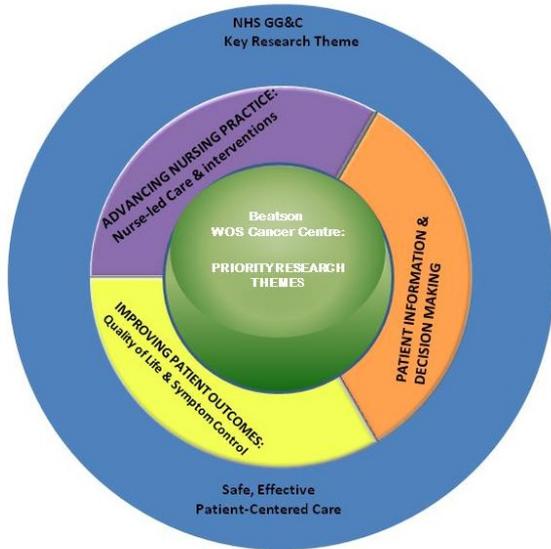
The management of Malignant Spinal Cord Compression (MSCC) was raised as a practice issue – lack of confidence and competence of nursing staff in caring for patients with this condition, which was exacerbated by lack of evidence for various aspects of practice. The PDER team worked with staff as follows:

Practice Development	<ul style="list-style-type: none"> • Undertook 12 month retrospective audit of practice. • Developed regional guidelines (which then influenced NICE MSCC guidelines). • Developed a patient alert card with information about signs and symptoms to look out for and who to call.
Education	<ul style="list-style-type: none"> • Developed a core presentation and carried out education with staff (general, and also specific to the new guidelines). • Included evaluation with a pre and post test knowledge questionnaire.
Research	<ul style="list-style-type: none"> • Initiated a research project to determine patients' informational needs for MSCC information (to support early diagnosis for better patient outcomes, and also when diagnosed with the condition). Involved patient interviews, survey and patient focus groups. • Surveyed staff perceptions of patient information needs [Both of the above led to a change in practice to give patients difficult prophylactic information about the signs and symptoms of MSCC]. • Survey of medical staff re mobilisation decisions (collaboration with physiotherapist)

The PDER Steering group functions as a CARG in terms of taking forward the NHS GGC nursing research agenda..

Examples of what has been achieved to date

- Development of a Cancer Nursing Research Framework for Specialist Oncology Services, which focuses on 3 main areas: Research Priorities, Skills & Activity
- Increasing awareness & support for nursing research within the cancer centre
- Increasing capacity and supporting more nurses involved in research and Developing more focussed research in areas important to clinical practice and patient care (see themes in diagram below).
- Development of a new practical research book for staff (RiCH – Research Information & Contacts Handbook)
- Development of an information leaflet for Masters students to help them pick their research topic and to access clinical research support.



- Staff survey to review research awareness and perceptions across all clinical staff groups at the BWoSCC (collaboration with radiographers and a multi-professional steering group).
- Initiation of nurse led research studies (nurses as PIs) and more nurses involved in research.
- Examples of completed nurse led research:
 - 1) Randomised Controlled Trial (RCT) of cranberry juice v placebo for urological symptoms in patients undergoing pelvic radiotherapy
 - 2) Development of video and DVD as an intervention to increase knowledge and recruitment to cancer clinical trials
 - 3) Development and testing of a tool to assess clinical trials' knowledge & understanding
 - 4) Qualitative study to determine reasons for withdrawal in a colorectal cancer clinical trial
 - 5) RCT of a chilled pillow topper for hot flushes and sleep disturbance in women receiving endocrine therapy for breast cancer
 - 6) Evaluation of chemotherapy related arm symptoms in patients with breast cancer
 - 7) Evaluation of haematology late-effects clinic

- 8) Development and testing of a new tool to assess chemotherapy-induced nail problems
- 9) Development and testing of a new tool to measure quality of life
- 10) Patient experience of the outpatient and day-case service
- 11) Qualitative review of staff experience in the new Beatson Acute Oncology service
- 12) Patient and staff perceptions of patient information needs for Malignant Spinal Cord Compression

- Several external grants, publications and poster/oral presentations at conferences
- Established collaboration with nursing colleagues at Glasgow University to support breast cancer research (group meets quarterly and has representation from nursing, physiotherapy, radiography, psychology) and several research projects completed/underway.
- Tracking of Masters/advanced degree nursing research projects
- Annual knowledge sharing sessions where staff present their research work to other staff and managers.
- Delivering research training – formal and informal (university and within the service)
- Set up PDER web pages
- Twice yearly PDER staff newsletter

Current work/future plans

- RCT about to start testing 2 interventions for nail toxicity (nail toxicity is a substantial problem for patients on specific types of chemotherapy and causes functional problems as well as aesthetic)
- Evaluation of the Beatson Cancer Charity 'Friends of the Beatson Centre' Progressing action plan from the research survey – includes targeted teaching
- Staff focus groups for High Acuity service change.
- Developing new research proposals
- Supporting student research scholarship (with Glasgow University)
- Developing model for cancer centre student research placements (with Glasgow University)

Key learning

- Taking forward developments using existing structures where possible (eg Integrating objectives from CARG into an existing practice development structure works well, as it is minimising extra work and already has formalised structures and engaged individuals)
- Key research champions
- Multi-professional approach
- Engagement of managers
- Getting successful grants to fund research assistants, to increase capacity of staff doing data collection.

Writing for Publication - a nurse consultant's story

Mark Gillespie, Nurse Consultant Forensic Mental Health



Research—surely that's for really intelligent people who pontificate about how things should be done in accordance to current evidence whilst the real workers (nurses) get on with actually delivery care. This well held view is what I have been facing in my current role as a nurse consultant for the last five years. During that time I have been involved with and have witnessed some innovative and dynamic nursing practice in the Directorate of Forensic Mental health & Learning Disabilities.

Until recently all attempts at encouraging my nursing colleagues to research and then write about their care and experiences have failed dramatically. The mixture of fear, anxiety, self-doubt and time restriction has resulted in a high degree of reluctance to engage with the research process. However, persever-

ance is my middle name and eventually after much arm twisting, persuasion, charm and encouragement one of our charge nurses took the plunge.

Caroline Pow, Charge Nurse/ Behavioural Family Therapist, has been instrumental in developing and driving forward the use of behavioural family therapy (BFT) within the forensic directorate. This is a nurse-led service supported by our

“Carol's effort, hard work, and innovation is now being recognised and shared across the country.”

psychologist colleagues which promotes communication, problem solving skills and stress management within families.

I arranged an initial meeting with Caroline to talk about the possibility of writing up an article on how she had developed the BFT service and to disseminate some recent results from a pre and post questionnaire. It was agreed that I would help in

writing the article but Caroline would be the first author and have the final say in any drafts being submitted for publication. Over the course of the next few months and after several draft versions Caroline was happy for me to email the article to a colleague to proof read. After we received comments back from my colleague we then presented the article to our clinical governance group and general manager for authorisation to email the article to a publisher. After obtaining permission we submitted the article to RCNi Mental Health Practice and after some small modifications they were delighted to accept the article for publication. The article which is entitled '*Introducing a behavioural family therapy approach in a secure setting*' will be published in the October 2015 edition of Mental Health Practice.

Caroline is obviously delighted but more importantly her effort, hard work, and innovation is now being recognised and shared across the country. In these changing times the need to evidence and demonstrate the impact of care is more important than ever. Nurses need to stop running away from evidencing their nursing care and embrace the need to research.

Coming soon.....

A list of dissertations completed by NHS GGC Nurses is currently being collated and will allow nurses and midwives undertaking dissertations to see what had been done before and build on this work.

If you have not yet provided details please do so via link:

<https://response.questback.com/nhsgreaterglasgowandclyde/fbnv4qz126/>

Initial thoughts from our three newly appointed GCU/ CRF Clinical Academic Nursing Research Fellows

Jenny Dalrymple, Practice Development Nurse, Sexual and reproductive Health Services

I am delighted to take up this exciting nursing clinical academic fellowship secondment. It will provide an excellent opportunity for me to continue research-

Sandyford within NHS Greater Glasgow and Clyde. I will be in a position to build on the skills I have learned during my PhD to develop a research project focused on improving sexual health within the community. I hope that the fellowship will enable me to gain post doctoral research experience in an area that addresses sexual health inequalities. Working across both Sandyford and Glasgow Caledonian University will, I hope, contribute to strengthening the growing nursing research culture within Sandyford and bring a nursing perspective to the sexual health team at the University.



“strengthening the growing nursing research culture within Sandyford and bring a nursing perspective to the sexual health team at the University”

ing while maintaining a clinical nursing role in sexual health at

Ruth Astbury, Practice Development Nurse, Children and Families

I have just come to the end of my Clinical Doctorate Programme which means that for the last few years I have been completely immersed in my own research study. Now that all of the processes associated with that piece of work have been addressed, and I have ‘surfaced’ again, I am delighted to take up this secondment for a number of reasons. Although in many respects I am still a novice researcher during my studies I have started developing some very practical research skills which I want to continue to develop. I am also looking forward to working as part of a team.

Health Visiting and School Nursing

are at an incredibly interesting time just now – with national developments, and any research opportunities which will support an evidence base for practice in this field is going to be really important.

And last but not least I want to be able to encourage and inspire other colleagues in NHS GG&C to understand the direct links that there can

improve practice, and then to ‘have a go’ at developing and undertaking



“I want to be able to encourage and in NHS GG&C to understand the direct links between research and practice”

be between research and practice, to ask questions about how we can

research studies.

Remember.....

All nurses and midwives undertaking dissertations and other research studies should read the information available via the link:

<http://www.nhsggc.org.uk/media/233452/masters-dissertation-guidance.pdf>

Andrew McPherson, Senior Research Nurse –Mental Health, Glasgow CRF

I am delighted to take up the clinical academic research fellow secondment at GCU. I bring a wealth of mental health, addictions and research experience with me. I have been a registered mental health

“My aim is to be principal investigator for studies looking at alcohol and liver disease.”

a psychometric analysis of the new Glasgow modified alcohol withdrawal scale (GMAWS). This was



nurse for over twenty years. I previously worked for the acute addiction liaison team at Glasgow Royal Infirmary. During this time I carried out

written in partnership with Dr Ewan Forrest, consultant gastroenterologist and the results were published in the Quarterly Journal of Medicine. I currently work at the Glasgow Clinical

Research Facility where I am lead nurse for the Collaborative Study in the Genetics of Alcoholism (COGA) which is run in the UK by University College London. I work with Dr Mathis Heydtmann who is a consultant gastroenterologist and Dr Iain Smith, consultant addictions psychiatrist on the COGA study. I will be working with Dr Carol Emslie who leads the substance use and misuse group at GCU. My aim is to be principal investigator for studies looking at alcohol and liver disease. I recently sat my PhD viva voce examination and I am presently making changes to my thesis. My research was based on alcohol dependence treatments and was supervised by Professor Colin Martin from UWS.

NHS GGC Nursing and Midwifery Research Webpages

<http://www.nhsggc.org.uk/about-us/professional-support-sites/nursing-midwifery/research/>

The newly developed NHS GGC website has provided a platform for webpages which provide information for nurses and midwives who are undertaking research or are interested in taking part in research in the future. One page provides information for all NHS GGC nurse/midwife researchers undertaking dissertations and other research studies. Other pages provide information about resources and opportunities for research training and funding for research studies.

If you have any ideas about content which should be added or if you notice any links which are no longer working, please contact Rhona.Hogg@ggc.scot.nhs.uk.

Changes to Nursing and Midwifery Research Infrastructure in Acute Services

Restructuring of Acute Services has resulted in three directorates (Emergency Care and Medical Services, Surgery and Anaesthetics and Rehabilitation and Assessment Directorate) being replaced by three geographically-based sectors (North, South and Clyde). Mark Cooper will be Research Lead for Clyde, and Joanne McPeake for North. The Research Lead for South sector will be announced in due course. In addition, groups are to be set up in each sector/ directorate, chaired by the Chief Nurse, to lead professional development activities including practice development and research. The way in which the current Clinical Area Research Groups (CARGs) fit with these new groups will need to be determined.

What's happening on the research front in your area?

If you have any research news from your own area that you would like to share and celebrate via Research Roundup please contact

Rhona.Hogg@ggc.scot.nhs.uk.

Practice based research → research based practice

Caroline Donnelly, Practice Development Nursing within Sandyford Services for Sexual and Reproductive Health, has used her dissertation for a Masters degree in Primary Care to improve practice within her clinical area.

The route of medication for sexually acquired neisseria gonorrhoea, which is rising in prevalence throughout the world, was changed in 2010 from oral medication to intramuscular injection. However increasing obesity levels and the associated increase in subcutaneous fat are causing concern about the effectiveness of the conventional technique of administering intramuscular injections into the dorso – gluteal muscle using a green 1.5 inch needle. It remains unclear as to whether current injecting technique in clinical practice has influenced treatment failures. Evidence recommends the ventrogluteal hip muscle which maintains a constant as an effective alternative site. Reports of sciatic nerve damage, negative patient impact and the paucity of U.K. evidence supported the timeliness of this study.

A qualitative focus group study explored the views on IM injection technique for gonorrhoea treatment of 22 sexual health nurses in NHS Greater Glasgow and Clyde. Data was analysed using a framework approach and key themes were identified. Results revealed that all nurses used the dorso-gluteal muscle as “custom and practice”, with traditional green needles, land marking the upper outer buttock to avoid the sciatic

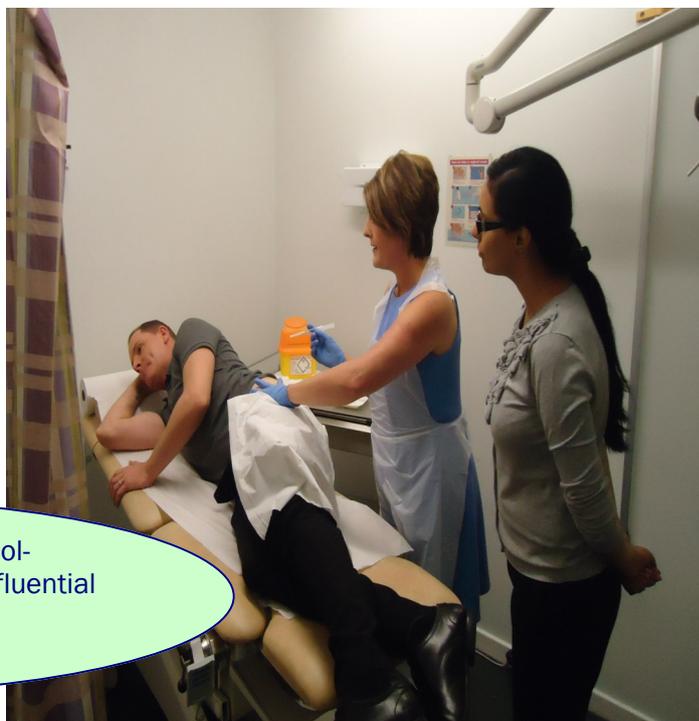
“Regardless of what was taught in college/university, mentors were an influential factor within clinical settings.”

nerve. The two nurses who had heard of the ventrogluteal site had limited knowledge of the area. None of the nurses had received an update of the basic injecting technique they had learned as students. All the nurses confirmed that regardless of what was taught in

college/university, mentors were an influential factor within clinical settings. Available information relating to the medication fails to identify muscle selection, resulting in perpetuated practice.

In line with current evidence, this study reveals a “theory-practice” gap leaving nurses exposed and lacking in essential assessment of this basic skill. As rapid emergence of resistant strains pose a threat to untreatable gonorrhoea, adoption of best practice is essential to ensure efficacy of treatment.

In response to this, an evidence based teaching package, delivered in liaison with Glasgow Caledonian University, will enable a team of early implementers to role model change while supporting the process. The effectiveness of the change process will be audited to



ensure VG site is used consistently with the reason documented if another site is used, and staff evaluation undertaken. Progress of evidence base to practice will be disseminated across the HSCP through profes-

Have you had a paper published?

A list of publications by NHS GGC Nurses and midwives will be available on the website soon. If you have not yet submitted details of a paper you have authored, please do so via the link:

<https://response.questback.com/nhsgreaterglasgowandclyde/d4avimo0ek>

As we bid Professor Nick Allcock farewell from his joint post with GCU and NHS GGC, he reflects on his clinical academic role. We wish Nick success in his new post in Nottingham.



It is nearly 3 years since I took up the post of Clinical Academic Professor of Nursing, working jointly with Greater Glasgow and Clyde and Glasgow Caledonian University. It's been a challenging and rewarding role and as I am leaving the role at the end of August to return to a full time clinical appointment in Nottingham it seems like a good time to reflect on my experiences.

This post was a new opportunity which stemmed from the commitment and vision of Professor Nicky James, the then head of the School of Health Sciences at GCU, and Rosslyn Crocket The Director of Nursing at GGC, to the concept of clinical academic roles in Nursing. The opportunity for me to work in a senior clinical academic role was an exciting challenge and in the almost 3 years I have been in the role we have achieved a lot in relation to practice, research and education.

One of my roles in the School has been the development of a practice clinical academic career strategy which will embed and strengthen Clinical Academic Roles in GCU and GGC. The setting the direction work at a national level has highlighted some of the challenges of developing these types of roles across Scotland, but also the on-going commitment to developing opportunities. We have made some significant pro-

gress locally. Working with colleagues including Dr Rhona Hogg and the Nursing and Midwifery Research Strategy Steering Group we have recently appointed 3 Clinical academic research fellows and the candidates will be taking up their posts in August. The School has also approved a Practice Clinical Academic Career Strategy which hopefully will lead to further developments in this area.

As well as research, including an NIHR funded study looking at pain assessment in older people with dementia in acute settings, my post involves working in practice with colleagues in the Glasgow Pain service which I have thoroughly enjoyed and I have received great support from all my clinical colleagues during my time here. I have also been able to contribute to a range of projects including the developments in pain services and education at a local and national level, so I would like to thank all my colleagues in the service and the MCN. There are a lot of on-going developments in pain services and the development of the national strategy for pain services and the new national pain centre are significant developments in pain management in Scotland.

“One of my roles in the School has been the development of a practice clinical academic career strategy which will embed and strengthen Clinical Academic Roles in GCU and GGC. “

I have also been a member of the GGC Board Wide Professional Nurse Leaders meeting and led a short life working group to develop a model for nursing engagement in long term conditions management using pain as an exemplar.

So it is with some sadness that I will be leaving Glasgow, but I leave with a strong belief that the work we have done together will lead to further opportunities to develop clinical academic roles in the future.

Would you like to spend time with an established research team?

Professor Jo Booth at GCU is leading an initiative to provide NHS GGC nurses and midwives with an opportunity to work with an established research team at GCU. They are open to nurses and midwives with any level of research experience it is expected that participants will commit to spending two days per month for six months, though there is some flexibility. As well as offering individuals research experience it is hoped that the scheme will develop partnership working between academia and practice. Thirty individuals have registered interest, 20 attended an information session in April and ten have gone on to apply to be matched with a research team. It is expected that more applications will be forthcoming as nurses and midwives undertake appraisals and PDPs. If you would like to take advantage of this opportunity please register via the link:

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In Partnerships the CARGs will continue to develop as before.

Congratulations to

Marjory Bond, Senior Charge Nurse at Skye House, the in-patient facility for children and young people with severe mental health problems. Marjory was awarded £1404.00 by the General Nursing Council Fund for transcription and other expenses associated with a qualitative research study to explore the experiences of in-patients at Skye House who take part in a horse riding and stable management activity. The study will examine the physical, emotional, sensory and cognitive experiences of the young people as they work with the horses both in the stable and in the school.

Ruth Astbury, Practice Development Nurse for Children and Families, Winner of University of Stirling's [ONIS](#) Postgraduate Academic Award in recognition of promoting excellence in community nursing. Ruth presented the findings of her clinical doctorate thesis "*What processes support effective shared decision making when health visitors and parents are planning to improve the outcomes of babies and children - within the context of the Getting It Right For Every Child (GIRFEC) Policy Framework?*" at the RCN International Research Conference in Nottingham in April 2015.

Would you like to receive information directly about research opportunities, funding, training etc?

For nurses and midwives with a particular interest in research

If you have received Research Roundup directly from Rhona Hogg, you are on a list of research interested nurses and midwives compiled via survey responses or by personal contact. You receive information about research directly as well as via the general mechanisms for cascading information. You also receive extra information targeted at research active/ interested nurses and midwives. If you do not wish to remain on this list please contact Rhona Hogg to unsubscribe.

If you have received Research Roundup via the usual mechanisms for cascading information and would like to receive information directly about research opportunities please e-mail Rhona to have your name added to the list of research interested nurses and midwives.

(continued from p1)

The conference, which was chaired by Mari Brannigan, Nurse Director of Partnerships, was opened by Professor Rosslyn Crocket, Executive Nurse Director of NHS GGC. Explaining the importance of research to current nursing and midwifery initiatives including Care Assurance and Accreditation System (CAAS), Integration of Health and Social Care, and revalidation, Rosslyn said “Robust research is required to develop appropriate approaches to implement this guidance across all clinical areas and to evaluate the consequent outcomes and impact.”

Dr Rhona Hogg, Clinical Nurse Lead for Applied Research and Development in NHS GGC provided an update on progress so far in implementing the Nursing and Midwifery Research Strategy. On behalf of Glasgow University, University of the West of Scotland and Glasgow Caledonian University, Professor Nick Alcock, who has a joint clinical academic appointment between GCU and NHS GGC, spoke about the role of the HEIs and the importance of joint working between academia and practice.

The keynote speaker was Dr Jo Cooke, Programme Director and Research Capacity Lead at Yorkshire and Humberside Collaboration for Leadership in Applied Health Research and Care (CLAHRC). Jo explained the frame-

work she has developed to guide and measure the development of research capacity. She also described approaches which she has found effective in her own CLAHRC. Delegates took part in group discussions to identify opportunities for building research capacity within nursing and midwifery, current sources of help and what else is required in the future. They were asked to nominate three top points to take forward; these mainly related to easy access to information and support, research leadership, financial resources and training. The presentations from the conference are available here: [NHS GGC Nursing and Midwifery Research Conference](#)

Research Leads for Directorates/ Sectors/Clinical Areas

Clinical Area	Research Lead	Job Title
Children and Families and Community Children's Nursing	Dr Deirdre McCormick/ Ruth Astbury	PNA/PD Nurse
Adult Nursing and Specialist Services	Dr Kirsteen Cameron	Practice Development Nurse
Mental Health/ Learning Disabilities/ Addictions/ Prison Service/ CAMHs	Catriona Kent	Nurse Consultant for Psychosocial Therapies
Sexual Health	Lorraine Forster	Head of Nursing
Midwifery & Gynaecology	Diane Clarke	Senior Midwife, Practice Development
Paediatrics and Neonates	Melanie Hutton	Clinical Nurse Manager
Cancer Services	Dr Cathy Hutchison/Dr Audrey Morrison	Cancer Consultant Nurse/ Research Practitioner
Other regional services	<i>Not yet confirmed</i>	
North Sector	Jo McPeake	Re-engagement Fellow
Clyde Sector	Dr Mark Cooper	Lecturer/ Practitioner
South Sector	<i>To be confirmed</i>	
CRF	Chloe Cowan	Lead Nurse, CRF