



**Greater Glasgow Primary Care NHS Division**

**Mental Health Service**

**West Sector**

**Annual Report 2003 - 2004**

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## **Executive Summary**

### **Background**

The Sector set itself an ambitious programme for the year and has managed to achieve what it stated it would do. This was primarily down to the efforts of all staff and this has been acknowledged by the Sector Management Team.

### **Purpose of the Report**

The annual report covers the financial year 2003/04 and its purpose is to report on the performance and progress of the West Sector against the agreed key priorities, which include

- Finance
- Service Delivery
- Strategy Implementation – Modernising Mental Health Services
- Clinical Governance

### **The Forthcoming Year**

The priorities for the forthcoming year, once again will be identified in the Sector's Key Result Areas. The areas covered will be as follows

### **Strategy Implementation**

- Intermediate services evaluation completed and development of an action plan from the findings
- Implement the bed closure plan for the adult and elderly wards
- Nursing development work plan agreed and implemented
- In patient design for new build accommodation sourced and completed
- Commence the implementation of the Primary Care Mental Health model
- Implement the nutritional dietetic review findings

### **Staff Governance**

- IIP action plan achieved and standards maintained
- Involve Partnership colleagues in West Sector working groups
- Workforce plan updated and 2004/05 targets met
- Implement framework for medical performance
- Develop and review Sector learning plan

### **Clinical Governance**

- Ensure clinical governance work plan, communication and reporting processes are in place
- Implement Divisional plan to meet NHS QIS training on schizophrenia
- Implement Divisional plan to meet NHS QIS training on generic standards
- Implement Divisional plan to meet NHS QIS on healthcare acquired infection
- Implement MWC action plan for the Sector
- Awareness strategy for the Adults With Incapacity Act agreed and implemented
- Critical Incident Review process implemented

### **Performance Management**

- Financial targets achieved
- Implement plans for waiting times, clean hospitals and delayed discharges
- Monitor performance of PIMS against targets

### **Strategy Planning**

- Model for adult rehabilitation services developed and fed into rehabilitation project task group
- Model for elderly rehabilitation services developed and fed into rehabilitation care project task group

### **Joint Future**

- Implement shared assessment framework in elderly services
- Implement the model of co-terminosity of elderly mental health services and social work area boundaries in the West Sector
- Define, agree and commence an integrated model of service for adult mental health

### **Patient Focus Public Involvement (PFPI)**

- PFPI work plan agreed and implemented
- Implement aspects of user/carer involvement as agreed in Divisional action plan
- Ethnic minority services are benchmarked in relation to catering, interpretation services and spiritual/religious needs
- Gender issues with specific regard to ethnic minorities guidance will be adhered to
- Discharge action plan audit completed

## **1. Description of the Service**

### **1.1 Geography and Population**

The geographical area that is served equates to the catchment area of Gartnavel Royal Hospital, which is westward from the River Kelvin to Old Kilpatrick and northward from the River Clyde to Strathblane. This encompasses the postal code districts of G11-G15, G60-G62, G81 and part of G63. The overall population of the catchment area is approximately 195,000 of which 35,700 are over the age of 65 years.

The geographical expanse of the area means that there is a diverse spread of housing type ranging from high-density flats in the city areas to large detached properties in the affluent suburbs. There is a mixture of rented and privately owned accommodation, sheltered housing complexes, private nursing homes, local authority residential homes and supported accommodation projects.

The Sector straddles three local authority districts and our services work closely with each of them in order to provide comprehensive seamless service to the residents of the area. The local authorities are

- East Dunbartonshire
- West Dunbartonshire
- Glasgow City

#### **West Dunbartonshire**

We primarily provide a service to the Clydebank area of West Dunbartonshire. The town of Clydebank developed around the traditional shipbuilding industries on the River Clyde, the Singers sewing machine factory and the nearby Linwood motor manufacturing plant. As these industries have declined, the newer industries that have replaced them have not been as labour intensive and West Dunbartonshire has an unemployment rate of 9% which is double the national average. The overall population of Clydebank is 45,000 with 7,700 being over the age of 65 years.

#### **East Dunbartonshire**

Bearsden and Milngavie are the two areas of East Dunbartonshire that services are provided to. These are affluent areas and comprise of a high proportion of privately owned houses. The area is recognised as commuter belt for Glasgow and has no traditional industrial base. The population of the area is approximately 35,000 with 6,000 being over the age of 65 years

#### **Glasgow City**

The area covered by the sector, ranges from well established city communities such as Partick through the West End to the inter-war developments of Knightswood to the 1950's housing development of Drumchapel. Each local area has its own characteristics and associated problems. The overall population of the area is approximately 115,000 with 22,000 being over the age of 65 years.

## 1.2 Adult Service Provision

### 1.2.1 In-patient services

There are 10 Consultant Psychiatrists and their associated medical teams. There are 6 adult wards which operate a multi-disciplinary approach consisting of medical staff, nursing staff and allied health professionals. Ward teams work closely with the associated community teams, intermediate services and local authority social work and housing departments to ensure there is continuity of service in relation to admissions and discharges.

The wards are as follows

Ward	Function	Beds
Rutherford	Admission	28
Henderson	Admission	16
McNair	Admission	24
IPCU	Intensive Care	12
Ward 8	Continuing Care	20
Ward 10	Rehabilitation	10
<b>Total</b>		<b>110</b>

#### Rutherford House, Henderson House & McNair House

The two mixed sex admission wards provide 66 beds and between them cover to the whole catchment area of the West Sector. Each of the consultants provides cover for the individual wards and respective resource centres.

#### Intensive Care Psychiatric Unit (IPCU)

This is a 12-bedded ward that serves the whole sector and the main source of referral is from the admission wards or from the courts.

#### Ward 8 & Ward 10

These wards provide 20 and 10 mixed sex continuing care and rehabilitation beds respectively. The aim of ward 10 is to develop independent living skills prior to patient's being discharged from hospital.

#### Shelley Suite

The Shelley Suite is a six-bedded area for the administration and post-operative recovery of ECT. It serves all the wards in GRH and the community teams. Departmental staff receive full in-service training and are members of the Glasgow wide ECT forum. New anaesthetic equipment has recently been installed which meets the necessary CRAG and Royal College of Psychiatrist guidelines.

### 1.2.2 Community Services

Adult community based services are provided from three resource centres. These centres are Goldenhill, Arndale and Riverside. Each is located in the heart of the community it serves and provides a comprehensive range of services. The resource centres work in conjunction with the intermediate service and the in-patient service to ensure that there is continuity of care for patients. They also work closely with local authority social work departments.

## 1.3 Elderly Service Provision

### 1.3.1 In-patient services

This service is provided from two sites, Gartnavel Royal Hospital and Canniesburn Care Home. There are two admissions wards and one continuing care ward on the Gartnavel site and Canniesburn is a continuing care facility. There are 3 Consultants in Old Age Psychiatry who have input to these wards. The wards operate a multi-disciplinary approach and care is tailored to suit patient's individual needs. The admission wards work closely with the community service and with the local authority social work departments.

The wards are as follows

Ward	Function	Beds
Cuthbertson House	Organic Admission	20
Timbury House	Functional Admission	30
Tate House	Functional Continuing Care	22
Canniesburn Care Home	Organic Continuing Care	40
<b>Total</b>		<b>112</b>

#### Admission Assessment Wards

The two admission wards serve distinct client groups, these being patients who are experiencing organic illness and those who are experiencing functional illness. The wards serve the whole catchment area and admission is arranged via the consultant psychiatrist.

#### Continuing Care Wards

There are two continuing care wards. Tate House is sited within Gartnavel Royal and Canniesburn Care Home is a NHS Partnership facility, which is sited in the grounds of Canniesburn Hospital.

### **1.3.2 Community Services**

Elderly community services are provided from three sites within the catchment area, these being, The Glenkirk Centre, Sandy Road Day Hospital and Campbell House Day Hospital.

#### **The Glenkirk Centre**

The Glenkirk Centre is a purpose built mental health facility which provides services to people over 65 years of age. It is the base for the elderly community mental health team which comprises medical, nursing, occupational therapy, psychology and administrative staff. The centre includes a 20-place day hospital. Staff at Glenkirk work closely with the local authority social work departments of East Dunbartonshire, West Dunbartonshire and Glasgow City and with the in-patient service at Gartnavel Royal.

#### **Campbell House Day Hospital**

Campbell House is a 20 place day hospital that is located in the grounds of Gartnavel Royal Hospital. Its main function is to provide assessment and treatment and clients attend for a time-limited period. Campbell House works closely with the community team based at the Glenkirk Centre and with Glasgow City social work department.

#### **Sandy Road Day Hospital**

Sandy Road is a 16-place continuing care day hospital, which is located behind Sandy Road Clinic in Partick and covers the whole of the West Sector catchment area. Referrals to Sandy Road come via Campbell House and Glenkirk Day Hospital.

## **1.4 AHP Service Provision**

### **Occupational Therapy**

The service is reviewing the way it operates and it is possible that in the adult wards the service will in-reach from the community. This would enhance the integration of the service. Within the elderly wards the service will still be provided by the hospital based staff. There has been an increase in qualified staff within the elderly community service and all vacancies within the Sector have been successfully recruited to.

### **Podiatry**

There is one podiatrist providing a service to in-patients, day patients and out patients at Gartnavel Royal Hospital and also to nursing and residential homes, partnership beds and Sandy road Day Hospital. The service is to all age groups. All individual assessments are undertaken in line with the Trust's guidelines on standards of care and the Society of Chiropodists and Podiatrists Clinical Standards. As a result of new guidance on the use of unwrapped instruments a risk assessment was requested.

### **Physiotherapy**

The service is available to all patients on the GRH site. All treatments are carried using the Chartered Society of Physiotherapists standards of care. After initial assessment, individual treatment plans are agreed with patients/carers then recorded using measurable outcomes within set timescales.

### **Chaplaincy**

The Chaplaincy Team is based at GRH, but covers the entire Trust, seeks to meet the pastoral and spiritual needs of patients, staff, relatives and visitors. It does this in a variety of ways including visiting wards and day centres, counselling, holding services and generally being available for people. They seek to provide a friendly face for people who wish to talk with someone in confidence or are looking for a listening ear. The team is comprised of all the main faith traditions and is there to offer support and help.

### **Voluntary Service Department**

Volunteers and the voluntary service continued to respond to the changing needs of in-patients and service users attending the day hospitals and resource centres. Individual volunteer involvement included art, riding, music and cinema groups, driving, befriending, horticulture, hand care, diversional activities and chaplaincy support. WRVS provides a tea room, shop and comfort services.

### **Dietetics**

There is one Senior 1 dietician for the West Sector. In addition to seeing patients referred from the hospital wards the dietician is also responsible for rolling out the PACE training to nursing assistants. A pilot of the nutritional screening tool has also commenced in the sector and input from nursing staff will ensure that this tool is user friendly

## 2. Resources

### 2.1 Finance

The budget for the West Sector for the financial year 2003/04 was £18.2 million and it was broken down as follows

Type	Salaries	Supplies	Capital Charges	Total
Adult In-patient	3,692,560			
Elderly In-patient	2,945,858			
Senior Medical Adult	1,002,920			
Senior Medical Elderly	419,193			
Psychotherapy	233,993			
Medical Records	183,448			
Pharmacy	143,148			
Occupational Therapy	255,380			
Physiotherapy	64,854			
Chiropody	34,209			
Dietetics	26,141			
Admin & Clerical	517,297			
Tradesmen	44,055			
Nurse Bank	292,180			
Management	459,058			
Other	72,302			
General Hospital Costs		3,887,797	1,225,404	
Elderly Community	1,133,345	177,419		
Adult Community	2,163,668	592,982	197,571	
<b>Totals</b>	<b>13,683,609</b>	<b>4,658,198</b>	<b>1,422,975</b>	<b>19,764,782</b>

The supplies element of the budget contains travel and training costs, and is broken down as follows:

Type	Travel	Training	Total
In-patient services	69,710	3,540	
Adult Community	102,129	7,750	
Elderly Community	55,982	7,900	
<b>Total</b>	<b>227,821</b>	<b>19,190</b>	<b>247,011</b>

The Sector achieved its financial targets for the year.

- Staff within the sector were deployed effectively thus ensuring that overtime, excess hours and bank staff was utilised only when necessary without compromising clinical care and patient and staff safety.
- Sickness/absence monitoring is routinely undertaken by the appropriate managers with the aim to get the levels as low as possible
- The supplies element of the budget was closely monitored with the Ward Managers being responsible for maintaining good housekeeping within their wards
- The estates programme which was planned necessitated strict budgetary monitoring



## 2.2 Workforce Planning

During the course of the year the sector worked towards the completion of the Workforce Plan. This plan takes into account the current position and any ongoing and future developments within the mental health division and the impact this will have on the staffing profile. The changing nature of mental health services necessitates the movement of staff and to ensure that there is adequate staff to provide the service, the sector has been actively recruiting staff. It is also working towards increasing the staff/patient ratio in in-patient services and also redesigning the qualified/unqualified skill mix as agreed in the Workforce Plan.

The staffing complement is as follows

Type of Staff	Heads
Nursing In Patient – Trained	147
Nursing In Patient - Untrained	143
Nursing Community – Trained	72
Nursing Community – Untrained	27
AHP – Trained	28
AHP- Untrained	11
A&C	30
Management	18
Medical	53
<b>Total</b>	<b>529</b>

### Recruitment and sickness/absence monitoring

During the year the Sector has sought to recruit to vacant posts. This is becoming a challenge as there does not appear to be the adequate numbers of available staff to fill the posts, especially with in-patient nursing posts.

The nursing sickness absence rate averaged 9% for the year. The managers have been pro-active in managing sickness/absence. They have followed Trust policy, have been supportive of those staff who are on prolonged or frequent sick leave and have made good use of the Occupational Health Service to assist staff return to work.

## 2.3 Training, Learning Plans and Personal Development

In 2003/04 the Mental Health Division retained its Investors in People status. One element of this is investing in staff training and personal development and during the year the sector has invested time and finance in this.

Detailed below is some of the training that was undertaken in the sector in 2003/04

- RCN Clinical leadership
- Management of aggression
- Moving and Handling
- Principles of clinical practice
- First aid training
- Inter-agency awareness training
- Clinical focus groups

- Nursing assistant training programme
- Intermediate services awareness
- Fire training
- In-house Clinical leadership
- Palliative care awareness
- BSc Health studies
- BA in Human Resource Management
- 2<sup>nd</sup> year MBA
- 3<sup>rd</sup> year MBA
- MSc Gerontology
- SVQ Level 3 health care studies
- HNC OT support course
- Information technology training
- EN conversion course
- Spirit training
- Medication management
- Clinical Risk awareness
- Appraisal Training
- Mental Health Act awareness
- Incapacity act awareness
- Certificate in Business Management
- Tidal Model awareness
- Food Hygiene training
- Mentorship Training
- Intermediate life Support Training
- Root Cause Analysis

The outcome of all of this training was that the Sector met its targets in relation to statutory training. Time and money was also invested in staff thereby ensuring that they were equipped with the necessary skills and knowledge to undertake what was being asked of them. The nature of much of the training was also to develop the clinical agenda to ensure that the sector provided a high quality service that could respond to the patient's needs.

### **3. Service Developments**

#### **3.1 Estates Developments**

In response to the Scottish Executive guidance on mixed-sex accommodation, Royal College of Psychiatrist guidelines and planned improvements and developments for the GRH site, an action plan was developed and the estates element of that plan delivered:

- Interview rooms were created in Timbury House and Cuthbertson House
- Ward 5 was closed and patients were relocated to Cuthbertson House
- IPCU and McNiven House had locks fitted to their side room doors to allow the patients to have more privacy
- Significant improvements were made to hospital grounds including road resurfacing, new road markings, new signage and the erection of bollards to prevent illegal parking.
- Whittinghame Gardens underwent major refurbishment and was officially opened as the community intensive care team base.
- Henderson House was refurbished to accommodate the patients from McNair House which had to be evacuated because of fire damage
- Planning is underway to relocate the Sector Management Team in Ward 5
- Planning is underway to relocate the Occupational Therapy department in Allander House.

#### **3.2 Clinical Developments**

- To progress the integration of services between community and in-patient's, ward staff regularly attend community allocations meetings and community staff attend hospital pre-discharge meetings.
- The appointment of Lead Occupational Therapists in adult and elderly services will further enhance service integration. The Leads have responsibility for the clinical service provided for the whole service.
- Progress has been made towards the development of a care pathway for schizophrenia.

#### **3.3 Community Developments - Elderly**

- The service has worked closely with the local authorities to develop a single shared assessment as outlined in Joint Future
- The service has introduced a specialist mental health assessment that is being used by the community team and day hospitals
- The service has managed to gain a social work presence from East Dunbartonshire and West Dunbartonshire at allocation meetings
- The service has participated in joint training with Glasgow City in the use of Carenap-E
- A memory clinic has been developed at The Glenkirk Centre which is targeted at individuals who are experiencing early memory problems. The clinic is run by medical, nursing and psychology staff.
- The development of a liaison service into geriatric wards in the acute hospitals is at the advanced planning stage and funding has been secured

### **3.4 Community Developments – Adult**

- The consolidation of the intermediate services has been a welcome development.
- During the year this service has established itself and has been able to offer an alternative to hospital admission and also has been able to facilitate earlier discharge from hospital
- The service has had a major impact on the use of beds

#### 4. Service Activity

The information below reflects the accumulated activity for the sector for the financial year 2003/2004. The information gathered requires further analysis and it would be the intention of the sector to do this in the forthcoming year.

##### Community Activity

Resource Centre	New Referrals	Number of Patients Discharged	Total Contacts	Caseload
Arndale	473	457	11833	810
Glenkirk (1)	1199	909	8695	2059
Goldenhill (2)	679	653	10124	489
Riverside	965	1092	15270	1166
ICT	172	173	3227	39
<b>Total</b>	<b>3488</b>	<b>3284</b>	<b>49149</b>	

Note: (1) Includes Day Hospital

Note: (2) Includes ICT team activity

Source: Patient Information Management System (PiMS)

##### Inpatient Activity

Admission Areas	Number of Admissions	Number of Discharges
Adult	928	927
IPCU	66	59
Elderly	195	199
<b>Total</b>	<b>1189</b>	<b>1185</b>

Source: Patient Information Management System (PiMS)

The main source of data collection for activity is through PIMS, however in some areas information is required to be collected manually.

## **5. Clinical Governance**

The Sector Clinical Governance Forum consolidated its position during the year as the principal platform for prioritising, planning, co-ordinating and evaluating clinical developments within the Sector on behalf of the Sector Management Team. The clinical focus of the group was strengthened and supported by the appointment of a Sector Clinical Director, Dr Alistair Wilson, and the inclusion of additional front-line staff in its membership.

The volume nature, quality and volume of clinical governance related activity within the Sector has been considerable over the year, particularly on the training front. It is impractical to reflect all of this work in the context of an annual report; however, the following snapshots reflect the some of the principal highlights.

### **5.1 Clinical Audit and Benchmarking**

Audits have been undertaken of:

- The provision of clinical support/supervision
- The appraisal process
- Personal development activity
- Referral and discharge outcomes
- Induction programmes
- Clinical observation
- Care-planning and record-keeping
- Nurse registration checking
- Benchmarking compliance against Nursing for Health recommendations
- Benchmarking compliance with CSBS Generic Standards

In addition, a comprehensive annual service audit of Intermediate Services was carried out.

### **5.2 Evidence Based Practice, Research and Innovation**

Activity has included:

- Introduction of new adult in-patient pathway/care plans
- The piloting of new care plans for elderly acute, continuing care and rehabilitation areas
- The establishment of a Working Group to develop practice in relation to deliberate self-harm
- The roll-out of medication management training in inpatient and community settings
- The establishment of a health and wellbeing clinic at Riverside Resource Centre
- The establishment of a multi-disciplinary annual clinical review process at Arndale Resource Centre for patients with severe and enduring mental illness
- The establishment of a working group to develop practice in relation to palliative care
- Both Practice Development nurses completed a 3 day evidence-based practice course
- Links between CMHTs and Public Health Practitioners in Primary care established

In addition, the Sector fully participated in the Divisional Clinical Governance Sharing Good Practice event.

### **5.3 Risk Management**

Activity in this area has included:

- The development of an electronic database to manage complaints  
(*NB. This system is being adjusted to also manage the Critical Incident Review process.*)
- The piloting of a draft clinical risk management framework in inpatient and community settings
- The implementation of a structured process for managing and responding to Critical Incidents
- 25 staff completed Root Cause Analysis training
- 50 staff completed Clinical Risk Management Awareness Training

### **5.4 Training and Professional Development**

#### 5.4.1 Clinical leadership development

- All G and H Grade nursing staff in community settings have completed either the in-house Clinical Leadership Programme.
- Ward Manager day release programme implemented to consolidate leadership skills
- Appraisal system in place and have all staff have PDPs
- Facing the Future CPD monies fully utilised to support the development of staff of all grades
- Implement the Healthcare Acquired Infection agenda

#### 5.4.2 Career Development

- Competency based job descriptions developed and implemented for all Nurses D – G Grade
- D Grade nursing rotation programme implemented in inpatient areas

#### 5.4.3 Some specific training initiatives

- Medication management training programme developed and accessed by nursing staff from community and inpatient services
- 7 qualified staff completed the in-house Principles of Clinical Practice Programme
- 1 G Grade nurse is undertaking a Specialist Practice BSC in Palliative Care
- 1 PDN completed an MSc in Gerontology
- 2 A&C staff undertaking the MBA programme
- unqualified staff have been involved in a local skills development programme
- 38 staff completed Moving and Handling Training
- 21 staff completed Management of Aggression Training
- 20 staff completed Single Shared Assessment Awareness Training

## **5.5 Monitoring Performance**

Activity in this area includes:

- Guidelines to Promote Professional Standards in Nursing reviewed and new guidance implemented
- NMC Registration checking systems audited, reviewed and new process implemented
- All qualified nursing staff have access to clinical support/supervision

## **5.6 Planned Activity**

From a Clinical Governance perspective it is expected that the coming 12 months will be at least as busy as the year documented herein. The agenda will be shaped by a number of national imperatives and city-wide priorities. These include:

- Implementing a revised Clinical Risk Screening tool supported by relevant training
- Developing a core nursing audit schedule
- Progressing the Patient Focus Public Involvement agenda
- Implementing the agreed priorities within the Schizophrenia ICP
- Implementing frameworks for assessment and discharge planning which are aligned with the CSBS generic standards
- Developing and implementing a Nursing Policy Management framework
- Implementing and evaluating a patient-centred Nursing Model pilot project (Tidal)
- Implementing revised Clinical Observation policy and guidance
- Improved data quality from the community bases.

Work has already commenced on a number of these fronts and will commence later in the year for others.

## **6. Complaints and Critical Incidents**

### **6.1 Complaints**

There were 18 formal complaints made regarding the Sector in the year. Two common themes emerged in the complaints these being communication and staff attitude. The management team have taken this on board and have re-emphasised the need for clear, timely and accurate communication within the sector at all levels and staff to be aware of their attitude when dealing with everyone.

### **6.2 Critical Incidents**

25 staff within the Sector have been trained in critical incident review and root cause analysis. Currently work is underway reviewing critical incidents that have occurred and to date 14 reviews have been completed. It is the intention to analyse the recommendations of these reviews via the Sector Clinical Governance Forum, identify common themes and review our practice with the aim of improving service provision.

**7. West Sector Team**

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>CONTACT NUMBER</u></b>
Clive Travers	Sector General Manager	211 0319
Alistair Wilson	Clinical Director	
Robert Davidson	Sector Nurse	211 3541
Samantha Flowers	Sector AHP	211 3567
June Macleod	Adult Services Manager	211 3655
Peter McAuley	Elderly Services Manager	211 0329
Ann Marie McGill	Adult Lead Nurse	211 3723
Marie Shaw	Elderly Lead Nurse	211 3544
Lynn McKirdy	Adult Locality Manager	211 6184
Mary Welsh	Elderly Locality Manager	944 3716
Sandra Munro	Practice Development Nurse	211 0304
Claire Scott	Operations Co-ordinator	211 3724
Tom McKay	Bed Manager	211 3744
Maureen Gordon	Project Nurse	211 3797
Janice Prentice	Planning & Implementing Manager	211 0241
Pat McGorry	Project Manager	211 0666