

Innovation

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Save the date: Annual
Research Forum 2016

Welcome to the summer edition of Innovation.

This issue we're celebrating success within the Trust's R&D Team. Since my last foreword, one of our team, Damian Reynolds, has been presented with a STAR award by the Trust's Director of Workforce Development, Susan Tyler. Damian has worked closely with service users to make significant improvements to the R&D pages of the Trust's website. Meanwhile, I've been fortunate enough to be invited to join the panel that reviews researcher-led proposals submitted to the Health Services and Delivery Research grant funding stream of the National Institute for Health Research.

In this newsletter we reveal the outcomes of seven varied projects carried out in the Trust. There is a focus on the Crisis Assessment Unit and service, evaluations of a number of other areas of service delivery and service users' perspectives of the smoke free initiative.

You can find out what your R&D department can offer you and see details of the National Institute for Health Research funding streams and deadlines. There is more information about the work we do on the R&D pages of the Trust's website at www.leedsandyorkpft.nhs.uk/professionals/RD.

I am pleased to announce that this year's Annual Research Forum will take place on 15 November and you can read more about this later in the newsletter.

If you have any feedback about this edition of Innovation, wish to contribute an article, or would like to visit the R&D department to find out more about what we do, please contact me at athompson11@nhs.net or call 0113 855 2360.

Alison Thompson
Head of Research and Development



Articles about recently completed research projects are marked with this symbol.



Crisis Assessment Unit evaluation

The Crisis Assessment Unit (CAU) is valued by service users, who have offered positive feedback and suggestions for improvement as part of a project to evaluate the service.

The evaluation explored service users' experiences of the CAU through a detailed questionnaire, which was made available to 53 service users over a six-week period in early 2016. It aimed to uncover service user perceptions of access to the service, quality of care and environment. 27 questionnaires were completed giving a response rate of 51%.

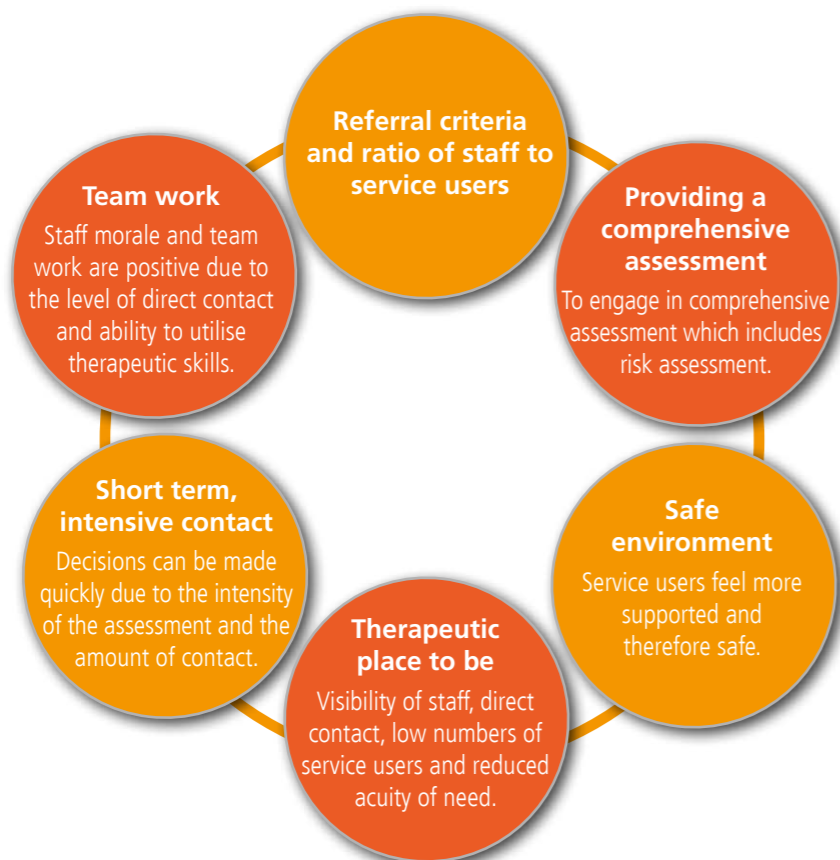
The evaluation revealed that the CAU is valued by its service users who gave positive feedback about the team, access to support, and the environment. The responses suggested that more could be done to enable activity on the unit and the team could be more explicit when discussing treatment options.

The evaluation also explored staff perception of working on the CAU via two independently facilitated focus groups which looked at what works well and what can be improved. There appeared to be a consensus that being able to assess people for longer than the conventional Crisis Assessment Service (CAS) assessment is a positive investment for the Trust, and that the CAU works well as a crisis intervention for service users. The team suggested

that improved relations and communication are needed between the CAU practitioners and the internal psychiatrists and that work could be done to shape the role of the Health Care Support Worker (HCSW).

In addition, it was considered pertinent to gain feedback from interface services within the Trust to get an insight into their experience of referring a service user to the CAU and to establish whether they had any opinion on the role and purpose of it. 47 people answered a questionnaire – 230 were approached in early 2016, giving a response rate of 20%. This feedback suggested that the CAU is a valuable and helpful service. However, it also suggests that work needs to be done to improve consistency and communication among the CAU team, particularly to improve reliability when making referrals.

A number of themes were identified from all the evaluation data. These are shown in the figure below:



The evaluation revealed that there is potential for improvement. In summary, the recommendations to enable this, are:

- Provision should be made for the Occupational Therapist (OT) to develop an activity assessment and programmes for meeting individuals' needs.
- The OT should be provided with time and support to develop Health Care Support Workers' (HCSW) knowledge and understanding of the benefit of occupation.
- A review of the HCSW role should be considered, expanding the role to support service user transition to other services.
- A day shift practitioner should be provided within CAS to be on standby to help wherever in the service there is the greatest need.
- A weekly CAU team meeting should occur, where staff can outline concerns regarding day-to-day functioning, with a dedicated board or meeting book for staff to suggest agenda items. Feedback or plans to action changes should be recorded in the minutes disseminated to all staff.
- Senior staff should reinforce and encourage the use of clinical supervision for all team members. Furthermore, effort should be made to enable CAU staff participation at reflective practice.
- Senior management should consider the benefits of the CAU having one dedicated psychiatrist for the service.
- Senior management should identify training needs of staff and enable access to courses which will benefit the staff member and the service.
- The Clinical Team Leader/Manager should regularly attend the key interface services, principally the Intensive Community Service to discuss referrals to and from the CAU, to build an understanding of the purpose of the CAU and to establish a clear line of communication.

Jen Nix, LYPFT, jen.nix@nhs.net



The Crisis Assessment Unit is based at The Becklin Centre



A survey of burnout and support systems for staff in the CAS

Background

Following transformation of services¹, crisis resolution and home treatment teams in Leeds evolved into a **Crisis Assessment Service (CAS)** that offers a single point of access for mental health crisis referrals and short-term assessment (up to 72 hours).

The survey that will be discussed here is the last in a sequence of three cycles²⁻⁴ looking at quantitative and qualitative aspects of staff burnout in CAS. It has been conducted one year on from transformation of services and includes a survey questionnaire and the MBI-HSS (Maslach Burnout Inventory). The MBI-HSS, used previously to quantify burnout, was noted to be reported less in this survey, with clinicians choosing instead to provide a detailed narrative in the qualitative section, where they were invited to write about a difficult experience at work.

Results

The survey response rate was 71%. 39 out of 55 forms distributed to the team were returned. The team had twice as many female clinicians and the majority was aged between 30 and 40. 35 respondents (90%) had spent more than five years in mental health services with 23 (60%) spending less than three years in crisis type work.

19 respondents (49%) reported a combination of contact with colleagues and work with patients as the most rewarding aspects of work. The variety of work also re-emerged as a positive after a drop in 2013.

Work with difficult patients, lack of resources and administrative demands were considered the most challenging aspects of work (41% each). 'Talking to colleagues' was used most often as a coping strategy (87%). For 64% it was the first choice at stressful times.

Collegial relationships proved crucial in three areas: as part of rewarding aspects of the job, as a coping strategy and within the psychoanalytic reflective practice group.

Attendance at the weekly psychoanalytic reflective practice group run by Dr James Johnston was 72% (28 out of 39 respondents) with 93% of attendees finding it useful. The top reasons for attending were

that the group was psychologically minded, felt supportive, helped clinicians to discuss difficult cases and problems felt shared.

Qualitative data was explored using psychoanalytic theory and the main themes from the clinicians' narratives were: doubt, damage, disillusionment, discharge and reparation. We felt that the themes reflected difficult experiences encountered by the clinician in relation to a crisis situation at work. This informed our previously reported psychoanalytic conceptualisation of 'skins' forming around various aspects of the clinical setting²⁻⁴, which then become semipermeable in response to a patient in crisis when clinicians feel poorly supported by the changing organisation.



References

1. Transformation project, Leeds and York Partnership NHS Foundation Trust. (Phase 1 and 2, 2012-2013)
2. Menon A¹, Flannigan C², Johnston J³, (2014) Burnout, perceived stress and available support in a Crisis Assessment Service (CAS). Poster presented at the Royal College of Psychiatrists Faculty of Medical Psychotherapy Annual Conference, 2-4 April 2014, Exeter
3. Menon A¹, Flannigan C², Tacchi MJ³, and Johnston J⁴. (2015) Burnout or heartburn? A Psychoanalytic view on staff burnout in the context of service transformation in a crisis service in Leeds. *Psychoanalytic Psychotherapy*, Vol 29, No 4, pp.330-342
4. Menon A¹, Flannigan C², Johnston J³. (2012) Survey of Burnout and Perceived Stress in Crisis Resolution and Home Treatment Team (CRHT) Staff. Poster presented at the Royal College of Psychiatrists Faculty of Liaison Psychiatry & Psychotherapy Faculty Annual Conference, 19-20 April 2012, Manchester.

Anuradha Menon, LYPFT, anuradha.menon@nhs.net



Evaluating psychology referrals within the CLDT



An initial evaluation conducted by the **Community Learning Disabilities Team (CLDT)** psychology team in 2014 aimed to look at psychology allocations across the Leeds learning disability services. The results indicated that there were discrepancies in the referral patterns to psychology between the different locality teams; in terms of number, demographics and referral reasons.

From the methods used for data collection and analysis it was unclear whether the discrepancies might have been a product of the methodology used. The evaluation did not take into consideration any referrals which were not allocated to psychology, therefore questions remained about the referral process for the service as a whole. These included who is being referred, how many referrals indicate a need for psychological intervention and what proportion of these are allocated to psychology in accordance with clinical guidance.

All new referrals to the Leeds learning disability services between December 2014 and May 2015 were analysed under the supervision of Dr Anna Sampson, Principal Clinical Psychologist at St Mary's Hospital.

Firstly, this project found that ethnic minority groups are under-represented within this service. Secondly, it found that over half of referrals to the service indicated a primary need for psychological intervention, yet only a minority of referrals appropriate for psychological intervention were allocated to psychology following initial screening. Finally, referrals appropriate for psychology are significantly more likely to be allocated to a psychologist in the Tier two challenging behaviour service than in the Tier one CLDT.

In view of the results of this service evaluation project, the following recommendations are made:

- The Clinical Team Managers and clinical leads in each locality team need to meet to review the current allocation procedures to ensure that these are being implemented consistently and in accordance with the current clinical guidelines relating to psychological intervention.
- Further evaluation to explore the reasons for low rates of allocation to psychology and discrepancy between Tier one and Tier two services would be beneficial in order to better understand the current processes and ways in which they can be monitored, standardised and improved.
- Teams need to consider whether there are ways in which access can be improved for people from ethnic minority backgrounds. Recommendations for this can be found in publications such as 'Minority ethnic communities and specialist learning disability services' (Faculty of the Psychiatry of Learning Disability Working Group, 2011) and 'Learning difficulties and ethnicity: updating a framework for action' (Foundation for People with Learning Disabilities, 2012).

Joanna Charsley, University of Leeds, umjch@leeds.ac.uk

Supervised by:

Dr Carol Martin, University of Leeds and Dr Anna Sampson, St Mary's Hospital



(Stock image)

Celebrating success

Our STAR: R&D's Damian Reynolds wins Trust award



The Trust's monthly STAR Award is a staff recognition scheme that celebrates the teams and individuals who go above and beyond the call of duty at work. It recognises those who epitomise the Trust's values and are dedicated to providing a first-class service for service users.

Damian Reynolds from the R&D Team is one of the latest recipients of this award.

Damian received the accolade for the work he's done to improve the R&D pages on the Trust's website. In his nomination, he was praised for the way he involved service users, carers and staff in the process.

Among the improvements, he simplified the presentation and look of the webpages and included a list of current research projects. He also ensured the R&D pages were easily accessible from other areas of the site and updated all the content.

Damian was presented with the award by Susan Tyler, Director of Workforce Development, and STAR Award judge.

"It was an absolute surprise. I wasn't expecting it at all," Damian said.

"It's greatly appreciated but it's all thanks to the team. We have a fantastic team and we work really well together.

"I've always thought that websites are very important in highlighting the work that a department does and I felt that our webpages needed redesigning and they needed more information.

"It was obviously very important to involve service users as they are the key people accessing the site. It's important to present it in a way that's accessible to them and I wanted to be absolutely sure that we were including the information they wanted."

As well as a certificate and an invitation to the Trust's annual award ceremony, Damian also received £100 of high street gift vouchers as part of the prize package.

Susan Tyler, Director of Workforce Development, said: "As a Trust we really value our staff and feel it is important to recognise the hard work and commitment they provide every day to the people we support.

"Damian is a very worthy winner of a STAR Award".

Trust's Head of Research and Development invited to join national research review panel

Alison Thompson, Head of Research and Development at Leeds and York Partnership NHS Foundation Trust, will help shape the future of health services research as she takes up a position on a national research review panel.

Alison has been appointed to the National Institute for Health Research's (NIHR) Health Services and Delivery Research Review Panel and will assume the post for two years.

During this time, she will work alongside other panel members to assess researchers' bids for funding and recommend to the board which projects could receive financial support.

"It's an opportunity for me to bring both a mental health perspective and a research and development perspective to a national review panel," Alison said.

"The panel meets three times a year to review researcher-led submissions of new projects. The panel comprises a diverse range of members with differing research expertise and we will meet to discuss and make recommendations to the funding board about whether funding should be allocated to people who have bid."

The NIHR is the funding body for research in the NHS in England and the Health Services and Delivery Research Review Panel is one of a number of funding panels run by the NIHR.

"For me, it's a chance to find out more about this funding stream and the sort of research that goes on as part of the funding stream. It will also enable the Trust to get an insight into how an NIHR funding panel works," Alison explains.

"It's positive for the panel to have someone who is familiar with mental health research as a member.

"Mental health research isn't always as well understood by those in the acute sector so I think this is a positive step not just for this Trust, but for other mental health trusts as well.



National Institute for Health Research

"I see this as another opportunity to contribute to research and development in the NHS on a national scale and I'm very excited about it. I'm surprised to be invited, but delighted."





Going smoke free: A service user perspective

In January and February 2016 service users were invited to join discussions about the Trust going smoke free in April. A total of 59 service users were consulted at The Newsam Centre, The Becklin Centre, The Mount, West ICS, Clifton House and via the Service User Network (SUN). The majority of the people involved in the group identified themselves as smokers.

The project highlighted a number of key themes, including:

- The majority of service users knew that the Trust was going smoke free in April.
- Most service users who smoked felt that their personal choice to smoke had been taken away from them.
- There was a general feeling that there would be increases in outbursts of aggression on the inpatient wards.
- Some service users felt that many people would be resistant to the smoke free procedure.
- There were some positive responses to the Trust going smoke free.
- It was felt that activities were needed to distract people from wanting to smoke. Many service users wanted activities that involved working with their hands.
- E-cigarettes were mentioned a lot of times by service users as a way to support the Trust going smoke free.
- There was a mixture of views about the use of the outside spaces. These ranged from having quiet and reflective areas, places for gardening and places for physical activities or sports.



Taking these service user views into account, a number of recommendations have been made:

- Staff should initiate specific discussions with service users who are currently using acute services and who smoke. These discussions need to focus on which Nicotine Replacement Therapy products will work for them and to encourage service users to identify distraction techniques and other strategies to help them cope in a smoke free environment. Community based staff need to ensure that service users and their families/carers are also aware of the planned changes.
- Staff should promote, encourage and support service users to engage in activities available in acute settings as an alternative to smoking cigarettes. All staff can play a role in this – some activities will be formally organised, others may be more self-directed.
- Staff should promote the health benefits of not smoking.
- There should be an identified lead on each Trust site to take forward the suggestions made in the discussion groups about the use of outside spaces, in order to provide therapeutic alternatives to smoking.

Further discussion groups will be facilitated later in the year, which will provide insight into service user views before and after the Trust became smoke free.

Matthew Osborne, LYPFT, matthew.osborne2@nhs.net



A study has been undertaken to evaluate the usefulness and value of **Reflective Practice Groups (RPGs)** to staff working on the Trust's acute inpatient wards. This was assessed to help inform strategic planning and determine the benefits of RPGs to ward staff.

Methodology

A short questionnaire which aimed to evaluate the usefulness of RPGs to staff at The Becklin Centre was handed out on the wards. The evaluation was conducted over a two-week period and was presented at the ward handover. A total of 25 questionnaires were returned, giving a response rate of 21%.

Quantitative data was analysed using descriptive statistics and qualitative data was analysed using thematic analysis.

Results

The results from the evaluation were predominantly positive with 72% stating that the groups were of value to them. The RPGs were found to be useful in a number of ways, particularly by providing staff with an opportunity to reflect on feelings (80%) and

ways to manage dilemmas (76%). They were also found to support professional practice (60%) and help staff work as a team (60%).

From the thematic analysis a number of themes emerged, including:

- The positive benefits, namely emotional support, team work and valuing RPGs
- The impact on service user care including practice development and new learning, as well as generating new ideas and solutions
- The organisation of the groups, particularly barriers to group attendance, engagement and structure of the groups

The outcome and recommendations from the evaluation were used to provide feedback to facilitators enabling them to discuss the recommendations highlighted with staff, and consider how the suggestions could be integrated to improve the groups.

Jacque Coule, LYPFT, jacqueline.coule@nhs.net and Laura-Marie Barker, Leeds Teaching Hospital NHS Trust, laura-marie.barker@nhs.net

Defining reflective practice

Schon (1983) introduced the concept of the "reflective practitioner" as one who uses reflection as a tool for revisiting experience both to learn from it and for the framing of murky, complex problems of professional practice. Similarly, reflective learning involves the processing of experience in a variety of ways. Learners explore their understanding of their actions and experience, and the impact of these on themselves and others.

Schon, D. (1983). The reflective practitioner. San Francisco: Jossey-Bass. In Mann, K., Gordon, G & Macleod (2009). Reflection and reflective practice in health professions education: a systematic review. *Adv in Health Sci Educ* (2009) 14:595-621

The experiences of mental health practitioners who work in recovery and rehabilitation inpatient services have been examined in a qualitative study.

The study explored how nurses working in an NHS community inpatient recovery and rehabilitation service, supporting people living with severe and enduring mental health needs, construct ambiguous and contested concepts of recovery. The ambiguity of the concept of recovery can create problems when attempting to translate the concept into clinical practice. The study provides an insight into how mental health nurses discuss and give meaning to the concept of recovery.

Five registered mental health nurses (RMNs) took part in the study and were interviewed using a semi-structured interview. Discourse analysis was used to analyse their accounts. The constructs of recovery as alternative, recovery as belief, and recovery as collaborative emerged from the responses.

The study found that participants drew upon multiple discourses of recovery, sometimes discussed as complimentary and sometimes competing. At times the recovery discourses they use appear incompatible, with clinical recovery goals and personal recovery principles discussed as a duality. They constructed recovery not as a 'grand concept' that was at the fore of their practice, but more as a sum of its constituent parts; that belief in the possibility of change and improvement, supported by a collaborative endeavour between the service user and members of the multi-disciplinary team, is important to recovery.



Jules Beresford-Dent, LYPFT, julesberesford-dent1@nhs.net

Supervised by:

Dr Rebecca Hawkins, University of Leeds

This study evaluated Patient Reported Outcome Measures (PROMs).

Reliable, valid and practical outcome measures are a priority for UK mental health services (NICE 2011). Few pragmatic studies exist that can inform plans for an NHS mental health outcomes programme (Department of Health, 2015). This project aims to evaluate the routine use, completion rates and acceptability of three measures within community mental health teams (CMHTs): the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), the Personal Health Questionnaire for depression (PHQ-9) and the Generalised Anxiety Disorder Questionnaire (GAD-7).

Method

Service users aged over 18, who were receiving CMHT care, were invited to complete the SWEMWBS, PHQ-9 and GAD-7 together. Measures were repeated three months later. Professionals recorded details of the setting, reason for seeing and refusal rates.

Results

25 CMHT staff returned a total of 674 measures from 245 service users. There were good initial return rates (80%), high levels of scale completion (97-99%) and low rates (11%) of user refusal or unsuitability. Few respondents (32, 13%) returned follow-up measures. Significant improvements occurred in functioning ($p = 0.01$), PHQ-9 ($p = 0.02$) and GAD-7 ($p = 0.003$) scores but not in SWEMWBS ($p = 0.91$) scores. PHQ-9 and GAD-7 scores correlated significantly with each other ($r = 0.8$) and over time ($r = 0.5$). We found no significant correlation between final SWEMWBS and initial scores on SWEMWBS, PHQ-9 or GAD-7.

Conclusions

PHQ-9 and GAD-7 may be practicable and acceptable as routine patient reported outcome measures in community mental health. SWEMWBS appears less sensitive to change. Any UK outcomes programme should systematically address potential low return rates for follow-up measures.



Dr Blenkiron is also Principal Investigator for a related study, 'ReQoL Project' (Recovering Quality of Life), a multicentre research study commissioned by the Department of Health. This group, based at Sheffield University, aims to develop a final short version of a new wellbeing tool for use across the NHS mental health services.

Dr Paul Blenkiron, Tees, Esk and Wear Valley NHS Foundation Trust, paul.blenkiron@nhs.net and Lucy Goldsmith, LYPFT.

The NIHR Clinical Research Network Portfolio is a database of studies that shows the clinical research activity nationally. Clinical trials and other well-designed studies involving the NHS, funded by the NIHR and other areas of government and non-commercial partners, are automatically eligible for portfolio adoption. Studies that are adopted on to the portfolio can access infrastructure support and NHS service support costs to aid with study promotion, set-up, recruitment, and follow-up.

Funding stream	Deadline
Health Services and Delivery Research	Researcher-led (standard) – 8 September 2016, 1pm
	Researcher-led (Evidence Synthesis) – 8 September 2016, 1pm
HTA commissioned calls	Primary research (EoI to full) – 15 September 2016, 1pm
HTA researcher-led calls	EOL to full – 10 September 2016, 1pm
	Evidence Synthesis Full, 10 September 2016, 1pm
Programme Grants for Applied Research (PGfAR)	Competition 20 Stage 2: 1 August 2016, 1pm
Public Health Research (PHR) Programme	Researcher-led standard outline proposal – 15 August 2016, 1pm
	Researcher-led evidence synthesis full proposal – 15 August 2016, 1pm
	Commissioned – 15 August 2016, 1pm
Research for Patient Benefit (RfPB)	Competition 30 Stage 1: 3 August 2016, 1pm

Funding streams:

The R&D department offers advice and signposting on many aspects of research, including:

- Efficacy and Mechanism Evaluation (EME):** Researcher-led and aims to improve health/patient care. Its remit includes clinical trials and evaluative studies.
- Health Services and Delivery Research (HS&DR):** Funding research to improve the quality, effectiveness and accessibility of the NHS, including evaluations of how the NHS might improve delivery of services. It has two work streams, researcher-led and commissioned.
- Health Technology Assessment (HTA):** Funds research to ensure that health professionals, NHS managers, the public, and patients have the best and up-to-date information on the costs, effectiveness, and impacts of developments in health technology.
- NIHR Fellowships:** Support outstanding individuals to become the health research leaders of the future by contributing to research costs needed to complete an identified research project.
- Programme Grants for Applied Research:** To produce independent research findings that will have practical application for the benefit of patients and the NHS in the relatively near future.
- Programme Development Grants:** Intended to meet the further development needs of those intending to apply for a Programme Grant for Applied Research.
- Public Health Research (PHR) Programme:** Funds research to evaluate non-NHS interventions intended to improve the health of the public and reduce inequalities in health.

For further details, see: <http://www.nihr.ac.uk/funding/programme-grants-for-applied-research.htm>

About Research and Development: Information leaflet 8

The Research and Development department at Leeds and York Partnership NHS Foundation Trust ensures that all research projects and service evaluations within the Trust are registered and adhere to best practice guidelines. The department engages with and supports clinical teams to become involved in research and develops links with external organisations to support a programme of research.

Benefits of being involved in research

Service users

Studies have shown that involvement in research improves service users' health.

Staff

Undertaking research can improve the standard of clinical work by contributing to evidence based practice and enhancing service provision.

The Trust

Provides a better service as it is contributing to the improvement of service user care nationally and throughout the Trust. Research can also generate income and can motivate employees to critically consider their practices.

Advice and signposting

The R&D department offers advice and signposting on many aspects of research, including:

- Research methods
- Defining project classification i.e. is it audit, service evaluation or research?
- Support for preparation of:
 - Funding bids
 - Proposals for research projects
- Funding sources
- Approvals process
- Identification and recruitment of participants to nationally funded projects, including project management
- Signposting to training opportunities
- Dissemination of results

Partnerships

The R&D department works with local universities, NHS trusts, clinical research networks and commercial organisations. This provides opportunities for collaboration in the development of whole programmes of research as well as individually owned projects.

Partnerships harness the expertise of each of these groups and produce higher quality research that is desirable to funders.

Collaboration between members offers opportunities to access interested partners and multi-site projects.

Participating in current national studies (NIHR Portfolio studies) builds relationships, increases research experience and enhances skills.

Patient and public involvement

Inclusion of service users and carers is an essential part of developing a research application. The Trust has a dedicated service user and carer group which provides advice to researchers during the planning stages of their project. Please contact the R&D department to arrange to meet the group.

R&D communications

The R&D department uses a variety of media to communicate its activity and guidance, including:

- A regular R&D e-bulletin
- R&D newsletter 'Innovation' – published quarterly
- Annual Research Forum in November
- Staffnet (Trust intranet)
- Trust website

Get involved in research

R&D is a conduit to ongoing national and local projects in many areas of mental health and learning disabilities. Within the R&D department, Clinical Studies Officers and Research Assistants work on nationally funded NIHR Portfolio projects. Their role is to enable staff to be involved in research by supporting project set-up and promotion, the recruitment of potential research participants and conducting screening and follow-up assessments.

To find out about current projects within the Trust or to get more information about being involved in research, please contact the R&D department.

External research contacts

- Yorkshire and Humber Local Clinical Research Network <http://www.crn.nihr.ac.uk/yorkshire-and-humber/>
- The NIHR Research Design Service for Yorkshire and the Humber <http://www.rds-yh.nihr.ac.uk/>
- National Research Ethics Service (Health Research Authority) <http://www.hra.nhs.uk/>

Please visit the website or contact the team for more information:
<http://www.leedandyorkspft.nhs.uk/professionals/RD>



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Contact us R&D

Innovation is a newsletter for sharing and learning about research. This includes information about projects being carried out in your area. We welcome any articles or suggestions for future editions.

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Save the date:

Annual Research Forum 2016

Date: 15 November 2016

Venue: Horizon, Leeds, LS10 1JR.

The Annual Research Forum is an all-day event hosted by Leeds and York Partnership NHS Foundation Trust's Research and Development and Library and Knowledge Services Teams. Its purpose is to showcase some of the research and evaluation work that our Trust and academic staff have completed in the past year.

The Forum is held in November, in part to coincide with the completion of the projects from the Doctorate in Clinical Psychology course at the University of Leeds. Around 90 delegates attend, including service users, carers, nurses, allied health

professionals, psychologists, academics, researchers, and psychiatrists.

The projects are presented either in plenary or workshop sessions by the researchers or in poster form. There are typically 15-20 posters and these will be judged by delegates attending the event, with prizes awarded for 1st and 2nd places.

Registration and poster submission details will be available shortly and a full programme of the event will be advertised in the autumn.

The latest information about the event can be found on the Research and Development pages of the Trust's website.

This is a free all-day event, including lunch.