Leeds and York Partnership NHS
NHS Foundation Trust

R & D

Innovation

Research and Development Newsletter

www.leedsandyorkpft.nhs.uk/professionals/RD

January 2017 Issue 27

Contents

Completed Research Projects

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

Editorial

Welcome to the winter edition of Innovation.

I want to focus on four articles in this edition of Innovation. They demonstrate the breadth of research in which we are involved and the pathway of research, going right through to getting research into clinical practice so it improves the support and services we offer.

The first is the success story of Professor Barry Wright and his team securing a very substantial research grant from one of the National Institute for Health Research (NIHR) funding streams. The aim is to find out how effective LEGO® Therapy is at enabling social interaction for children with autism. It has taken several months to assemble the research team across multiple sites in England, to write and submit the bid and to wait for the assessment and result from the NIHR. The study starts in January 2017 and will run for four years. In the last two years, we have had a success rate of one in two bids submitted to the NIHR. The average success rate as advised by the NIHR is between one in four and one in eight so we are doing extremely well!

The second is an update on the pilot stage of the evaluation of our Recovery and Rehabilitation service. The method of enabling service users and staff to talk about their experience of this service through the use of photographs they have taken has proven powerful and effective and there is enthusiasm for using this method more widely in clinical teams. The project is still underway and Penn is working with more service users and staff to gather the information she needs to complete this evaluation which is also her post-graduate degree (PhD).

Thirdly, we celebrated dozens of projects that have been carried out in the Trust at our 10th Annual Research Forum day on Tuesday 15 November. The Trust's Chief Executive, Sara Munro, opened the day for us and you can find the presentations on the R&D page of the Trust's website, along with the poster entries and prize winners and photographs.

And last but by no means least is an example of a study led by the University of Sheffield in which our Trust played and continues to play a very active role. The ReQoL study was commissioned by the Department of Health to devise a generic quality of life outcome measure for mental health service users. After extensive consultation and involvement of service users and clinicians, the research team produced a simple measure with 10 mental health items and one physical health question. There is also a 20 item version. Our Trust is the first in the country to implement the measure which is being used by a number of clinical teams. Getting the measure into everyday clinical use and using the results to help decide what support or services people receive and to help improve the quality of care, is the key final stage of research.

You can contact me or any of the R&D Team if you have any questions or would like to get involved in research, **athompson11@nhs.net.**

Diagram of the stages of research

Completed Project

Relational dynamics and interaction in adolescent psychotherapy

It is widely recognised that the relationship between the patient and therapist in the therapeutic encounter may be as significant to the success of the therapy as the interpretive strategies employed by the therapist.

The relationship is primarily a verbal one. The therapist has to listen to what the patient says, and discern deeper underlying psychodynamic tensions and identify how the patient's interpersonal difficulties or psychological anxieties, arising from these tensions, can be understood and addressed. Consequently, the method of conversation analysis has been used to provide a technical description of the interactional frameworks via which psychotherapeutic treatments are implemented.

This project looks at the connection between patient therapist talk and non-verbal or somatic experiences. Drawing on qualitative methods that reflect the objectives of conversation analysis, the analysis examined a trainee therapist's process notes from 50 sessions with an adolescent patient, produced for supervision purposes during formal training at the Northern School of Child and Adolescent Psychotherapy (NSCAP). The empirical analysis focused on (1) the range of non-verbal experiences in therapeutic sessions; (2) how the therapist interprets the relevance of these experiences in the on-going therapy, and (3) how the case notes suggest links between the verbal and the non-verbal in therapy.

By analysing the social tasks achieved by the author through the organisation of his writing, the case-notes are demonstrated to function as a vehicle through which a trainee child psychotherapist negotiates his professional identity. The opening sequences of the documents are investigated to uncover three features employed by the author to make recognisable his possession of the category-bound practices of the membership category 'child psychotherapist'.

Findings highlight the sociological significance of text, as the case-notes are revealed to be more than simple 'recording devices', instead functioning as tools through which social tasks are accomplished. These unique findings underline the need for written text to be further explored within sociology, as by pulling apart the taken-for-granted readings and interpretation of text, the various actions being achieved through written documents can be exposed.

Ms Frances Clixby, University of York, **fsc505@york.ac.uk**

Supervised by: Professor Robin Wooffitt, University of York

NIHR grant funding success for LEGO based therapy

We are very pleased to announce that the National Institute for Health Research (NIHR) has awarded a large grant to the research team led by Professor Barry Wright to carry out a randomised controlled trial of 'LEGO® based therapy in children with autism'. This is a multi-centre trial and will be taking place across several large cities.

Previous pilot work has shown that many children on the autism spectrum, both boys and girls, engage with LEGO®. They enjoy the sensory aspects of LEGO®, the geometric patterns, the process of construction and the engineering involved in building models.

Research shows that children with autism are not asocial in that they do not wish to completely avoid social interaction. Indeed, children on the autism spectrum are 'differently' social, preferring to engage socially with others in much smaller groups than neurotypical children and usually around common interests. They are much more likely to engage in interactions and conversations that are factually or practically based, rather than conversations about feelings or social relationships.

LEGO® based therapy can help children on the autism spectrum develop cooperative and interactive skills around mutually enjoyable play.

The study will begin in January 2017; the team are currently preparing to begin this important piece of research.

This study forms one of a number of studies in a portfolio of research in the Child Oriented Mental health Interventions Centre (COMIC), a collaboration between LYPFT and the mental health and addictions research group at the University of York. This research centre is committed to developing child orientated research for children and young people. This moves away from a national trend where child and adolescent research has been based around interventions that have been used in adult populations. The research centre has had a strong involvement with young people in designing and running research, and will put children and families at the centre of planning further research.

COMIC®

Child Oriented Mental health Intervention Centre

COMIC, LYPFT, **research.comic@nhs.net**

Completed Project

ReQoL™ Recovering Quality of Life

A new outcome measure called ReQoL – Recovering Quality of Life – has been developed that places service users at the heart of their recovery and provides practitioners with a user-friendly, valid and reliable aid to clinical decision-making and outcomes monitoring. The development of ReQoL was conducted at the University of Sheffield and commissioned and funded by the Policy Research Programme, Department of Health.

1. ReQoL is an enabling tool for service users

- The quality of life of service users should have a central role in their recovery journey. One way to create a positive recovery environment is to provide a voice to service users and this is the aim of ReQoL.
- ReQoL enables service users to self-report on what matters most to them and allows them to evaluate their progress on the recovery journey.
- By doing so, ReQoL offers an opportunity for service users to feel in control of their treatment and recovery.

2. ReQoL is a clinical aid for practitioners

- There are two versions of ReQoL: a short 10-item version (ReQoL-10) and a 20-item version (ReQoL-20). The initial 10 items of the longer version are the same as the shorter version.
- The two versions provide practitioners with a choice of measures according to their need.
- ReQoL-20 can be used initially to aid assessment and can also be used at the end of an intervention. It might also be used for research studies.
- ReQoL-10 can be used for weekly or regular monitoring. It can also be used within clinical appointments to review progress and be used as a way of identifying areas of collaborative work that would be beneficial to the service user.
- Both versions can be used by the practitioner as feedback to the service user by making comparisons with previously completed forms.

3. ReQoL is a user-friendly recovery measure

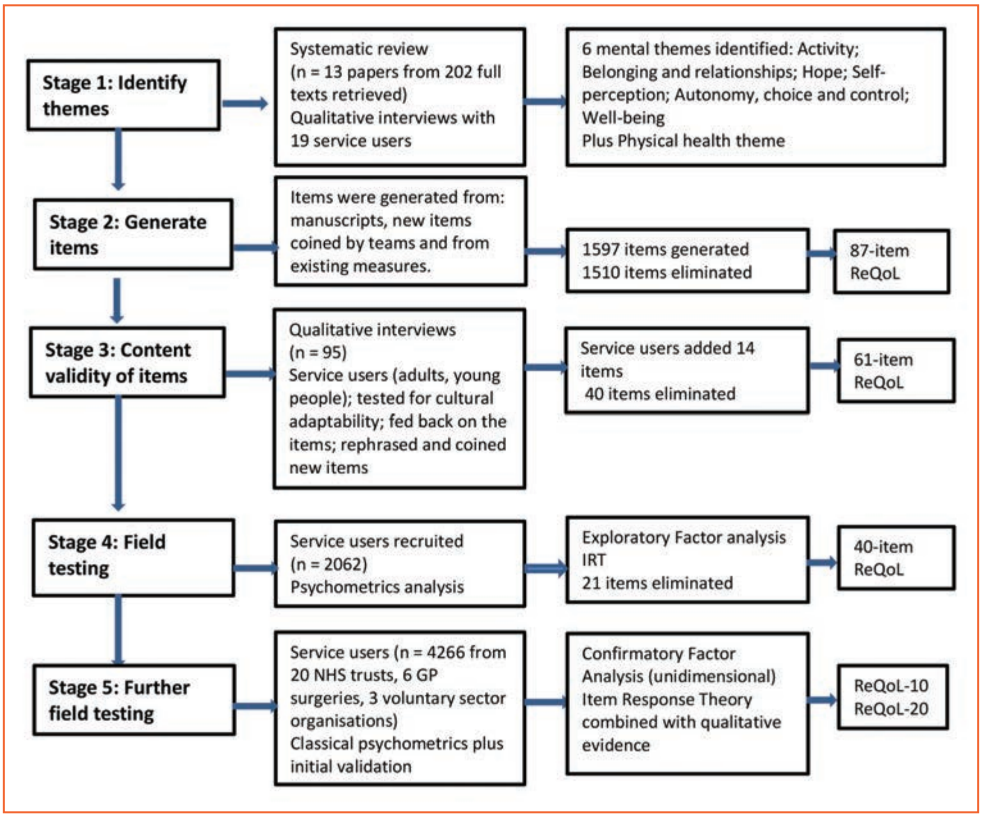
- Both versions of ReQoL are comprised of positively and negatively worded items.
- The following items were identified as the most important factors defining quality of life for service users:
    - Activity (meaningful)
    - Belonging and relationships
    - Choice, control and autonomy
    - Hope
    - Self-perception
    - Well-being
    - Physical health

4. The strengths of ReQoL

- It was collaboratively developed with service users and clinicians who were central to the research, as advisors, researchers, and participants.
- It has been tested by 6000+ service users and is psychometrically validated.
- It applies to the whole spectrum of mental health conditions, from common mental health disorders through to very severe ones.
- It is free to use and can be incorporated into patient information systems.
- It can capture service users' perspectives.
- It can be integrated into care planning and used to inform care decisions with service users as participants in decision-making processes.
- It can be used as a therapeutic tool to guide conversations and help focus sessions.

- It can be used to provide on-going feedback of progress.
- It is suitable for ages 16+ and for people with different cultural backgrounds.
- It is easy to complete as it is short and simple.
- Scores can be easily calculated and interpreted.

5. The development of ReQoL



6. Next steps

Preference weights will be constructed so that ReQoL can be used in cost effectiveness evaluation of drugs and interventions in the area of mental health. Normative values and benchmarks will also be available to enrich the interpretation of results.

You can obtain a licence for the ReQoL measures by visiting the Oxford University Innovation Ltd at **http://innovation.ox.ac.uk/outcome-measures/recovering-quality-life-reqol-questionnaire/**

For more information on ReQoL, visit the website **www.reqol.org.uk**, email **reqol@sheffield.ac.uk** or telephone **0114 2220884**.

Completed Project

OK-Diabetes: Managing with Learning Disability and Diabetes

Individuals with a learning disability are at higher risk of developing type 2 diabetes, but learning disability is not straightforward to define or identify, especially at the milder end of the spectrum, which makes case finding difficult. While supported self-management of health problems is now established, current material is largely educational and didactic with little that helps people practically to change how they manage their diabetes.

The interaction between the person with diabetes and others supporting their care is also largely unknown. For these reasons, there is considerable work needed to prepare for a definitive trial.

The objectives of this study were to develop and evaluate a case finding method for a randomised controlled trial (RCT), to develop a standardised supported self-management intervention and measure of adherence and to undertake a feasibility RCT.

To meet these objectives the study was split into two parts. First we undertook an observational study to identify and characterise potential participants, while developing a standardised supported self-management intervention. Second was a randomised feasibility trial with blinded outcome assessment. The Trust's Easy on the I Team worked with us to produce accessible materials for adults with a learning disability - to explain the study and obtain informed consent.

We identified 147 eligible consenting patients in the observational study. The participants had a mean glycated haemoglobin (HbA1c) level of 56 which was no worse than the diabetes population without a learning disability. However 65% of participants had a Body Mass Index (BMI) of more than 30kg/m2 (defining obesity) and 21% of participants had a BMI of more than 40 kg/m2 (defining morbid obesity). Many participants also reported low mood, dissatisfaction with lifestyle and diabetes management, and interest in change. 88% named a key supporter.

In the RCT 82 participants took part and were randomised to standard treatment, or supported self-management. People in both arms received an 'easy read' accessible information resource on managing type 2 diabetes (copies available from the Diabetes UK website or from Amy, please email me). Follow up HbA1c and BMI were obtained after the trial in 91% of participants who had the intervention and 94% participants receiving treatment as usual. Results showed that HbA1c and BMI were sensitive to change in the intervention (feasibility trials are not large enough to demonstrate effectiveness definitively). Most participants in the intervention also reported a positive experience during this trial. It proved difficult to obtain information on participants' use of services.

These results indicate that the intervention could have a positive impact on participants' physical health. A definitive RCT is feasible but would need to recruit 194 per arm, which means it would need to recruit from a population of about 9 million people. Further research is needed into methods of identifying the hidden majority of adults with mild learning disability and ways of improving supporter involvement with a specific focus on weight management being a more efficient intervention rather than generic disease self-management.

Dr Amy M. Russell, University of Leeds, **A.M.Russell@Leeds.ac.uk**

Completed Project

Adult Patients' **Experiences** of NHS **Specialist** Services for CFS

This qualitative research study aimed to explore patients' experiences of NHS specialist services for Chronic Fatigue Syndrome / Myalgic Encephalomyelitis (CFS/ME).

Sixteen participants, who had recently completed a treatment programme at one of three specialist services in England, were recruited to the project and took part in semi-structured interviews. Participants were interviewed between June and September 2014. A topic guide for interviews was developed through consultation with a patient group from a leading CFS/ME charity.

Using thematic analysis, three themes were identified:

- 'Journey to specialist services';
- 'things that help or hinder'; and
- 'support systems'.

A wide range of factors were evident in forming participants' experiences, including personal characteristics such as perseverance and optimism, and service factors such as flexibility and positive, supportive relationships with clinicians. Participants described how specialist services played a unique role, which is probably related to the contested nature of the condition. Many participants had experienced a lack of medical and social support and validation before attending the specialist service.

Patients' experiences of life before referral, and the concerns that they expressed about being discharged, highlighted the hardship and obstacles which people living with CFS/ME continue to experience in our society. The experiences of CFS/ME patients in this study showed that NHS specialist CFS/ME services had a vital role to play in patients' journeys towards rehabilitation and an improved quality of life. These improvements came about through a process which included therapeutic outcomes, validation of patients' experiences, acceptance, and practical advice and support.

Jessica Broughton, University of Bristol, **jb14126@bristol.ac.uk**

Supervised by: Dr Hiroko Akagi, LYPFT, **hiroko.akagi@nhs.net**

Completed Project

Photo **elicitation** study of a **novel** in-reach

This research aims to provide an in-depth understanding of a novel in-reach Rehabilitation and Recovery Service for people with severe and enduring mental health needs. The study seeks to learn more about the experiences of service users and staff who use or work within the service.

Background

The philosophy of the new service is to facilitate community recovery to reach into the inpatient ward and, in this way, provide more holistic and intensive support. The service seeks to meet the needs of service users throughout their journey by integrating fully in the rehabilitation pathway and citywide rehabilitation support services. This is anticipated to be of huge benefit to service users, reducing the number of readmissions and length of stay, so reducing also the cost to the public purse (Barnes & Dilks, 2014). Essentially, it is hoped that this model will help avoid institutionalisation and will promote better outcomes for service users who may be characterised as 'high need' and 'slow moving'.

Photo elicitation, first named in 1957 by John Collier (Harper, 2002), is a method in which participants are invited to take photographs in order to express their experience around the topic of investigation. The photographs are then used in research interviews in order to facilitate detailed discussions.

Method

This research involves undertaking photo elicitation with service users and purposefully sampled staff (including inpatient service and community partners) to explore their experience of the new service. Photo elicitation, first named in 1957 by John Collier (Harper, 2002), is a method in which participants are invited to take photographs in order to express their experience around the topic of investigation. The photographs are then used in research interviews in order to facilitate detailed discussions.

A pilot study has been conducted in order to seek feedback on the process before continuing the main study data collection. Two members of staff, one male and one female, and one male service user were approached to take part in the pilot study. Participants were asked to take between five and seven photographs representing their experience of the service during a time period of seven to ten days. Interviews followed a semi-structured interview question format and were led by discussions prompted by the photographs.

Success using the method

Initial analysis has revealed interesting themes including the role of relationships in recovery as well as the importance of meaning-making in participants' lives.

The image below depicts a staff member's experience of supporting service users in their recovery journey. Each different combination represents a challenge to overcome and an opportunity to open up new possibilities. Overall the theme is 'freedom to move forward'. Wanting the best for service users is key, in addition to advocating service user choice whilst acknowledging limitations.

The pilot study has demonstrated photo elicitation works well as a method and generates rich data. As a commonly used medium, photography is well suited for vulnerable participants. Participants have engaged with the process of taking photographs, like those to the right, and offered valuable feedback. Time to stop and reflect has been viewed as valuable, and the process itself described as powerful. This work demonstrates that taking photographs enables participants to find meaning through visualizing lived experience. Emerging themes will continue to be developed alongside the main study data collection which is ongoing within the service.

References

Barnes, J., & Dilks, S. (2014). Recovery and Rehabilitation Service Model. Leeds: Leeds and York Partnership NHS Foundation Trust.

Harper, D. (2002). Talking about pictures: A case for photo elicitation. Visual studies, 17(1), 13-26.

Penn Smith, University of Leeds, **p.l.e.smith1@leeds.ac.uk**

Supervised by: Professor Anna Madill, University of Leeds, **a.l.madill@leeds.ac.uk**

Completed Project

Barriers to effective mentoring and education of non-medical students

LYPFT have non-medical students within the organisation on clinical placements. Each student is allocated a mentor who assesses their clinical competency and passes or fails their placement. The experiences of students vary throughout the organisation. This study examines the barriers to effective mentoring and education of non-medical students, in order to improve student placements in the future.

The research was aimed at all Allied Health Professionals (AHPs) and nurses working clinically in the Trust. Those who weren't currently involved with student placements were encouraged to take part. The aim of the questionnaire was to better understand the barriers preventing them from being involved within student education to improve student placements.

Participants were asked to complete a short online questionnaire of seven questions accessed through SurveyMonkey. In total 123 responses were received from mental health nurses (n78), learning disability nurses (n9) and AHPs (n36) operating in the community, on inpatient wards, in outpatient centres and others. This gave a response rate of 13.4% which were recruited through Trustwide (internal communication).

The results showed that overall student access to Trust IT systems was rated the second most challenging issue for clinicians working with students (only beaten by having to fail a student). 89 out of 123 people (72%) rated it as 'moderately', 'very' or 'extremely' challenging with 48 of those rating it as 'very' or 'extremely' challenging.

Other comments from staff involved in practice education included:

- Support from universities for failing students is poor.
- Contacting universities and support from universities is challenging.
- There is a lack of continuity with students who work three days a week. This can lead to students missing key information such as weekly Multi Disciplinary Team (MDT) meetings, depot clinics etc.

From the findings, a placement charter has been implemented which encompasses a flow chart to help support struggling students. The team have also had some really useful meetings with the Informatics Team to discuss the difficulties experienced by students and their mentors/educators. The team contributed to a recent 'Your Voice Counts' consultation to ensure that when a new IT system is rolled out, student nurses and AHPs are included in the training plan. The effects of this have been evident with the recent deployment of Electronic Prescribing Medication Administration (EPMA).

Adam Maher, LYPFT, **adam.maher@nhs.net**

Completed Project

Introducing **psychological** formulations in Assertive **Outreach** Teams

The aim of this service evaluation was to assess Assertive Outreach Team (AOT) members' views and experiences of psychological formulation* and review meetings.

Method

25 AOT staff members who had experience of attending formulation meetings were interviewed using a semi-structured approach. The interview data was analysed using thematic analysis.

Findings

Five themes relating to the usefulness of formulation meetings were: knowledge and understanding, empathy, psychological input, team input, and attendance levels. Additionally, the majority of staff felt able to contribute in both formulation and review meetings. When they didn't feel able to do so, two barriers were identified: lack of knowledge about the service user and staff thinking their opinion won't matter.

Action points

- The case managers need to have allocated time to prepare for formulation meetings.
- Psychologists facilitating the meetings should revisit ground rules with the teams and reflect on how staff members can get involved when they feel they cannot contribute.
- Formulation and review meetings need to be considered during shift planning to ensure they are prioritised and attended.
- The West AOT needs a formal review process to be developed, mirroring the process currently in place in the East AOT. For more information, please contact Emma Sellers using the details below.

Conclusion

Staff members found formulation meetings useful and value the process. This evaluation found that the process of the meetings and the structured way of thinking is unique and offers a valuable space to think about psychological factors related to service users. Having a psychologically-minded team may have an indirect impact on service users' care through increased compassion and empathy, which is a key recommendation of the Francis inquiry (2010).

* Formulation is the process of making sense of a person's difficulties in the context of their relationships, social circumstances, life events, and the sense that they have made of them. It is a bit like a personal story or narrative that a psychologist or other professional draws up with an individual and, in some cases, their family and carers.

Emma Sellers, Leeds Community Healthcare NHS Trust, **emmasellers@nhs.net**,
Dr Gail Harrison, LYPFT, **Gailharrison@nhs.net** and
Dr Melanie Parkins (formerly LYPFT)

Completed Project

LGBT Youth Suicide Prevention Project

International research demonstrates that LGBT[1] young people are at much higher risk of suicide and self-harm than their heterosexual or cisgender[2] counterparts. Evidence in the UK is sparse and we are only beginning to establish sexual and gender identity as a risk factor for adolescent suicide and self-harm. As a result of this research scarcity we also know very little about how young people seek help for mental health problems.

The Suicide Prevention Strategy (2012) has identified LGBT youth as a high-risk group but currently there is limited evidence to develop effective suicide prevention policy and practice.

Aim

This study aimed to provide national evidence on LGBT youth suicide, self-harm and help-seeking behaviours in order to support the implementation of the Suicide Prevention Strategy (2012) and reduce the risk of suicide in LGBT young people.

About the study

The study was a two staged, sequential mixed methods design that used online and face-to-face methods. The first stage consisted of 15 online and 14 face-to-face qualitative interviews with LGBT young people (aged 15-25 years old). The second stage of the research consisted of an online LGBT youth questionnaire completed by 789 participants with experience of self-harm or suicidal feelings, and an online questionnaire completed by 113 mental health service staff. The study recruited participants in multiple centres within the UK including LYPFT. Exact figures can't be identified due to the anonymity of the study.

Key findings

Similar to findings from other studies on youth suicide, those who had self-harmed and/or had a disability had an increased likelihood of planned or attempted suicide. Gender identity was also a risk factor for self-harm and suicide. Those who were gender diverse (Trans/unsure) were nearly twice as likely to have self-harmed and one-and-a-half times more likely to have planned or attempted suicide than cisgender participants. Cisgender males were the least likely to plan or attempt suicide, or self-harm compared to other gender identities. There were five interconnecting areas which explained the elevated risk of suicide and self-harm in LGBT youth: 1) homophobia, biphobia or transphobia; 2) sexual and gender norms; 3) managing sexual orientation and gender identity across multiple areas of life; 4) being unable to talk about their feelings and emotions (in relation to their mental health, sexuality and gender identity) and; 5) other life crises.

Conclusions

Key public health areas for intervention are education policies that tackle discrimination and bullying, and the development of LGBT youth specific, and online, mental health support.

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1. The authors of this study acknowledge that the term 'LGBT' does not represent all young people in, or targeted by this study. The term 'LGBT' is used as short-hand for the wide variety of terms and identities for gender and sexuality.

2. The term 'cisgender' has been utilised to refer to those people who identify with the gender identity that they were assigned at birth.

Dr Elizabeth McDermott, Lancaster University, **e.mcdermott@lancaster.ac.uk**

Completed Project

Perception of work-related stress as a sign of weakness or inability to cope

Work-related stress is a worldwide phenomenon that is experienced in most organisations. With the economic climate, demand, and pressure it is easy to determine why work-related stress absence is high. This is impacting the National Health Service (NHS) as staff members are pressured to meet demands and absent staff are costing the NHS £300-£400 million per year.

Aim

This report focuses on Leeds and York Partnership NHS Foundation Trust (the Trust) and examines whether there is stigma attached to work-related stress and whether this is viewed as a sign of weakness or an inability to cope.

Approach

This study was based on a relatively small sample size and was conducted through a mixed method approach using questionnaires and face to face, semi-structured, interviews. Fifteen questionnaires were completed in total and three face to face semi-structured interviews took place. The qualitative and quantitative data from these methods were combined with a literature review. This research was conducted within a specific department in the Trust allowing the researcher to answer the "how" and "why" work-related stress can be influenced by internal and external context (Baxter et al, 2008) such as meeting demands with limited resources (Campbell, 2014) and lack of support and engagement from management.

Conclusions

The study concluded that work-related stress was viewed negatively by some staff members and these staff were inclined to report absence for other illnesses rather than report being stressed to their managers. The study found that the Trust has recently put in place a number of initiatives to try to improve support for staff suffering work-related stress.

The findings highlighted that one intervention put forward by the Trust to support staff, the Employee Assistance Programme (EAP) had been well received. Information about this had been communicated on a quarterly basis through the intranet, posters and leaflets explaining the support available and how to access it. In addition, to further support staff, it was noted that the Trust had recently introduced a bespoke stress course to support staff who are suffering from stress, using the Employee Assistance Programme (EAP). This has been well received.

Recommendations

- Review current policy and procedure to determine the effectiveness of the current approach.
- Consider recording more than one reason for absence in the reporting mechanism.
- Improvement in management and senior leader's engagement by identifying development opportunities.
- Implementing 'Time to Change' (2014) challenging the perception of work-related stress and encouraging staff members to approach managers when experiencing first signs of stress. Implementing this through Senior Managers will change the perception of employees knowing that stress can be openly discussed in a supportive environment.

1 Campbell, D (2014) NHS Finances in Crisis Due to Rising Demand and Budget Cuts [Internet] The Guardian, London. Available from: <http://www.theguardian.com/society/2014/oct/05/nhs-finances-crisis-rising-demand-budget-cuts-30-billion-pound-deficit-2020> [Accessed 2nd February 2015]

2 Time to Change (2014) Speak Out: The Workplace Issues [Internet] Available from: **http://www.time-to-change.org.uk/sites/default/files/Speak%20Out%20the%20workplace%20issue.pdf** [Accessed 1st March 2015]

Rebecca Li, Formerly LYPFT.

10th Annual Research **Forum** 2016

“The talks and posters were well pitched. I loved the venue; it reflected the professional organisation of the event.”

This year’s forum celebrated the breadth of research and evaluation carried out in the Trust and was held at Horizon in Leeds city centre. Almost 100 delegates from a range of disciplines including nurses, allied health professionals, psychologists, academics, researchers and psychiatrists attended. Delegate feedback was very positive with 87% of respondents rating the event as ‘very good’ or ‘excellent’.

The event was opened by Chief Executive, Dr Sara Munro, who emphasised the importance of nurses getting involved in and leading on research. It was chaired by Dr Tom Hughes, Consultant Psychiatrist/Associate Medical Director for Research, and Alison Thompson, Head of R&D.

“Most very engaging and interesting”

“2 workshops in same room - difficult to hear sometimes”

“The workshops being in one room made it hard to focus on what was going on.”

Ten presentations covered a wide range of topics, including the evaluation of the Crisis Assessment Unit, service user experience of community treatment orders and the development of a new recovery focussed outcome measure, ReQoL.

Presentations, abstracts and photographs are available on the R&D pages of the Trust’s website.

Seventeen posters were displayed and delegates had the opportunity to vote for their top two. The votes were then counted and prizes announced at the end of the day. The prize winners were:

“The day was run very well! The transition between presentations was smooth and it just flowed well :)”

Joint 1st prize

Dementia Research – Past and Present

Damian Reynolds, Carla Girling, Crystal-Bella Romain-Hooper and Holly Taylor

“Forum was faultless and super useful”

> **“Good for networking and meeting people with similar interests who you wouldn’t normally meet. Interested to see what’s going on in the community”**

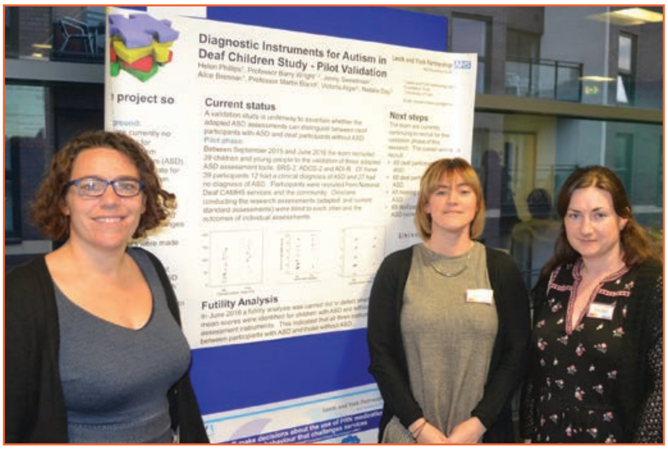
Joint 1st prize

Service evaluation of psychological formulation in AOT team supervision: A qualitative study

Gail Harrison, Melanie Parkins, Emma Sellers and Tom Hitchen-Louden

Joint 2nd prize

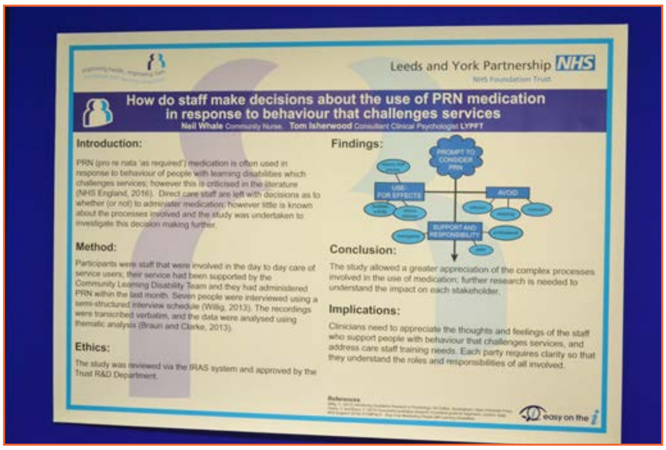
Diagnostic Instruments for Autism in Deaf Children Study - Pilot Validation



Helen Phillips, Professor Barry Wright, Jenny Sweetman, Alice Brennan, Professor Martin Bland, Victoria Algar and Natalie Day

Joint 2nd prize

How do staff make decisions about the use of PRN medication in response to behaviour that challenges services?



Leeds and York Partnership NHS
NHS Foundation Trust

How do staff make decisions about the use of PRN medication in response to behaviour that challenges services

Neil Whale Community Nurse. **Tom Isherwood** Consultant Clinical Psychologist LYPFT

Introduction:

PRN (pro re nata 'as required') medication is often used in response to behaviour of people with learning disabilities which challenges services; however this is criticised in the literature (NHS England, 2016). Direct care staff are left with decisions as to whether (or not) to administer medication; however little is known about the processes involved and the study was undertaken to investigate this decision making further.

Method:

Participants were staff that were involved in the day to day care of service users; their service had been supported by the Community Learning Disability Team and they had administered PRN within the last month. Seven people were interviewed using a semi-structured interview schedule (Willig, 2013). The recordings were transcribed verbatim, and the data were analysed using thematic analysis (Braun and Clarke, 2013).

Ethics:

The study was reviewed via the IRAS system and approved by the Trust R&D Department.

Findings:

Conclusion:

The study allowed a greater appreciation of the complex processes involved in the use of medication; further research is needed to understand the impact on each stakeholder.

Implications:

Clinicians need to appreciate the thoughts and feelings of the staff who support people with behaviour that challenges services, and address care staff training needs. Each party requires clarity so that they understand the roles and responsibilities of all involved.

References

easy on the i

This year we held three one-hour interactive workshop sessions in the afternoon on writing for publication, preparing a grant application and public and patient involvement in research.

There was a lot of Twitter interaction on the day. Comments, quotes and photos from the event can be viewed here: **https://storify.com/LypftResearch/annual-research-forum-2016**

@Kate_Scotford tweeted:
“Thank you for an inspirational day #rdforum16. Great to see variety of health professionals leading research in the Trust @LypftResearch”

@lypft_HLService tweeted:
“Thanks to everyone for organising a super #RDForum16 Lots of learning and great to see so much research at @LeedsandYorkPFT #whywedoresearch”

National Institute for Health Research Funding Opportunities

The NIHR Clinical Research Network Portfolio is a database of clinical research studies that shows the clinical research activity nationally. Clinical trials and other well-designed studies involving the NHS, funded by the NIHR, 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	Commissioned – 12 January 2017, 1pm
	Researcher-led – 19 January 2017, 1pm
Health Technology Assessment (HTA)	Primary Research (EoI to full) – 7 February 2017, 1pm
Programme Grants for Applied Research (PGfAR)	Competition 23: Stage 1 – 29 March 2017, 1pm
Programme Development Grants	Competition 18: 23 March 2017, 1pm

Funding streams:

1. **Efficacy and Mechanism Evaluation (EME):** Researcher-led and aims to improve health/patient care. Its remit includes clinical trials and evaluative studies.
2. **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.
3. **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.
4. **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.
5. **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.
6. **Programme Development Grants:** Intended to meet the further development needs of those intending to apply for a Programme Grant for Applied Research.
7. **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**

NHS
National Institute for Health Research

Finding the **Evidence Training Dates**

Courses free to Leeds and York NHS staff

Cochrane library training – This course focuses on the skills required to search the Cochrane Library effectively to retrieve high quality evidence to support work and study.

Critical appraisal – This course focuses on why it is important to appraise journal articles, how to go about doing this, and how to obtain further help.

Current awareness – (on request) Aimed at staff who wish to set up and use email and RSS alerts and feeds to support their practice or professional development.

Healthcare databases – This course focuses on searching healthcare databases.

E-journals and e-books – Aimed at staff who wish to use e-journals and e-books to support their practice or professional development.

Google training – (on request) Aimed at staff who wish to gain skills in searching Google for information to support their work, practice or professional development.

Making the most of your Athens account – (on request) Aimed at staff who wish to better understand their Athens account and learn about the e-resources that are accessible to them.

The Current Awareness and Making the most of your Athens account courses are now offered on request as a tutorial. Please contact **libraryandknowledgeservices.lypft@nhs.net** for more details.

Full details and online booking information can be found at: **http://www.leedslibraries.nhs.uk/Training/bookingForm.php**

FEBRUARY				
1	Wed	13:00-16:00	Using healthcare databases effectively to support your work	Bexley
7	Tue	09:00-16:30	Finding and appraising the evidence	Boardroom, Stockdale House
14	Tue	14:00-16:00	Critical appraisal: a beginner's guide	IT Suite, Mental Health Library
16	Thur	09:30-12:00	Using healthcare databases effectively to support your work	IT Suite, Mental Health Library
22	Wed	10:00-12:00	Google and beyond	Stockdale House
23	Thurs	14:00-16:30	Using healthcare databases effectively to support your work	Bexley
MARCH				
8	Wed	09:00-16:30	Finding and Appraising the Evidence	LGI
15	Wed	14:00-16:00	Using the Cochrane Library to find high quality information	LGI
21	Tue	09:30-12:00	Using healthcare databases effectively to support your work	RiO training room, St Mary's Hospital
21	Tue	13:30-16:00	Using healthcare databases effectively to support your work	RiO training room, St Mary's Hospital
22	Wed	09:30-11:30	Critical appraisal: a beginner's giude	IT Suite, Mental Health Library
24	Fri	13:30-16:00	Using healthcare databases effectively to support your work	IT Suite, Mental Health Library
29	Wed	10:30-12:30	Google and beyond	LGI

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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The identification and exploration of 'abuse' by forensic nursing staff

The aim of this project was to explore staff's lived experience of abuse from patients in forensic psychiatric inpatient settings. The method involved using an online survey with a vignette design, and interviews with staff. Nine were recruited through LYPFT.

The survey revealed that clinical populations rated more severe behaviours as abusive when compared to the general population, suggesting that working in an environment where you are more likely to experience abuse skews a person's view, and potentially increases the tolerance/threshold of abuse within a clinical population.

The interviews revealed that many staff were unsure what constituted abuse, and for many of them it was a subjective experience which influenced their attribution of abuse or not. Several themes emerged which gave some suggestion that the conceptualisation of abuse is determined by two main components which interact with each other; perception from the individual about an abuse, and the reception of an abuse from the organisation.

The results point to potentially important training topics and culture changes that would be beneficial in supporting staff who have abusive experiences at work - primarily training for staff on how to identify an abusive behaviour, how to report it, and how to manage psychological impacts.

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