



# Innovation

Research and Development Newsletter



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in Deaf Community  
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Completed Projects

to read about projects that have recently been completed simply look out for the symbol

# Innovation Issue 24, April 2016

Welcome from Alison Thompson

Welcome to the Spring edition of Innovation. As one financial year draws to a close and another opens, I want to thank the Finance Department and, in particular Angela Elliot and Mara Basso, for their professional support and work on research finances.



This newsletter celebrates one of our Trust's most eminent researchers, Professor Barry Wright. He has been given a Highly Commended Award for his "outstanding contribution to the deaf community" at the 175th Birthday Honours Awards for the Royal Association of Deaf people (RAD). The Award is in recognition of his longstanding work in setting up the National Deaf CAMHS (Child and Adolescent Mental Health Service) and driving research into improving the assessment of, and care available to, deaf children. He and his team are currently carrying out research on the development of better assessment tools to identify autism in deaf children.

Also featured in this newsletter is a summary of the successful 13th Annual Child Mental Health Research Networking Day held in York in January, led by Professor Barry Wright.

I am pleased to introduce another good range of articles about recently completed projects. These are:

1. The tensions of managing tenants with known or suspected variable mental capacity
2. Validation of Substance Use for Specialist Services (SUSS)
3. Staff Evaluations of Assessment-Review/Formulation Meetings (ARMs)
4. Comparative evaluation of quetiapine plus lamotrigine combination versus quetiapine monotherapy (CEQUEL)
5. An Evaluation of Partnership Working in Leeds Rehab and Recovery Service: NHS and Third Sector
6. Ketamine augmentation of Electroconvulsive Therapy to improve outcome in depression
7. The experience and meaning of relationships for people with psychosis in a rehabilitation service
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11. Investigation into the neurocognitive deficits in adult ADHD
12. Increasing the occurrence of CPA reviews and the quality of service-user involvement
13. Evaluation of the Acute Liaison Psychiatry Service
14. Residential care home staff perceptions of psychology services from the Community Learning Disabilities Team

There have been changes in the R&D team. Lisa Hackney, who gave birth to a baby girl on 27th March, is on maternity leave and Jules Beresford-Dent has moved from the York team to Leeds team to cover Lisa's portfolio in the meantime.

Finally, you can also read our R&D leaflet on intellectual property and NHS research and information about current research courses, training dates and funding deadlines.

If you have any feedback about this newsletter or would like to visit the R&D department and find out more about what we do, please contact:

**Alison Thompson**, Head of Research and Development  
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## The tensions of managing tenants with known or suspected variable mental capacity



### Purpose of the study

This study sets out to explore how social housing tenants with variable mental capacity (VMC) are governed through anti-social behaviour (ASB) and housing legislation. Applying existing literature, governing this way can create and

maintain what Foucault would term 'docile bodies' within a community. Whilst acknowledging the 'individual society' (Bauman 2000), this research seeks to compare theoretical concepts in a discussion on how tenants with VMC are governed as individuals by housing practitioners, but are required to be a 'docile body' by the community. The study is written in an endeavour to improve the human condition. It aims to start the debate about how various professionals approach the management of tenants/clients whose mental condition can give rise to ASB.

### Approach

The problem is the issue of support versus enforcement, as Parr (2010) discusses in relation to the housing practitioners being in the midst of the two agendas; ASB and community care. Whilst trying to appease the community the individual tenant could be vulnerable to punitive measures that will not aid their recovery to good mental health. The literature acknowledges that the housing practitioner is not trained to identify mental illness (Parr 2010); they are reliant on those agencies that have the expertise to assess and diagnose. The problem arises when those agencies will not or cannot diagnose them and give them support to aid the individual in his or her recovery.

### Method used

This mixed methods research was conducted by way of observations of multi-agency meetings and day centres frequented by tenants with VMC, interviews with housing practitioners and mental health professionals, and a national online survey which took place in various Trusts including Leeds and York Partnership NHS Foundation Trust.

### Findings

From the three methods used, it was found tensions did arise

when managing tenants with VMC whose condition caused ASB. With the tenant not engaging in support solutions and no further support forthcoming from the support services, the housing practitioner feels they have little option but to start the ASB process that could lead to eventual eviction and homelessness for the tenant. This is not how any of the professionals wish to resolve ASB cases but as this study illustrates, due to lack of involvement with governmental support services, they feel they have little choice. This study has arrived at seven recommendations.

### Recommendations

1. Consider disbanding ASB teams when the ASB rates and types of ASB are of a low level nuisance.
2. Liaison between relevant agencies to be strengthened by a clear and transparent path for the housing professional to take in order to access mental health services.
3. Local policies, protocols and practices to be shared between all professionals; housing practitioners, mental health professionals, and police (or any relevant organisation that can provide succour to the tenant).
4. Private agencies and charities could aid the housing practitioners by providing the evidence and justification for the inclusion of NHS services, as they will have more expertise in the mental health field.
5. Housing associations have access to funds that can be used to create day centres for ALL their tenants in order to prevent or detect early any budding issues.
6. Housing should be seen as more of an equal partner in discussions about issues that are likely or may probably include those people who reside in affordable housing. Although not every tenant has VMC, those with VMC are more likely to dwell in social housing.
7. The study should be disseminated to housing organisations, mental health services and other relevant agencies for them to read and implement (where possible).

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## Validation of Substance Use for Specialist Services (SUSS)

**This study is part of a programme of research to develop outcome measures for addiction treatment services. Substance use is the most obvious of outcomes to measure but one of the most difficult elements of addiction to capture simply and accurately.**

There have been many ways of measuring substance use suggested, Substance Use for Specialist Services (SUSS) is a new and easy to use tool which is included in a package of measures including;

- the Leeds Dependence Questionnaire (LDQ),
- Clinical Outcomes in Routine Evaluation (CORE10),
- the Social Satisfaction Questionnaire (SSQ), and some
- Societal Impact Measures (SIMS).

SUSS has been tested to check that it is acceptable to service users. It has been evaluated against other measures in common use including the Treatment Outcome Profile (TOP) which has been a national reporting requirement.

**Duncan Raistrick**, LYPFT, [d.raistrick@nhs.net](mailto:d.raistrick@nhs.net)



## CEQUEL Comparison

**Comparative evaluation of quetiapine plus lamotrigine combination versus quetiapine monotherapy (CEQUEL)**

CEQUEL evaluated the effect of adding Lamotrigine to Quetiapine for treatment of Bipolar depression over a period of 12 months. Participants entered the trial at the point when they required new treatment for a depressive episode. The trial separately evaluated the effects of Folic Acid on Bipolar depression.

The results indicate that addition of Lamotrigine to Quetiapine treatment improves outcomes in the short term (12 weeks) and that the benefits are maintained for 52

weeks. It also showed that the combination of Lamotrigine and Quetiapine was well tolerated.

The trial found some evidence that Folic Acid might reduce the anti-depressant effect of Lamotrigine.

The implications arising from CEQUEL are that clinicians and patients should consider Lamotrigine for Bipolar depression, but also to be aware that concurrent Folic Acid might reduce its effectiveness.

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## Staff Evaluations of Assessment/Review Formulation Meetings (ARMs)

**With a recent shift in NHS services towards multidisciplinary working it is important, from the perspective of the clinical psychologist, to assess where the profession sits amongst others and how psychological knowledge influences knowledge and practice within teams.**

This mixed-methods research project aimed to gather the views of multi-disciplinary team (MDT) staff, in Community Mental Health Teams (CMHTs) within South-West and North-East York team hubs, on the use of Assessment/Review Formulation Meetings (ARMs) which have been implemented by the Leeds and York Partnership NHS Foundation Trust. The purpose of this is to encourage multidisciplinary thinking within the psychological framework in terms of assessing and/or (re)formulating a service-user.

A questionnaire was created, influenced by information gleaned from focus groups, and completed by 31 respondents across several services within local CMHT hubs. The answers were analysed using the technique of Thematic Analysis.

Themes were discussed in terms of which staff attended, the structure, and the purpose of the ARMs. Overall the ARMs were posited as beneficial in facilitating staff understanding and optimising individualised service-user care in line with previous research and guidelines. The guidelines and intentions of the ARMs, where adhered to, help in providing an effective platform for MDTs to provide optimal care for the service-users. It is when there is lack of clarity of disparity from these guidelines that the utility of the ARMs is not as evident. It is possible that each separate service should have individual guidelines for optimal use of the ARMs to continue striving towards effective tailored care for the wellbeing of the service-user.

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### Supervised by:

Dr Hannah Goring and Dr Heather Barker, York South-West Community Mental Health, Dr Philip Molyneux, University of Hull, and Dr Matthew Allsop, University of Leeds.



## An Evaluation of Partnership Working in Leeds Rehabilitation and Recovery Service

### Background

Leeds and York NHS Partnership Foundation Trust (LYPFT) is developing partnerships with the third sector in Leeds. A recent partnership has been formed between third sector organisations and NHS services to create the Leeds Rehabilitation and Recovery (R&R) Service. An evaluation was undertaken to assess and understand partnership working across the service.

### Methods

The evaluation applied a Partnership Assessment Tool, used at two points during the evaluation; at an early stage (March 2015) and more developed stage (November 2015). This survey required R&R staff to self-evaluate the current state of the partnership. Focus groups were also carried out in July 2015 with all staff groups to further explore staff experiences.

### Summary of key findings

The evaluation identified that the current R&R service provides an example of an emerging and dynamic

partnership. From both an operational and a strategic level perspective, the partnership is working well but there are some aspects that may need further exploration.

It was evident that staff from third sector organisations provide a valuable contribution to the team. They were reported to:

- provide alternative perspectives,
- provide new and creative approaches to supporting service users,
- positively challenge current practice,
- enhance provision of community-based work,
- empower service users through promoting user-led thinking, and
- enable positive risk taking and develop more individualised support to service users.

**Dr Matthew Allsop**, University of Leeds, [m.j.allsop@leeds.ac.uk](mailto:m.j.allsop@leeds.ac.uk)



## Ketamine augmentation of ECT to improve outcomes in depression

### Why did we carry out the study?

Electroconvulsive therapy (ECT) is the most effective short-term treatment for depression, but there are concerns about it causing memory difficulties. ECT may affect memory through a brain chemical transmitter called glutamate. Studies involving a small number of people had suggested that ketamine, an anaesthetic drug that blocks some of glutamate's effects, might prevent the memory problems seen after ECT, as well as speed up clinical response. We aimed to test this in a larger group of patients being treated with ECT in the NHS.

### What did we do?

We tested whether or not giving a low dose of ketamine with the anaesthetic used for ECT would improve memory compared to a placebo (salt solution) injection, and whether people's depression would get better faster. We also used a new brain imaging technique, functional near-infrared spectroscopy (fNIRS) to measure how well the front part of the brain worked before and during the ECT course. After the study we invited those who had taken part to tell us about their experience in the study through a survey.

### How did the study go?

The study was carried out in seven NHS Trusts and 11 ECT suites in England. Unfortunately, we were only able to include under half the number of people we had originally planned to (70 rather than 160). This was partly because many people having ECT were not suitable for the study, and partly because of other hurdles that cropped up. Some of the problems encountered related to the supply of ketamine and the practical difficulties in carrying out a complex study like this over so many sites. Unfortunately, the wrong dose of study drug was occasionally given by mistake, particularly at one site, but this only affected three people who received ketamine. The incorrect dosage participants received was 10-30% less than they should have, which didn't affect either their safety or the results of the study.

### What did we find?

We found that just over half of patients had a good response to ECT and over a third were fully recovered by the end of their treatment course. The majority of patients said that their memory was affected during the course of ECT, although we

only found a small effect of ECT on the memory tests we used. We found no differences between the groups who received ketamine or placebo on the tests, and ketamine also didn't make ECT work faster or better. Ketamine didn't cause any serious side effects, although two people had short-lived vivid dreams or altered sensations. Compared to people who had never been depressed, patients with depression showed less activity in the front of the brain with fNIRS, and ECT further reduced this activity (this was more noticeable in those who benefited from treatment). We did not find any effect of ketamine on brain function. In the survey, people were positive about taking part in the research, with many doing it in the hope of helping others in the future.

### What are the implications of the study?

The results do not support using ketamine to improve the outcome of ECT treatment. Although disappointing, it is important to know this, so that people having ECT don't receive a treatment that doesn't help them. The brain imaging results could be important, as this might be a way of guiding treatment in the future. However more research is needed to make sure this is definitely the case, and how it might be used in good practice.



The Ketamine-ECT study team would like to thank everyone who took part in this research.

**Ian Anderson**, The University of Manchester,  
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## The experience of relationships for people with psychosis in a rehabilitation service

### Objective

Much research looking at social functioning in people with psychosis has been quantitative, and has suggested that difficulties may be due to a social cognition deficit such as an impaired 'Theory of Mind'. This study aimed to give a voice to people with psychosis and explore their own understanding of their relationships with others.

The research questions were: how do people with experiences of psychosis make sense of their relationships with important others? And, how do they make sense of any difficulties they experience with important others?

### Design

A qualitative approach, Interpretative Phenomenological Analysis (IPA), was chosen because of its focus on how individuals make sense of their own experiences.

### Method

Five participants from a rehabilitation service were interviewed about the different types of relationships they had and their experiences of them.

### Results:

Three superordinate themes emerged:

- feeling connected to important others,
- having psychosis can get in the way of relationships, and
- being cautious around others.

### Conclusions:

Participants seemed to make sense of their relationships in terms of what they provided. Negative experiences were blamed on important others' difficulties in understanding psychosis. It may be too simplistic to suggest that difficulties interacting with others are due to a social cognition deficit. Clinical implications for improving service user's experiences and further research were discussed.

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### Supervised By:

Dr Anjula Gupta, Leeds and York NHS Foundation



## Screening for Cognitive Function in Clinical Practice

**This qualitative research examines the role of instruments for screening cognitive function in the process of diagnosing Alzheimer's disease.**

An exploration of how these low-technological tools are used in the diagnosis process is important because of their central role in detecting initial cognitive decline, in what is being projected as an 'ageing population'.

This study draws upon fieldwork undertaken across a secondary healthcare memory service and a major teaching hospital in the UK. The study shows how these tools are treated as provisional devices in everyday practices and interactions between healthcare practitioners and patients. However the tools emerge as central mediators for producing knowledge about Alzheimer's disease in an arena of medical uncertainty. There is no one technology or technique

to definitively confirm the presence of the disease, and uncertainty emerged in relation to the ways in which patients and family members conceive the nature of diagnosis overall.

This research further demonstrates how increased efforts to quantify cognitive decline at earlier stages produces uncertainties for patients and practitioners in an NHS service under increasing demand.

Overall, this research questions the effects of diagnosis in the organisation of the NHS, and for the well-being of patients as there is no cure for the disease and limited treatment options.

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### Supervised By:

Professor Anne Kerr, University of Leeds

## Trust employee recognised for "outstanding contribution to the deaf community"

**Professor Barry Wright, Leeds and York Partnership NHS Foundation Trust (LYPFT), has been given a Highly Commended Award for his "outstanding contribution to the deaf community" at the 175th Birthday Honours Awards for the Royal Association of Deaf people (RAD).**

The Award is in recognition of his longstanding work in setting up the National Deaf CAMHS (Child and Adolescent Mental Health Service) and driving research into improving the assessment of, and care available to, deaf children.



Deaf children are more likely to experience emotional and psychological problems than hearing children and early in his career Professor Wright noticed that only a small number of deaf children had access to mental health services in North Yorkshire.

In 2004, Professor Wright established a pilot service in York which provided access to the first mental health service for deaf children outside of London. The success of the pilot in York and another one in Dudley, led to Professor Wright leading a national bid to the Government and NHS England to establish a ten centre service, throughout England, which then became known as National Deaf CAMHS.

These specialist mental health services for children are now available in York, Dudley, London, Taunton, Manchester, Newcastle, Cambridge, Oxford, Maidstone and Nottingham, with a further inpatient service available in London.

Professor Wright continues as Chair of the National Co-ordinating Group which oversees the national service, whilst working with LYPFT staff to run the innovative National Deaf CAMHS centres in York, Manchester and Newcastle which provide:

- A focus on the emotional and psychological needs of deaf children and their families
- The opportunity for deaf and hearing staff to work closely together
- An easily accessible referral pathway (e.g. any professional, such as teachers/schools, youth clubs, audiologists, paediatricians etc.) can refer children to the service
- Staff trained in understanding deaf development and the interaction between deaf experiences and emotional, social, psychological development and mental health
- Multidisciplinary teams who are focused on the needs of the child
- Interpreters trained in deaf child mental health

Professor Wright said *"I was very pleased to receive the award on behalf of all the staff. We have excellent deaf and hearing staff working hard together to provide high quality services to deaf children and their families."*

Jill Copeland, Interim Chief Executive, said *"Congratulations to Professor Wright for being recognised by RAD for his commitment and outstanding achievements in the improvement of mental health services for deaf children. We are delighted that the exceptional work both him and his team are undertaking is receiving national recognition."*

Professor Wright is currently carrying out research on the development of better assessment tools to identify autism in deaf children.

*Photograph Barry Wright, LYPFT and Natalie Whitby, RAD*

## 13th Annual Child Mental Health Research Networking Day



**The 25th January 2016 saw the 13th Annual Child Mental Health Research Networking Day held at the Learning and Research Centre, York District Hospital.**

The day was extremely well attended and all available places were filled. Attendees came from a variety of settings including several Universities, York City Council and NHS employees from several Trusts.

The programme was filled with an exciting mix of presentations ranging from proposals to results and everything in between. Members of the Lime Tree's research team based in York presented their current research proposals including: one session CBT for simple phobia in children presented by Professor Barry Wright, Lego Therapy to improve social skills in children with Autism presented by David Marshall and a planned feasibility study looking at the various types of group therapy for adolescents who self harm which was presented by Danielle Varley. This section of the programme stimulated interesting discussion around methodological and recruitment challenges

with useful input from study teams with experience of running similar studies.

The morning saw Nick Preston from the University of Leeds reporting the outcomes of a systematic review looking into the motor skills interventions for children with Developmental Co-ordination Disorder. Lisa Marie Henderson from the Department of Psychology presented the results from the University of York which looked at the importance of sleep in memory consolidation and word learning and Emma Hayiou-Thomas furthered the discussion on language development by presenting the risk factors associated with later language and literacy problems in young children.

After a coffee break came interesting work from Claire Forrest who discussed the results of her PhD looking into the use of an online psychoeducational website for young people with Attention Deficit Hyperactivity Disorder and Elizabeth Edginton, who discussed her proposal for a Randomised Controlled Trial looking at child psychotherapy for early onset conduct disorder in children whose mothers have perinatal depression.

Lunch provided ample opportunity for networking and continuing discussions stemming from the morning's presentations. The afternoon agenda included a presentation from Dr Justine Rothwell and Dr Gemma Trainor, Greater Manchester West Mental Health NHS Foundation Trust, who discussed the results from several research studies exploring Developmental Group Psychotherapy for adolescents who self harm.

The afternoon concluded with a presentation from Jenny Fell who discussed the inconsistencies within the literature in terms used to describe infants' attachment style to their parents.

Finally, Professor Barry Wright (pictured) rounded up the day with a discussion on the one session phobia bid that he and his team have recently been successful in receiving funding for. Barry closed the day with a huge thank you to everyone who made the day such a success including all the presenters, his own research team and the interpreters.

**Holly Taylor, LYPFT, [Hollytaylor2@nhs.net](mailto:Hollytaylor2@nhs.net)**

# Intellectual Property and NHS Research: Information leaflet 7

**This leaflet explains the requirements and implications of the Research Governance Framework for Health and Social Care (RGF) in relation to Intellectual Property.**

The RGF was established by the Department of Health in 2001 (with revisions in 2005 and 2008 and another pending) and aims to improve research quality and safeguard the public. It does this by:

- Enhancing ethical and scientific quality
- Promoting good practice
- Reducing adverse incidents and ensuring lessons are learned
- Preventing misconduct.

Intellectual Property (IP) and Research Governance  
The RGF specifies that Trusts must give consideration to the exploitation and protection of IP. It is a Research Governance

priority because well managed IP can improve patient care by spreading good ideas across the Trust and more widely and by generating income.

**What is IP?**

IP is defined as the novel or previously un-described tangible output of intellectual activity (i.e. a new idea or invention). It could arise from research or routine work and can include industrial processes, inventions, software, data, written work, e.g. training, materials, designs or images. IP has an owner and can be bought, sold or licensed. It is important to adequately protect your IP. Ways of doing this are detailed below.

**Types of IP protection**

There are 4 main types of IP rights that can be used to protect ideas. Which to use will depend on what you have created and what it will be used for. These are legally protected rights which allow owners to benefit from their own work.

Categories	Categories
Inventions (New technologies)	Patents – these protect the methods and processes that make things work and give you exclusive rights over your invention. To be patentable it must be new, inventive and be capable of industrial application. Patents are registered through the Intellectual Property Office and last for 20 years.
Literary, artistic work, films, computer software	Copyright – this is an automatic right for original work that is fixed in nature (written or recorded somehow). It applies to literary and artistic work, recordings (film, music), broadcasts etc. You do not need to apply for copyright but it is advisable to mark it with the © symbol, the name of the copyright owner and the year it was created.
Designs and design drawings	Registered Designs – these protect the overall visual appearance of a product, to be registered the design must be new and have individual character. Designs can be registered with The Intellectual Property Office
Engineering components, architectural drawings	Unregistered design rights
Product brand names, logos	Trade Marks – these are signs (words / logos) that distinguish goods and services in the marketplace. Trade marks can only be registered by applying to The Intellectual Property Office.
Trade secrets	Know-how

**Why is IP important?**

Who owns IP rights in the NHS?  
The Patents Act 1977 and the Copyright, Designs and Patents Act 1988 both state that IP produced by employees in the course of their normal duties will belong to the employer i.e. the employing Trust.

**What does this mean for individuals?**

The legal recognition of the Trust as the owner of IP rights does not affect an individual researcher’s legal right as inventor or creator of the IP. The Trust will take every step to ensure the researcher’s contribution is recognised, e.g. through a share of any income received from commercialisation of the IP rights.

**What to do if you think you have generated IP**

The Trust has a responsibility to ensure that employees identify and protect IP. If you think you have generated IP through everyday work or research you should contact the Research & Development Department as soon as possible (this can be at any stage of your research).

Keeping good records throughout the research process will help provide supporting evidence of the originality of the work.

**During the process of protecting IP**

**You should:**

- Have a confidentiality agreement to protect your work during discussions.
- Not involve external organisations, collaborators or colleagues.
- Not submit a paper to journals or conferences (wait until IP is in place!)

**Remember!**

- Keep it confidential
- Don’t publish without IP protection
- Keep good records
- Ask for advice – contact the R&D Department with any questions on IP.

**Further resources**

The Intellectual Property Office - <http://www.ipo.gov.uk/home.htm>

This leaflet can be downloaded here - [http://www.leedsandyorkpft.nhs.uk/documentbank/8\\_About\\_Research\\_and\\_Development.pdf](http://www.leedsandyorkpft.nhs.uk/documentbank/8_About_Research_and_Development.pdf)





## Experiences of Successful Female Senior Leaders

### Introduction

Although women are accessing senior leadership positions, female senior leaders still remain a minority in the public and private sectors. Therefore much of the leadership literature has been developed from research using predominantly male samples; limiting the generalisability of the findings to females. Consequently the focus of this study was to offer an alternative narrative to the current leadership literature by exploring the successful leadership experiences of senior female leaders working for the NHS.

### Method

A sample of seven female senior clinical psychologists (NHS agenda for change pay band 8C+) were interviewed using a semi structured interview. The data from the interview was transcribed and the transcripts were then analysed using interpretative phenomenological analysis. Initially individual analyses were conducted for each participant followed by a group analysis.

### Results

Five superordinate themes and fifteen subordinate themes were developed to describe the participants' successful leadership.

Participants described relationships as being central to their success as leaders. The superordinate themes 'The Nurturer' and 'The Diplomat' described how they went about forming relationships. If this relationship began to rupture, participants described implementing strategies from 'The Repairer'. However, if participants perceived an unjust decision or act to have occurred they then described utilising the strategies of 'The Activist' and 'The Warrior'. Participants also described combining and integrating these different leadership strategies which highlighted the complexity of successful leadership.

### Discussion

The findings are discussed in relation to psychological theory. The method of the study was evaluated and areas for future research are recommended. Finally, the clinical implications for a range of stakeholders are discussed.

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### Supervised By:

Dr Carol Martin and Dr Jan Hughes, University of Leeds.



## Services for clients with Learning Disabilities and Borderline Personality Disorder

**An evaluation of service provision for clients with Learning Disabilities and clinical presentation indicative of Borderline Personality Disorder was conducted. The project aimed to:**

- Identify the number of service users in Learning Disabilities community teams who have possible Borderline Personality Disorder.
- Establish the interventions being provided to these clients.
- Compare findings with the evidence base regarding treatment of individuals with Learning Disabilities and possible Borderline Personality Disorder.
- Identify areas of strength and weakness in service provision to inform service planning and development.

A scoping questionnaire was used to identify clients with possible Borderline Personality Disorder. Responding clinicians were interviewed regarding the clients listed on their questionnaires.

Thirty-four clients were identified; interviews took place with eight clinicians regarding 24 individuals. Four themes emerged from qualitative analysis: presentation, intervention, good

practice and challenges. It was concluded that clients are being provided with various evidence-based interventions by clinicians involved in their care. It was found that there were a number of good practices, nonetheless, participants were able to identify areas of possible improvement thereby informing the below recommendations:

- Encourage improvements in communication between multi-disciplinary team members, particularly between individuals from different specialisms.
- Develop a care pathway incorporating group and individual interventions for clients with Learning Disabilities and possible Borderline Personality Disorder.
- Forge a link with the Personality Disorder Network and use their knowledge to inform service development.
- Develop a workshop or presentation day at which those experienced in treating clients with Borderline Personality Disorder deliver talks on the best ways to interact with the client group. This could be done in collaboration with the Personality Disorder network.

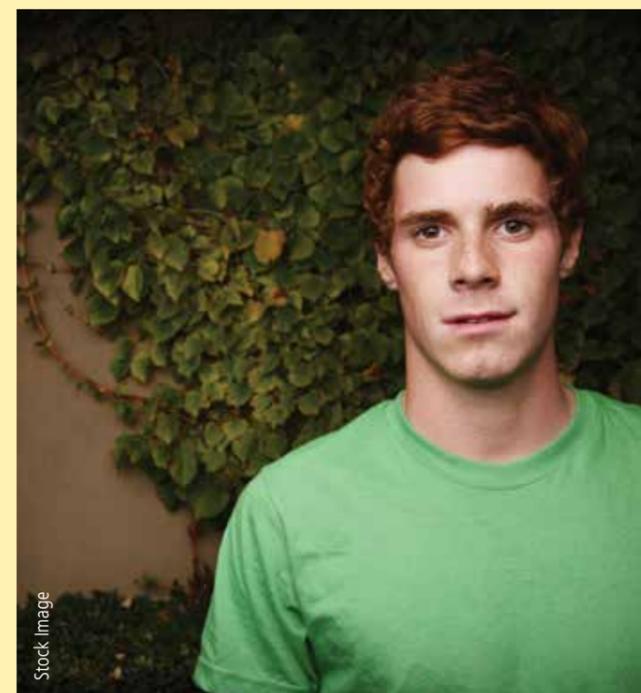
**Kimberley Hastings**, LYPFT, [kimberley.hastings@nhs.net](mailto:kimberley.hastings@nhs.net)  
**Supervised by:** Pat Moody, LYPFT



## Investigation into the neurocognitive deficits in adults with ADHD

### Background

Adults with Attention Deficit Hyperactivity Disorder (ADHD) have difficulties in recognising negative emotions from facial expressions. Previous research however has not examined effects of medication on facial emotion recognition in ADHD, taking into account the potential influence of core-ADHD deficits such as inattention and general cognitive dysfunction.



two, n=38). Each participant completed the Emotion Recognition Task (ERT) and four further neuropsychological tasks from the Cambridge Automated Neuropsychological Test Battery (CANTAB). Finally, 15 participants from group one were followed up after starting treatment on methylphenidate (8-12 weeks later) and the ERT and sustained attention tasks were repeated.

### Results

Unmedicated patients showed deficits in recognition of sadness, anger, fear and disgust compared with controls. Anger recognition proved to be a specific deficit in social perception whereas sadness, disgust and fear were influenced by deficits in attention and working memory. Patients stable on medication made fewer recognition errors but still showed deficits recognising disgust and anger compared with controls. At follow-up, methylphenidate normalised recognition of negative emotions (sadness, anger, fear, disgust). Improvements in attention accounted for the improvements in sadness, fear and disgust recognition but not in anger recognition.

### Conclusions

Unmedicated adults with ADHD have deficits in recognising negative emotions. Adults stable on ADHD medication have reduced deficits compared with unmedicated patients. Methylphenidate improves emotion recognition deficits in adults with ADHD at follow up.

**Dr Aneka Tomlinson**, University of Manchester, [anneka.tomlinson@manchester.ac.uk](mailto:anneka.tomlinson@manchester.ac.uk)

### Academic Supervisors:

Professors Joanna Neill and Kay Marshall, University of Manchester

### Clinical Supervisors:

Dr Robert Baskind, Leeds & York Partnership NHS Foundation Trust and Dr Joe Johnson, 5 Boroughs NHS Foundation Trust

### Aims

We aimed to investigate emotion recognition in patients with a clinical diagnosis of ADHD compared with a healthy control group and whether methylphenidate treatment can improve emotion recognition in ADHD. We aimed to examine whether the effect of methylphenidate treatment on emotion recognition is linked to general cognitive dysfunction or specific social perception mechanisms.

### Methods

Subjects were adult ADHD patients (n=79) and controls (n=31). The ADHD group included patients not yet taking medication (group one, n=41) and patients stable on medication (group



# Increasing the occurrence of CPA reviews and the quality of service-user involvement

## Introduction

Benefits of service-user involvement in care planning include:

- Increased satisfaction with care (Valimaki and Leino-Kilpi, 1998),
- Improvements in coordination of care and relationships (May, Montori and Mair, 2009)
- Empowerment (van de Bovenkamp and Trappenburg, 2009)

The aim of this service development project was to improve the quality of CPA reviews at two York inpatient sites; focusing on increasing service-user involvement in arranging and during reviews.

## Method

### Objectives

1. Conduct baseline audit of reviews in small sample of records, assessing service-user involvement, care coordinator involvement, topic coverage, and discharge planning.
2. Explore manager, staff, and service-user perceptions of what a good review looks like; extent to which current practice reaches these standards and barriers to improving reviews.
3. Develop and deliver quality improvement strategy.
4. Conduct evaluation via post-intervention audit and focus groups with teams.

### Approach

The Theoretical Domains Framework (TDF, Michie et al, 2005) was used to guide the identification of barriers (objective 2). This validated framework (Cane et al, 2012) summarises 14 'domains' that influence clinical practice. Recommendations guiding which quality improvement strategies to use to target specific domains (Michie et al, 2008, Michie et al, 2011, Cane et al, 2014) were used to develop the quality improvement strategy (objective 3).

## Results

### Objective 1

**Sampled cases (n=9) indicated that standards for reviews were largely being met for both teams.**

### Areas to improve were:

- Involving service-users in arranging reviews
- Service-users being offered a copy of their updated care plan/review minutes
- Documentation/recording of reviews.

### Objectives 2 & 3

**Issues and barriers identified were summarised and coded against domains from the TDF. A list of suggestions for the quality improvement strategy was drawn up with recommendations (Michie et al, 2008, Cane et al, 2014) used to guide mapping of strategies to domains/barriers.**

### Common issues were:

- Lack of up to date knowledge ('Knowledge' domain)
- The belief that reviews need to cover everything with everyone, resulting in large reviews held on a set day in a set room ('Knowledge' domain)
- Service-users felt better preparation for reviews could be beneficial (practical suggestion)
- Staff identified positive benefits of conducting CPA reviews but recognised the need to record this better, leading to easier monitoring of service-user goals and discharge planning ('Belief in consequences' domain)

### Quality improvement intervention

The improvement strategy comprised:

- Tailored educational session(s); multiple occasions at team base
- Introduction of the CPA care plan to replace existing

documentation

- Introduction of a service-user prompt sheet to help service-users prepare for their reviews
- Summary flow chart for CPA reviews for teams to refer to; with standards specified in concrete, actionable, language

### Objective 4

**Unfortunately, it was not possible to evaluate the project due to the announcement, after the project began, that York services were to transfer to a new provider which created overly tight timescales for the project. Feedback from a clinical manager from one of the teams was:**

**'I feel that the project has had a positive impact on the way in which we record and view CPA issues with and for our service users. We are in the process of changing our paperwork to incorporate the forms introduced to us. They are appropriate for us and we have been able to replace paperwork as opposed to adding to it.**

**We are also thinking a bit more outside the box around CPA meetings and how these are attended, so there isn't an expectation that all professionals involved in a service user's care need to be at a big meeting.**

**I believe this will go towards a better outcome in our next CQC visit, and more importantly will be better for the service users.'**

### Conclusion

The quality improvement literature promotes barrier identification, guided by a theory-base, at the outset of an improvement project. Adopting this approach aids identification of the full range of challenges and issues affecting clinical practice, and facilitates design of the most appropriate,

tailored, improvement strategy to address the barriers. This study, although small in size illustrates this process. Future improvement projects in the trust could adopt this method (rather than the actual improvement strategy itself which was tailored to the teams barriers) guided by freely available open access publications in the reference list.

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- Michie, S., van Stralen, M.M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Science*, 6 (42), doi: 10.1186/1748-5908-6-42

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## Evaluation of the Acute Liaison Psychiatry Service

### Aim

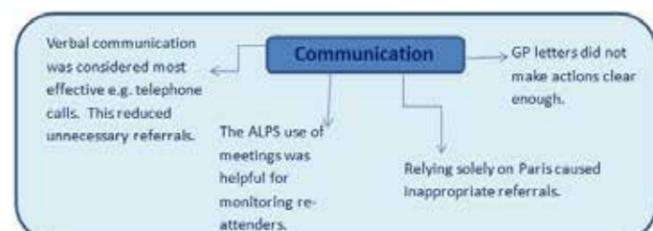
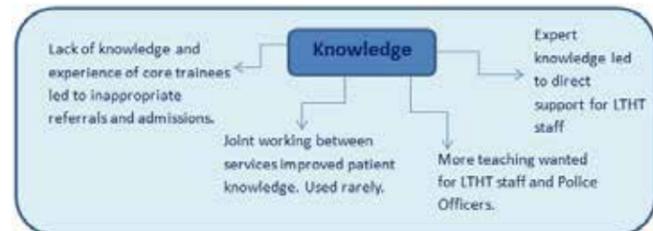
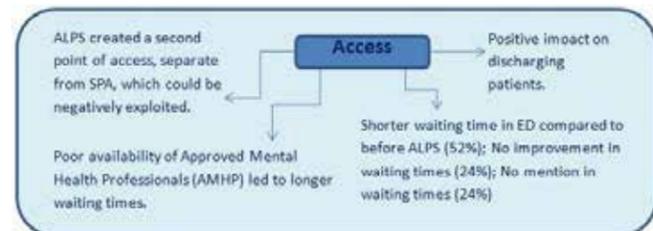
The Acute Liaison Psychiatry Service (ALPS) was commissioned in 2013 to support and assess mental health presentations in the emergency departments and provide self-harm assessments across Leeds Teaching Hospitals Trust (LTHT).

The aim of this evaluation was to explore the effectiveness of ALPS against the commissioning key performance indicators to determine the wider impact of the team, identify areas of good practice and areas for improvement, and generate key recommendations for the future.

### Methods

Semi-structured interviews were conducted with 25 professionals identified as stakeholders by the ALPS team. Thematic analysis (Braun & Clarke, 2006) was conducted on the transcribed interviews to determine key themes. Additionally, data were drawn from the patient information system (PARIS) for the years 2011, 2013 and 2014. The data were used to further explore key areas such as re-attendance rates, service demand, and waiting times.

### Results and Discussion

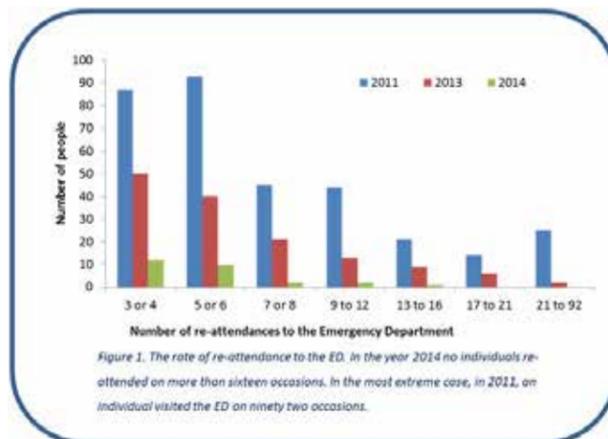


The evaluation revealed a valued service which, despite being in its infancy and operating within a context of stretched resources and increasing referrals, had assessed and managed thousands of vulnerable patients in mental health crisis each year. There was evidence of a number of key impacts having been made and of quality and efficiency being attained above the national average. Specifically, we were able to display that the number of re-attendances to the emergency departments for an individual reduced (Figure 1); however the evaluation did not test for causality or statistical significance.

The thematic analysis revealed three key themes; access to the service, knowledge, and communication. The analysis revealed both positive and negative aspects to the service and the potential for improvement.

With a view to delivering improvements a number of priority recommendations have been generated:

1. Regular formal meetings with all key partners.
2. Staffing needs to increase to complement the current demand.
3. ALPS Clinicians trained within the AMHP role.
4. A commitment should be made to engage with key community based secondary care services such as Intensive Community Services (ICS).
5. ALPS Psychiatric Core Trainee function should be reviewed.
6. Close collaboration between LYPFT and LTHT to improve data recording and reliability.



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## NIHR Funding Opportunities National Institute for Health Research (NIHR)

The National Institute for Health Research (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 onto 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
HTA commissioned calls	Evidence synthesis (Straight to full proposal) 19th May 2016, 1pm
	Primary research (expression of interest to full) 19th May 2016, 1pm
HTA researcher-led calls	Evidence Synthesis full: 5th May 2016, 1pm
Programme Grants for Applied Research	Competition 21 Stage 1: 27th July 2016, 1pm
	Competition 20 Stage 2: 1st August 2016, 1pm
Programme Development Grants	Competition 16: 22nd July 2016, 1pm
Public Health Research (PHR) Programme	Commissioned: 15th August 2016, 1pm
Research for Patient Benefit (RfPB)	Competition 29 Stage 2: TBC (July)

### 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.
8. Research for Patient Benefit (RfPB) - Is a national, response-mode programme inspired by patients and practice to generate high quality research for the benefit of users of the NHS in England.

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



## Residential care home staff perceptions of psychology services from the CLDT

**An online survey was sent to the managers of 25 care homes to gather their perceptions of psychology services provided through the Community Learning Disabilities Team (CLDT).**

Five care homes responded to the survey. All of the responses received stated that they had received input about challenging behaviour rather than any other psychological input. In relation to psychology input received two managers stated it had been 'very helpful', one manager stated it had been 'somewhat helpful', one stated it was 'neither helpful nor unhelpful', none of the managers stated it had been 'unhelpful'.

Two of the managers who had responded were interviewed and one focus group was completed with five support staff from one of these homes. Thematic analysis was used to develop themes from negative and positive experiences and what participants said they wanted/valued.

Collaboration was the overarching theme from managers and support staff and was linked to service delivery (containing themes on rationale, person-centeredness, and communication)

and relationships (respect and listening). Managers valued open discussions that could be had flexibly with psychologists where they felt respected. Managers and staff wanted psychology to know the individuals personally.

Support staff members were not always involved directly with psychology, but are keen to be. It seemed they weren't always aware of the rationale for plans (though managers may have been). The focus group began to suggest ways they could feed back their views/ideas to psychology, it was suggested that psychologists could attend team meetings or that ideas could be fed back through a representative.

A primary recommendation is for the psychology service to consider collaboration with managers/support staff from individual homes, focusing on who from the team is involved in psychological input and how. This approach could allow practical issues, for example communication and feedback from those not directly involved, to be addressed and encourage a sense of genuine collaboration valued by participants.

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## The Nottingham systematic review course

**Date:** Tuesday, 16 - Friday, 19 June 2016 (four day course)

**Venue:** Institute of Mental Health Building, University of Nottingham, Nottingham NG7 2TU

This course will appeal to all those interested in completing a Cochrane-style review. Experienced tutors and facilitators will be available to give you practical and individual advice. After attending the course, participants should be able to understand search strategies, extract data, manage the results of systematic searches, understand the syntheses of the data, and apply the methods and conduct reviews independently.

**Brief course content:**

- Day 1: Developing a protocol for a review.
- Day 2: Searching and managing references.
- Day 3: Extracting and using data.
- Day 4: Using RevMan, more sums and Cochrane.

**Study methods:** Small group teaching, workshops, library-based interactive tutorials with hands on practical work at computer stations and group work.

General enquiries and bookings contact Jackie Patrick: 0115 823 1287 or [jacqueline.patrick@nottingham.ac.uk](mailto:jacqueline.patrick@nottingham.ac.uk). For course content enquiries please contact [Jun.xia@nottingham.ac.uk](mailto:Jun.xia@nottingham.ac.uk)

## Finding the Evidence Training Dates

Courses free to Leeds and York NHS staff

**Cochrane Library Training** - The skills required to search the Cochrane Library effectively supporting work and study.

**Critical appraisal** – How to go about appraising journal articles and obtaining further help.

**Current awareness\*** – Staff wishing to set up email and RSS alerts and feeds supporting practice or professional development.

**Healthcare databases** – Searching healthcare databases.

**E-journals and e-books** – Staff wishing to use e-journals and e-books to support their practice or professional development.

**Google training\*** – Staff wishing to gain skills in searching Google supporting their work, practice or professional development.

**Making the most of your Athens account\*** – Staff wishing to better understand their Athens account and learn about the e-resources.

**\*Google, Current awareness and Making the most of your Athens account are now offered on request. Please contact [libraryandknowledgeservices.lypft@nhs.net](mailto:libraryandknowledgeservices.lypft@nhs.net) for more details.**

MAY	Day	Time	Course	Location
03	Tue	13:30-15:30	Google & Beyond	IT Suite, Bexley Wing, SJUH
09	Mon	13:00-14:00	Accessing electronic books and journals with your Athens account	IT Suite, Bexley Wing, SJUH
11	Wed	14:00-16:00	Critical Appraisal: a beginner's guide	Meeting Room 1, Stockdale House
12	Thurs	13:00-15:00	Using the Cochrane Library to find high quality information	IT Suite, Bexley Wing, SJUH
13	Fri	09:00-16:30	Return to Study Day	Library & Evidence Research Centre, LGI
17	Tue	09:00-16:30	Finding & Appraising the Evidence	Library & Evidence Research Centre, LGI
18	Wed	13:00-14:00	Accessing electronic books and journals with your Athens account	Library & Evidence Research Centre, LGI
20	Fri	10:00-12:30	Using healthcare databases effectively to support your work	IT Suite, Bexley Wing, SJUH
25	Wed	13:00-15:30	Using healthcare databases effectively to support your work	Library & Evidence Research Centre, LGI
27	Fri	10:00-12:00	Using the Cochrane Library to find high quality information	Library & Evidence Research Centre, LGI

JUNE	Day	Time	Course	Location
01	Wed	13:00-15:00	Using the Cochrane Library to find high quality information	Library & Evidence Research Centre, LGI
02	Thurs	10:00-12:00	Google & Beyond	Library & Evidence Research Centre, LGI
06	Mon	10:00-12:30	Using healthcare databases effectively to support your work	IT Suite, Bexley Wing, SJUH
08	Wed	13:30-15:30	Critical Appraisal: a beginner's guide	IT Suite, Bexley Wing, SJUH
15	Wed	09:00-11:30	Using healthcare databases effectively to support your work	Library & Evidence Research Centre, LGI

Full details and online booking forms can be found on the training calendar at: <http://www.leedslibraries.nhs.uk/training/calendar/>

# Contact us

## Research and Development

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

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# The 'How to' of Randomised Controlled Trials

**Date: Monday, 19th - Friday,  
23rd September 2016 (five day  
course)**

**Venue: Halifax Hall Hotel and  
Conference Centre, Endcliffe  
Vale Road, Sheffield, S10 3ER**

This highly interactive course aims to develop your understanding of the key issues to consider when designing and developing a randomised controlled trial. The course faculty will guide participants through the process of developing an idea to submission of a competitive research proposal.

During the course participants will consider factors including appropriate research questions and funding streams, trial design, measures to maximise recruitment and retention, methods to minimise bias, patient and public involvement in research, statistical analysis, economic evaluation, qualitative research alongside a trial, data management, trial management, quality assurance, and costing of a study. The course will feature presentations from experts as a foundation from which participants will work in groups to develop their proposal supported closely by Sheffield Clinical Trials Research Unit staff.

The course is aimed at health and research professionals with an interest in randomised controlled trials, particularly early career researchers, new clinical trials unit staff, first time principal or chief investigators, as well as those aiming to become future principal or chief investigators.

**For more information and to find out how to book on to the course please visit: <http://www.sheffield.ac.uk/scharr/shortcourseunit/rct16>**