



Innovation

Research and Development Newsletter

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Completed Projects

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

Completed
Research
Projects



The Importance of... Research and Innovation

Much has been happening in research and innovation since our last newsletter. We have celebrated the success of recruiting a total of 1582 service users and carers to research projects in 2010/11, compared to 155 in 2009/10, a ten-fold increase. This gives service users, carers and staff the opportunity to be directly involved in improving services, reducing stigma and contributing to nationally funded, high quality research projects. The huge increase in participation has been partly due to the Leeds Addiction Unit's outcome measures study, RESULT (641 participants) and excellent work done by research staff. LPFT was the highest recruiting of five Trusts chosen to conduct a survey on experiences of stigma and discrimination in mental health. 258 of our service users completed this national survey by the Institute of Psychiatry at Kings College London and the Mental Health Charity Rethink, Viewpoint. The study is part of the time to change campaign (<http://www.time-to-change.org.uk/>) whose vision is 'To make lives better for everyone by ending mental health discrimination'.

We have continued to engage valued and knowledgeable service users in research design, identifying priorities, interview panels, participating in research projects and research governance via the Leeds Researchers group and the R&D Approvals Panel.

Two bids for research funding from the National Institute for Health Research have been submitted, with another one pending. Additionally Yorkshire's Eating Disorders Unit is over the first hurdle in a collaborative bid for a prestigious Programme grant.

The annual report will be available on our webpage (<http://www.leedsresearchers.com>).

Collaboration with the North East Mental Health Research Network

Service User and Carer Forum 2011:

Two members from the Leeds Researchers service-user and carer group attended the forum held in Newcastle and they reported that it was a very positive experience. The workshop was arranged and lead by service users and carers involved in research. They felt that the standard of presentation was very high and particularly liked the café style discussion groups which looked at a number of important points in a relaxed and informal atmosphere.

Documentation from the forum was brought back and disseminated to all the Leeds Researchers members. The group liked the emphasis on the different levels of service user involvement from receiving newsletters to being actively involved in research. The forum had suggested ways of advertising this and the Leeds Researchers group has taken this on board and have designed an advertising leaflet and are exploring recruitment initiatives.

leedspft.nhs.uk/professionals/RDC in July after it has been through the Trust's governance process. This gives more detail of research activity in LPFT in 2010/11.

A proposal to formalise an Innovation / Good Ideas Framework in the Trust will be considered by the Learning, Research and Innovation Means Goal 5 Standing Group in late June. This would mean a clear system for staff to suggest good ideas, better communication of what good ideas are being implemented in the Trust and improved services arising from the good ideas.

Potential new opportunities to work with key researchers Simon Gilbody and Barry Wright are on the horizon, should the North Yorkshire and York PCT mental health services transfer to LPFT. Their research interests are trials of primary care-led interventions for common mental health problems eg depression and child and adolescent mental health, especially deaf children, respectively.

These new opportunities come as the former partnership with South West Yorkshire Partnership Foundation Trust ends. Whilst SWYPFT have taken responsibility for their own research infrastructure (as of 1st April 2011), the Research Clinical Leads and research staff in each of the three West Yorkshire mental health trusts will continue to collaborate.



Finally please do make a diary note of our next Research Forum morning on 17th November. More details to follow.

Alison Thompson, Athompson11@nhs.net

ADD-Antiglucocorticoid augmentation of anti-depressants in Depression.

Study population

Patients aged 18 to 65 years, with a depressive episode of at least moderate severity (DSM-IV confirmed diagnosis of major depression) and who failed to respond to at least two (though no more than 5-6) different anti-depressants taken for at least 6 weeks will be recruited. A total of 50 patients will be recruited from Leeds.

Recruitment Procedure

Potential participants will be identified from databases of Consultant Psychiatrists, General Practitioners, Community and Primary Care Mental Health teams within Leeds PFT. In addition, patients will also be recruited during face-to-face consultation with clinicians and other members of their care team.

We will like to enlist the help of Consultant Psychiatrists, Primary Care and Community Mental Health Teams and SHOs in recruiting participants for the study. If you are interested in being involved or hearing more about the study, please contact the Principal Investigator, Dr Tom Hughes, thomashughes@nhs.net.

The study team

The Chief Investigator is Professor Ian Nicol Ferrier, Academic Psychiatry, Newcastle General Hospital. The Principal Investigator in Leeds is Dr. Tom Hughes.

For further information about this study please contact the ADD Study Team:

Dr. Tom Hughes (Principal Investigator, Leeds PFT)

Email: thomashughes@nhs.net
Tel: 01133055376

Dr. Tanefa Apekey (Research Assistant, University of Leeds)

Email: t.apekey@leeds.ac.uk
Tel: 01133430877/ 07432711278

Alice Kennedy (Research Assistant, Leeds PFT)

Email: alice.kennedy@nhs.net
Tel: 0113 2952387

Elaine McMullan (Research Assistant, Leeds PFT)

Email: elaine.mcmullan@nhs.net
Tel: 0113 2952441

Team Building 2011

The Trust has been working in collaboration with the NIHR MHRN North East Hub for some time now with the distinct aim of increasing portfolio activity in Leeds. More recently the Hub hosted an away day for staff members working on portfolio projects across Yorkshire, Teesside and Newcastle. This was a fun yet productive day giving team members the opportunity to build good working relationships, talk about their experiences, share good practice and simply get to know each other a bit better. We hope that building better links between staff working across these different NHS sites will help strengthen our ability to meet the NIHR High Level Objectives in the coming months/years and help to support staff in an ever changing research environment.

Elaine McMullan Elaine.mcmullan@nhs.net

Alice Kennedy alice.kennedy@nhs.net

Saffra Knox saffra.knox@durham.ac.uk

Keeping it Real: An Explorative Study into the Use of Authentic Occupations within Forensic Occupational Therapy

Research investigating the impact of the environment on occupational choice and experiences (Molineux and Whiteford 1999; Nagle et al 2002; Farnworth et al 2004; Stewart and Craik 2007) has highlighted the potential barriers to providing authentic and realistic occupations to individuals within secure care.

This study investigated the experiences of three occupational therapists working within an NHS low secure forensic unit within Yorkshire, England. Interpretative Phenomenological Analysis (IPA) was utilised in order to explore the nature and meaning of occupational therapists' experiences, via semi-structured interviews.

Following analysis of the data, four significant central themes were found - "It's What it Says on the Box"; "The Locked Box";

Alice Kennedy Clinical Studies Officer



My name is Alice Kennedy and I'm a newly appointed Clinical Studies Officer in Leeds Partnerships NHS Foundation Trust. In this role I provide support for National Institute for Health Research (NIHR) portfolio studies.

I will be working to increase the number of staff and service users who participate in research. There are lots of different ways people can get involved from helping to recruit participants for a study that is already running to designing their own study bid for a NIHR project. I can help with identifying projects, recruiting participants and offer support to minimise any additional work.

Before moving to the Research and Development team I worked as an Assistant Psychologist. I have experience in clinical settings as a Psychological Wellbeing Practitioner in an Improving Access to Psychological Therapies (IAPT) service and as a Youth Support Worker. I also worked in Clinical Audit and Service Evaluation in both a Primary Care Trust and an Acute Trust, where I supported health professionals in carrying out projects and enjoyed helping service users become involved.

Alice Kennedy, Alice.kennedy@nhs.net

Looking Inward and Outward *Inward* - R&D Governance Process audit 2010/11

Streamlining, consistency and transparency are the current buzz words being banded about the corridors of Department of Health and the National Institute Health Research (NIHR). The principles of LEAN methodology are being introduced across many working practices to construct a slick and cohesive process for efficient management of performance targeted research.

Mid 2010 the R&D department instigated a fundamental review of the processes by which permissions were granted for projects to be undertaken within LPFT. This was by no-means a quick check looking for a quick fix; thanks go to the business analysts for facilitating and helping with this review. Three key areas for service improvement were identified;

- Communication with researchers,
- A system for tracking projects through the permission process,
- Research database review required.

As part of this systemic review an audit was carried out of projects that had been through the process and an investigation into some of the issues that occurred delaying permission being granted. Presented below are the findings of the project audit section of this review.

In total 51 projects were reviewed. These were split into three categories

- 13 non-portfolio studies,
- 15 student projects and
- 23 service evaluations.

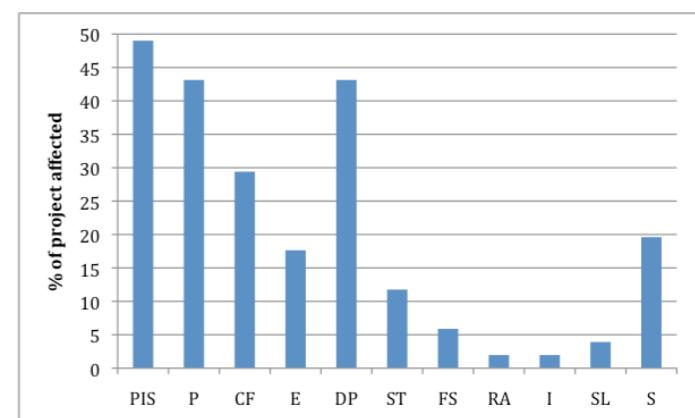
(The definition of non-portfolio studies is a research project which is not adopted by the NIHR.)

Two sets of data were taken from the projects

1. The specific attributes of the project that were either missing or required amendment were recorded from the first correspondence between the R&D office and the main named Investigator.
2. The time loss for the project (expressed in calendar days) was calculated using the following;

The difference between the date of the initial correspondence from the R&D office to the Investigator and the date of the final permission letter for the project.

Percentage of projects and the amendment required.



- Patient Information Sheet, (PIS)
- Protocol, (P)
- Consent Form, (CF)
- Ethics, (E)
- Data Protection issues, (DP)
- Statistics, (ST)
- Financial Statement, (FS)
- Risk Assessment, (RA)
- Indemnity/insurance details, (I)
- Sponsor details (SL)
- Missing signatures. (S)

In total 116 amendments were required resulting in a total delay of 1383 days.

This equated to a **3 amendments with a delay of 49 days per project**.

When broken down into the three categories;

	Amendments	Delay
Non-portfolio research	3.4	43.3
Student projects	2.8	42.2
Service Evaluations	2.7	28.

(whose projects which didn't require any amendments were not included in the above calculation.)

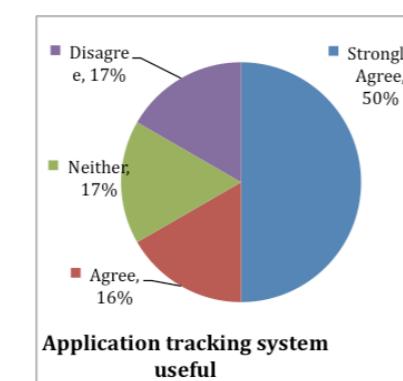
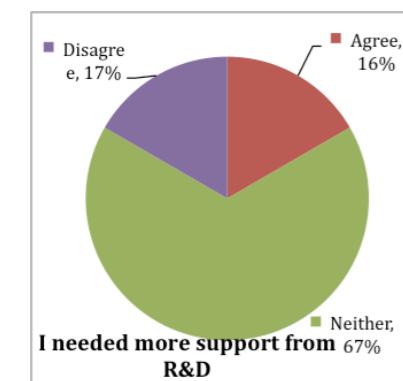
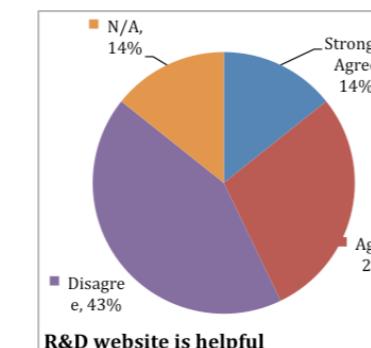
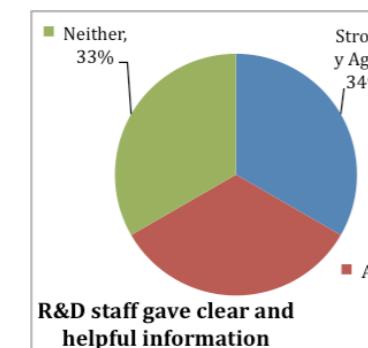
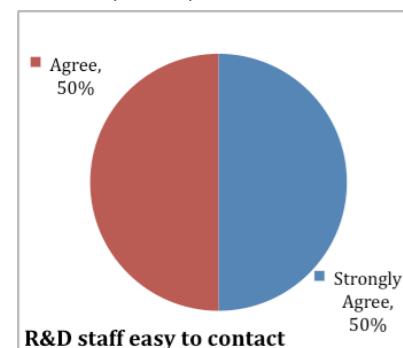
Looking Inward and Outward'

Outward - R&D Departmental questionnaire

For the R&D approvals process to work at its best the views and experiences of those investigators who have been through the process are vital.

Alongside the internal audit, the R&D department designed a simple questionnaire consisting of ten questions and invitation of additional

Results: R&D specific questions



Non-LPFT R&D specific questions

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	N/A
The Research Design Service website helpful	17	17	33	17	0	17
The National Research Ethics Service website helpful	17	33	17	17	0	17
The National Institute of Health Research website useful	17	17	17	0	0	50
The Integrated Research Application System straight forward to use	0	67	0	33	0	0
The whole process confusing and frustrating	50	17	17	17	0	0

Values are percentages

Looking Inward and Outward'

Outward - Invited statements and responses

Invited statements and responses

1. Understanding audit vs. research –Definitions used are from the NRES Ethics Consultation E-group 2006. Each project has different facets to it; we should be aiming to give clearer advice on definitions. We will aim to work better with clinical audit to avoid giving confusing advice.
2. Seems a lot of hoops to jump through – Yes, there are a lot of hoops! A few historic events threw NHS research into the limelight in a big way and the aftermath left all projects having a multitude of forms to complete and regulations to adhere too. The whole process is under top level review, watch this space!
3. R&D has a strong emphasis on portfolio studies almost to the expense of other research & service evaluations (general comment – sorry!) – Fair comment. Unfortunately, we are all slaves to the purse holders. When central funding of research was withdrawn and the NIHR established, central funding is co-ordinated through them solely. Great emphasis is placed on organisations and investigators to be involved on portfolio studies. Although significant amounts of R&D time is spent on these projects, please let me assure potential investigators and those considering undertaking own account projects that the R&D department will work as hard as we do with portfolio studies to ensure that your project will be given the time and support it needs to be undertaken. That is a promise!
4. Lack of communication between REC and R&D departments – an application tracking system would perhaps overcome this – R&D and REC fulfil different functions. It is a requirement of the investigator to co-ordinate the applications and responses of the two independent bodies. That said we are not averse to assisting with any project as required. In terms of an application tracking system, this has been identified within the department as an extremely important tool in increasing communication and transparency. We are currently exploring software which should allow electronic tracking of applications within R&D.
5. The IRAS system isn't as integrated as you're like to believe – We have communications with IRAS and will feedback this comment to them.
6. Finally, definitions of whether a project is an evaluation or research differs entirely between R&D and REC – Please see response 1. (a definition of a service evaluation are also contained within this document).
7. Gaining initial information about how to get started – This is a tricky area. R&D is in the process of designing and developed a new LPFT R&D website. We will include dedicated space on this website to offer help and guidance to people looking to undertake new project work. Please remember we are only an e-mail away and on the end of a phone, people should never hesitate in speaking to us.
8. Inconsistent information provided between R&D and REC departments – Oh dear it looks like we really are struggling to address this issue. This will now be a priority issue to address.
9. Not knowing what was happening with the project – tracking system really would have helped – Point taken (see response 4).
10. IRAS very complicated for uninitiated – Again, all feedback will be re-laid to IRAS
11. Huge delay, 5 months, getting CSP – We have a good working relationship with the West Yorkshire Comprehensive Local Research Network, who are the office responsible for the local Coordinated System for gaining NHS Permission (NIHR CSP) and will pass this on to them.
12. Yes, the process is confusing initially but with practice it gets easier – Looks like a seasoned professionals response! Once the website is up and running we will attempt to be more transparent in the process and work streams.
13. Website, more information about the process of R&D + dates of meetings to review studies – Once the website is established it is hoped that all relevant information (dates of meetings/ deadlines) will be available and easily accessed.

'Looking Inward and Outward'

Inward and Outward - what next?

Inward and Outward - what next?

The audit and questionnaire data have given R&D a baseline from which to improve our service.

It is our plan to re-audit the process and re-issue questionnaires on an annual basis to investigate any improvements or drift from our promises.

We intend to give clearer information at the outset about the requirements for a valid application for NHS R&D approval.

The audit data showed that the top sections missing or amendments being required were

- 1. Patient information sheet**
- 2. Protocol**
- 3. Data protection issues**
- 4. Consent form**
- 5. Missing signatures.**

We will target these sections. Our plan is:

- Patient information sheet and consent form – identify a suitable template and advertise its use via the R&D website. NRES has produced a booklet of template forms, if we were to adopt and adapt these, it should have two significant effects.
 1. Address all the areas that these forms should cover by regulation.
 2. Templates that NRES recognise and accept – hopefully reducing delays in favourable ethical approval being granted
- Data protection issues and missing signatures - will be targeted by emphasising their fundamental requirement to projects receiving permission.

- Protocol – greater efforts will be used to alert investigators to the Research Design Service and highlighting some of the department's literature (uploaded onto the new website!) regarding constructing and perfecting a sound scientific protocol.

And the winner is.....

And to finish, the winner of the £25 prize voucher was Jenny Lang, who works in the Leeds Addiction Unit based at the Mount.

Thank you to Jenny and all the people who completed and returned the questionnaire.

R&D readily accepts feedback at any time.

James Hughes

James.hughes4@nhs.net



Jenny Lang and James Hughes

CEQUEL

Comparative Evaluation of QUETiapine - Lamotrigine

Comparative Evaluation of QUETiapine-Lamotrigine combination versus quetiapine monotherapy (and folic acid versus placebo) in people with bipolar depression.



CEQUEL is a randomised clinical trial (RCT) of treatment for bipolar depression. The trial is comparing combination therapy with quetiapine plus lamotrigine with quetiapine monotherapy for treatment of bipolar depression.

Participants must be 16 or over with bipolar disorder who are about to start a new treatment for a bipolar depressive episode. Participants fill in self-report questionnaires for mood symptoms. These will be used with the other measures to see when participants were free from depressive and manic symptoms, the safety and tolerability of the combination of the trial medications, the effects of treatments on Quality of Life and the need for additional and social care resources. Everyone who takes part will continue to receive routine care from their psychiatrist and receive active quetiapine.

Any psychiatrist who sees a service-user with bipolar disorder can apply to become a trial investigator and investigators are named collaborators on resulting publications.

Dr Tariq Mahmood is Principal Investigator who oversees the running of the study in Leeds.

For more information about the CEQUEL trial visit the trial website <http://www.cequel.org>

Observational Assessment of Safety in Seroquel



Observational
Assessment of
Safety
In
Seroquel

OASIS is an observational cohort study examining the short term safety and use of Seroquel XL and as a comparator, quetiapine

IR. The study aims to recruit 1500 participants (750 in each arm) throughout England over a 3 year period.

Any of our service-users with a diagnosis of schizophrenia/psychosis or those experiencing a manic episode associated with bipolar disorder can be included in the study where a clinical decision has been made to treat with quetiapine IR or Seroquel XL. The care team will be asked to complete a baseline questionnaire when treatment is initiated, then a second questionnaire after 12 weeks. However, the study research assistant can complete all documentation on behalf of the care team where appropriate. Dr Tom Hughes is Principal Investigator who oversees the running of the study in Leeds.

For more information about OASIS visit <http://www.dsru.org/oasis>

Initiatives to improve identifying potential participants

As research assistants we assist with recruitment to studies in various ways depending on what is wanted by the clinicians involved. At present we have helped find eligible participants through screening caseloads. Screening is one of the most time consuming tasks when looking for potential participants in research. We have found ways to streamline this process by screening for multiple studies at the same time where participants have similar demographics. Due to the demographic of participants in CEQUEL and OASIS we have implemented a joint screening procedure. Once we have permission to access clinician's caseloads they can be checked against inclusion and exclusion criteria for both studies by one research assistant. This has reduced time spent on screening and made the process more efficient which has increased our capacity to assist recruitment to many projects.

If you would like to take part in either or both of the studies please contact:

CEQUEL Tendayi Guzha 011329 54544
tendayi.guzha@nhs.net

OASIS Elaine McMullan 011329 52441
elaine.mcmullan@nhs.net

Leeds Researchers

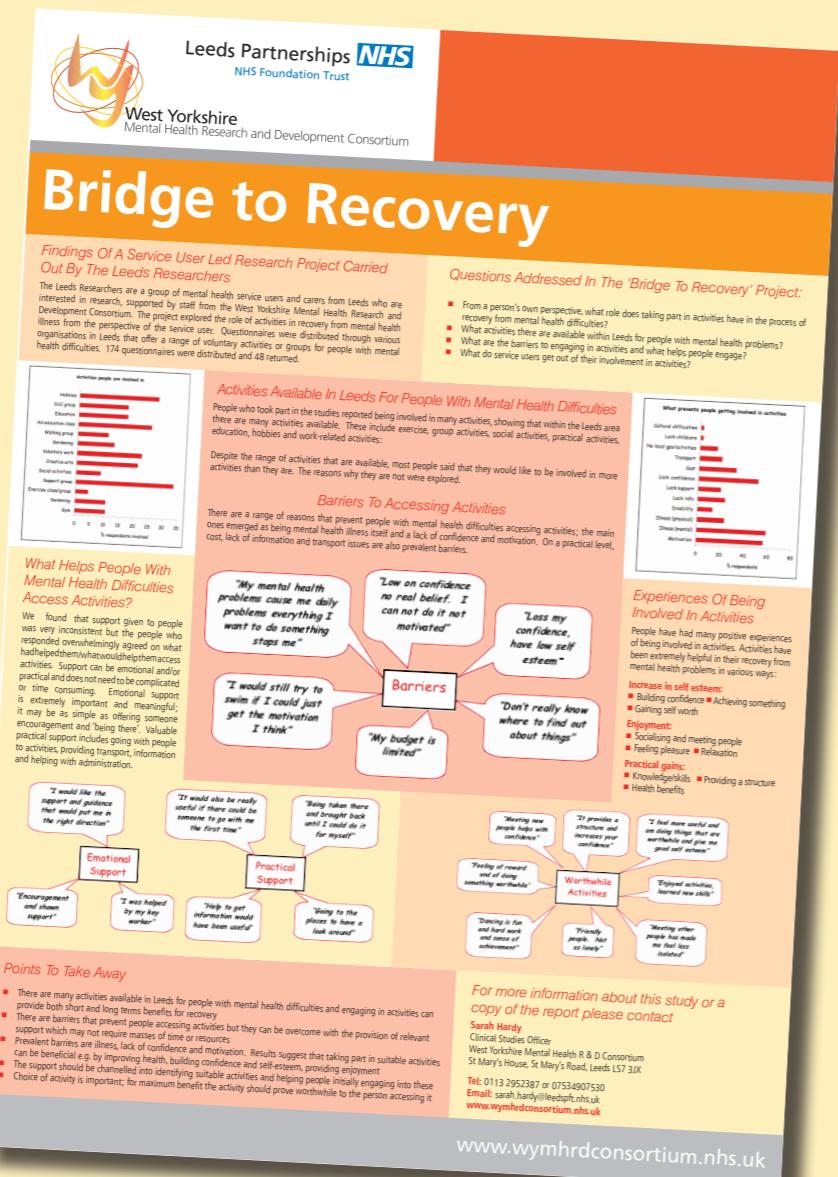
The Leeds Researchers are a service user and carer led research group from Leeds. All our members have either used Leeds PFT services or cared for someone who has used services.

We meet monthly for 2 hours in a meeting room at the Becklin Centre. The meetings are supported by staff from the Leeds PR Research and Development Department but are chaired by the group members. Some of the group have had formal training in research whereas others have joined because they are simply interested in learning more about research and they learn 'on the job'.

In the past we have carried out our own research. We completed a study called 'The Bridge to Recovery' which was completely designed, carried out, written up and disseminated by the group. This study was looking at the role of activities in recovery from mental health problems. We produced a report and leaflets summarising the results and have distributed these throughout the Trust and various voluntary organisations in Leeds; we have received a lot of positive feedback. We also presented a poster of this project at the Mental Health Research Network Annual Conference 2010 and we won first prize!

Due to the nature of funding for research changing there are currently little monies available for small-scale service user led research like this. As a group we have therefore had to change how we work; we were very keen to keep the group going. We have found that there is scope for us to offer service user involvement advice to larger scale research projects. Some of our members have become part of project teams for such research. We also regularly invite researchers to our meetings. They tend to bring along projects at their infancy and ask the group about involvement opportunities in the study and how to make studies more 'user friendly'. The feedback we receive is that our input has greatly improved the quality of patient information sheets and consent forms, making them more understandable to potential participants and hence ultimately aiding recruitment to studies.

The group has been running for approximately 5 years now and we are currently a mixture of founder members and new members; we



always welcome new members so if you or anyone you know are interested in joining or finding out more about us please contact the Research and Development Department.

Sarah Hardy

National R&D Forum

These are both challenging and exciting times for the world of research within the NHS

With the introduction and fine tuning of various initiatives and new working programmes, more and more emphasis is placed on streamlining and reducing the time taken for research project to be undertaken in the largest healthcare provider on the globe. These sentiments were reflecting in the title of the 2011 NHS R&D Forum 'Proportional and Pragmatic Review' and in the high quality of keynote speakers invited.

The R&D Forum itself has adapted and radically changed its infrastructure to maintain its position as the collective voice of those people charged with the correct administration of research within the NHS. (see later for further details).

Keynote speakers

The forum opened with the perspective of the most important group (and sometimes the most forgotten) involved with NHS research and service development: Patients. Neil Formstone spoke passionately about his personal experience of cancer research projects and also about his experiences as an independent patient advocate within the Department of Health, NHS Wales, Royal College committees and other major health related projects across the UK.

Although tremendous steps have been taken in directly including patients and patient groups in the entire research project process, we (the research community) are not making full use of the 'living library' that patients are. With the vast majority of central and non-central funding bodies requiring significant documented patient involvement in grant submissions this is an area that no-one can ignore or dismiss.

The next speaker to take the 'pulpit' was Mike Rawlins. Mike was appearing not as chairman of NICE but in his role as chair of the working group convened by The Academy of Medical Sciences at the bequest of the Government to independently review the regulation and governance of health research. Their review was published in January of this year and took a UK wide view of issues surrounding NHS research application processes (see full review at <http://www.acmedsci.ac.uk/p47prid88.html>).

The review outlines a raft of observations and recommendations, the most striking and pertinent being the formation of a new agency to oversee both the governance function for NHS permissions and a single system of ethical approval. The Department of Health (DoH) and other governmental arms are

working on the review to establish which parts can be introduced as policy or statutory requirement.



A professional headshot of a man with short brown hair, wearing a light grey suit jacket, a white shirt, and a patterned tie. He is smiling slightly and looking directly at the camera.

The future of clinical research networks in the new NHS was the next area presented to the forum. **Jonathan Sheffield**, (left) CEO of the National Institute of Health Research Clinical Research Networks (NIHR CRN), delivered a frank assessment on the policy and system changes that he and his staff had and were currently rolling out across the networks. To deliver the recruitment goal of 125,000 patients per quarter by 31 March 2014 the working practices of local NHS Trusts and the network office will have to balance commercial and non-commercial funded research. Future central funding will be increased by performance related metrics co-ordinated by the local network office. While it is expected that the stated target will be met, or even reached before 2014; changes will still have to be instigated to deliver the targets set out in the Plan for Growth released on the 23rd of March this year. http://cdn.hm-treasury.gov.uk/2011budget_growth.pdf

Jonathan was followed by Marc Taylor, Head of research systems and governance in the R&D directorate of the DoH. From the autumn of this year, NIHR funding will become conditional on organisations involvement in the national research governance system. Recipients of NIHR funding will publish performance metrics on initiating and delivering health research. One of the metrics will be the benchmark of 70 days from receipt of a valid research protocol to recruitment of the first participant in a study. Contained in the Plan for Growth, health research was identified as a positive driver in the national economy as well as improving the health and care provided to the public.

To meet the plans for simpler, more consistent governance (both national and local) and also to increase transparency in performance the NIHR Research Support Services framework was rolled out earlier this year. This framework provides a series of standardised documents to stream line practice greatly increasing the efficiency of proposed studies being adopted by NHS trust and partner organisations.

The voice and views of the researcher community were expressed by Ashley Blom, Professor of Orthopaedic Surgery, University of Bristol. This presentation detailed the other demands and

National R&D Forum

Proportional and Pragmatic Review - Bristol 16-17 May 2011

constrictions on researchers' time at the professorial level. Avocation of greater links between senior research staff and R&D departments was highlighted as key to more efficient and effective working partnerships. The delegation of administrative roles to other members of research teams to expedite any issues between researchers and the R&D office was also valued.

The final key note speaker was Ann Scoggins from Santofi-Aventis, describing the relationship that exists between the health care industry and the NHS. With a slight shift in the focus of the NIHR, to increasing the number of commercially involved studies nationally, the fostering of working relationships between NHS trusts and the health care industry is vital. It was highlighted how each sector has different working routines to eventually achieve the same outcome of a successful research project.

Part of the presentation was feeding back from the North West Exemplar Programme, a joint venture between the NIHR CRN CC and members of the pharmaceutical industry. This body of work demonstrated that improvements are being and can be made to the partnership working of these two related bodies.

Parallel sessions

Three sessions further broken into four themed parallel presentations/workshops covered topics of;

- **Research Support Services**
- **Research Management and Governance**
- **Joint research office**
- **Team work**
- **Patient involvement**
- **Contracts**
- **Project management**
- **Non-commercial costing**
- **Working with industry**
- **Performance metrics**



James Hughes
James.hughes4@nhs.net

For further information on the forum go to <http://www.rdforum.nhs.uk/004c.asp?entryid=619>

The forum had approximately 20 exhibitor stands present; a list can be given for those interested parties.

The most important item.....the dinner quiz!

Our team scored an excellent 73 out of 87 in the 8 rounds. We finished 4th or 5th from 30 teams and to make our score even more remarkable, our team consisted of only 7 members (other teams numbered 9 or more)!

Library Training

Dates for Your Diary

Please contact the LGI Library on 0113 3926445 for more detailed information and to book onto a course. Full details can be found on: <http://www.libraries.leeds.nhs.uk/Training>

All courses are completely free to Leeds NHS Staff and have duration of 2.5 hours or less.

Course Descriptions:

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 - Aimed at all Leeds NHS staff who wish to set up and use email and RSS alerts and feeds to support their practice or professional development.

E-Journals & E-books - Aimed at all Leeds NHS staff who wish to use e-journals and e-books to support their practice or professional development.

Google Training - Aimed at all Leeds NHS staff who wish to gain skills in searching Google for information to support their work, practice or professional development.

Healthcare Databases - This course focuses on searching healthcare databases such as Medline and CINAHL

September	Date	Day	Course	Location
07/09/2011		Wednesday	09.30 - 11.00	Google
08/09/2011		Thursday	14.00 - 15.30	Current Awareness
15/09/2011		Thursday	10.00 - 12.00	Cochrane Library
23/09/2011		Friday	09.30 - 12.00	H/C databases
tbc		tbc	09.30 - 10.30	Ejournals
tbc		tbc	11.30 - 12.30	St Mary's
tbc		tbc	13.30 - 16.00	H/C databases
tbc		tbc	10.00 - 12.00	Critical Appraisal
October				
Date		Day	Course	Location
06/10/2011		Thursday	09.30 - 11.00	Healthcare databases
17/10/2011		Monday	14.00 - 16.00	Cochrane Library
19/10/2011		Wednesday	14.00 - 15.30	Current Awareness
20/10/2011		Thursday	14.00 - 15.30	Google
tbc		tbc	09.30 - 10.30	Ejournals
tbc		tbc	11.30 - 12.30	St Mary's
tbc		tbc	13.30 - 16.00	Healthcare databases
tbc		tbc	14.00 - 16.00	Critical Appraisal



TRiP-LaB - Translating Research into Practice – Leeds and Bradford

Background

The National Institute for Health Research (NIHR) has funded nine Collaborations for Leadership in Applied Health Research and Care (CLAHRCs). Each CLAHRC is a partnership between higher education institutions (HEIs) and the NHS in nine UK regional health economies. The CLAHRC for Leeds, York, and Bradford comprises a number of themes, one of these being TRiP-LaB.

Progress at LPFT

TRiP-LaB is based on a three stage DIME model: Develop, Implement, Evaluate. At LPFT the research is currently in the

Project	Status
Mapping the characteristics of the innovation An evaluation of the key recommendations from CG82 against the following characteristics:	Complete The schizophrenia clinical audit was a key part of this assessment
1) Strength of evidence base 2) Local health needs 3) Predicted impact on patient care and clinical outcomes 4) Costs 5) Evidence that current care/services are meeting minimum standards 6) National or local priority 7) Local expertise in the field 8) Pragmatic factors	
Prioritisation survey Aims to understand with local clinicians and managers, which of the above characteristics of clinical guidelines are most influential upon prioritisation decisions.	Complete
Attitudinal survey Aims to explore local context, examine how specific clinical guidelines are perceived and the culture towards adopting clinical guidelines in teams.	Currently underway Please contribute towards this survey
Health professional interviews Semi-structured interviews to explore the local context	Mid April – if you are interested in taking part please contact us.

2) Implement

Taking the results of the development phase, a tailored implementation plan is developed in collaboration with LPFT health professionals and managers with an aim to increase adoption of the identified recommendation from CG82. The content of the implementation plan will be based on the factors which health professionals and managers tell us were important in the development phase.

3) Evaluate

The outputs of the project are evaluated through clinical audit data pre and post implementation. Researchers at the University of York will also undertake a time series analysis to quantify changes.

How to get involved

Completing the next TRiP-LaB survey or taking part in a qualitative interview will ensure that you and your team contribute your experiences towards development of a useful implementation strategy for schizophrenia. Responses from experienced health professionals and managers are vital if innovations in schizophrenia care are to apply to the 'real world'.

Further information about the TRiP-LaB programme is available at www.trip-lab.com

If you would like to take part in future projects please contact TRiP-LaB@bradford.nhs.uk

GCP course dates

The following course dates are available to book via the Learning Management System (LMS).

West Yorkshire

Introduction to Good Clinical Practice (GCP)

12/09/2011 Bradford Royal Infirmary, Bradford, West Yorkshire BD9 6RJ

05/12/2011 Bradford Royal Infirmary, Bradford, West Yorkshire BD9 6RJ

Good Clinical Practice (GCP) Refresher

06/10/2011 Strayside Education Centre, Harrogate District Hospital, Harrogate HG2 7SX

08/12/2011 Learning and Research Centre, York Hospital, Wigginton Road, York YO31 8HE

<http://www.crncc.nihr.ac.uk/training/booking/>

For more information, please contact the CRN workforce development team.

Trent Comprehensive Local Research Network

Delivery, Delivery, Delivery: Sharing Best Practice

**Thursday 29th September 2011
East Midlands Conference Centre
University Park, Nottingham**

Speakers will include representatives from the Department of Health (DoH), the National Institute of Health Research (NIHR) and constituent NHS Trusts.

Afternoon workshops on:

Research Management and Governance

Industry Studies

Training and Support of the Research Nurse

For further information please contact:

Jane Flewitt

Trent CLRN Administrator

Email: jane.flewitt@nuh.nhs.uk

Tel: 0115 9249924 ext 70656

Please note there is no charge for attendance at this event

Contact us

Research Forum

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.

For more information please contact:

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Research Forum

Following the success of last year's Research & Development Forum, please book our next event in your diary

Thursday 17 November 2011 9am – 1pm

**Wheeler Hall, Cathedral House,
St Anne's Street, Leeds, LS2 8BE**

Call for posters by 10th October to susan.moore13@nhs.net

**See the next edition of 'Innovation'
for further details and to reserve a place**