R & D Innovation

Research and Development Newsletter

www.leedsandyorkpft.nhs.uk/research

October 2017 Issue 30

Contents

Completed Research Projects

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

More participants needed in Leeds to complete UK-led Alzheimer's disease drug trial.

I'd like to take this opportunity to share news of a complex trial we are running in the Trust to investigate whether a drug normally used to treat high blood pressure (hypertension) has additional properties that could slow down the progression of Alzheimer's disease.

The trial, known as RADAR (Reducing pathology in Alzheimer's Disease through Angiotensin taRgeting), is being led by the University of Bristol and is hoping to recruit approximately 230 participants, together with a similar number of carers, from across the UK. We have already recruited five participants, plus their carers, in our Trust and we plan to recruit another one by February 2018.

The trial has been featured in two national newspapers. If you know anyone who may be interested in participating in the trial, who has not yet come forward, please contact **Alice Locker** on **0113 8552441** or email **alice.locker@ nhs.net**.

Also in this edition of Innovation, you will find an introduction from our new Patient Research Ambassador, Helen Cooke, summaries of eight completed projects, library training dates and national funding opportunities.

The completed projects cover a broad range of clinical specialties and services, including:

- The lived experience of health care workers in a dementia care tertiary setting
- Implementing NICE guidance on smoking cessation in secondary care, with a focus on mental health trusts
- Going Smoke Free in mental health trusts: CLAHRC service user survey

- Exploring service user involvement in the Care Programme Approach
- Cognitive Analytic Therapy for psychosis: a case series
- Decreasing rates of disorganised attachment in infants and young children
- Lived experience and understanding of mental health professionals working within an older adults acute mental health setting
- Occupational therapists' experiences of working in ageless community mental health services.

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, contact:

Alison Thompson
Head of Research and Development

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The purpose of this study was to explore the individual experiences of health care staff working within dementia tertiary care (i.e. in a residential setting). The study was a qualitative piece of research and followed a phenomenological approach* through the use of interviews. Nine staff were interviewed over a period of two months. All participants were providing care at the Trust for people with dementia in a residential setting. The interviews explored what health care staff thought, felt and experienced daily within their dementia care roles.

The data were collected from a range of staff in different roles including health support workers, mental health nurses and therapy staff. These were from band three to five and had worked on the mental health ward for a minimum of twelve months.

By examining the daily routines of staff members from various positions and roles, we found positives, challenges and recommendations that could be discussed with the care staff to establish their points of view. Investigating individuals' lived experience afforded a greater understanding of the dementia patient care group and what it is like to work in acute dementia care.

Four main themes emerged following the analysis of interview data. The physical environment was a definitive theme identified from the data. Responses including 'the building isn't suitable for dementia' and 'lack of natural light' highlighted the impact of physical environment. The environment of care was also a significant theme as it incorporates the difficulties surrounding the client group, 'there are different behaviours with dementia, they are more demanding', and the time constraints, 'everything takes longer'. Additionally, environment of care includes certain challenges such as staffing, 'lack of staff in relation to high observations', and resources, 'more equipment to engage patients'. These all link to the theme of the environment of care.

Team work and support were also key themes mentioned by all participants, 'we are really well supported', 'we do it as a team' and 'we have regular supervision'.

The final theme identified was education and training and there was a focus on professional development and learning. When learning 'you have a real understanding', but as the 'patient group needs are changing and the needs of patients require more specialist equipment' participants were identifying the need for further training, either to expand on or develop their knowledge.

In addition to these themes, the data revealed that staff strive to give the best care they can. They accept the challenges, want to make a difference, both big and small, and are committed to delivering person-centred care. In all of the interviews participants expressed both the positive aspects and challenges of working within dementia care. They mentioned that they 'love this job' and described it as 'a vocation' which shows that even though there may be views in society about the difficulties of dementia care, those who work within dementia care have opposing views about this care group and enjoy caring for this group.

This study has demonstrated a need for the working and physical environment to be improved for both staff and patients. It has shown that further training and development are needed when working within a dementia inpatient unit. Improved knowledge and understanding of dementia and its symptoms would be beneficial alongside palliative care training and training in the management of dementia. This would enable staff to enhance their skills and better equip themselves to support this care group. Acting on these recommendations would improve the working

environment for both patients and staff. It would help to support staff and increase morale. These areas have in part been demonstrated in previous literature individually, however not collectively.

Further research is needed to investigate individual experiences over multiple sites with a higher number of participants to see if the outcomes demonstrated in this study are site-specific or a consensus across this area of care. Expanding the number of sites would enable the sharing of experiences across the sites and alternative ways of working.

* Phenomenological research study is a study that attempts to understand people's perceptions, perspectives and understandings of a particular situation (or phenomenon).

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Supervised by: Professor Philip Keeley and Dr Andrea Denton, University of Huddersfield.

Implementing NICE PH48 in Mental Health Trusts

Recognising the importance of providing comprehensive and equitable support to individuals with mental disorder, the National Institute for Health and Clinical Excellence (NICE) issued public health guidance (PH48) on smoking cessation in secondary care.

The guidance acknowledges challenges to the implementation of smokefree policies, given the historic smoking culture in mental health settings, and was received by some with a degree of concern relating to the practicalities of implementation and enforcement. This is a before-and-after evaluation.

The mixed-method evaluation demonstrated notable challenges in collecting relevant and complete data for a comprehensive evaluation of smokefree policies in mental health settings. Interpretation of the quantitative evaluation results is therefore in parts limited, especially where changes in psychotropic medication prescribing are concerned. Qualitative results indicate the emergence of a number of implementation issues that have the potential to result in serious undermining of the policy, with likely adverse effects on patients and staff. Despite this, the qualitative data highlighted overall very encouraging changes in smoking behaviour as well as high motivation to maintain or advance this change after discharge.

The need to secure enhanced staff and patient support and to establish meaningful smoking-related data collection pathways is apparent.

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Going Smoke Free in Mental Health Trusts: CLAHRC Service User Survey

A survey of service users across our Trust and Sheffield Health and Social Care NHS Foundation Trust was undertaken to aid the planning and implementation of totally smoke free mental health services.

The survey included closed questions about smoking status, desire to quit smoking, interest in stop smoking support, e-cigarette smoking status and level of agreement with the smokefree policy. Service users were also presented with open ended questions asking them to state their biggest concern about the policy and what they felt could be done to successfully implement the policy.

Of the 87 service users recruited from our Trust, 40% strongly agreed and 10% agreed with the smokefree policy. A further 20% strongly disagreed and 16% disagreed with the implementation of the policy. 11% neither agreed nor disagreed and 5% failed to respond. Qualitative analysis of the open ended questions suggested that although there was support for the smokefree policy a number of key concerns over the implementation of the policy remained. These concerns included the potentially negative impact the smoking ban could have on service users' mental health, the impact on human rights and patient choice, and difficulties in enforcing the policy. Service users also highlighted the importance of offering stop smoking support and raising awareness of the policy as key in achieving totally smokefree services.

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Claire Paul, LYPFT, **claire.paul@nhs.net**

Exploring Service User Involvement in the Care Programme Approach

The Care Programme Approach (CPA) was introduced in 1991 to improve care for mental health service users. Despite changes it has been unevenly implemented and poorly applied in a variety of domains. Application has improved over time, reporting improved service user care and involvement. The Trust has measured CPA performance with variable results.

This study aimed to evaluate service user opinion of their involvement in the Care Programme Approach, and compare it to Trust and national findings by asking service users under the CPA within the Trust to complete questionnaires.

Four completed questionnaires were received over a four month period. Service users provided promising reports of collaboration in creating their care plan and felt that their opinions and views had been accounted for. All respondents felt they were a valued member of the team. Three respondents agreed an individualised care plan was created, and all reported attending their care plan meetings.

Responses showed that care plans had not been shared with service users, with no respondents reporting that they had definitely received a copy. Only half had the CPA process explained to them beforehand, or knew they could create their own care plan; an option that wasn't always offered.

The Trust performed well concerning service user involvement and satisfaction in the CPA process and poorly in care plan sharing. In the full report, findings are compared to previous studies, critically discussed, and informed recommendations are provided to further service improvement and optimise service user care. These recommendations include ensuring care plans are sent to and received by service users, and a review of information given to service users, specifically incorporating information on self-creation of care plans.

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Supervised by: Dr Simon Budd and Dr David Yeomans, LYPFT

CAT for Psychosis: A Case Series

Cognitive Analytic Therapy (CAT) is an integrative psychological therapy with a focus on interpersonal relationships and patterns in how people relate to themselves and others. CAT has been used to help people with a wide range of problems, and it has been suggested that CAT could be beneficial to people with experiences of psychosis. However, there is very little research regarding the use of CAT for experiences of psychosis.

Before assessing if a therapy leads to improvements in problems it is first important to establish if it is feasible and acceptable to clients (e.g. do people attend sessions and personally find the therapy useful) and if it is safe (e.g. are there any adverse events arising from the therapy). We therefore conducted a small case series of CAT for psychosis to assess its safety and feasibility in several trusts in the UK including Leeds and York Partnership NHS Foundation Trust . Seven individuals with non-affective psychosis who were receiving CAT were assessed over the course of their therapy. Assessments took place at the start of therapy, 16 weeks later and at a further three month follow-up. Four of the seven completed therapy (57%), one person left early due to moving city but later re-started the therapy and two ended the therapy early (after two or seven sessions).

Eighty-six percent of clients reached the initial "reformulation"* phase of therapy. In terms of safety no serious adverse events were reported, including moderate to severe suicidal thoughts. Self-reported adverse experiences associated with psychotherapy were minimal, with most participants rating their exposure to adverse experiences as "a little" or less. Difficulties rated as "quite a lot" included feeling that "taking part hasn't helped me with my problems" (one client) and "I felt embarrassed talking about my problems with people I had not met before" (one client).

There were trends toward improvement in perceptions of recovery and personality structure (i.e. having a more consistent sense of self, rather than feeling your personality changes from one moment to the next). There was, however, little evidence of change in symptoms of psychosis. However, due to the small sample size and design of this study, tests that predict change in difficulties are not appropriate.

Overall the results support the feasibility and safety of CAT for psychosis and suggest further trials would be beneficial.

*Reformulation within Cognitive Analytic Therapy is the process of collaboratively making sense of a client's difficulties and building a new understanding with them around how patterns and ways of relating to others and oneself have led to the current difficulties they are experiencing. This is the first phase of CAT therapy and often involves the use of diagrams and letters to help reinforce the new insights that are being developed.

Dr Peter Taylor, University of Manchester, peter.taylor-2@manchester.ac.uk

Decreasing rates of disorganised attachment in infants and young children

Completed Project

Attachment patterns refer to infants and young children's strategies for gaining proximity to their caregiver in order to be protected when alarmed or feeling threatened. Children whose caregivers have been frightening or frightened can lack an organised strategy to gain their caregiver's response. Disorganised attachment patterns in infants have been linked to later psychopathology. Several recent government reports have highlighted the need for better parenting interventions in at risk groups. This review was commissioned to find parental interventions shown in research to improve or prevent severe attachment problems.

We conducted a systematic search of studies that involved an attachment intervention for caregivers of children under 13 years who were at risk of developing attachment problems. Studies needed to measure disorganised attachment as an outcome and use a true Randomised Controlled Trial design to be included. Both published and unpublished papers were included, there were no restrictions on years since publication and foreign language papers were included where translation services could be accessed within necessary timescales.

In 2015 we published a systematic review as part of a National Institute for Health Research Health Technology Assessment (NIHR HTA) identifying studies published before 2012. This paper updated that review to include all papers that met the criteria, up to October 2016. The search returned 15,298 papers in total. We screened the papers against the inclusion criteria and then extracted the relevant data from the papers. This process was conducted independently by two reviewers. When reviewers disagreed on the inclusion of a paper, advice was sought from a third reviewer.

Included studies were quality assessed using the Cochrane risk of bias framework. In total, fourteen studies were included in the review. In a meta-analysis of these fourteen studies the interventions saw less disorganised attachment at outcome compared to the control (OR = 0.50, (0.32, 0.77), p = 0.008). The majority of the interventions targeted maternal sensitivity. We carried out exploratory analyses to examine factors that may influence treatment outcome but these should be treated with caution given that we were limited by small numbers of studies.

Parenting interventions that target parental sensitivity show promise in reducing disorganised attachment. This is limited by few high quality studies and the fact that most studies are with mothers. More high quality randomised controlled trials are required to look into this.

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Other researchers: Lisa Hackney, Ellen Hughes, Melissa Barry, David Marshall, Jamie Barrow and Megan Garside LYPFT; Danya Glaser and Vivien Prior, University College London; Victoria Allgar, Natalie Kirby, Pulkit Kaushal, Amanda Perry and Dean McMillan University of York

Thoughts of a Patient Research Ambassador

Hello my name is Helen Cooke and I am the volunteer Patient Research Ambassador (PRA) at the Trust. The PRA programme was created by the National Institute for Health Research (NIHR) and whilst the role is still evolving, its main aim is to create awareness of and promote patient involvement in research.

The NHS Constitution states that patients have the right to be made aware of relevant research and emphasises the importance of them feeling able to ask clinical staff about opportunities to take part in research. This laudable principle has pockets of great success and a proven record of improving health outcomes but it has not translated into being an integral part of our health culture.

I'm interested in finding creative ways to engage patients and clinical staff to show the benefits that patient involvement can bring to research.

Shortly after my arrival to this post earlier this year, I was involved in collaboration between the NIHR and the Theatre of Debate, who produce creative work around science and research to entertain and provoke. The resulting film 'People Are Messy', which can be viewed here - **http://theatreofdebate.co.uk/People/Scenes/People-are-Messy-Scenes.html** - explored the issues of patient involvement in research. Embedding the issues in the lives of the characters engaged the audience because they found them relatable and the debate after the film showed the power of 'story' to influence understanding and perceptions.

We have created narratives ever since we scribed on cave walls and I think that people's stories are a powerful way to connect them to research and to see that it is not something far removed from their lives conducted in a lab by a scientist in a white coat.

I want patients to understand that asking about and participating in a clinical trial can be invaluable and life changing both for themselves and for future patients but I also want to engage patients and clinicians in the idea that 'active involvement' can mean involvement at all stages of the research process.

This is the concept of research advocated by INVOLVE who promote public involvement in the NHS. INVOLVE state that "research is done 'with' or 'by' members of the public rather than 'to', 'for' or 'about' them."

Within their stories is an expertise that allows patients to look through a lens of lived experience that captures crucial factors that clinicians can't see. This has been used in the design of research, when deciding what questions to ask, during the treatment phase, where patients have reported things missed by or unknown to clinicians, in the wording of patient information sheets, where recruitment has been increased, and in the dissemination of results which patients can share and communicate.

Patients have also lead on research investigating the issues that matter to them, directing all aspects of the study from concept to dissemination with medical and research expertise provided where required.

This level of patient involvement can only happen in the context of a culture that supports and fosters the value of their expertise. If it happens within the parameters of a paternalistic system then it's potential cannot be realized. I believe that an important aspect of this role is to engage clinical staff, to inspire them and remind them that some of their current practices were informed by research and to look at how patients and staff can overcome barriers to patient involvement.

Patients are bursting with expertise, with lived experience of their condition, innovative solutions to the problems they have faced, a wealth of compassion and empathy and an understanding and insight into what is important.

I believe that if this was combined with the medical expertise and knowledge of clinical staff, the NHS would be transformed beyond the contributions of each into a truly collaborative health care system inspired to find more effective treatments faster and create better health outcomes.

No business would leave such a rich seam of resources untapped and sacrifice 50% of its potential output and my frustration is that we continue to do this with something as fundamental as our health.

Finding treatments faster also means finding treatments cheaper. It is rare for moral and financial compasses to lead us to the same destination but patients' and public involvement in research would seem to be that exception and I feel that the Patient Research Ambassador role has a part to play in mapping out the journey.

For me clinicians are experts but patients are experts too and within expertise lies answers. It is about turning the tables on perceptions of who holds the expertise and what value we place on it. I think that is one of the greatest challenges of this role.

The jury is not out on the value of patient participation in research, the jury is back and the verdict is in but it is not yet 'out there'. I hope that my lived experience and expertise can make a contribution in putting it out there.

Helen Cooke, LYPFT, h.cooke@nhs.net

This mixed methods study explored the lived experience and understanding of mental health professionals working within an older adults acute mental health setting, in terms of their self-compassion and the receipt of compassion from others. A secondary objective of the research was to evaluate existing compassion initiatives on the wards and to understand how such initiatives can best meet the needs of healthcare professionals working on those wards.

Qualitative data were gathered from interviews with four mental health professionals in July 2016. An embodied Interpretative Phenomenological Analysis (IPA) method (Smith, Flowers and Larkin, 2009; Amos, 2016) was used to analyse data, in an attempt to understand the lived experience of staff members within the ward (Merleau-Ponty, 1962). Data was interpreted with reference to literature on compassion (Gilbert, 2009), containment theory (Bion, 1962), counter-transference and systems theory (Hinshelwood and Skogstad, 2000; Dartington, 2010).

Qualitative findings were triangulated with scores from existing validated measures: Self Compassion Scale (Neff, 2003); Fears of compassion scale (Gilbert, McEwan, Matos et al, 2011); and the ProQuOL (Stamm, 2011). These were completed by 15 mental healthcare professionals (nine nursing staff, three healthcare support staff, two student nurses and one 'Unknown'. The scores for the Fears of compassion scale were all below 30 (out of a possible maximum score of 70), with the exception of one participant who scored very highly. Individual's scores for fears of receiving compassion and fears of self-compassion were very similar. However, the total scores for the Self Compassion Scale were wide ranging (between 1.5 to 4.8 of a possible 0 to 5). The sub-scales with the highest means were Self-judgement (3.43) and Mindfulness
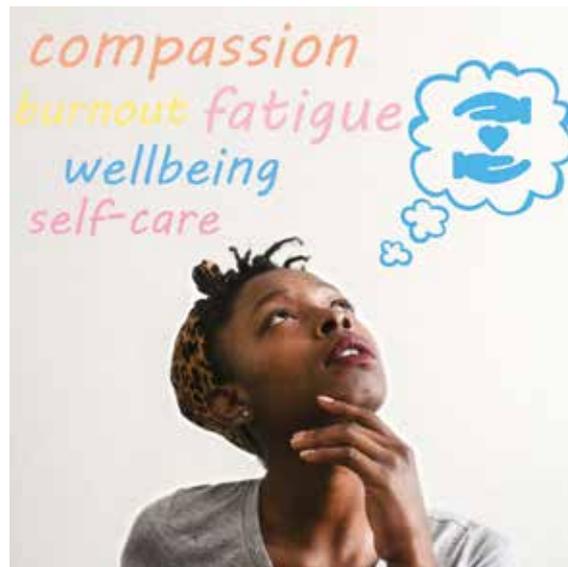
(3.38) and the lowest mean was Self-kindness (2.61). These scores are reflected within the accounts of participants (e.g: "beat myself up", Ppt8, line 169) and provide some insight into why participants were often reluctant to share their stress, or what compassion literature would describe as 'suffering', with others at work. With regards to the ProQuOL, average to high scores were found for Compassion Satisfaction, with average to low scores for burnout and secondary trauma. This indicates a fairly positive result, although average scores for burnout and secondary trauma are of note since burnout can be considered to be progressive and potentially irreversible (Stamm, 2010).

Although there is limited research within the clinician population, scores for both the ProQuOL and Self-Compassion Scale accord with the findings of a similar study of registered (non-psychiatric) community nurses (Durkin et al, 2016). The researcher considers that reflective compassionate based practises would be of benefit for staff, where they are supported by a sufficiently containing 'other', where the 'other' can be conceptualised as both an individual and the organisation. The findings of the research have been shared with local staff and management. Future considerations for research could include the emotional labour inherent in mental health nursing, and feelings of social safeness.

Super-ordinate theme 1: The clinician within the ward/team
- Importance of a supportive team
- Compassion in action
- The costs and benefits of supporting colleagues
- "Grin and bear it"

Super-ordinate theme 2: Avoidance of the suffering self
- "Being nice" vs. compassion as complex, contradictory and knotty
- Respite in space and escape
- Botting and ranting
- Acceptance of suffering and self-compassion

Super-ordinate theme 3: Looking towards the organisation
- Understanding and experience of formal support
- What would participants like to help, if anything?

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Supervised by: Dr Louise Bergin and Leslie Connors, LYPFT

Completed Project

OT experience of working in ageless community mental health services

The aim of this research was to explore the experiences of Occupational Therapists (OT) who have lived experience of changing from an age specific to an ageless service.

An Interpretive Phenomenological Analysis approach was used as a methodology to explore the lived experiences of Occupational Therapists. Ethics and NHS Research and Development approval was sought and gained from both Sheffield Hallam University and Leeds and York Partnership NHS Foundation Trust. Six participants were included in the research, each of whom completed a semi-structured interview.

A thematic analysis was then carried out and three main themes identified. These were:

- challenges in delivering ageless interventions,

- difficulty in accessing training and development for specific ageless skills, and

- challenges associated with the management of change process.

Analysis of the findings identified that in general the experiences of Occupational Therapists mirrored the literature on the subject. However, there is very limited research based evidence of the impact of ageless services on either the adult, or working age or older adult populations. Further research in this field would be beneficial.

Richard Gurney, LYPFT, **richard.gurney1@nhs.net**

Finding the Evidence Training Dates
Courses free to Leeds and York NHS staff

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

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

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

Healthcare databases – This course focuses on searching healthcare databases.

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

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

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

NOVEMBER				
2	Thur	10:00-12:30	Using healthcare databases effectively to support your work	Library and Evidence Research Centre, LGI
3	Fri	10:00-12:00	Google and beyond - new course	Library and Evidence Research Centre, LGI
8	Wed	09:00-16:30	Finding and Appraising the Evidence	Bexley Training Room. Level 7, Bexley Wing, SJUH
8	Wed	12:00-14:00	Critical Appraisal: a beginner's guide	Meeting Room 1, Stockdale House, Headingly
13	Mon	10:00-12:00	Google and beyond - new course	IT Suite, Mental Health Library, The Mount Annexe
22	Wed	10:00-12:30	Using healthcare databases effectively to support your work	IT Suite, Mental Health Library, The Mount Annexe
28	Tue	09:00-16:30	Return to Study	RIO Training Room, St. Mary's Hospital, Armley
DECEMBER				
4	Mon	09:30-12:00	Using healthcare databases effectively to support your work	Library and Evidence Research Centre, LGI
4	Mon	13:30-15:30	Google and beyond - new course	Library and Evidence Research Centre, LGI
5	Tue	14:00-16:00	Critical Appraisal: a beginner's guide	IT Suite, Mental Health Library, The Mount Annexe
13	Wed	09:00-16:30	Finding and Appraising the Evidence	Bexley Training Room. Level 7, Bexley Wing, SJUH
14	Thur	10:00-12:30	Using healthcare databases effectively to support your work	IT Suite, Mental Health Library, The Mount Annexe
15	Fri	10:00-12:00	Google and beyond - new course	Library, Stockdale House, Headingly

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

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

NIHR funding opportunities

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

Funding stream	Deadline
Efficacy and Mechanism Evaluation	Commissioned – 28 November 2017, 1pm
	Researcher-led* – 28 November 2017, 1pm
Health Technology Assessment commissioned calls	Primary Research (EoI to full) – 23 November 2017, 1pm
Invention for innovation**	1 November 2017 (Call 15)
Programme Grants for Applied Research	Competition 24 (Stage 2) – 28 November 2017, 1pm
	Competition 25 (Stage 1) – 29 November 2017, 1pm
Public Health Research	Commissioned – 14 November 2017, 1pm
	Researcher-led* – 21 November 2017, 1pm
Research for Patient Benefit (RfPB)	Competition 33 (Stage 2) – 19 November 2017, 1pm
	Competition 34 (Stage 1) – 22 November 2017, 1pm
NIHR Fellowships**	October 2017 (Doctoral level)
	October 2017 (Senior level)

*Including complex health and care needs in older people Themed Call

** Complex health and care needs in older people Themed Call. Find out more here - **www.nihr.ac.uk/funding-and-support/themed-calls/**

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 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.

3. **Invention for innovation (i4i):** Funds research into advanced healthcare technologies and interventions for increased patient benefit in areas of existing or emerging clinical need.

4. **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.

5. **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.

6. **Research for Patient Benefit (RfPB):** Generates research evidence to improve, expand and strengthen the way that healthcare is delivered for patients, the public and the NHS.

7. **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.

For further details, visit: **www.nihr.ac.uk/about-us/how-we-are-managed/boards-and-panels/programme-boards-and-panels/**

Contact us R&D

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

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SAVE THE DATE:
Annual Research Forum 2017

Date	Venue
9 November 2017	Horizon, Leeds, LS10 1JR

You are invited to join us at our Research Forum. This all-day event, hosted by the Trust's Research and Development and Library and Knowledge Services Teams, will showcase some of the research and evaluation work that our Trust and academic staff have completed in the previous year.

We expect around 90-100 delegates to attend from a variety of backgrounds, including service users, carers, nurses, allied health professionals, psychologists, academics, researchers and psychiatrists.

Every year we ask people to submit research posters to be presented at the forum with a chance to win a prize. There are typically 15-20 posters and these will be judged by delegates attending the event, with prizes awarded for 1st and 2nd places. If you have been running a research project within the Trust why not showcase it at the forum? Submit your poster here - **https://goo.gl/R1AhHK**

With speakers discussing research in Dementia, Liaison Psychiatry, Child and Adolescent Mental Health Services, Rehabilitation and Recovery, Eating Disorders, sexual health and many more, register now to avoid disappointment - **https://goo.gl/LkbWRT**

A full programme of the event will be advertised shortly.