

Research and Development

Annual Report 2017/18



Research and Development Annual Report 2017/18

Introduction

Research matters. It can make a positive difference to the health and wellbeing of the people we serve resulting in improved patient outcomes, and the services we provide can be significantly improved by supporting, enabling and participating in the development of the health research evidence base^{1,2}. Research helps leaders to make informed decisions and helps all of us to design and deliver quality healthcare³.

It is a key goal of the NHS for every willing patient to be a research participant. The greater the number of patients involved in research, the wider the public benefit. Health research improves the quality of diagnosis, treatments and other interventions⁴. Additionally 'more research into mental ill health' is needed 'to develop a better understanding of, as well as treatments for, common mental disorders'⁵.

Building the Trust's reputation for high quality research in 2017/18 involved achievements in:

- Clinical research activity
- Development of research opportunities for staff and students
- Submission of research grants and bids
- Involvement of service users and carers
- Research dissemination and impact.

Clinical Research Activity

A key to successful health research is working in and with strong research teams. We have maintained excellent relationships with our local Universities in Leeds (all three) and York (see <https://www.comic.org.uk/>), as well as with NHS trusts, other academic colleagues across the country, councils and schools. This breadth and the experience of our staff has enabled us to attain the ranking of 13th out of 49 mental health trusts in England that recruited to NIHR Portfolio studies in 2017-18 (with respect to number of studies) and 18th out of 49, (with respect to number of participants recruited), making us the highest recruiting mental health trust in Yorkshire and the Humber.

The Trust was involved in 91 research studies (see bar chart below) across 13 clinical areas in mental health and learning disabilities in 2017/18 (see pie chart below). Interventional research made up 22% of the research in 2017-18, an 8% increase on 2016-17. This demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

1510 service users, carers and staff were recruited as participants to research conducted in the Trust in 2017-18.

Recruitment was made up of:

- 1286 service users, carers and staff recruited to National Institute for Health Research (NIHR) Portfolio studies
- 391 service users, carers and staff recruited to non-NIHR studies *i.e.* local and student.

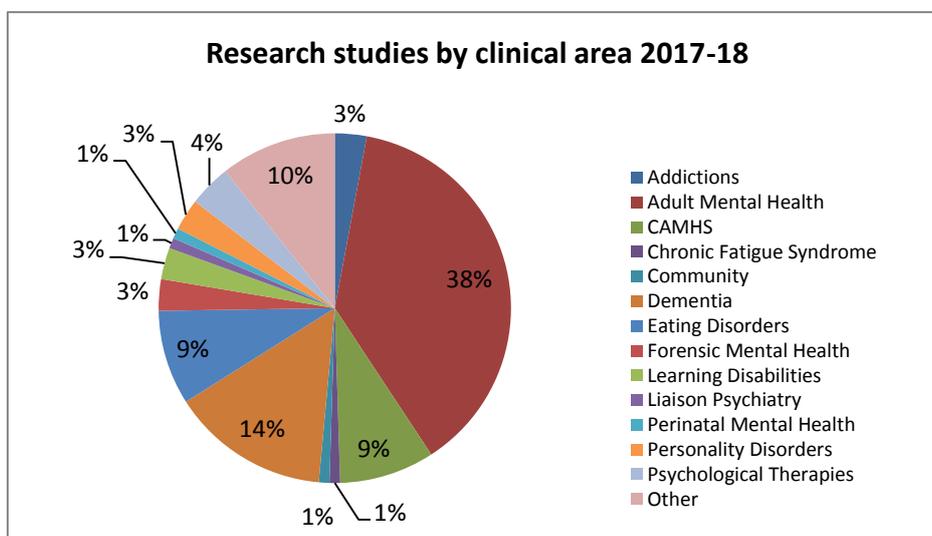
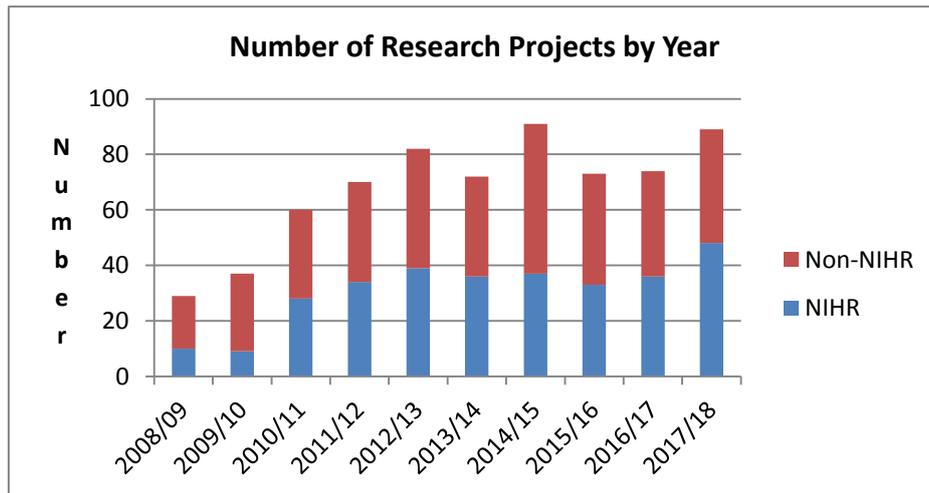
¹ Hanney S, Boaz A, Jones T, Soper B. Engagement in research: an innovative three-stage review of the benefits for health-care performance. *Health Services and Delivery Research*. . 2013; 1(8).

² Royal College of Physicians. *Research for all: Building a research-active medical workforce*. Royal College of Physicians: London; 2016.

³ Jonker, The correlation between National Health Service trusts' clinical trial activity and both mortality rates and care quality commission ratings: a retrospective cross-sectional study, *Public Health*, 2018; 157:1-6

⁴ Department of Health. *Innovation Health and Wealth*. Department of Health: London; 2011.

⁵ RAND Europe, *Future of Health*, 2017 commissioned by Department of Health



We report performance on initiating research to the NIHR quarterly and this information is on the R&D section of the Trust’s website. In 2017-18, two of the four reportable studies met the target of recruiting the first participant within 70 days of the study opening. Reasons for not meeting the target were external sponsor delay, research staff capacity and challenges recruiting service users.

Development of research opportunities for staff and students

2017 saw the appointment of Dr George Crowther as our first fully-funded clinical academic psychiatrist in Older People’s Liaison Psychiatry. In addition to enhancing the Trust’s research portfolio with respect to dementia and older people’s mental health, his role includes being a Principal Investigator for NIHR portfolio studies, working towards becoming a grant holding Chief Investigator and providing supervision to trainees and colleagues on research matters.

We have also seen much work come to fruition to give our non-medical staff opportunities to develop their careers. Two new Clinical Academic Research Fellow posts were created in 2017-18. These are 5 year posts, one with the University of Leeds and one with the University of York. The appointees will work clinically for 3 days and study for a PhD 2 days a week, commencing October 2018. The posts will be part of a pilot PhD network across Yorkshire & the Humber which will provide leadership training and peer support.

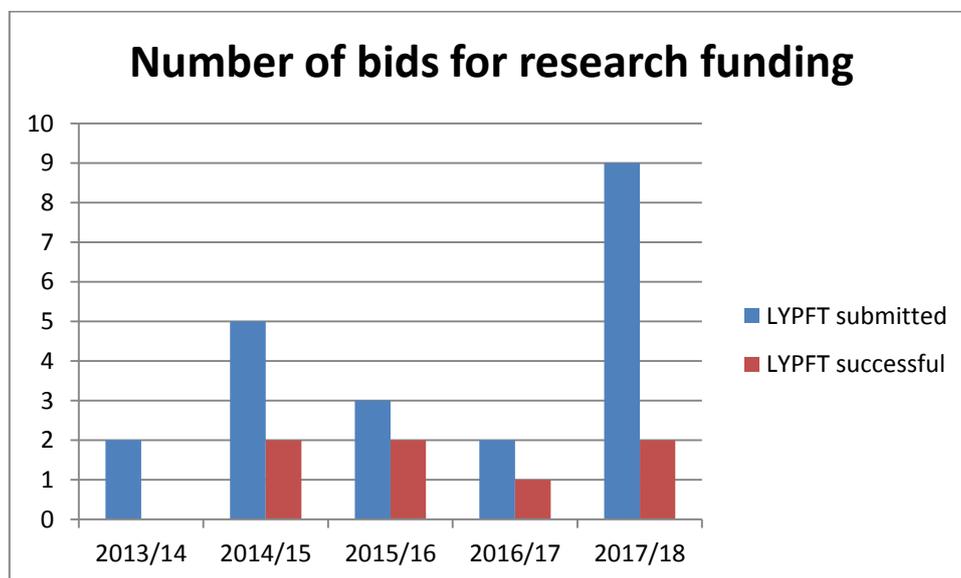
We have continued to support psychology graduates to undertake projects and, for the first time in 2018, submitted a portfolio of 13 mental health-related topics for inclusion in the Leeds Medical School MBChB 4th year Extended Student-led Research or Evaluation Project (ESREP). This is income generating for the Trust as well as raising the profile of psychiatry for our medical undergraduates. Any projects which are not chosen for study by the medical students will be offered to the current cohort of Doctors in Training (with consultant psychiatrist support) to further enhance opportunities for postgraduate medical involvement in research.

Research grants and bids

Funding of £3.3m from the National Institute for Health Research (NIHR) funding programmes and the Medical Research Council was administered by the Trust in 2017/18. This funding was for four trials:

- Alleviating Specific Phobias Experienced by Children Trial (ASPECT): non-inferiority randomised controlled trial comparing the clinical and cost-effectiveness of one session treatment (OST) with multi-session cognitive behavioural therapy (CBT) in children with specific phobias
- Diagnostic Instruments for Autism in Deaf children Study (DIADS) – Validation of Autism Assessment Instruments for deaf children
- (I-SOCIALISE) Investigating SOcial Competence and Isolation in children with Autism taking part in LEGO-based therapy clubs In School Environments
- Trial on Improving Inter-Generational Attachment for Children Undergoing Behaviour Problems (TIGA-CUB).

During 2017-18 the Trust was involved in submitting 17 bids for research funding (Appendix 1), nine of which were led by the Trust, to a range of funders including the NIHR, ESRC, Cancer Research UK, Nuffield Foundation, a University and Health Education England. Three were successful and the majority are still pending final decision. The bar chart below shows the increase in LYPFT-led bids over time.



Involvement of service users and carers

We had 1300 service users involved as participants in research studies in 2017/18.

Helen Cooke took up the new post of Patient Research Ambassador in early 2017. She says:

“My first year as Patient Research Ambassador for LYPFT has been interesting and rewarding.

I have undertaken a review of the Trust’s Leeds Researchers service user group who have now become ‘HEER’, Help from Experts by Experience for Researchers. We are creating stronger and more reciprocal dialogues with researchers and developing a quantifiable measure of HEER’s impact to demonstrate the value of service user involvement in research.

I was involved in initiating the Patient and Public Involvement (PPI) collaboration involving the three mental health trusts in West Yorkshire. This aims to offer greater visibility and a combined skillset that will increase the quantity and quality of regional PPI in research.

I have given talks to service user groups such as the Personality Disorders Service User Involvement Group and ‘Together We Can’ service user group at Leeds Involving People, to raise awareness about research in the Trust with a view to increasing participation in research projects and hopefully subsequent ‘involvement’ in research.

I have been interviewed about my PRA role by Prof Allan Gaw from the NIHR Clinical Research Network for a podcast that will be available to patients, public, healthcare professionals and researchers across the UK. I have also done a filmed interview to promote the PRA role and PPI in research locally and nationally.

The PRA role was created by the NIHR and therefore affords me the opportunity to work on several national projects which have given me invaluable insights into the wider issues of PPI and how they might inform my work within LYPFT.”

In addition to Helen’s work, the “Help from Experts by Experience for Researchers” group, facilitated by the R&D team, has continued to meet regularly through 2017/18 to offer advice and guidance to researchers within the Trust and from Universities who are conducting their studies in partnership with the Trust.

Research Dissemination and Impact

Dissemination

There were 46 publications in a wide range of peer reviewed journals in 2017-18 related to research activity conducted in the Trust. A full list is available on the Trust’s website and in Appendix 2.

The R&D Newsletter, Innovation, now in its 9th year, with issues 28-31 published in 2017-18, presented research and service evaluation outcomes for a wide range of Trust-led work. This in-house publication has received national acclaim from NHS R&D leaders across the country.

The Trust’s Annual Research Forum in November 2017 featured results from the STEPWISE trial, which looked at a weight management program for people with psychosis. This was a scoop for us as these results were shared for the first time at an international conference in Berlin on the same day. The event was attended by nearly 100 staff, researchers and service users and carers. Prizes were awarded to the top two of the 19 posters that were submitted. Presentations are on the Trust’s website.

The R&D twitter account [@LypftResearch](#) has 430 followers and follows 537 accounts and has been actively promoting Trust R&D activity and following NHS R&D activity. We have sent 1611 tweets over the two years the account has been open and have 3 twitter ‘moments’. The R&D presence on the Trust’s website was improved during the year with the support of our Communications Team.

The R&D department presented two posters (below) at the R&D Forum’s national annual conference in Newport, Wales in May 2018. The abstracts were submitted and accepted in January 2018.

How we close the loop: Disseminating research outcomes



Integrity | simplicity | caring

The Challenges of Clinical Engagement in Research

Author: Emma Sellers, Leeds and York NHS Foundation Trust

The importance of clinical research

- It is a key goal of the NHS for every waiting patient to be a research patient. The greater the number of patients involved in research, the wider the public benefits.
- The NHS bases its healthcare options on evidence-based practice. Evidence-based practice is the integration of best research evidence with clinical expertise and patient values.
- Research is critical to ensuring our services are effective, and that we identify new treatments and ways of delivering care that can reduce disease burden, improve quality, increase productivity and promote recovery and prevention.
- There is good evidence that participation in research improves health outcomes and improves healthcare processes.

The role of clinicians in research

- There are several ways in which clinicians within the trust can be involved in research, including:
 - Being a chief or principle investigator for a research study
 - Informing service users about research studies
 - Referring service users for a study
 - Permitting the research team access to screen their caseload for eligibility for research studies
 - Permitting the research team to attend their clinics to speak to eligible service users about research studies

Meet the LYPFT Research Team



The challenges faced

- Gatekeeping**
- Some clinicians seem to 'filter' their caseload when considering who to share study information with based on factors not in line with student inclusion criteria such as:
 - Service users risk e.g. vulnerability, risky behaviours
 - Age
 - Diagnosis/needs e.g. Bipolar disorder, Learning disability
 - Assumed knowledge about the service users interest in research
- Clinical Priorities**
- There is a sense that some clinicians do not see research as part of their job role or as a commitment, despite the NHS Constitution's emphasis.
- Protocol Design**
- Many research protocols require the first contact with service users about the research must come from the clinician.
 - This means that the research team rely on clinicians to speak to service users about research, demystifying how clinicians engagement is crucial to recruitment.

Integrity | simplicity | caring

"The NHS has a commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population." – NHS Constitution

Research Findings

- Several research studies have been undertaken to explore the levels of clinician awareness, engagement and participation in health research.
- In Roudsley (2005) study, nurses were receptive to being involved in research however felt unable due to time constraints, lack of team support and limited knowledge about the research process.

"It's relevant to the work you're doing".

"Within a GP setting, barriers to research included the irrelevance of research to clinical practice, the need to protect their patients and their lack of skills and time constraints."

"I just haven't got time to do it"

"I'm not sure I want to be oversteering, but on my patients".

"Paul's (2015) study supports previous research which highlighted that clinicians had a vague awareness of research and it was not seen as a priority over other aspects of their role."

"It's really important, but..."

"If you're really interested in it you're likely to invest more and make the time."

What can we do to improve clinical engagement?

- Feedback to clinicians about the findings of research studies they have supported.
- Feedback to clinicians about service users experience and the empowering impact of being involved in research.
- Speak to clinical teams about what research areas they are interested in. This can then inform decisions about the type of projects the trust takes on.
- Early engagement with managers and clinical teams to establish how clinicians can be supported and encouraged to engage in research activity as part of their role.
- Create open, honest and regular dialogue with clinicians about research. This will allow the research culture to further develop within the trust, embedding research within clinical practice.
- Through collaborative working with clinicians we can create a culture where service users feel comfortable to ask clinicians about research.
- We plan to develop our clinical letters to highlight that LYPFT is a research active trust and have an 'opt out' option for research.

Conclusion

- LYPFT is a research active trust and therefore research should be embedded in clinical practice.
- New innovative ways of working collaboratively with clinicians need to be added to current activity to ensure high quality research with meaningful outcomes.

References

1. NHS.uk (2018) Research in the NHS. Available from: <https://www.nhs.uk/about-us/our-approach-to-research/>
2. Roudsley, J. (2005) The role of research in the NHS. Available from: <http://www.nhs.uk/about-us/our-approach-to-research/>
3. Paul, S. (2015) The role of research in the NHS. Available from: <http://www.nhs.uk/about-us/our-approach-to-research/>
4. National Institute for Health Research (2018) Research in the NHS. Available from: <https://www.nhs.uk/about-us/our-approach-to-research/>

Impact

We have been working with a regional research capacity building group (ACORN) to pilot a tool (Visible ImpaCT Of Research, VICTOR) that will capture research impact across six different domains:

1. Health
2. Service and Workforce
3. Research Prolife
4. Economics
5. Influence
6. Knowledge

Capturing research impact in this way will create evidence that we can use within the Trust and for the well-led CQC inspection questions that are due to be introduced for research activity. The Head of R&D has been involved in the national work to incorporate research into the CQC's well-led inspections.

Here are the results from two case studies of research undertaken in the Trust, the first a national project led by the University of Sheffield that developed a Patient Reported Outcome Measure for quality of life specifically for mental health and the second led by a dietitian in the Trust undertaken as part of her Masters in Nutrition:

Recovering Quality of Life (ReQoL) – Principal Investigators Donna Kemp (stages 4a and 4b) and Sara Sewell (stage 5b)

Research Capacity

1. PI new (non-Medic) to research and now, trained, experienced, connected to R&D and keen to do more research.
2. Connections made with other Trusts wanting to implement ReQoL.
3. Services not involved in study contacted to use ReQoL.
4. Links made with Sheffield University.
5. Number of Trust wide news articles.

Knowledge

- MH specific outcome measure developed.
- Training package for staff including posters, Trust conference presentation, website and evaluation report.
- Service user information leaflets Trust wide.
 - Internal articles, emails and intranet information.
- Tweets and external website information.
 - Academic publications.
 - Conferences to follow.
- New Trust clinical outcomes group to
 - embed ReQoL.
- ReQoL Champions in post to support team.
 - Outcomes reports developed.

Participant Health

- Patients felt improved quality of life.
- They had 1:1 discussions with staff.
- They had the opportunity to contribute to the research and talk to the researcher.
- Questionnaire is quicker to complete and more appropriate as it is specific to mental health, patient focused and designed.
- Where patients identified a physical health issue further information was provided.
- Information leaflets for service users and carers were developed and used.
- More service users completed outcome measures .

Recovering Quality of Life (ReQoL) at Leeds and York Partnership
 331 participants have been recruited between 2015 and 2018.

Service and Workforce

- Trust wide roll out across a number of services and MDTs as new outcome measure.
- Increase in staff and service user engagement with outcome measures.
- 1:1 sessions now more focused. Staff and service users are developing care plan goals from ReQoL statements.
- Increased knowledge of service user perspective.
 - ReQoL on SystemOne clinical database use.
 - Individual reports within clinical information.
- Improved adherence to NHS England's Delivering the 5yr forward view for mental health: developing quality & outcome measures – that information gathered from measures should include both physical and mental health needs.
 - Part of Trust's Operational Plan.
- Study role 'outcome champions/ point of contact' continued. Regular support from outcomes lead. Receiving received training to cascade to teams.

Influence

- Trust involved in national launch and development of national ReQoL training film.
- LYPFT was the first Trust to implement ReQoL, other Trusts learning from us e.g. use of our implementation strategy, training materials, and illustration of data.
- CLAHRC recognition of our Trust leading the way with implementation of ReQoL. The PI is now working with Sheffield to develop a ReQoL evaluation toolkit for use nationwide.
- ReQoL information shared with Service User Network including promotional posters and leaflets.
- Services are more cohesive, as primary care is now using ReQoL they may refer to secondary care dependent on ReQoL result.

Economy

1. CLAHRC funding provided to the Trust for implementation.
2. ReQoL has the potential to be used to quantify health benefits in the context of cost effectiveness analysis.
3. There is the potential of generating a licence fee for commercial companies to use it.

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Health benefits, safety and quality improvements for research participants and carers

- Patients felt improved quality of life. They had 1:1 discussions with staff. They had the opportunity to contribute to the research and talk to the researcher.
- The questionnaire is quicker to complete and is more appropriate as it is patient focused and designed and specific to mental health.
- Where patients identified a physical health issue further information was provided.
- Information leaflets for service users and carers were developed and used.
- More service users completed the outcome measures than previously.

Patient, Service & Workforce impacts

- The Trust has changed the QoL measure from SWEMWBS to ReQoL. 1:1 sessions now more focused. Staff and service users are developing care plan goals from ReQoL statements and are being used with some MDTs.
- Further training is planned to incorporate ReQoL into discussions between service users and clinical teams to plan care and deliver therapeutic interventions with scores being used from initial contact to develop a plan.
- Creation of outcome champions/point of contact from start of pilot and still in post. Regular support from outcomes lead. They received training and cascaded this to their teams.
- Acute inpatient teams have embedded ReQoL into the PIPA (Purposeful Inpatient Admission) model and community services have included ReQoL in the care pathways.
- Recovery & rehab services have aligned ReQoL to their 3 weekly MDT reviews.
- Trust patient information leaflet developed for all leaflet stands for services using ReQoL and reception areas. Included with initial appointment letter.
- ReQoL being put on SystmOne clinical database for clinicians' use
- Now adherence to NHS England's Delivering the 5yr forward view for mental health: developing quality & outcome measures – that information gathered from measures should include both physical and mental health needs.
- Part of Trust's Operational Plan.
- Measure developed to meet PbR requirement for PROM.
- Also developed to measure MH outcomes as prompted by NHS Outcomes framework 2015.
- An increase in staff and service user engagement in the use of outcome measures.
- In some teams service users are requesting to complete ReQoL more than the minimum standard.
- Plans to develop further reports.
- Intention is to encourage dialogue between patients and clinicians.
- Increases the amount of information clinicians have for patients; individual service user reports developed within the clinical information system showing line graph of change in quality of life. New reports in COGNOS at Trust, service, team and individual levels. Score change report to see clinical impact. Average score changes.
- Intention is to monitor impact over time and inform patient-clinician dialogue.

Research Profile and capacity

- There was a great appetite to get involved in this pilot and many members of staff are now more interested in monitoring service user change through outcomes.
- One clinician developed their own eye catching promotional material to increase staff engagement with ReQoL pilot, unprompted.

- The Principal Investigator(for stage 5b) hadn't previously had research experience but has enjoyed working on this project and intends to continue working closely with R&D in the future to get involved with more research projects. She became involved as she was clinical outcomes lead and has remained involved despite a role change. Her confidence in and knowledge of research has increased e.g. Good Clinical Practice training. She plans to publish in peer reviewed journal.
- Articles in R&D newsletter
- Close working partnerships with University of Sheffield & ReQoL developers. The PI has also made links with Birmingham & Solihull NHS Trust and is supporting them with the implementation and evaluation of ReQoL in their Trust.
- Trust was involved in stages 4a and 4b which led on to being invited to be involved in stage 5b.
- Study team appreciated honesty of trust saying we couldn't do 5a as didn't collect HONOS data; better to know this up front.
- Dissemination film included PI. Case study to showcase to other trusts for implementation.
- Internally – services that were not involved in the pilot have requested to use ReQoL as opposed to other PROMs – the PI supported this change in practice.
- Externally – The Primary Care Mental Health Service in Leeds approached the PI about using ReQoL and are now using it routinely in clinical practice.
- While Birmingham & Solihull NHS Trust were involved in the development of ReQoL, they have since approached the PI for support with their implementation strategy.
- In the sense that all clinical staff using ReQoL are employing EBP
- Based on the case study another trust wants to implement the same as LYPFT has done

Economic Impacts

- Cost effectiveness: Moved from SWEMWBS to ReQoL as outcome measure. Don't know about cost impact.
- IP: Licence Fee for commercial companies to use it.
- ReQoL has the potential to be used to quantify health benefits in the context of cost effectiveness analysis.
- CLAHRC funding for implementation for central research team, not LYPFT.

Influence

- Cohesion: As Primary care is now using ReQoL they may refer to secondary care dependent on ReQoL result.
- Involvement in this study has had a positive impact on the organisation:
- LYPFT was involved in the development of the ReQoL training film which is used nationwide.
- The PI and outcomes champions attended the national launch at Westminster.
- LYPFT was the first trust to implement ReQoL and other Trusts have requested to share in our learning by way of a case study e.g. use of our implementation strategy, training materials, and illustration of data (graphs in our electronic patient referral system).
- The PI is now working with Sheffield to develop a ReQoL evaluation toolkit for use nationwide.
- CLAHRC recognition of our Trust leading the way with implementation of ReQoL. Research team approached LYPFT to develop the evaluation toolkit as a result of the PI and Trust's successful implementation, for use by other trusts.
- Case study on ReQoL website about implementation in LYPFT.
- ReQoL information was shared with our Service User Network (SUN) members prior to initiating the pilot.
- Promotional information including posters and service user leaflets were also shared with this group.

- PPI involved in all stages of the research as designers, decision makers and participants.

Knowledge Generation and Knowledge exchange

- Development of a package of training for staff, staff user guide (for how to use the tool and access reports in PARIS), staff posters, Trust PC screensavers, information shared on our internal website, development of an evaluation report which was shared with members of our clinical governance groups and Quality Committee members.
- Development of service user information leaflets – distributed Trustwide.
- Articles in Trust R&D newsletter which is available on external Trust website
- Tweets
- Presented at Trust's annual research conference (100 attendees). Outputs on website
- Internal via Trustwide email and StaffNet
- Publications see www.ReQoL.org.uk plus Connell, J., Carlton, J., Grundy, A., Buck, E.T., Keetharuth, A.D., Ricketts, T., Barkham, M., Robotham, D., Rose, D. and Brazier, J., 2018. The importance of content and face validity in instrument development: lessons learnt from service users when developing the Recovering Quality of Life measure (ReQoL). *Quality of Life Research*, pp.1-10.
- The development of a new Trustwide clinical outcomes group to support the embedding of ReQoL across services.
- Use of ReQoL champions who take the lead on embedding the tool in their team (the PI also provides on-going support).
- Development of outcomes reports which provide both high level and drilled down outcomes data.
- ReQoL champions working group to share challenges and use of the measure eg on different clinical info systems
- Better knowledge of service user perspective on quality of life and recovery.
- Developed to understand what works best as a quality of life outcome measure specifically for mental health service users. Other measures have not been tailored to MH
- Training materials and posters

MUST A pilot study examining the validity of the local nutritional screening tool within inpatient mental health and learning disabilities services in comparison with the Malnutrition Universal Screening Tool
Chief Investigator Jen McIntosh



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Health benefits, safety and quality improvements for research participants and carers

- Currently there are no validated nutritional screening tools for a MH or LD population worldwide and this is vital in view of the higher risk of obesity, malnutrition & serious health problems compared to the general population (Disability Right Commission, 2006; Emerson & Baines, 2010; Public Health England, 2013). In view of this MH service users have reduced life expectancy by 20-25 years compared to the general population (Vancampfort et al., 2013; Wahlbeck et al., 2011) and LD 58 x more likely to die before 50 (Camus, 2008).
- Early detection of under and over nutrition is vital with NSTs seen as the effective first line approach (NICE 2012).
- The majority of validated nutritional screening tools focus on malnutrition and on those who are physically unwell, whereas within MH and LD there tends to be a wider diversity of nutritional problems from malnutrition, obesity and additional nutritional concerns such as diabetes.
- The research was an opportunity to test if an LYPFT nutritional screening tool was a) reproducible b) did assess both malnutrition and obesity c) assess across a wide age range and all MH and LD diagnoses.
- The study highlighted some changes to the nutritional screening tool such as lowering the BMI from 35 to 30. This would trigger those who are at risk of being overweight for an earlier referral to dietetics and advice.
- The research also showed the nutritional screening tool is often not completed with the service user but via staff. In discussion with service users it was felt development of a service user nutritional screening tool would be far more beneficial.

Patient, Service & Workforce impacts

- Neither of the above has occurred mainly as the patient electronic system will be changing and also due to time to implement / develop both of the above. In view of this a nutrition student from Leeds Beckett University will be reviewing both of these as part of her undergraduate dissertation this year.
- The changes discussed above would potentially create workforce changes as lowering the BMI would increase referrals and require a different way of working e.g. increase groups / use of healthy living advisors and other staff trained in healthy eating/healthy living.
- The development of the service user nutritional screening tool would also require more time for staff to engage service users and different communication skills in order to achieve this.
- As the research included all the dietitians across the Trust it was beneficial in starting a collective discussion regarding dietetic practice across the organisation. As a result, Trustwide dietetic meetings have been far more coordinated and collaborative. In the long term this will have a direct influence on practice across the Trust.
- Reference to physical health CQUIN
- The CI has increased her research experience and has applied for a NIHR Fellowship

Research Profile and capacity

- The study has generated an interest in research amongst the profession, with a number of dietitians going on to complete their masters.
- Has increased confidence in staff by dispelling the myth of research.
- The study has developed links with Leeds Beckett University and nutrition and dietetic students to complete their research dissertations.

- Strategic Lead for AHPs has put together a video showcasing AHP research of which this was one of the examples. The aim of the video is to increase AHP interest in research and to embed this as a career pathway.
- Increased interest in completing further research across AHPs e.g. completion of masters and PhDs as well as smaller research projects.
- Interest amongst AHPs in applying for NIHR Fellowship grants and PhD opportunity within the Trust.
- Interest from British Dietetic Association mental health group and as a result have been asked to present the research at their conference this year.
- Received enquiries across the country from dietitians interested in the nutritional screening tool for their own organisations.
- Nutrition student from Leeds Beckett University is basing her dissertation on widening the nutritional screening tools e.g. use in perinatal.

Economic Impacts

- This could be a potential in the future depending on the prevention element of the nutritional screening tool.

Intellectual property

- The nutritional screening tool would need to be fully validated and following this could be developed nationally as no current validated tool for this population

Influence

- Cohesion: As the research was completed across dietetics and mainly the nursing team this was extremely beneficial at increasing understanding between professions.
- Reputation: Raised the profile of dietetics / AHPs and the role they have in improving the physical health of service users across the organisation
- Recruitment and retention of staff: from a dietetic prospective the organisation is seen as an innovative, forward thinking, place to work whereby we are at the cutting edge of new development. This has impacted on the recruitment of dietitians and also the retention of staff being one of the best across the Trust.
- PPI: Greatly influence the project in terms of realising the nutritional screening tool is currently completed in isolation with staff not service users. Whereas service users should be part of the development of the nutritional screening tool if we are going to change the culture.
- Project was reviewed by our service user and carer group and they provided advice on patient information

Knowledge Generation and Knowledge exchange

- LYPFT Research conference 2017
- BDA Mental Health group conference in June 2018
- CI presented at the Trust's annual research forum in 2017 and to the Trust's service user and carer group for research
- As above plus from this nutritional screening tool will be shared on website for BDA which will give it a wider audience.
- Ideally the research should be published to increase the knowledge sharing.
- Further research collaboration with Leeds Beckett University and nutrition student

This is the R&D team



L-R Sinead Audsley, Zara Brining, Alicia Rodgers, Alison Thompson, Damian Reynolds, Lisa Hackney, Holly Taylor, Emma Sellers, Crystal Romain-Hooper and Satti Saggi.
Missing from picture: Alice Locker, Sam Bennett, Alix Smith

Recognition for the R&D team's work

The National Institute for Health Research published a piece about our Trust's research success on their website in January 2018: <https://www.nihr.ac.uk/news/lypft-smashes-two-targets/7784>

"I just wanted to say a big thank you for your work on the Mindshine3 study: 13 recruits in February (in just 2 days!) Amazing work!" Philippa Case, Division 4 Project Manager, Clinical Research Network Kent, Surrey and Sussex, March 2018

"Thank you so much Helen and colleagues for the outstanding work done there. Fantastic stuff - inspirational really!" Evie Chandler, Patient Public and Carer Involvement and Engagement Officer, Clinical Research Network, Yorkshire and the Humber in reply to progress update provided in February 2018 by the Trust's Patient Research Ambassador and Head of R&D for use at the Yorkshire and the Humber CRN's Partnership Group meeting.

"I was more than happy to help out with a trial. Even if it doesn't help me now it may help someone else in the future. Everyone involved in the trial has been really helpful and made things really easy for me."
Pamela Liversidge, service user and RADAR study research participant
Professor Patrick Kehoe, RADAR Chief Investigator, said he didn't "think any site could possibly have worked harder or been more innovative in boosting recruitment".

"We have been working closely and successfully with Sheffield Health & Social Care and LYPFT to develop and carry out research in the area of smoking and mental illness. Prof Gilbody's SCIMITAR+ trial has recruited from both Trusts and achieved exceptionally high 12 month follow up rates of 97% in both Trusts. I have worked closely with LYPFT to develop and submit applications for two NIHR Programme grants, a CRUK grant and a NIHR HTA grant."

Dr Elena Ratschen, University of York

"I want to take this opportunity to say how invaluable the support of employees in your Trust has been to this research - particularly RG, SA and the seven participants." Meg Graham, PhD student at Royal Holloway, University of London, Chief Investigator for Perceptions of the Anorexic Voice among Clinicians, January 2018

"Thanks so much for your support over the last couple of months. We are making fantastic progress and now have an impressive 14 sites who have completed the 24 month assessments for all participants (Cornwall, **Leeds**, Leicester, Lincolnshire, Norfolk, Northumberland, Nottinghamshire, Oxford, South Staffs, Sussex, West London, Southend, Black Country and Norfolk). Prizes will be on their way to all those who have recently completed this important milestone." MADE trial newsletter (King's College London and South London and the Maudsley NHS Foundation Trust), December 2017

"Your organisation's support was really appreciated!" Chris Flood, MSc student at City, University of London, Chief Investigator for Mental Health nurses' knowledge of adverse events related to anti-psychotics, January 2018

Looking Ahead to 2018/19

The Trust's research strategy 2014-2017 was reviewed by key stakeholders at a meeting in late 2017. All the objectives had been achieved or exceeded. Key themes and objectives for the next three years were identified and a refreshed Research Strategy will be in place for 2018-21.

We have a solid foundation of experienced and skilled researchers working alongside staff who are developing their clinical practice to use the evidence base and conduct new service evaluations and research. A selection of quotes from our staff follows:

Nurses are in the position to influence patients and service outcomes significantly. The clinical nurse plays a central role in nursing research, audit & evaluation by identifying the constraints contributing to the research-practice gap, and identifying strategies to ensure evidence-based nursing care.

Saeideh Saeidi, Senior Research Nurse

I'm inspired to do research because it leads to more effective interventions, supports innovation and empowers service users.

Claire Paul, AHP Lead

I worked as a Principal Investigator on the Caregiving Hope research within memory services...lots of people were keen to become part of it...once you can pass your enthusiasm on to them then referrals were soon made.

Denise Nunney, Memory Services Nurse

It has been a pleasure working in an environment where research is central to what we do. Over the years we have developed a range of expertise to deliver large trials with various organisations across the country and we would like to continue to grow.

Professor Barry Wright, CAMHS Researcher

Research and evaluation has become increasingly important to me over the years as I realise the limits of the services we provide. For me it's about making our services better, more meaningful and more relevant to the people who use them.

Joanne Ramsden, Clinical Psychologist

Research within our trust helps us to provide better care for not just our patients, but the wider community. As a consultant who is active in research in the trust I aim to design, and conduct projects that inspire and encourage staff, while providing tangible, demonstrable benefits for our patients.

Dr George Crowther, Consultant Psychiatrist

Appendix 1 – Research bids submitted in 2017/18

Title	LYPFT# contact	Bid amount	Funding body	Status
Complete smoke free policies in mental health inpatient settings: exploring the impact on smoking behaviour and the role of electronic cigarettes	Claire Paul	TBC	Cancer Research UK	Awaiting outcome
Tobacco Abstinence and Relapse prevention after Discharge from a smoke free mental health Inpatient Stay (TARDIS)	Claire Paul	TBC	NIHR Fellowship	Awaiting outcome
Systematic review into early parenting interventions for deaf children	#Barry Wright	£142,783	NIHR Research for Patient Benefit	Awaiting outcome
Cluster Schools Project	#Barry Wright	£264,090	Nuffield Foundation	Awaiting outcome
Sport and dementia	George Crowther	£4,081,642	ESRC/NIHR	Awaiting outcome
Autism Spectrum Social Stories in Schools Trial 2	#Barry Wright	£1,081,529	NIHR Health Technology Assessment	Successful
Function REplacement in repeated Self-Harm: Standardising Therapeutic Assessment and the Related Therapy: FReSH START	#Else Guthrie	£2,507,913	NIHR Programme Grant	Successful
microRNA markers in autism spectrum disorders	Barry Wright	£34,000	University of York	Successful
Development and feasibility of an intervention to promote Smoking CEssation and Prevent RELapse to tobacco use following a smokefree mental health inpatient stay (SCEPTRE) – RE-SUBMISSION	Claire Paul	£706,891	Cancer Research UK	Through to stage 2
Before and after Gender Identity Specialist Services: Models of Care	Eli Joubert	TBC	NIHR Health Services and Delivery Research	Through to stage 2
Trial to Research Exercise in Adolescent Depression (TREAD)	#Barry Wright	£1,711,371	NIHR Health Technology Assessment	Unsuccessful
Entering the Infant's Experience: An Evaluation of the Psychoanalytic Observational Studies Programme	#Lerleen Willis	£47,206	Health Education England	Unsuccessful
Effectiveness of group arts therapy for diagnostically heterogeneous patients in mental health services	Mary Franklin Smith	TBC	NIHR Health Technology Assessment	Unsuccessful
Psychological treatment in self-harm	#Else Guthrie	TBC	NIHR	Unsuccessful
Postgraduate Psychoanalytic Observational Studies Programme evaluation	#Lerleen Willis	TBC	Health Education England (ERIC)	Unsuccessful
Evaluation of Integrated School Based Wellbeing Services	#Barry Wright	TBC	NIHR PHR	Unsuccessful
Developing culturally appropriate dementia care pathways for diverse populations (SHARE)		TBC	ESRC/NIHR	Unsuccessful

Submitted and led by LYPFT

Appendix 2 – Publications 2017-18

All 46 publications relate to studies that have involved LYPFT staff, premises, service users or carers. Not all publications have a member of LYPFT staff as author.

Author(s)	Title	Citation
Alison Baird, Jenny Shaw, Isabelle M Hunt, Nav Kapur, Louis Appleby and Roger T Webb.	National study comparing the characteristics of patients diagnosed with schizophrenia who committed homicide vs. those who died by suicide	Journal The Journal of Forensic Psychiatry & Psychology: Latest Articles
Nuwan Dissanayaka.	Mental Health Act reform must include carers	The Lancet Psychiatry, February 2018, Volume 5, No. 2, pages 108–109
Elaine McMullan, Anjula Gupta and Sylvie Collins.	Experiences of mental health nursing staff working with voice hearers in an acute setting: An interpretive phenomenological approach	Psychiatric and Mental health Nursing, Early View (Online Version of Record published before inclusion in an issue) Feb 2018
Samuel B Harvey, Min-Jung Wang, Sarah Dorrington, Max Henderson , Ira Madan, Stephani L Hatch and Matthew Hotopf.	NIPSA: a new scale for measuring non-illness predictors of sickness absence	Occupational & Environmental Medicine, 2018, Volume 75, Issue 2
Lee Marklew	Making sense of Community Treatment Orders: the service-user experience	PhD Thesis
Mark Norburn	A Window into Supervision: An examination of the experience of Clinical Psychology Trainees and their Supervisors using Interpersonal Process recall and Grounded Theory Analysis.	Thesis
Rebecca Anne Tyrer.	The impact of reformulation on insight and symptom change in cognitive analytic therapy	Thesis
Alice Staniford.	Shared decision-making between people with experience of psychosis and mental health professionals: A discourse analysis.	Thesis
Adejoke Obirenjeyi Oluyase, Duncan Raistrick , Elizabeth Hughes and Charlie Lloyd	Prescribers' views and experiences of assessing the appropriateness of prescribed medications in a specialist addiction service	International Journal of Clinical Pharmacy, December 2017, Volume 39, Issue 6, pages 1248–1255
Thomas RE Barnes, Verity C Leeson, Carol Paton, Louise Marston, Linda Davies, William Whittaker, David Osborn, Raj Kumar, Patrick Keown, Rameez Zafar, Khalid Iqbal, Vineet Singh, Pavel Fridrich, Zachary Fitzgerald, Hemant Bagalkote, Peter M Haddad, Mariwan Husni and Tim Amos.	Amisulpride augmentation in clozapine-unresponsive schizophrenia (AMICUS): a double-blind, placebo-controlled, randomised trial of clinical effectiveness and cost-effectiveness	Health Technology Assessment, Sept 2017, Volume 21, Issue 49
Helen L Brooks Karina Lovell Penny Bee Caroline Sanders Anne Rogers	Is it time to abandon care planning in mental health services? A qualitative study exploring the views of professionals, service users and carers	Health Expectations: An International Journal of Public Health Care and Health Policy, Early View (Online Version of Record published before inclusion in an issue)
Kay Radcliffe, Elaine McMullan and Jo Ramsden	Developing offender manager competencies in completing case formulation An evaluation of a training and supervision	Sage Journals: Probation Journal, November 2017

Author(s)	Title	Citation
	model	
Ruth Brown, Kat Munn and Vikki Wilford	Care programme approach	Fundamentals of Mental Health Nursing: An Essential Guide for Nursing and Healthcare Students, Nov 2017, Chapter 23 'Mental health and adults'
Sarah Talari , Kanmani Balaji and Alison Jane Stansfield .	What is the association between ADI-R scores and final diagnosis of autism in an all IQ adult autism diagnostic service?	Advances in Autism, Vol. 3 Issue: 4, pages 250-262
Julie C Wilson, Barry Wright , Sandra Jost, Robert Smith, Helen Pearce and Sally Richardson	Can urinary indolylacroylglycine (IAG) levels be used to determine whether children with autism will benefit from dietary intervention?: Autism, gastrointestinal problems and IAG	Pediatric Research volume, April 2017, Volume 81, Issue 4, pages 672–679
Natassia F Brenman, Anja Hiddinga and Barry Wright	Intersecting Cultures in Deaf Mental Health: An Ethnographic Study of NHS Professionals Diagnosing Autism in D/deaf Children	Culture, Medicine, and Psychiatry, September 2017, Volume 41, Issue 3, pages 431–452
Fiona Patterson, Fran Cousins, Helena Edwards, Anna Rosselli, Sandra Nicholson and Barry Wright	The Predictive Validity of a Text-Based Situational Judgment Test in Undergraduate Medical and Dental School Admissions	Academic Medicine, Sept 2017, volume 92 issue 9 pages 1250–1253
Lucy Tindall , Antonina Mikocka-Walus, Dean McMillan, Barry Wright , Catherine Hewitt and Samantha Gascoyne	Is behavioural activation effective in the treatment of depression in young people?: A systematic review and meta-analysis	Psychology and psychotherapy, December 2017, Volume 90, Issue 4, Pages 770–796
Penelope Spikins, Barry Wright and Callum Scott	Autism spectrum conditions affect preferences in valued personal possessions	Evolutionary Behavioral Sciences. Advance online publication, Aug 28 , 2017
Kay Radcliffe , Ciara Masterson and Carol Martin.	Clients' experience of non-response to psychological therapy: A qualitative analysis	Counselling and Psychotherapy Research Early View (Online Version of Record published before inclusion in an issue)
Ahmed Hankir , Mohammad Shuaib, Sohail Akhtar, Aala Ali and Rashid Zaman	Working in psychiatry in New Zealand: Experiences of International (non-New Zealand) Medical Graduates.	Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 504-511
Ahmed Hankir , Phillipa Brothwood, Bethany Crocker, Mao Fong Lim, Isabel Lever, Frederick R Carrick, Rashid Zaman and Charlotte Wilson Jones.	'A Labour of Love': A King's College London Psychiatry Society Event to challenge the stigma attached to mental health problems in post-natal women.	Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 469-475
Ahmed Hankir , Rashid Zaman, Mao Fong Lim, Isabel Lever, Phillipa Brothwood, Frederick R Carrick, Jamie Hacker Hughes and Charlotte Wilson Jones	A King's College London Undergraduate Psychiatry Society event to challenge the stigma attached to psychological problems in healthcare professionals and students.	Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 457-463
Ahmed Hankir , Rashid Zaman, Benjamin Geers, Gus Rosie, Grainne Breslin, Lilly Barr, Frederick R Carrick and Sal Anderson	The Wounded Healer film: A London College of Communication event to challenge mental health stigma through the power of motion picture.	Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 307-312
Samara Linton, Ahmed Hankir , Sal Anderson, Frederick R Carrick and Rashid Zaman.	Harnessing the Power of Film to Combat Mental Health Stigma. A University College London Psychiatry Society Event.	Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 300-306
Ahmed Hankir , Sajjaad Khalil, Qasim Wadood, Daanyaal Madarbukus, Habibah Arifah Yunus, Saleena Bibi, Frederick R Carrick and Rashid Zaman.	The Federation of Student Islamic Societies programme to challenge mental health Stigma in Muslim communities in Ireland: The FOSIS Dublin study.	Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 279-284
Ahmed Hankir , Bruce Kirkcaldy,	The performing arts and psychological well-	Psychiatria Danubina, Sept

Author(s)	Title	Citation
Frederick R Carrick, Asad Sadiq and Rashid Zaman	being.	2017, issue 29 (Suppl 3) pages 196-202
Ahmed Hankir , Frederick R Carrick, Rashid Zaman, and Jamie Hacker Hughes	Part II: Muslim perceptions of British combat troops.	Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 173-178
Ahmed Hankir , Frederick R Carrick and Rashid Zaman.	Part I: Muslims, social inclusion and the West. Exploring challenges faced by stigmatized groups.	Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 164-172
Callum McKell, Ahmed Hankir , Ishtaiwi Abu-Zayed, Raeda Al-Issa and Amjad Awad	Barriers to accessing and consuming mental health services for Palestinians with psychological problems residing in refugee camps in Jordan.	Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 157-163 The Lancet, February 2018, Volume 391, Special Issue, S8,
Vicky Ward, Paul Morrin, Allan House, Tessa Holmes, David Woodcock and Richard Graham	Knowledge sharing across health and social care boundaries	University of Leeds website - Faculty of Medicine and Health - Mobilising Knowledge Across Health and Social Care Boundaries
Sarah Talari, Kanmani Balaji and Alison Jane Stansfield	Finding our way: early learning from the Compass Project, an Intensive Intervention Risk Management service for women	Advances in Autism, Vol. 3 Issue: 4, pages 250-262
Miranda Thew, Fiona Bell and Eithne Flanagan	Social prescribing: An emerging area for occupational therapy	British Journal of Occupational Therapy 2017, Vol. 80(9) 523–524
Claire A Surr, Cara Gates, Donna Irving, Jan Oyebode, Sarah Jane Smith, Sahdia Parveen, Michelle Drury and Alison Dennison	Effective Dementia Education and Training for the Health and Social Care Workforce: A Systematic Review of the Literature	Review of Educational Research, October 2017, Volume 87, Issue 5, pages 966–1002
Claire Surr and Cara Gates	What works in delivering dementia education or training to hospital staff? A critical synthesis of the evidence	International Journal of Nursing Studies Volume 75, October 2017, Pages 172-188
Ahmed Hankir , Hannah Pendegast, Frederick R Carrick and Rashid Zaman	The Federation of Student Islamic Societies programme to challenge mental health Stigma in Muslim communities in Ireland: The FOSIS Dublin study	Psychiatria Danubina, Sept 2017 vol 29 (Suppl 3) pages 279-284.
Emily Peckham, Sally Brabyn, Liz Cook, Garry Tew and Simon Gilbody	Smoking cessation in severe mental ill health: what works? an updated systematic review and meta-analysis.	BMC psychiatry; Jul 2017; vol. 17 (no. 1); p. 252
Peter Knapp, Alexia C Campbell Burton, John Holmes , Jenni Murray, David Gillespie, Elizabeth C Lightbody, Caroline L Watkins, Ho-Yan Y Chun and Sharon R Lewis.	Interventions for treating anxiety after stroke	The Cochrane database of systematic reviews; May 2017; vol. 5 ; p. CD008860
Claire Paul and Janet Holt.	Involving the public in mental health and learning disability research: Can we, should we, do we?	Journal of Psychiatric and Mental Health Nursing 1365-2850
Matthew Osborne and Claire Paul.	A smoking cessation intervention for staff in mental health services	Nursing Times [online] July 2017 / Vol 113 Issue 7 (22-24)
Sarah Talari	Investigating a serious incident - a personal perspective	Correspondence
Ian M Anderson, Andrew Blamire, Tim Branton , Sabrina Brigadoi, Ross Clark, Darragh Downey, Graham Dunn, Andrew Easton,	Randomised controlled trial of ketamine augmentation of electroconvulsive therapy to improve neuropsychological and clinical outcomes in depression (Ketamine-ECT	Efficacy and Mechanism Evaluation Volume: 4, Issue:2, Published in April 2017

Author(s)	Title	Citation
Rebecca Elliott, Clare Elwell, Katherine Hayden, Fiona Holland, Salman Karim, Jo Lowe, Colleen Loo, Rajesh Nair, Timothy Oakley, Antony Prakash, Parveen K Sharma, Stephen R Williams and R Hamish McAllister-Williams	study)	
Barry Wright, Lisa Hackney , Ellen Hughes, Melissa Barry , Danya Glaser, Vivien Prior, Victoria Allgar, David Marshall, Jamie Barrow , Natalie Kirby, Megan Garside , Pulkit Kaushal, Alex Perry and Dean McMillan.	Decreasing rates of disorganised attachment in infants and young children, who are at risk of developing, or who already have disorganised attachment. A systematic review and meta-analysis of early parenting interventions.	Journal article
Jo Rycroft-Malone, Felix Gradinger, Heledd O Griffiths, Rebecca Crane, Andy Gibson, Stewart Mercer, Rob Anderson and Willem Kuyken.	Accessibility and implementation in the UK NHS services of an effective depression relapse prevention programme: learning from mindfulness-based cognitive therapy through a mixed-methods study (ASPIRE Study)	Health Services and Delivery Research Volume: 5, Issue:14, Published in April 2017
Emily Peckham, Suzanne Crossland, Tom Hughes , Alisha O'Connor, Imogen Sargent and Simon Gilbody	(A16) Getting past the gatekeeper: a pilot of the TwiCs design as a way of overcoming barriers to research participation in mental health studies	The ethics of 'Trials within Cohorts' (TwiCs): 2nd international symposium London, UK. 7-8 November 2016 Published: 20 July 2017
Jessica Broughton, Sarah Harris, Lucy Beasant, Esther Crawley and Simon Collin.	Adult patients' experiences of NHS specialist services for chronic fatigue syndrome (CFS/ME): a qualitative study in England	BMC Psychiatry (online)