NHS
Leeds and York Partnership
NHS Foundation Trust

R & D

# Innovation

## Research and Development Newsletter




www.leedsandyorkpft.nhs.uk/research

March 2019 Issue 35

# Contents




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

# Editorial

## Welcome to the 35th edition of Innovation, our Trust's Research and Development newsletter.

We are in a time of transition for the director-level leadership of Research and Development. I am very grateful to Wendy Neil who has championed research in the Trust over the past 18 months and has collaboratively developed the Research Strategic Plan 2018-21 **www.leedsandyorkpft.nhs.uk/research/wp-content/uploads/sites/6/2018/10/Research-Strategic-Plan-2018-2021.pdf** and the new leadership structure which will be in place from April this year.

I am very pleased to welcome Susan Guthrie, Speech and Language Therapist and Rebecca Haythorne, Occupational Therapist to their new posts as Clinical Academic Research Fellows. These posts are part of a PhD network of 6-8 new posts for nurses and AHPs in NHS Trusts across Yorkshire & Humber. They each tell you more about their new roles later in this edition.

You will find a summary of our biggest annual research forum to date, held in November 2018, where Susan and Rebecca introduced themselves. Our poster prize winners were Penn Smith (1st) for her evaluation of the Recovery & Rehabilitation Service using photography with staff and service users and Barry Wright & team (2nd) for their project Alleviating Specific Phobias Experienced by Children. There is also an article about another study being led by Barry and his team Investigating SOcial Competence and Isolation in children with Autism taking part in LEGO®-based therapy clubs In School Environments.

The R&D teams in Leeds and York have worked hard with you as clinicians, managers and service users and carers, to offer opportunities for participation in high quality nationally funded studies.

Our target for this year was to recruit 700 people by 31 March 2019. We smashed that target in early December, and have reached over 1,100 research participants to date.

This edition of Innovation showcases the following completed projects:

- Feasibility study for TIGA-CUB, a child and parent psychotherapy intervention
- Evaluation of Aggression and Violence on Acute Mental Health Inpatient Wards
- Mindfulness Pilot - Evaluation
- Contributions made by British Sign Language Interpreters working with National Deaf Child and Adolescent Mental Health Services (North)
- Nurses' Experiences of Talking to Patients About Antipsychotic Medication

Finally, the usual funding deadlines and library training dates wrap up this edition.

**Alison Thompson**
**Head of Research and Development**

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# 2018 Annual Research Forum

The 2018 Annual Research Forum showcased the fantastic research and evaluation work completed by our Trust staff and academic collaborators. Almost 100 delegates from a range of disciplines attended the event on Thursday 15 November.

The event was opened by Medical Director, Claire Kenwood, who spoke about the importance of research in improving care and thanked the Trust staff who have supported the R&D department in recruiting to studies as well as taking part.

Presentations throughout the day covered a wide range of topics and included results from a national study on "What Works in providing dementia education and training to the health and social care workforce" and "Lessons learned from the RESPECT study: feasibility RCT of a sexual health promotion intervention for people with serious mental illness". The presenters were from various universities as well as Trust staff.

During the event, 20 posters were displayed and delegates had the opportunity to vote for their top two. The winners were:

## 1st prize

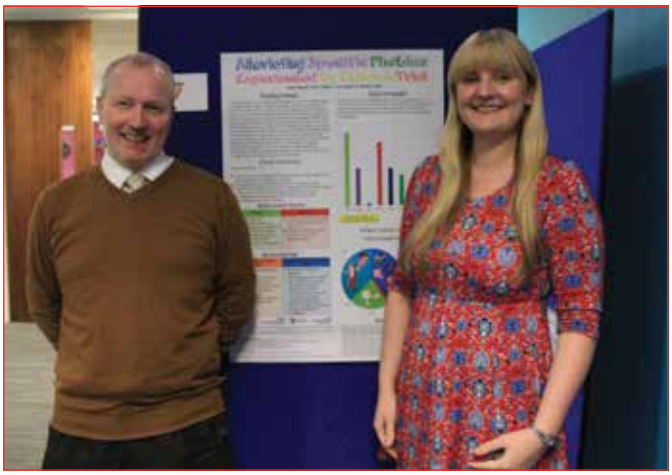
'**A picture of mental health**'
Exhibition of photographs by service users and staff at an innovative rehabilitation and recovery service

**Penn Smith, Professor Anna Madill** (University of Leeds)

## 2nd prize

Alleviating Specific Phobias Experienced by Children Trial

**Barry Wright, Catarina Teige, Lucy Tindall, Emily Hayward** (Leeds and York Partnership NHS Foundation Trust)



**Barry Wright and Emily Hayward**

Opposite page, delegates at the 2018 Annual Research Forum.

For presentations and further details, visit **www.leedsandyorkpft.nhs.uk/research/annual-research-forum/**

# I-SOCIALISE summary

## I-SOCIALISE: Investigating SOcial Competence and Isolation in children with Autism taking part in LEGO®-based therapy clubs In School Environments

Leeds and York Partnership NHS Foundation Trust (alongside the University of Sheffield and University of York) are running a research trial to test the effectiveness of LEGO®-based therapy for children with autism spectrum disorder (ASD).

Previous pilot work has shown that many children with ASD engage with LEGO®. They enjoy the sensory aspects of LEGO® and also the geometric patterns and the engineering involved in building models. They also enjoy the process of construction. Research shows that children with ASD are not asocial and do not wish to completely avoid social interaction. Children with ASD are 'differently' social, preferring to engage socially with others in much smaller groups and are much more likely to engage in interactions and conversations that are factually, practically or technologically based, rather than conversations about feelings or social relationships. LEGO®-based therapy can help children with ASD develop cooperative and interactive skills around mutually enjoyable play.

LEGO®-based therapy has been used to help children with ASD develop their social and emotional skills but there is no real evidence to show whether it is effective in doing so. The I-SOCIALISE study aims to test the effectiveness of LEGO®-based therapy by recruiting 240 children aged between 7-15 years through mainstream schools across participating sites in Yorkshire. To be eligible for the trial, the children must have a clinical diagnosis of autism. The trial started recruiting children in October 2017 and recruitment is now complete.

For more information, please see the website **www.comic.org.uk/research/lego**

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# Feasibility study for TIGA-CUB

## Aims

This feasibility Study was a Trial on Improving Inter-generational Attachment for Children Undergoing Behaviour Problems (TIGA-CUB). Five percent of five to ten year old children have persistent, aggressive, anti-social or defiant behaviour problems ('conduct disorders', CD). These can result in long-term, negative outcomes including unemployment, mental and physical health difficulties, addictions, and crime. Children with CD cost public services ten times more than children without. 66-75% of families benefit from first line parenting programmes, but many need further treatment.

Clinical experience and research suggest that Psychoanalytic Child Psychotherapy (PCP) might help. A large trial is needed to test this, by comparing outcomes for those receiving treatment as usual (TaU) versus PCP in Child and Adolescent Mental Health Services (CAMHS). This feasibility study was needed to show how best to conduct a large trial and how many participants will be needed. It also assessed recruitment, treatment delivery, data collection, and how acceptable the research was to families and Child and Adolescent Psychotherapists (CAPTs).

## Findings

106 child-primary carer dyads* were screened for eligibility over seven months across four CAMHS. 64 (60%) were eligible and 32 (50%) were randomised. Despite not meeting the planned target of 60 participants, screening suggested an upper limit was not reached.

16 CAPTs consented and attended manualised PCP (mPCP) training. Of 16 child-primary carer dyads allocated to mPCP, 11 (69%) attended over 50% of sessions offered, and one (6%) attended all 12 child and primary carer sessions.

Primary carer follow-up was complete for 24 (75%) participants at four months and 14 (88%) at eight months. Teacher questionnaire completion was 20 (62.5%) at baseline and 16 (50%) at four months.

The feasibility study also showed that use of healthcare services and private expenses from primary carers and health outcomes from children (or from primary carers if children were unable to respond) could be collected.

Qualitative research showed that CAPTs accepted the trial (with some changes to screening and the manual) and so did families (including randomisation and questionnaire burden). CAPTs and families felt some sessions with a clinician before recruitment would help improve families' understanding of CAMHS before randomisation.

## Conclusions

Feasibility of trial processes was demonstrated, with refinement required for: solvable CAMHS issues; CAPT capacity; training, delivery and confidence in the PCP manual; and teacher data collection.

* Dyads - a group of two people regarded as a pair, such as a mother and daughter.

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Other Researchers:

**David Cottrell, Maureen Twiddy, Rebecca Walwyn, Liz Graham and Sandy Tubeuf, University of Leeds; Nick Midgley, Anna Freud National Centre for Children and Families; and Lynda Ellis and COMIC Research team, LYPFT.**

Completed Project

# Evaluation of Aggression and Violenc

The number of incidents of aggression and violence are reported to have grown considerably within the NHS. It has been stated that aggression and violence towards staff costs the NHS an estimated £69 million a year in terms of staff absence, loss of productivity and additional security.

Furthermore, aggression and violence is also said to contribute to low morale and higher rates of sick leave and staff turnover. All of these consequences raise significant issues for the NHS and for the safety of all its stakeholders including: patients, carers and staff. It is imperative that within mental health services, aggression and violence towards staff are not treated as acceptable workplace hazards.

The aim of this project was to evaluate the levels and incidents of aggression and violence on acute mental health inpatient wards.

The objectives were:

i) To determine whether the levels of aggression and violence have changed over the past three years,

ii) If there has been an increase in the levels of aggression and violence then to explore the contributing factors that may have led to this increase and

iii) To determine the effects of this possible change in aggression and violence on staff and service users.

## Methodology

Data on the levels and incidents of violence and aggression were obtained from DATIX between January 2015 to December 2017, for working age adult acute inpatient wards across two sites: Becklin Centre (wards 1, 3, 4 & 5); and Newsam Centre (wards 1 & 4).

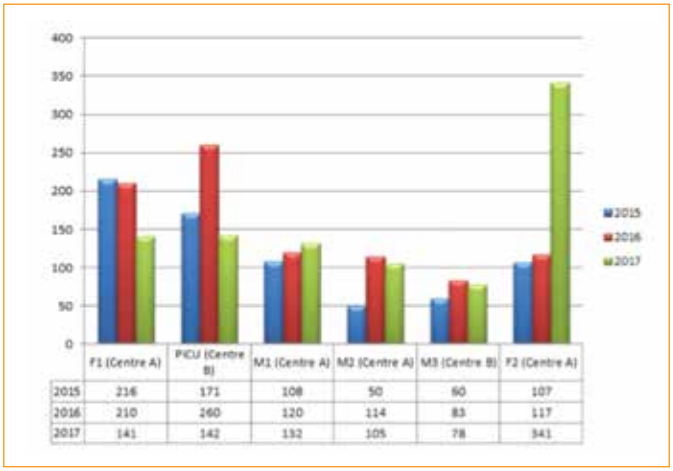
Contributing factors for increasing levels of violence and aggression were explored via:

- Data on staffing levels and the use of bank and agency staff
- Group activity data from the therapy suite at Becklin.
- Staff views and suggestions for improvement via posters and focus groups.

The project was approved by the Trust's Research and Development Team.

## Main Findings

The total number of aggression and violence incidents across all inpatient wards increased each year over the period between 2015-2017. It could be argued that only two out of the six inpatient wards evaluated had a quantifiable increase in the number of incidents from 2016 to 2017 (See Fig.1). However, the overall (qualitative) staff feedback and perception from across all the wards was that levels of aggression and violence were becoming progressively worse.




| | F1 (Centre A) | PICU (Centre B) | M1 (Centre A) | M2 (Centre A) | M3 (Centre B) | F2 (Centre A) |
|---|---|---|---|---|---|---|
| 2015 | 216 | 171 | 108 | 50 | 60 | 107 |
| 2016 | 210 | 260 | 120 | 114 | 83 | 117 |
| 2017 | 141 | 142 | 132 | 105 | 78 | 341 |

**Figure 1 – Number of DATIX incidents of Violence and aggression, from 01.01.15 – 31.12.17**

Afternoons (12pm to 6pm) were the most common time for incident to occur. The highest number of incidents occurred in the ward reception areas and corridors.

A 'snapshot sample' of the numbers and types of ward activities and groups indicated a large number of groups being offered to patients (total of 594 groups per month across all unit), however, these were poorly attended.

Staffing levels data shows an average 30.03% dependency on Bank Staff to support our clinical staffing requirements. Bank staff have fed back to the Trust via the Bank Staff forum that they can often feel, "openly treated as inferior" by substantive staff on the unit and they can feel undermined of their position within the Multidisciplinary team. Bank Staff have fed back to the forum that on more than one occasion they have been informed that they have no authority over service users because they are "Only bank".

The contributing factors that were identified by staff via the posters and focus group sessions included staffing issues, no smoking policy, alcohol/Illicit substance misuse, communication, restrictive practice, boredom, inappropriate admissions, availability/lack of PICU Beds and environmental issues.

From the posters and the focus group sessions, it was highly evident that the increasing levels of aggression and violence were having a major negative impact on staff across the inpatient wards. Staff reported feeling 'low in confidence and morale' as well as feeling increasingly 'deflated and frustrated' due to the increased levels of aggression and violence and the perceived 'lack of action and consequences' following incidents on the ward.

## Conclusion

This baseline evaluation was conducted in response to increasing concerns expressed by staff working on acute adult inpatient mental health wards. The project team hope that this evaluation can act as a 'springboard' for further service evaluation and research.

## Recommendations

The following recommendations are based on data analysis, literature review and staff suggestions for improvement.

- Explore the impact of aggression and violence on service users and carers
- Review of therapeutic group activities
- Carry out an environmental audit
- Improved Police liaison
- Introduction of aggression and violence prediction scales
- Staff Support and Wellbeing
- Staff training and supervision
- Rigorous substance misuse monitoring
- CCTV implementation review
- Review of Communication/handover process
- Further beds per ward review
- Dissemination of results locally

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Completed Project

# Mindfulness Pilot - Evaluation

## Background

Cassie Hartley (Charge Nurse, Ward 1) and Lesley Connors (Cognitive Behavioural Therapist, The Mount) devised a pilot programme of Mindfulness sessions specifically for staff on Ward 1, delivered the sessions and evaluated the project using pre- and post-outcomes measures to examine the impact of the intervention. It was agreed that they wanted to determine the following:

- The general level of wellbeing of staff on the ward
- Whether attending mindfulness sessions had an impact on staff wellbeing
- Whether staff found mindfulness to be an acceptable intervention
- Whether it was possible to deliver sessions to staff working in a busy ward environment

## Methodology

Participants were asked to complete a consent form and two measures before the sessions began. One was a wellbeing measure, the Warwick-Edinburgh Well-being Scale (WEMWBS) and the other the Mindfulness Attention Awareness Scale (MAAS) a scale which is designed to measure a person's tendency to be mindful. Participants were then asked to repeat these measures after the course of sessions had ended and to complete an evaluation form.

## Findings

16 participants completed the pre-measures Warwick-Edinburgh Wellbeing Scale which has been used as an indicator for overall staff well-being prior to the commencement of the pilot. The results showed that in many of the domains, the results are more positive than negative. However, in such a small sample size of 16, some of the scores under "rarely" or "none of the time" are still a cause for concern. For example, 8 of the participants (50%) felt they had energy to spare rarely or none of the time, and 4 participants (25%) felt they had not been thinking clearly or dealing with problems well and 6 participants (37.5%) rarely felt optimistic about the future. There was recognition that these measures do not indicate well-being specifically related to work-related stress and well-being and are possibly influenced by external factors.

13 participants completed both pre- and post-measures plus an evaluation form. An additional 5 participants only completed the post measures and evaluation form. 1 participant only completed an evaluation form. 3 participants were missing other data. The conclusion was made that where data was missing, this was likely some of these were staff who had left the ward during the course of the pilot or had been away from work for various reasons during the time the data was collected. Missing data was therefore excluded from evaluation. There were a number of issues with regards to coding, and staff appeared to have significant issues with correctly coding their forms.

In addition to the 22 regular members of staff who attended, there were 12 additional members of staff recorded to have attended, and 10x "student" was marked on the attendance sheet (many of these are likely to have been the same student attending more than one session). The additional members of staff were believed to be made up of agency staff, medical staff, and new starters on the ward.

Only one participant attended enough sessions for it to be possible to draw any conclusions as to whether mindfulness had been an effective intervention, therefore the post-session measures were not analysed. Instead, information provided via the evaluation form was used to try to answer the study questions.

## Recommendations

Although the study was unable to obtain valuable comparable data from the outcomes measures, the feedback obtained from the evaluations is clear: overall, staff felt mindfulness to be a useful intervention that they would like to see continue after the pilot had ended. Based on these findings, the study recommends:

- A continued mindfulness programme, three days a week, accessible to all staff working at The Mount (both clinical and non-clinical)
- Both facilitators would be unable to commit to facilitating three sessions a week long term, therefore volunteers would have to be found from within the building and offered some brief training on mindfulness. A rota system would then be created to cover each of the sessions. However this would take considerable administrative time and orchestration, therefore:
- The study feels there is a role for a development role with a focus on staff well-being, perhaps one day a week, filled by a registered nurse or occupational therapist with a passion for this area.
- The evaluation report will be shared at the local Clinical Improvement Forum (CIF) at The Mount on completion. The study also recommend discussing the findings Trustwide as the project may be implemented across other services and could potentially contribute to the well-being of staff Trustwide. This may be through Trustwide communications, and through Trust Governance structures.
- Recently, staff well-being leads have been established on all Older People's wards at The Mount in response to actions arising from the Staff Survey. The study recommend that these identified staff members are involved in the development and promotion of the continued Mindfulness project beyond this initial pilot to ensure unit wide attendance and maximise the potential impact on staff well-being.

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Completed Project

# Contributions made by British Sign La with National Deaf Child and Adolesc

## Background

Deaf CAMHS work with families with one or more deaf family members. Some deaf people communicate using sign language and therefore British Sign Language (BSL) interpreters regularly work with the teams in these services. An emerging body of research highlights that BSL interpreters work differently in mental health settings as compared to community settings.

Between November 2017 and August 2018 a service evaluation looked at the contributions made by BSL interpreters working with National Deaf Child and Adolescent Mental Health Services (NDCAMHS) and how BSL interpreters and clinicians perceived this.

## Methods

The evaluation was mixed methods in approach; gaining information from deaf and hearing NDCAMHS staff (representing all disciplines) and BSL interpreters who worked with the service in the north representing all sites (York, Newcastle and Manchester), through questionnaires and interviews during this period.

The thematic analysis explored the contributions made by BSL interpreters in the NDCAMHS setting and how clinicians and BSL interpreters perceive them. It also explored training needs, and whether knowledge and experience of working in NDCAMHS affects the types of contributions made.

## Results and discussion

Participants recognised that interpreting in NDCAMHS is different from working in community settings in that it requires higher skill sets, in-depth knowledge, experience and further training.

The themes identified after the coding process were:

1. Parameters for contributions. Both clinicians and interpreters discussed boundaries and the effects of navigating these.
    a. Professionalism. Registered interpreters abide by their code of conduct (NRCPD), these tenets remain important and are navigated within NDCAMHS.
    b. Inter-professional working. Interpreters work with the multidisciplinary team that includes psychiatrists, psychologists, nurses, social workers and Specialist Deaf Outreach Workers (SDOWs). Each has their own professional background and role; inter-professional working describes how they intersect.
        i. Being part of a team. The work is between clinicians and interpreters from their respective disciplines who describe mutual respect.
        ii. Shared goals and values
2. Interpreter +MH. To become a registered BSL interpreter, interpreters must meet specific qualifications requirements – core skills. To enable an interpreter to work in NDCAMHS they need further components to become an interpreter with mental health specialism. Interpreter+MH is an interpreter who is trained to the minimum required registration standards; with additional skills, knowledge and experience, as outlined below they may work in MH.
    a. Training and experience. Interpreters can draw upon previous training and experiences of working in mental health or/and working with deaf children, utilising their understanding and practical knowledge in their work.
    b. Specialist interpreter. Interpreters may work in some settings such as mental health, legal, theatre and education. Working in NDCAMHS is viewed as an

area whereby interpreters are able to develop a specialist practice,

i. Characteristics and traits e.g. personality type, feeling comfortable with the setting and working with deaf children, confident, flexible and has a willingness to develop.

ii. High-level language and interpreting skills. Registered interpreters have to meet standards in terms of skills in both language and interpreting, in mental health they need additional skills; these include exceptional sign language fluency, with accuracy in both receptive and productive skills (bi-lingual) e.g. describing the language used, checking comprehension and access to the environment.

iii. Enhanced knowledge of the deaf lived experience e.g. explicating examples of significant examples such as power imbalance of a deaf person living within hearing majority world and therapeutic information such as presentation, relationships, dynamics and transference.

Some of this information helps the clinician better understand the deaf person in the context of their linguistic and cultural difference. BSL interpreters have become 'active participants' and this way of working spans across a breadth of appointments from initial appointments to full team assessments and communication profiles for both deaf and hearing staff.

The diagram demonstrates a mutual symbiotic relationship between the BSL interpreter and the clinician; the less knowledge, skills and experience a clinician has the more contributions a BSL interpreter makes and therefore the more knowledge, skills and experience a clinician has the less contributions an interpreters makes, and more detailed they may become. The point at which an interpreter is no longer needed is when a clinician can communicate fluently with the deaf person and has enhanced knowledge of the deaf lived experience to work directly with them – in all likelihood this is a deaf clinician. The interpreter's role has extended beyond that of a generic community interpreter, however it remains within boundaries that are agreed by the BSL interpreter, clinician and the service; represented by the outside boarders of the diagram.

## Conclusion and recommendations

In summary, the service evaluation found that interpreter contributions are seen to be a valuable part of the clinical work. It highlights the need for specialist interpreter+MH training to support interpreters and clinicians who work with deaf children and adolescents in mental health.

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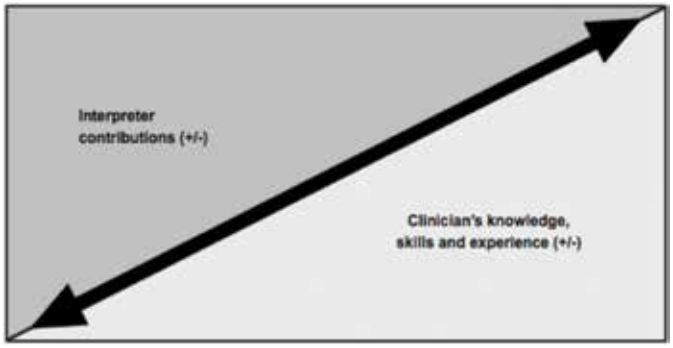
Supervised by:
**Dr Traci Walker, University of Sheffield**

**Diagram 1. Inter-professional working in NDCAMHS**



Completed Project

# Nurses' Experiences of Talking to Pati

## Aims and Objectives

Modern mental health services are required to promote patient participation in decision-making and to support patients in making informed choices. There is a lack of understanding about how Mental Health Nurses (MHN) address patients' information needs about medication. This service evaluation aimed to develop a better understanding of the challenges that MHNs face when discussing antipsychotic medication (APM) with patients in a NHS inpatient Rehabilitation and Recovery (R&R) unit.

## Methods

Semi-structured interviews were conducted individually with three band 5 Mental Health Nurses. Interpretative Phenomenological Analysis methodology was used. Interviews were recorded and transcribed verbatim before being analysed and themed.

## Results

MHNs felt that patients already knew about their medication and did not actively encourage conversations about APM. Responsibilities for addressing the informational needs of patients felt unclear. Beliefs about adherence as a dichotomous concept influenced conversations towards information provision rather than exchange.

## Conclusions

The information needs of patients in R&R may be neglected. Passivity of patients may be mistaken for patients having sufficient knowledge about APM. Local guidelines and standards are required to clarify roles and responsibilities in the multi-disciplinary team and to set a benchmark for further evaluation. Clinical supervision has a vital role in supporting MHNs to question and develop practice. MHNs could be better supported to facilitate and participate in critical debate about medication.

The project concluded with a number of recommendations:

- Clear guidelines for the MDT should be developed by the R&R service using the principles set out in the GMC (2008) guidelines for consent and decision-making. These should describe the minimum level of information to be provided to patients about APM, at what intervals it should be provided, how it could be provided, requirements for recording conversations, and who is responsible for the different aspects of medication-related work.
- Agreed standards should be communicated coherently to patients and carers with information about who they can approach if they do not feel that standards are being met.
- MHNs should be supported in developing their understanding of medication adherence and decision-making so that they can have more meaningful conversations with patients about APM. Concepts about adherence can be incorporated into new local guidelines. The nurses' forum could facilitate the development of critical thinking around medication. MHNs should be supported and encouraged to attend. It should be attended by senior MHNs working within the service to convey the message that this forum has been prioritised.
- Agreement should be sought from the pharmacy lead for R&R to support the service in ensuring that all MHNs receive an annual update on medicines management. This training should be updated to include perspectives on adherence.

# ents About Antipsychotic Medication

- Consideration should be given by the leadership team to the concept of patient activation. MHN, psychiatrist, and psychologist representatives of the service could work together on a task and finish group to consider the use of the patient activation measure for mental health (Green et al., 2010), the literature surrounding patient activation, and its applicability to R&R.
- Participants demonstrated increased awareness as they reflected on their practice during semi-structured interviews, highlighting the importance of good quality clinical supervision that fosters reflective learning (Bifarin and Stonehouse, 2017). The service should maintain its efforts to ensure that MHNs have access to monthly clinical supervision and that training for supervisors continues. Good supervision, in many ways, will reflect a style of conversation that MHNs could have with patients where the focus is on asking questions and listening, rather than offering advice (Chan, 2010). It should provide support for MHNs in exploring interdisciplinary relationships and the impact of these on their ability to advocate for patients.
- MHNs should be supported to have a lead role in creating forums for staff and patients to meet together to debate contemporary perspectives on mental health, including medication. The Hearing Voices Group is one forum already in existence within R&R that facilitates critical debate and other groups could be established based on similar principles (Styron et al., 2017).

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# Hello my name is …

Susan Guthrie, Specialist Speech and Language Therapist & CArDINAL Clinical Academic Research Fellow employed by Leeds and York Partnership NHS Foundation Trust and supported by University of Leeds

I have been interested in research for some time and have been looking for funding to support an investigation of the mealtime experiences of adults with mental health and their carers. I am delighted to be starting on this CArDINAL Clinical Academic Fellowship hosted by Leeds and York Partnership NHS Foundation Trust with University of Leeds. As a specialist Speech and Language Therapist I work with both communication and with people who have swallowing problems (dysphagia) and choking. This fellowship will allow me to develop my research and complete a PhD study linked closely with my specialist clinical role.

Choking is known to be prevalent in adults with mental health and often remains unrecognised and incidents often are not reported. My research will seek to improve understanding of the nature of choking, dysphagia and of how the individual service user experiences mealtimes. My clinical work will continue and this will include assessment and intervention of dysphagia with adults with mental health conditions living in inpatient settings.

I have already completed pilot work exploring the nature of choking and how mealtime difficulties can impact on service users and their carers. This pilot involved investigating the use of visual resources (video, pictures, photos and symbols) to enable the person to consider and then express their ideas or concerns about their mealtimes. Our recent video was co-produced by service users and their staff team to aid reflection on mealtimes and what can go wrong. **www.youtube.com/watch?v=mAX5ZFf24wc**

The PhD will allow me to take this pilot work further – I'm hoping to investigate the service users' perspective, to explore how service user and carers can recognise early warning signs of difficulty, and to raise awareness of dysphagia in a mental health setting.

I am pleased to have support from LYPFT R&D dept, the other CArDINAL Fellows and the regional PhD network, CArDINAL. I am hoping that this role will offer opportunities to develop both academically and clinically; I look forward to being able to share research activity with clinical colleagues and extend the interest and activity in research more widely.

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# Hello my name is …

Rebecca Haythorne; I am an Occupational Therapist and Clinical Academic Research Fellow at the Leeds and York Partnership NHS Foundation Trust in collaboration with the University of York.

I am part of a pioneering collaboration between NHS Trusts and Universities across the Yorkshire and Humber region called the CarDiNAL (Clinical Doctoral Nurses and Allied Health Professionals) network. The CarDiNAL network launched last year and aims to develop research capacity and foster cross-institutional and disciplinary relationships to support the development of clinical academics. The network is currently supported by the National Institute for Health Research's (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC), with additional support from the White Rose Consortium.

I am currently working with Dr Steven Ersser and Dr Lina Gega at the University of York, health science department to explore the role of engagement in residential living homes between support staff and service users with Learning Disabilities.

In particular, I am interested in how the concept of engagement can be used to support and encourage individuals with Learning Disabilities participate in more physical recreational activity interventions designed at targeting prevalent unmet physical and mental health needs in the Learning Disability Population.

Alongside this, I work as an Occupational Therapist in the Trust's Community Learning Disabilities Team. I trained at Sheffield Hallam University on the MSc Post-Registration Occupational Therapy program, my Thesis explored service users' experiences on accessing meaningful occupations in forensic settings. After qualifying in 2016, I worked on the Occupational Therapy rotational program at the Leeds and York Partnership NHS Foundation Trust, covering The Care Homes Team and The Yorkshire Centre for Eating Disorders before gaining a permanent position in the Community Learning Disabilities Team. To date I have had five articles published on the role of Occupational Therapy and Occupational Therapy interventions across various settings and have presented my Thesis research at the 2016 Royal College of Occupational Therapy Conference.

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# Finding the Evidence - training dates for your diary

The following courses are free to all Trust staff.

Alongside the schedule of courses below, the library runs a number of sessions on request. These include:

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 get further help.

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

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 and beyond – Aimed at staff who wish to gain skills in searching Google for information to support their work, practice or professional development.

Healthcare databases – This course focuses on searching healthcare databases.

NHS OpenAthens account – Aimed at staff who wish to better understand their Athens account and learn about the e-resources that are available to them.

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| **APRIL** | | | | |
| 02 | Tues | 13.00-15.00 | Critical Appraisal | Mental Health Library, The Mount Annexe |
| 08 | Mon | 10.00-12.30 | Healthcare Databases | Mental Health Library, The Mount Annexe |
| 12 | Fri | 09:00-16.30 | Finding and Appraising the Evidence | IT Suite, Level 7, Bexley Wing, SJUH |
| 16 | Tue | 10.00-12.30 | Healthcare Databases | IT Suite, Level 7, Bexley Wing, SJUH |
| 22 | Mon | 09.00-16.30 | Google and Beyond | IT Suite, Level 7, Bexley Wing, SJUH |
| **MAY** | | | | |
| 02 | Thur | 13.00-15.00 | Critical Appraisal | Mental Health Library, The Mount Annexe |
| 03 | Fri | 10.00-12.00 | Google and Beyond | IT Suite, Level 7, Bexley Wing, SJUH |
| 07 | Tue | 13.30-16.00 | Healthcare Databases | Systems Training Room, Morley Health Centre |
| 14 | Tue | 09.00-16.30 | Finding and Appraising the Evidence | Library and Evidence Research Centre, LGI |
| 15 | Wed | 13.00-15.00 | Google and Beyond | Mental Health Library, The Mount Annexe |
| 20 | Mon | 10.00-12.30 | Healthcare Databases | Mental Health Library, The Mount Annexe |

Please contact **libraryandknowledgeservices.lypft@nhs.net** for more details.

For more information about any of our library courses and to book your place, visit **www.leedslibraries.nhs.uk/home/**.

# National Institute for Health Research (NIHR) funding opportunities

The NIHR Clinical Research Network Portfolio is a database of studies that shows national clinical research study activity. 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 help with study promotion, set-up, recruitment, and follow-up.

| Funding stream | Deadline |
|---|---|
| Health Services and Delivery Research (HS&DR) | Researcher-led (Stage 1) – 25 Apr, 1pm |
| | Evidence synthesis – 25 Apr, 1pm |
| Health Technology Assessment (HTA) Commissioned Calls | Primary Research (Stage 1) – 15 and 29 May, 1pm |
| | Evidence synthesis (Stage 1) – 30 May, 1pm |
| HTA Researcher-led Calls | Researcher-led (Stage 1) – 15 May, 1pm |
| Invention for Innovation (i4i) | Product Development Awards Cell 18 (Stage 1) – 5th June, 1pm |
| Programme Grants for Applied Research (PGfAR) | Comp 30 (Stage 1) – 24 Jul, 1pm |
| | Comp 29 (Stage 2) – 31 Jul, 1pm |
| Public Health Research | Commissioned (Stage 1) – 30 Jul, 1pm |

**Funding streams:**

1. Efficacy and Mechanism Evaluation (EME): Researcher-led and aims to improve health/patient care. Its remit includes clinical trials and evaluative studies.
2. Health Services and Delivery Research (HS&DR): Funding research to improve the quality, effectiveness and accessibility of the NHS, including evaluations of how the NHS might improve delivery of services. It has two work streams, researcher-led and commissioned.
3. Health Technology Assessment (HTA): Funds research to ensure that health professionals, NHS managers, the public, and patients have the best and up-to-date information on the costs, effectiveness, and impacts of developments in health technology.
4. Invention for innovation (i4i): Funds research into advanced healthcare technologies and interventions for increased patient benefit in areas of existing or emerging clinical need.
5. Programme Grants for Applied Research: To produce independent research findings that will have practical application for the benefit of patients and the NHS in the relatively near future.
6. 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.
7. 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.

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

NHS
National Institute for Health Research

R & D

# 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.

## For more information please contact:


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# DLB Genetics

DLB (Dementia with Lewy Bodies) Genetics is a research project conducted by the University of Cardiff to investigate genetic factors that may contribute to the development of Lewy Body Dementia. To take part participants must have a diagnosis of Lewy Body Dementia.

Taking part in the research is completely confidential and would involve:

- A visit from two members of the LYPFT research team to either your home or an NHS premises which will last around two hours
- Answering questions about yourself and taking part in a memory test.
- Providing a blood sample
- Inviting a family member or friend to help by answering some questions about your diagnosis, memory and general health.

For more information about taking part please contact **Diane Langthorne** (Research Assistant) on **011385 52634**.