**#HealthResearchKent**

**Programme for Kent Wide Research Event**

**13th January 2017**

Virginia Woolf College, Giles Lane, University of Kent, Canterbury, Kent, CT2 7BQ

|  |  |  |
| --- | --- | --- |
| **Timings** | **Session** | **Speaker** |
| **8.45**  | Registration and viewing posters of local research projects and research support services.Sign up for the RDS Drop In Clinic running through the day  |
| 9.30  | **Welcome by Dr Tim Doulton,** Chair of Kent Wide Research Group Steering CommitteeConsultant NephrologistDirector of Research & Development, East Kent Hospitals University NHS Foundation Trust |
| **9.35**  | **Deliberate Fire setting: Theory, Research & Treatment.****Professor Theresa Gannon**, DPhil, C.Psychol (Forensic) HCPC Registered Forensic Psychologist Director of the Centre of Research and Education in Forensic Psychology (CORE-FP) |
| 10.00 | **Oral Presentations****Session chaired by Dr Tim Doulton and Sarah Dickens** |
|  | **Taking action: Empowering people living with diabetes to manage their health and well-being**Speaker |
|  | **Born to Move** **J Haynes,** Lead Health Visitor for the Kent wide Active Learner Programme & Infant Mental Health Kent Community Health NHS Foundation Trust |
| 10.30  |  **How to gain funding from the National Institute for Health Research​****David Wilkinson** |
| 11.00 - 11.30  | Coffee Break |
|  | **Oral Presentations** **Session chaired by Peter Nicholls and Lee Tomlinson** |
| 11.30 | **Effectiveness of the journey from health care assistant to assistant practitione**r **C Thurgate** Canterbury Christ Church University**H O’Keefe** East Kent Hospitals University Foundation Trust |
| 11.45 | **Peer Supported Open Dialogue** **Dr Marcus Colman,** Kent & Medway Partnership Trust |
| 12.00 -  | **Making an Impact Derek Stewart, OBE**NIHR Associate Director for Patient & Public Involvement and Engagement |
| 12.30  | Lunch & poster viewing |
| 1.30  | **Workshop session 1**Please see next page for Workshop DetailsWorkshops repeated again at 2.45pm |
| 2.30  | Tea break |
| 2.45  |  **Workshop session 2** Please see next page for Workshop Details Repeat of Workshop session 1  |
| 3.45  | Closing commentsDr Tim Doulton, Director of Research & DevelopmentEast Kent Hospitals University NHS Foundation Trust |

**RDS SE ‘clinic’ to discuss research ideas face-to-face**

As part of this conference the Research Design Service SE will be offering 30 min advisory sessions for researchers to discuss their research ideas further with RDS advisers. The RDS offers free research design advice and methodological support to health and social care researchers who are developing an application to a suitable funding body. If you wish to take the opportunity to discuss your research idea with an adviser as part of the conference, we have a number of individual sessions available over the lunch time period on the 13th January.

**When:**

The sessions will be run between 12.30 and 13.30 on 13 January 2017.

**Where:**

They are at the Canterbury Campus in the Centre for Health Services Studies, Cornwallis Building (Building over the road from the conference venue).

**How to register:**

Please email Emma Doohan, E.R.Doohan@kent.ac.uk expressing your interest in booking a session by **9th January 2017**. Please provide a brief outline of the idea you wish to discuss in the email (a paragraph will suffice). Emma will allocate a time slot for you and email you back with directions and any other information before the event. Early registration is recommended, as we have a limited number of sessions only.

**Keynote Speaker biographies**

**Professor Theresa Gannon**

Theresa A. Gannon is a Professor of Forensic Psychology in the School of Psychology at the University of Kent. She obtained a First Class Honours Degree in Psychology from the University of Birmingham, in 1998, a Doctorate in Psychology from the University of Sussex in 2003, and Forensic Psychologist Practitioner Status in 2007. Theresa has written over 100 peer reviewed journal articles and book chapters in the areas of sexual, violent offending, and firesetting. She has also edited numerous books in forensic psychology. Theresa assesses and treats patients who have sexually offended or set fires on a weekly basis in her role as Consultant Forensic Psychologist for Forensic and Specialist Services, Kent and Medway Partnership Trust. Theresa is Editor of the Journal Psychology Crime and Law.

Theresa now leads the University of Kent's Centre of Research and Education in Forensic Psychology (CORE-FP) in the School of Psychology.

**David Wilkinson**

David Wilkinson is Director of RDS SE. Following postdoctoral fellowships in cognitive neuropsychology at the University of Oxford and Harvard Medical School, his research has focused on developing more effective therapies for individuals with long term, neurological conditions. The broader impact of his research has been recognised in the national press and BBC television and radio, via 'outstanding innovation prizes' awarded by his host university and the neighbouring hospital trust, and by the inclusion of his group's research as an impact case study in his university's recent REF submission. Dr Wilkinson is an academic reader, honorary clinical research fellow, deputy head of the University of Kent School of Psychology, and sits on the Kent, Surrey, Sussex CRN Partnership board and the East Kent Hospitals Trust R&D Committee.

**Derek Stewart OBE**

Born in Scotland, Derek Stewart was treated successfully for cancer of the larynx in 1995. A former teacher working with challenging pupils, Derek became involved in numerous aspects of patient involvement at a local, network and national levels.

As former Chair of the National Cancer Research Institute Consumer Liaison Group, Derek assisted with the increase in patient participation in the establishment and work of the National Cancer Research Institute. Derek is a Trustee for onCore UK, the national cancer tissue resource, Chair of the Confederation of Cancer Biobanks and a member of the Cancer Reform Strategy Advisory Board.

From 2001 until 2006 Derek was Chair of Gedling Primary Care Trust in Nottinghamshire. In 2005 he took up the role as Chair of Nottingham City Crime and Drugs Partnership.

Derek still works as a freelance consultant with his own company providing training on patient and public involvement across charity and public sector. This contribution to health services in particular cancer led to being awarded an OBE in the Queen’s Birthday Honours list 2006. Derek is Associate Director for patient and public involvement for the National Institute for Health Research Clinical Research Networks Coordinating Centre.

Today’s Workshops

|  |  |  |
| --- | --- | --- |
| Workshop | Title | Facilitators |
| A | ***Clinical Research – Collaboration with Industry*** | **Bridget Fuller** **Jackie Simmons** |
| This workshop will provide you with an opportunity to meet decision makers and Study Clinicians from our local, Biopharmaceutical company – Pfizer. If you have had a research idea and wanted an opportunity to share this with a global company or want to learn more about the global Industry studies that Pfizer run and how they may align with your local population this workshop will be of interest to you. |
| B | ***How a clinician can become a researcher***  | **Sarah Dickens****David Stephenson**  |
| Providing the best patient care needs to be evidence-based, and this involves research. If you are a nurse, midwife or allied health professional wanting to get involved in research this workshop is for you. There are many different ways to start out in research and a variety of skills are required. This session will share experiences of current nurse and allied health professional researchers and how they have been successful at overcoming the challenges of getting involved, developed the skills required and provide an excellent opportunity for networking and collaboration with new and experienced researchers.  |
| C | ***How can CCCU promote healthcare research opportunities*** | **Peter Milburn** and colleagues from CCCU |
| **Peter Milburn (Director, Institute of Medical Sciences)** and colleagues from Canterbury Christ Church University (CCCU) will be introducing a variety of aspects of their work* **Strategic Overview of research at CCCU by Professor Eleni Hatzidmitriadou** –Strategic Lead for Research, Faculty of Health and Wellbeing
* **The landscape for Medical Innovation (Professor Rahul Kanegaonkar** Chair in Medical Innovation, Institute of Medical Sciences, Consultant ENT Surgeon, Medway Maritime Hospital) CCCU has launched an exciting new initiative, The Institute of Medical Sciences Innovation Hub, a platform to support and develop medical innovations from Clinicians within Kent, Surrey and Sussex.
* **Making a difference through context specific research (Carrie Jackson** and **Prof Kim Manley CBE,** Directors of the England Centre for Practice Development) An overview of collaborative applied research and innovation projects that have been undertaken in the past 3 years focusing on workforce design, patient safety, and clinical leadership and the impact this has had on person centred patient outcomes and improvements in services for the public as a result.
* **Understanding the support needs of disabled children and their families in East Kent (Dr Eve Hutton,** Reader, School of Allied Health)Explore the support needs of parents and carers of children with physical disabilities (< 18 years) within a therapy service in the South East of England.
* **First Session- (1pm) An overview of the development of the De Haan Centre's research programme on arts and health. Professor Stephen Clift, will** then focus on the findings from our studies on singing for people with chronic obstructive pulmonary disease.
* **Session Session (2.45PM) Clinical reporting by radiographers - accuracy and impact (Mr Nicholas Woznitza)** Clinical reporting by radiographers has been demonstrated to be an effective and efficient way of increasing diagnostic capacity within the NHS. Canterbury Christ Church has a long history of world leading research in this area. An overview of this will be presented, including current work examining lung cancer diagnosis and pathway redesign.
 |
| D | ***Patients as Partners in Research - The Impact and Achievements of patients in research and the role of the Patient Research Ambassador (PRA)*** | **Hazel Everest,** **Frances Mossie** **Pat Conneely**  |
| The workshop will highlight how the PRA role can encourage and support patients to be true partners in research. Real life examples will be shared showing how patients can be central to the design, delivery and running of studies. The impact of the PRA role in supporting this process will also be explained and examples of success given. Members of the workshop will be encouraged to share their methods and experiences of engaging patients in supporting the delivery of their research strategy and as a group, we will look at new, innovative ways of further increasing the impact of patients in research. |
| E | **The Future of Research Delivery for Health Professionals in Kent** | **Lee Tomlinson****Ruth Hulbert** |
| Research is essential to deliver excellent patient care in the NHS. To deliver the best possible treatment and care for patients, we need evidence of what works. Research is now “core business” in the NHS (NHS Constitution, 2012) and over recent years, there has been increased opportunity to embed research as front line activity. In August 2016, the National Institute for Health Research (NIHR) Clinical Research Network (CRN) reported that all 240 NHS trusts in England are research-active. Since the NIHR was formed in 2006, patients across the whole of the country, including Kent, were given far more opportunities to take part in research across a much broader range of disease areas. So how do we sustain and build on this success going forward? The NHS today is faced with many tough challenges, including unprecedented financial constraints, a higher demand than ever on services and a need transform itself dramatically over the next few years. Alongside these high level challenges, there are many other factors which impact on our ability to deliver high quality research in Kent. During the workshop, we will consider research delivery in 2017, against the backdrop of a rapidly changing NHS landscape. We will identify the challenges that will need to be overcome to ensure our patients and our local NHS organisations can continue to benefit from being involved in Research. We will also share existing models and strategies that are currently being introduced across the locality and explore new ideas and approaches that will help us adapt to the changes and challenges we face in 2017 and beyond. |
| F | ***Navigating boundaries: collaborative research in health and social care*** | **Dawn Nortman** **Tricia Wilson &** **Sally Kendal**  |
| We will demonstrate through example and to discuss how research questions can be prioritised across the primary/secondary care interface and engage wider stakeholders such as commissioners, patients and the public, community services, social care, public health. We will draw on ideas from the James Lind Alliance. Participants should come prepared to discuss research questions or clinical/service issues that could become research questions. |
| **G** | ***University of Greenwich: Current Research Themes and Emerging opportunities with our Kent Clinical Partners*** | **Dr Christina Malamateniou**and colleagues |
| *This workshop highlights current and emerging research projects developed by the University of Greenwich Academic and Research Staff and Clinical partners in Kent.* *These include the efforts to develop a fetal MRI service at Medway Hospital to allow for patients to have MRI scans locally (****Dr Malamateniou, Prof. Akolekar****), a study in Darent Valley and Medway Hospitals, about the quality of the nursing work environment and how it relates to the quality of care given to patients (****Dr Oshodi, Prof. West****), and finally a project at Maidstone and Tunbridge Wells Trust on the development of a Perioperative Muscle-strengthening Exercise Intervention Programme for Patients Undergoing Elective Abdominal Surgery for Cancer (****Prof. Iain Swaine****).* |
| H | ***NIHR Providing First Class Research Delivery - Optimising Recruitment*** | **Claire Pegg****Nicola Southwell****Sarah Edwards****Ian Akers****Caroline Cowley** |
| *The UK has a reputation for delivering high quality research underpinned by experienced research delivery teams.  Locally, how can we ensure optimum use of a skilled research delivery team to contribute to treatment advances? How are studies being evaluated these days?  What work goes into ensuring a study meets its target within the agreed time frame? What novel ideas could be employed to make sure all of the eligible population is captured? How do you know the study is right for your site?**This workshop will involve outlining the services available to help you build a portfolio that is appropriate for your site and patient population.  We will look at new processes that allow an opportunity to comment on trial design before it is placed on the portfolio.  We will show how to widen the horizons when looking for eligible individuals and suggest ways to make sure your forecast targets are accurate (capacity and capability) and we will look at ways of tracking the progress of a study.  We will also be asking for your contribution to share your tips for success, making Kent Surrey and Sussex a network that researchers will want to come back to time and time again.**The workshop will be facilitated by members of the central team from the NIHR Clinical Research Network of Kent, Surrey, Sussex'* |
| I | **Clinical academic collaboration**  | **Robert Hughes** **Chris Farmer**  |
| *From the early stages of study design to the dissemination of results, there are many ways that clinicians and academics can work together to improve the quality and efficiency of clinical research projects. Funding organisations demand that research proposals are both scientifically sound and clinically feasible, while ongoing projects often require resources and expertise from both academia and the NHS. However, there are a number of reasons why it can be challenging for these cross-sector collaborations to flourish.* *This workshop aims to:* * *Investigate the various ways that clinicians and academics can collaborate to produce new knowledge and improve patient care.*
* *Identify common challenges and obstacles to successful collaboration.*
* *Explore ways in which these challenges can be overcome.*
 |

**Please follow our twitter accounts and chat to us throughout the day and beyond using our hashtag #HealthResearchKent**

|  |  |
| --- | --- |
| **Owner** | **Twitter Name** |
| **KENT TRUSTS with Research Twitter Accounts** |
| East Kent Hospitals NHS Foundation trust Research Team | @EKHUFT\_Research |
| Kent & Medway NHS & Social Care Partnership Trust (KMPT) Research Team | @KMPT\_Research |
| Kent Community Health NHS Foundation Trust (KCHFT) Research & Audit Team | @KCHFT\_Research |
| Medway Community Research Team | @MCHResearch |
|  |  |
| Clinical Research Network : Kent Surrey Sussex | @NIHRCRN\_kss |
| **OUR PEOPLE** |
| Claire Pegg, Senior Research Nurse at MCH | @Pegg3Claire |
| Lee Tomlinson, R&D Manager / Lead Nurse-Research at KCHFT | @LeeTomlinson8 |
| Ruth Hulbert, Lead Research Nurse at EKHUFT | @ruthhulbert |
| Sarah Dickens, R&D Manager at KMPT | @ssarahdickenss |
|  |  |
| **TODAYS SPEAKERS**  |
|  | @DerekCStewart |
|  | @TriciaWilson100 |
|  | @sally\_kendall |
|  | @alison |
| Centre of Research and Education in Forensic Psychology (CORE-FP)  | @core\_fp |
|  |  |

Poster and Oral Presentations

Poster Presentations

|  |  |  |
| --- | --- | --- |
| No. | Title | Organisation |
| 1 | #ResearchALLofme  | 1.Kent and Medway NHS and Social Care Partnership Trust2.Kent Community Health NHS Foundation Trust |
| 2 | Effectiveness of the journey from health care assistant to assistant practitioner (Oral presentation) | 1.Canterbury Christ Church University2.East Kent Hospitals University Foundation Trust  |
| 3 | Innovating Nursing Research : A mixed methods purposive cohort study  | Kent and Medway NHS and Social Care Partnership Trust |
| 4 | The role of the Volunteer Research Assistant in a hospice setting - | Pilgrim Hospices in East Kent |
| 5 | Taking action: Empowering people living with diabetes to manage their health and well-being (Oral Presentation) | University of Greenwich |
| 6 | Delayed discharge in days surgery patients: a literature review  | University of Greenwich |
| 7 | The successful integration of substance use treatment into forensic secure services for mentally disordered offenders.  | Kent & Medway NHS & Social Care Partnership Trust |
| 8 | An evaluation of a communication skills course in end of life care  | 1.Kent Community Health NHS Foundation Trust2.University of Kent |
| 9 | Born to Move (Oral Presentation) | Kent Community Health NHS Foundation Trust |
| 10 | Seeking help for perinatal psychological distress: A meta-synthesis of women’s experiences  | 1.University of Greenwich2.University of Essex3.City University London4.Royal College of General Practitioners |
| 11 | Evidence Based Practice in the Delivery of Offending Behaviour Groups in UK Forensic Mental Health Services  | 1.University of Kent2. Kent & Medway NHS and Social Care Partnership Trust |
| 12 | Dynamic Risk Factors Associated with Mentally Disordered Firesetting  | 1.University of Kent2. Kent & Medway NHS and Social Care Partnership Trust |
| 13 | Community Chronic Pain Tai Chi SDP  | Kent Community Health NHS Foundation Trust |
| 14 | Factors that influence resilience in those caring informally for people with dementia  | 1.University of Greenwich2. Royal Berkshire Hospital NHS Foundation Trust |
| 15 | The Face Validity of an Initial Sub-Typology of People with Autism Spectrum Disorders Detained in Hospital  | 1.University of Kent2.Hertfordshire Partnership University NHS Foundation Trust3.Partnerships in Care Ltd4.University of East Anglia5.Leicestershire Partnership NHS Trust6.University College London |
| 16 | Prescribing Support to reduce inappropriate spend of Oral Nutritional Supplements in West Kent CCG.  | Kent Community Health NHS Foundation Trust |
| 17 | Peer-Supported Open Dialogue (Oral Presentation) | Kent & Medway NHS & Social Care Partnership Trust |
| 18 | Impact of Restorative justice in Forensic Low Secure and rehab services.  | Kent & Medway NHS & Social Care Partnership Trust |
| 19 | An evaluative study into how staff support procedures have aided in recovery following incidents of abuse experienced in low-secure inpatient forensic services.  | Kent & Medway NHS & Social Care Partnership Trust |
| 20 | An in-depth study of the association between caregiver strain and stroke survivor functioning levels in the first six months following rehabilitation (Submitted as a research group poster application) | Canterbury Christ Church University |
| 21 | End of Life: a comparative study exploring the attitudes of health & social care professionals to the palliative care needs of people with IDD in the UK, Portugal & Nigeria (Submitted as a research group poster application) | Tizard Centre, University of Kent |
| 22 | Striving to Become Research Active Hospices: The story in one region through roles and collaboration | 1.Ellenor2.Heart of Kent Hospice3. Hospice in the Weald4. Wisdom Hospice5. Pilgrims Hospices in Kent |
| 23 | The work of the Sidney De Haan Research Centre for Arts & Health | Sidney De Haan Research Centre for Arts & Health,Canterbury Christ Church University |
| 24 | Collaboration across Kent and Medway: An emerging palliative care and end of life care research group #PalliativeKent | 1.Ellenor2.Heart of Kent Hospice3. Hospice in the Weald4. Wisdom Hospice5. Pilgrims Hospices in Kent |
| 25 | Steering the research activities across a hospice collaborative | 1.Ellenor2.Heart of Kent Hospice3. Hospice in the Weald4. Wisdom Hospice |
| 26 | Patient recruitment: Thinking outside the box | Medway Community NHS Trust |
| 27 | Research Involvement at Jasmine Centre | Kent & Medway NHS and Social Care Partnership Trust |
| 28 | An opportunity seized! Right person, right time – improving our skill mix | Kent Community Health NHS Foundation Trust |
| 29 | Joint working between organisations | Kent Community Health NHS Foundation TrustEast Kent Hospitals University Foundation Trust  |

|  |  |
| --- | --- |
| **1**  | **#ResearchALLofme** |
| **Authors** | Dickens S. Kent and Medway NHS and Social Care Partnership Trust Tomlinson L. Kent Community Health NHS Foundation Trust |
| **Aims and Objectives**R&D Managers from the local Community and Mental Health Trusts came together to work towards developing a NIHR portfolio study between our two organisations considering physical and mental health across the patient pathway. This links in with national drivers from the five year forward view and the Sustainability and Transformation Plan. We decided to use Twitter to start an open conversation to see where it would lead.**Methodology**We developed the #ResearchALLofme hashtag on Twitter to engage with patients, the public, carers and organisations. To encourage engagement we contacted key stakeholders from Universities and our own organisations. **Engagement**The whole purpose of this event was used to engage a wider population in research and its design. Using twitter in this initial phase allowed for co-production of the conversation to take into account many different perspectives and views on the topic. Rather than starting from either an academic or clinical perspective, the beginnings included those with lived experience and was not restricted. To encourage engagement we contacted key stakeholders from Universities and our own organisations. A crib sheet was developed to support those less familiar with twitter, giving them ideas and confidence to enter the conversation. **Outcome / Conclusion**The use of twitter was a unique and innovative idea for engagement and collaboration. There were immediate logistical benefits such as no need for room bookings, travel, parking and refreshment costs. It was a day in a conversation, with over 50 individuals taking part and many more simply observing and picking up throughout the day if they were interested. We have made local and national contacts and are pursuing several of the ideas that came out of the day. |

|  |  |
| --- | --- |
| **2**  | Effectiveness of the journey from health care assistant to assistant practitioner |
| **Authors** | Dr Claire Thurgate Canterbury Christ Church UniversityO’Keefe, H. – East Kent Hospitals University Foundation Trust |
| **Aims and Objectives**The aim of this study is to understand and give meaning to the journey from HealthCare Assistant (HCA) to Assistant Practitioner (AP) where new role development occurs in the workplace. To achieve this understanding of the lived experience there are two sub-aims:* To understand how the Trainee Assistant Practitioner (TAP) experienced their

 journey and what it meant to them.* To identify the factors within the workplace which support and enable or

inhibit the journey to being an AP.**Methodology**Hermeneutic phenomenology was chosen and a purposive sample of eight TAPs, four matrons, seven mentors and the practice development nurse participated in conversational interviews at intermittent points in the journey. A stepped process of analysis produced three over-arching super-ordinate themes and a concept analysis of the data was merged with the literature to develop an emerging framework describing an effective journey. Ethics was obtained and there were no ethical issues. **Engagement**Engagement during the study focused on those who were responsible for supporting the development of new roles in the workplace, the NHS Trust and the local Higher Education Institute. Since completion engagement has included Health Education Kent, Surrey and Sussex to understand how workplace culture enables new role development and the Royal College of Nursing. Findings have also informed delivery models for the new associate role in local bids to Health Education England. **Outcome / Conclusion**Findings show that an effective journey from HCA to AP is evident when the following attributes are present: * Learner engages in mindful transformative learning experiences;
* Learner manages transition process through adjusting, adapting and accommodating to the new role;
* Learner and mentor relationship uses the workplace as the main resource for learning;
* Workplace culture accommodates and learns from the development and implementation of new roles.
 |

|  |  |
| --- | --- |
| **3**  | Innovating nursing research: A mixed methods purposive cohort study |
| **Authors** | Welfare-Wilson, A; Dickens, SKent and Medway NHS and Social Care Partnership Trust |
| **Aims and Objectives**To address the gap in mixed methods research examining the research confidence and skills of mental health nurses (RMHN’s), health Care Assistants (HCA’s) and student mental health nurses (STN’s). Questionnaires were undertaken with n=30 staff members. Staff were then invited to attend a research and development group, with the express intention of developing research skills and confidence within these groups.**Methodology**A purposive sampling strategy was employed to include a diverse range of experience and representations from each of the Trusts four service lines. Questionnaires were distributed to 50 RMN’s, HCA’s and STN’s over a four month period, with n=30 completing this self-administered questionnaire which examined staff’s awareness of existing multi-professional service line research interest groups, barriers to attendance, confidence in key research skills and previous research experience.Data was analysed using thematic analysis. **Engagement**Placement and learning facilitators, representatives from the CRN, staff within the Trust and mental health lecturers from CCCU were engaged and consulted In the development and facilitation of the group, **Outcome / Conclusion**60% (n=18) of those asked stated that they would not attend a multi-disciplinary research group, citing lack of confidence, feeling unskilled in research, and not feeling on par with other professional groups in terms of research as barriers for not attending. 38% of responder’s stated they had no confidence in core research skills, with 16% feeling isolated from colleagues with whom they could discuss research. The development of the Nurses Research and Development group has afforded research interested staff the opportunity to network, discuss research ideas and develop research confidence and skills. Emergent themes centre around personal development and the improvement of care and outcomes for clients. |

|  |  |
| --- | --- |
| **4**  | The role of the Volunteer Research Assistant in a hospice setting |
| **Authors** | Brigden C, Southon J, Cawley D. Pilgrims Hospices in east Kent |
| **Aims and Objectives**Pilgrims Hospiceshave a small, busy research team and the introduction of a volunteer research assistant was seen as an potential role to introduce within the team, to provide additional support for delivery of research projects and related activities.The role was first introduced in 2014 following the development of research infrastructure and capacity building within the organisation.**Methodology**In introducing this role essential attributes to look for included IT literacy, administrative skills, attention to detail, good organisational and interpersonal skills and an understanding of the importance of information governance in appropriate handling of data.  Examples where the volunteers involved have supported hospice research include assisting:* the research team with the set up and co-ordination of a clinical trial. Including support with the organisation and collation of study materials, meetings and training to the site.
* the running of a research event. A volunteer supported the set up and running of the event by helping organise attendance lists and other materials for the day, greeting and registering attendees on arrival.
* data entry into an electronic spreadsheet of study data collected on paper forms. They have also learnt some data checking skills along the way too.

**Engagement**Since 2014 the hospice has involved four volunteers. They have either already been involved in the hospice as a volunteer in other roles and departments or recruited as a new volunteer due to their personal interest in clinical research in a hospice setting. The volunteers have come from a variety of backgrounds, some with previous academic employment and experience.**Outcome / Conclusion**Our experience with involving volunteers as part of the research team has been a rewarding one working towards the hospice’s strategy to become increasingly research active in order to provide the best care for patients and their families. It has provided the hospice with additional research capacity to deliver projects and other research related activities. Our key outcomes include:* Volunteers with different skills, expertise and experience of the organisation has meant we have been able to match their input to the needs of the research activity.
* Experience of involving volunteers has meant we have been able to develop a role description for a ‘volunteer research assistant’.
* Introducing the role of the ‘volunteer research assistant’ has helped to promote ownership of this unique position to the volunteer involved. There is value in developing this role to provide regular support in developing, setup, delivering and disseminating research within hospices.
 |

|  |  |
| --- | --- |
| **5**  | **Taking action: Empowering people living with diabetes to manage their health and well-being**  |
| **Authors** | Newton, P. D.; Nayar, S. C.Department of Adult Nursing and Paramedic Science, Faculty of Education and Health |
| **Abstract****Aims and Objectives**The rise in diabetes across the UK has led to a sea-change in the philosophy informing diabetes management. Directly challenging the adherence model, an emphasis on patient-led approaches which promote shared-decision making with healthcare professionals has been linked to wider trends which seek to involve patients in healthcare decision-making. Yet people living with diabetes may not always feel supported to actively manage their health and well-being. Established in 1989, the Paula Carr Diabetes Trust supports people in Kent and has commissioned this research. The aim of this study is to explore what type of empowerment, engagement and involvement would help people living in Kent better manage their condition; and provide recommendations on further ways that Paula Carr Trust can support this population. **Methodology**A mixed method sequential exploratory design was developed. In phase 1, qualitative telephone interviews were conducted with 25 participants regarding what support they require to help them better manage their condition. Using framework analysis, findings from the data informed the development of an electronic survey. In phase 2, the survey was distributed to all individuals on the Paula Carr Diabetes Trust Database and data analysed statistically using SPSS. **Engagement**Project partnerships have involved:- Medical Imaging UK Ltd to recruit interview participants through the ‘retinal screening’ service;- People residing in Kent and living with diabetes to obtain first-hand accounts of their experiences;- Paula Carr Trust for recruiting participants and collaboration in service development.**Outcome / Conclusion**This study is due for completion January 2017; however preliminary findings reveal that participants would like greater support in the form of:- local education groups regarding lifestyle changes and management of the condition; and- healthcare navigators – who understand diabetes to assist with asking questions at doctors appointments regarding diagnosis and treatment. |

|  |  |
| --- | --- |
| **6**  | **Delayed discharge in day surgery patients: a literature review** |
| **Authors** | Rae, A. M. University of Greenwich |
| **Aims and Objectives**NHS Trusts face considerable financial challenges. There is a drive to reduce costs by increasing day surgery rates, thereby reducing the length of post-operative stay. Some patients will not meet the discharge criteria to go home following day surgery for a variety of reasons and might require an overnight stay in hospital, creating an unplanned cost.**Aim**The aim of this article is to explore the reasons why some patients are not suitable for discharge following day surgery.**Methodology**A pragmatic, mixed-methods approach was used to undertake a critical evaluation of the literature and current practice to determine what is already known about discharge following day surgery. Thematic analysis was used to determine the main themes and issues, enabling recommendations to be made to reduce the incidence of patients unable to be discharged following day surgery.**Engagement**The findings of the audit were presented in an article to the head of nursing for the surgical directorate at and deputy head of nursing at Maidstone and Tunbridge Wells NHS Trust.**Outcome / Conclusion**The key reasons for delayed discharge following day surgery were found to be: post-operative nausea and vomiting, post-operative pain, going late to theatre and social factors. Recommendations for practice include: the introduction of post-operative nausea and vomiting risk scoring and prophylactic protocols; reorganisation of theatre lists to ensure patients have enough time to recover; and provision of information during the pre-assessment process about the requirement for a responsible adult escort to take patients home and stay with them for the first 24 hours. These changes may help NHS trusts to improve discharge outcomes for day surgery patients and reduce unplanned costs.It is envisaged these recommendations will be used to align the times patients go to theatre and their postoperative recovery times. |

|  |  |
| --- | --- |
| **7**  | **The successful integration of substance use treatment into forensic secure services for mentally disordered offenders.** |
| **Authors** | Dr Helen Miles (Consultant Clinical & Forensic Psychologist), Kent & Medway NHS Partnership Trust |
| **Aims and Objectives**The treatment of substance use amongst mentally disordered offenders (MDOs) remains a challenge for secure forensic mental health services. A preliminary evaluation of a male and a female pilot study of an integrated 3-stage substance use treatment programme (SUTP) for MDO’s in medium security are presented.**Methodology**45 (72.6%) MDO’s were referred (39 males / 6 females). Standardised outcome measures were administered pre-SUTP, post-SUTP and at 1 year follow-up. Abstinence rates and location was determined via case notes at 3 year follow-up. All MDOs had a past history of substance use, approximately three quarters reporting problematic use prior to admission. Over half completed all 3 SUTP stages, less than 5% dropping out during active treatment.**Engagement**A variety of multi-disciplinary staff were involved in the facilitation of the programme for the MDO’s, and links to local substance use providers were made. The author also carried out this research in conjunction with local academic partners (University of Kent, Institute of Psychiatry, Psychology & Neurosciences). **Outcome / Conclusion**There was a non-significant trend suggesting SUTP attendance supported abstinence. Both male and female participants appear to have benefited from treatment and satisfaction was high, reflecting the specific aims and objectives of treatment. Despite the limitations of this study, findings indicate further support for the limited evidence base that small but clinically meaningful and maintained changes to problematic substance use are possible following integrated substance use treatment for male and female MDOs.  **Reference:** [Miles, H.L. (2015) - A New Horizon?: Evaluation of a 3-stage integrated Substance Use Treatment Programme (SUTP) for mentally disordered offenders. Advances in Dual Diagnosis, Vol.8, p90-101] |

|  |  |
| --- | --- |
| **8**  | **An evaluation of a communication skills course in end of life care** |
| **Authors** | Kirk, M. Kent Community Health NHS Foundation TrustMacInnes J. University of Kent |
| **Aims and Objectives**The recent End of life care audit- Dying in Hospitals (RCP March 2016) highlighted that only 25% of people who were recognised as being likely to die had documented evidence of a discussion with a healthcare professional about their likely imminent death. Evidence suggests that patients place good communication with health professionals high on their list of priorities (DH 2007). This study was established to evaluate the effectiveness of a half day end of life communication skills course in changing clinical staff’s communication skills.**Methodology**Pre and post course questionnaires were given to participants to review the effectiveness of the training delivered. There were strategies and structured approaches when communicating with both the patients and their families.**Engagement:**The training course demonstrated that participants found the training beneficial and had improved confidence levels following the training.**Outcome:**The evaluation of the post scores contributes to the evidence base on the effectiveness of communication skills training for clinical staff. |

|  |  |
| --- | --- |
| **9.**  | **Born to Move** |
| **Authors** | Haynes, J, Lead Health Visitor for the Kent wide Active Learner Programme & Infant Mental Health Kent Community Health NHS Foundation Trust, |
| **Aims and Objectives**Making a difference that is measurable has always challenged health visiting teams. This innovative approach was developed in response to identifying a concern that babies needed to move and interact more and parents needed to know this to improve achievement of expected milestones at one year. The health visitor led initiative was to actively promote three key messages to all parents at every contact: the importance of daily active play, talking to your baby and encouraging minimal screen time. **Methodology** Multi-agency workshops were cascaded out across every district to maximise the strength of the messages to parents. The messages were shared via leaflets, posters in all children centres and GP surgeries, a page in the child health record book and a specially designed free app, in addition to all face to face contacts. Data was originally captured using paper questionnaires but is now being captured using electronic handheld devices used by practitioners so on-going qualitative data could be available to share with commissioners. Health visitors have been able to provide both qualitative and quantitative data on the number of children reaching their expected milestones at the nine to twelve month review and the number of mandated contacts achieved.**Engagement**This strengthened partnership working and staff, parents and commissioners have shown enthusiasm as there is minimal additional cost. Understanding the 'bigger picture' of the impact of early development on subsequent achievement has been motivational for all. School nurses, student health visitors and paediatric nurses also attended workshops in their training to ensure consistency.**Outcome**Measurable outcomes have been identified which show improved levels of physical and social development by one year. Out of 675 babies reviewed during January 2015 to February 2016, 92% had crawled, showed comprehension of language and positive social interaction with the caregiver. In the pilot study only 30% of babies had crawled.  |

|  |  |
| --- | --- |
| **10**  | **Seeking help for perinatal psychological distress: A meta-synthesis of women’s experiences** |
| **Authors** | Button, S.A[1]., Thornton, A.[2], Lee, S.[3], Shakespeare, J.[4] & Ayers, S.[3][1]University of Greenwich[2]University of Essex[3]City University London[4]Royal College of General Practitioners |
| **Aims and Objectives**Women may not seek help for perinatal psychological distress, despite regular contact with primary care services. Barriers include lack of awareness of symptoms, inability to disclose distress, others’ attitudes and cultural expectations. Much of the evidence has been obtained from North American populations and may not, therefore, extrapolate to the UK. The aim of this meta-synthesis was to understand the factors affecting women’s decision to seek help for perinatal distress.**Methodology**Searches were conducted in accordance with the PRISMA statement. Twenty-four research articles were identified. These were subjected to data extraction and synthesis using a meta-ethnographic approach. Data was analysed by two independent researchers. Emerging themes were agreed by the whole team.**Engagement**This study was a collaboration between staff at the University of Greenwich, City University London, University of Essex and the Royal College of General Practitioners. It forms the basis for further work with NHS primary care organisations and academics to address help seeking activity and to identify ways of improving screening for perinatal psychological distress.**Outcome / Conclusion**Three main themes emerged from the meta-synthesis: identifying a problem, the influence of healthcare professionals and stigma. These themes build upon current understanding of help seeking by identifying the need for women to be able to frame their experience, for HCPs to educate women about their roles, the need for continuity of care and the way that being seen as a “bad mother” causes women to self-silence. The authors concluded that perinatal care provision needs to allow for continuity of care and for staff training that facilitates awareness of factors that influence women’s help-seeking. Further research is required, particularly in relation to effective means of identifying perinatal psychological distress. |

|  |  |
| --- | --- |
| **11**  | **Evidence Based Practice in the Delivery of Offending Behaviour Groups in UK Forensic Mental Health Services** |
| **Authors** | Mallion, J. S. (MSc Forensic Psychology Student, University of Kent)Tyler, N. F. (Clinical Research Associate, CORE-FP University of Kent/ Forensic & Specialist Services, KMPT)Miles, H. (Consultant Clinical and Forensic Psychologist, Forensic & Specialist Services, KMPT) |
| **Aims and Objectives**The National Institute for Health and Care Excellence (NICE) and British Psychological Society (BPS) advocate use of evidence-based practice in delivering psychological therapies. Thus, to provide best care and treatment for patients, clinical practice should be informed by relevant research and through use of therapies shown to be effective. Addressing psychological and criminogenic needs are essential in forensic rehabilitation (Duggan, 2008), whilst delivering group interventions addressing offending behaviour are key to this. However, there is a lack of published empirical research to guide rehabilitation (Barnao & Ward, 2015). This study aims to assess the extent of evidence-based practice in UK forensic mental health units, with a particular focus on offending behaviour programmes**Methodology**An online survey assessing group-based treatment programmes was sent to 85 low, medium and high secure UK forensic mental health units; of which 31 responses were received (36.6%). Information was collected on the availability, content, implementation and evaluation of offending behaviour groups.**Engagement**This research is a collaboration between the University of Kent and Kent and Medway NHS and Social Care Partnership Trust. All respondents were provided with the opportunity to request further information regarding evaluated treatment group programmes; enabling evaluated and effective therapies to reach patients. **Outcome / Conclusion**Survey results showed the majority of group treatment programmes running in forensic mental health services have been developed ‘in house’ as opposed to standardised manual based interventions. With the exception of firesetting, the majority of group treatment programmes for offending behaviour have not been evaluated with regard to their effectiveness (e.g., groups for sexual offending, violent offending, substance misuse). In order to inform practititioners about “what works”, and enable patients to receive ‘gold standard’ care, more published research is needed to evaluate effectiveness of group offending behaviour programmes in UK forensic mental health services. |

|  |  |
| --- | --- |
| **12**  | **Dynamic Risk Factors Associated with Mentally Disordered Firesetting** |
| **Authors** | Wyatt, B; University of KentCo-authored by: Professor Theresa. A. Gannon, University of Kent & Kent Forensic Psychiatry Services, Dr. Lona Lockerbie, Kent Forensic Psychiatry Services and Miss Alisha O’Connor, University of Kent. |
| **Objectives**The research aims to identify the dynamic variables associated with mentally disordered firesetting recidivism in order to inform the development of a structured professional judgement tool. **Methods**A retrospective case file review of all individuals who were found responsible for an incident of firesetting was undertaken to identify the dynamic risk factors present one month prior to the incident. 66 intra-institutional incidents of firesetting were reviewed through NHS incident forms. For the purpose of comparison, 66 matched control non firesetting incidents were also reviewed using the same process. All incidents took place over a 10 year period within an NHS trust.**Results**Our results demonstrated that there is a multivariate effect between the risk variables demonstrated by mentally disordered firesetters when compared to the control group. **Conclusions**The identification of short term variables that may precipitate firesetting behaviours ensure that professionals involved in developing risk management strategies for individuals with a history of firesetting are responsive to an individual’s current risk level. This information on the dynamic risk aspects of firesetting will allow for the development of a risk tool which will be reflective of an individual’s ever fluctuating level of firesetting risk. |

|  |  |
| --- | --- |
| **13**  | **Community Chronic Pain Tai Chi SDP** |
| **Authors** |  Brewer, M., Whibley, J., Community Chronic Pain |
| **Aims & objectives:** The aim of this SDP was to collect and analyse patent feedback within the Community Chronic Pain Tai Chi service.**Method:** We collected self-reported outcome measures from patients between 1 July 2014 and 4 April 2016 (21 months).Classes are held in 10 different locations: Ashford, Broadstairs, Canterbury, Deal, Dover, Faversham, Folkestone, Sheppey, Sittingbourne, Whitstable.We asked patients to answer 21 questions on the changes that they had experienced as a result of the Tai Chi classes. Patients were asked to reply to statements on a seven point Numerical Rating Scale: n/a = not applicable; ? = Cannot tell; 1 = not at all; 2 = a little; 3 = moderately; 4 = quite a lot; 5 = very much.245 questionnaires were completed. The feedback from patients who were in the first five weeks of classes was compared to that of patients in the last five weeks of the twenty week course. The former group was about one third the size of the latter, so the results are normalised and given as percentages. This allowed us to track general improvements over the 20 week course.**Project outcome:**The comparison of the 1-5 week and 16-20 week groups shows a clear improvement in the latter for all of the questions. This poster offers some of the highlights of our findings, which include significant reported improvements in over-all wellbeing, sleep and level of pain. |

|  |  |
| --- | --- |
| **14**  | **Factors that influence resilience in those caring informally for people with dementia** |
| **Authors** | Cooper, J. University of GreenwichBrooke, J. Oxford Institute of Nursing and Allied Health Research (OxINAHR); Oxford University Hospitals; Royal Berkshire Hospital NHS Foundation Trust. |
| **Aims and Objectives:**To explore resilience in caregivers for people living with dementia and to identify:* Components of resilience
* Factors that facilitate or hinder resilience
* The effect of caregiver resilience on carers and care recipients

**Methodology**A comprehensive literature review was completed using published guidelines (Bettany-Saltikov 2012; Wright et al 2007). The electronic databases of EBSCOhost, CINAHL, OVID, PsychINFO, EMBASE and Science Direct were searched for publications from 1st January 2006 up to and including 31st December 2015. Search terms included dementia, resilience and carer. All searches were limited to English Language. The bibliographies of papers identified were manually searched for further relevant studies.Inclusion criteria in addition to the above included measurement or identification of resilience within family members or friends caring for a person living with dementia. Exclusion criteria included the measurement of only one aspect included in the construct of resilience, such as self-efficacy or internal locus of control. **Engagement**This review was undertaken in partnership between Julie Cooper at the University of Greenwich and Jo Brooke at the Oxford Institute of Nursing and Allied Health Research, Oxford University Hospitals and the Royal Berkshire Hospital NHS Foundation Trust.Following this review it is envisaged that we will work in partnership with organisations across Kent and the South East to develop further research to identify factors that promote resilience in those caring informally for people with dementia, and how healthcare organisations can provide services to support this. **Outcome / Conclusion**Nine papers were identified that met the review criteria. A comprehensive thematic analysis was not possible due to the different foci of studies, operational definitions of resilience and methodological variations between papers. Six of the studies were quantitative and one mixed methods which focused on different specific pre-identified aspects of resilience, with only two studies exploring resilience from a qualitative perspective. It was concluded that more qualitative research is needed to gain a broader knowledge on factors that facilitate and hinder resilience in those caring informally for someone with dementia from the carers perspective. These factors can then be further tested through quantitative methods on a larger scale. This will facilitate healthcare providers to consider more effective services that can promote resilience in carers of people with dementia that are meaningful for them. |

|  |  |
| --- | --- |
| **15**  | **The Face Validity of an Initial Sub-Typology of People with Autism Spectrum Disorders Detained in Hospital** |
| **Authors** | Langdon, P. University of Kent and Hertfordshire Partnership University NHS Foundation TrustAlexander, R.A. – Partnerships in Care LtdBarnoux, M., - University of KentBhaumik, S., - Leicestershire Partnership NHS TrustDuggan, C., - Partnerships in Care LtdShepstone, L., - University of East AngliaStaufenburg, E., - Hertfordshire Partnership University NHS Foundation TrustTurner, D., - University of East AngliaViding, E., - University College London |
| **Aims and Objectives**From 2013, up to approximately 40% of inpatients using learning disabilities services have been recorded as having an autism spectrum disorder (ASD; NHS Digital, 2016).  While this group is considered to be heterogeneous (Alexander et al., 2016), relatively little is known about their aetiology, clinical presentation, risk profile, or treatability.  The authors have previously proposed that individuals with ASD detained within hospitals may be categorised into eight subtypes distinguished across three factors (i.e., psychopathy, psychosis, and behavioural problems).  The aim of the current project was to investigate the face validity of these subtypes.**Methodology**A focus group and consensus rating exercise with clinicians, people with ASD, and family members/carers was completed.**Engagement**This research represents the first output from a three year NIHR funded project - “*People with autism detained within hospital: defining the population, understanding aetiology, and improving care pathways (The mATCH Study)*”. Aspects of this research have been developed jointly with members of the NIHR funded Forensic Intellectual and Developmental Disabilities Clinical Research Group, including patients detained within hospital who have been consulted during the development of this work. **Outcome / Conclusion** Preliminary findings indicated that these subtypes possess face validity; further findings and the implications for future research will be considered.   |

|  |  |
| --- | --- |
| **16**  | **Prescribing Support to reduce inappropriate spend of Oral Nutritional Supplements in West Kent CCG** |
| **Authors** | Rose, H. West Kent Community Dietetics Team Leader, KCHFT |
| **Aims and Objectives**Currently West Kent CCG has spent over £1,000,000 per year on adult Oral Nutritional Supplements (ONS) with no systems in place to monitor and review patients prescribed.The aim of the project was to make cost savings of 7.5% pro rata for ONS spend without impacting on the quality of prescribing and patient care. To engage with Commissioners and GPs to improve their understanding of Dietetics. Highlight the lack of high quality nutritional care, and outline future recommendations to improve the nutritional care for patients with currently no community dietetic service.**Methodology**Guidelines were produced for all primary care prescribers as well as additional face to face support for 10 GP practices and 10 care homes who were all identified as spending the most on ONS. A food first approach was advocated as a first line treatment for patients diagnosed with malnourishment or at risk from it. Expensive Fat emulsion ONS products were replaced with a nutritional equivalent in order to save costs and the introduction of a first line ONS product was used to replace a variety of other ONS products that were more expensive.**Engagement**Positive engagement has been recorded from both the 10 GP practices and 10 care homes involved in the project. The food first approach was also well received by the GP’s in the area as an alternative to ONS. **Outcome**The project saw cost savings of double the projects aim of 15%.In almost half of every GP practice’s list of patients on ONS (44 per cent), it was impossible to tell whether the prescription was appropriate, due to lack of information and the inability to provide a full dietetic consultation.**Conclusion**The project demonstrated to West Kent CCG the need for community dietetic service, which has now been commissioned to start on November 1st 2016 |

|  |  |
| --- | --- |
| **17**  | **Peer-Supported Open Dialogue** |
| **Authors** | Osborne, J., ; Colman, M., Kent & Medway Partnership Trust |
| **Aims and Objectives**KMPT is implementing and evaluating the first Open Dialogue service in the NHS; an innovative approach to treating psychosis through social network support meetings and less reliance on medication and hospitalisation. This has been shown to lead to sustained recovery (84% back to work after two years in Finland) but currently there is no UK research. We will investigate if Peer-Supported Open Dialogue (POD) can save money while providing a better service.**Methodology**Suitable participants will be allocated to POD treatment at Canterbury and Medway; the study will evaluate both participant responses and the impact on staff. A mixed methods design will be used looking at quantitative changes over time, comparisons with available TAU data and qualitative analysis of NHS staff focus groups. Participants (N = 50) will be recruited from clients receiving secondary mental health care. Outcome measures will be collected through established valid scales including the Community Mental Health Survey questionnaire and analysis of costs.**Engagement**KMPT staff have made presentations and published on the KMPT website and blog. Papers and articles have been published in ‘Psychotherapy today’, ‘Community Care’ and ‘Peer Supported Open Dialogue Bulletin’. Service user and carer members are part of the Open Dialogue Steering Group that has been running for 18 months and developed the research from the beginning. The Experts By Experience Research Group helped develop the information sheets and consent forms; they also will co-facilitate the focus groups.**Outcome / Conclusion**This study will illustrate any potential benefits and difficulties involved in implementing Open Dialogue in the NHS. This is a KMPT grown study that has been accepted on the NIHR Portfolio; this is helping us implement clinical POD groups effectively before a large scale NIHR programme grant that we are co-applicants for along with UCL and NELFT. |

|  |  |
| --- | --- |
| **18**  | **Impact of Restorative justice in Forensic Low Secure and rehab services.** |
| **Authors** | Cooper, S.L. Kent & Medway Partnership Trust |
| **Aims and Objectives**Restorative Justice (RJ) repairs harm and is widely used in the criminal justice system. It has positive outcomes for those who have caused harm and those harmed. Its use in inpatient mental health and forensic settings is in its infancy. The aim of this study is to evaluate the RJ process in a low secure forensic mental health service. There are two parts to this study;1. To evaluate the impact of RJ facilitator training on attitudes held about RJ.
2. To measure the impact of RJ across the low secure forensic service.

**Methodology**Part 1:12 Staff undergoing RJ Facilitator training have completed questionnaires measuring their attitudes towards RJ pre-post training. These questionnaires and a training evaluation form will be analysed using quantitative methods.Part 2:Participants will be drawn from an opportunity sample; staff and patients involved in RJ practices will be asked if they consent to their data taken during the RJ process being used in an evaluation study. Data will include a quantitative analysis on outcome data including participant demographics, quantified outcomes and satisfaction scores. Qualitative analysis will include a content analysis from progress notes and closure reports. **Engagement**I have promoted this initiative across the low secure forensic service and received support from senior management. I have collaborated with members of the RJ Council and developed collaborative relations with staff from Broadmoor and SLaM in relation to the project.**Outcome / Conclusion**This study will evaluate how RJ practices impact on staff and patient experiences in forensic mental health settings, the outcomes will help determine the direction of good practice, ensuring violations in interpersonal relationships are addressed in a respectful and meaningful manner. Preliminary findings will be presented and areas for future research identified. |

|  |  |
| --- | --- |
| **19**  | **An evaluative study into how staff support procedures have aided in recovery following incidents of abuse experienced in low-secure inpatient forensic services.**  |
| **Authors** | Cooper, S.L. Kent & Medway Partnership Trust |
| **Aims and Objectives**Healthcare staff working in forensic inpatient settings are at an increased risk of harm, perpetrated by patients. This can have a significant impact on their emotional and mental well-being, and their subsequent work experiences. There’s a further ripple effect, with consequences for colleagues, patients and the wider service. The aim of this project was to evaluate how staff support procedures have aided in the recovery of staff following incidents of abuse. **Methodology**Participants were drawn from an opportunity sample; inclusion criteria included staff employed by the low-secure forensic service who had patient contact; their participation was voluntary. Participants were given information about the study and invited to an audio-recorded semi-structured interview. During the interview participants were asked about their experiences of abuse at work, the impact this had and how follow up support aided recovery. The interviews were transcribed and analysed using Thematic Analysis; this process enabled the identification and analysis of themes in the data.**Engagement**I worked with the service manager in exploring and identifying the need for this project. Furthermore, participants included those who were directly affected by this issue; their contributions will directly affect how staff support procedures are developed and improved within the service. **Outcome / Conclusion**Eleven participants, with varying roles took part in the study. Initial analysis revealed staff inclusion in decision making, communication, empowerment through choices, validation of experiences, flexibility in approach, and timely responses, are all important in how staff recover from incidents of abuse. The findings of the research has led to a better understanding in how staff experience the support offered to them following incidents of abuse. These insights will enable the development and shaping of staff support procedures within the low secure forensic inpatient service, encouraging better outcomes for staff who have been harmed.  |

|  |  |
| --- | --- |
| **20**  | **An in-depth study of the association between caregiver strain and stroke survivor functioning levels in the first six months following rehabilitation** |
| **Authors** | Dr Stein MS, Canterbury Christ Church UniversityDr Reynolds Frances (Retired from Brunel University) |
| **Description of research group** | The research group consisted of 51 caregivers-stroke survivor dyads, who were recruited from two in-patient stroke rehabilitation units in the South East. All patient survivors had experienced right hemisphere stroke dysfunction and were alive by the end of the project (6 months after stroke onset).  |
| The aim of this project was to explore the relationship between caregiver strain and stroke survivor functioning levels in the first six months following right hemisphere stroke dysfunction (versus left hemisphere) and discuss the implications from a therapeutic and rehabilitative perspective. The poster will include a brief background to the project, design (repeated quantitative and qualitative measures for stroke survivors and caregivers respectively), data collection methods employed, statistical analyses of the data, graphic presentation and summary of the results, followed by a brief discussion/conclusion and recommendations for practice. |

|  |  |
| --- | --- |
| **21**  | **An evaluation of a communication skills course in end of life care** |
| **Authors** | Kirk M. Kent Community Health NHS Foundation TrustMacInnes J. University of Kent |
| **Description of research group** | The recent End of life care audit- Dying in Hospitals (RCP March 2016) highlighted that only 25% of people who were recognised as being likely to die had documented evidence of a discussion with a healthcare professional about their likely imminent death. Evidence suggests that patients place good communication with health professionals high on their list of priorities (DH 2007). This study was established to evaluate the effectiveness of a half day end of life communication skills course in changing clinical staff’s communication skills, utilising pre and post course questionnaires.Pre and post course questionnaires were given to participants to review the effectiveness of the training delivered. |
| The poster shows the findings of the training and outcomes identified to staff.It sets out the strategies and structured approaches when communicating with patients and families. The poster will demonstrate the analysis utilised with pre-course score and post-course scores including the statistical analysis.The poster will identify that training demonstrates participants found the training beneficial and had improved confidence levels following the training.The poster evidence will conclude that the evaluation contributes to the evidence base on the effectiveness of communication skills training for clinical staff. |

|  |  |
| --- | --- |
| **22**  | **End of Life: a comparative study exploring the attitudes of health & social care professionals to the palliative care needs of people with IDD in the UK, Portugal & Nigeria** |
| **Authors** | Professor Rachel Forrester-Jones Professor David OliverTizard Centre, University of Kent, Canterbury |
| **Description of research group** | Tizard Centre is involved in research into the care of people with intellectual disability and Professor Oliver has been leading on research into palliative care and intellectual disability |
| The aim of this study was to compare the attitudes of medical and nursing staff towards PC across Portugal, Nigeria and the UK with the objective of looking at the attitudes to PC for people with intellectual disability (ID) in particular. Focus groups were held at the end of a CPD day for medical, nursing and social care professionals – UK 25, Nigeria 8, Portugal 15.Conclusions:Profound differences in attitudes towards palliative care exist between the 3 countries, reflecting and affecting the development of services. Local developments are occurring, e.g. in Nigeria a Hospital Palliative Care Team has been established within the local Federal Hospital; it is hoped that this will encourage further development of palliative care. Yet, there are deeper cultural attitudes to be confronted - regarding discussion of the diagnosis with patients, care at home and the discussion of care plans with patients and familiesThe care of people with ID varies greatly across countries. In the UK the role of palliative care is still unsure and specialist palliative care services are still establishing their role, in collaboration with local ID services. In Portugal and Nigeria there appear to be profound taboos about ID and these will have to be addressed before any further development |

|  |  |
| --- | --- |
| **23**  | **Striving to Become Research Active Hospices: The Story in one Region through Roles and Collaboration** |
| **Authors** | Leung , J. L; ellenor, Heart of Kent Hospice, Hospice in the Weald and Wisdom Hospice Brigden, C. B; Organisation: Pilgrims Hospices in East Kent |
| **Description of research group** | The close collaboration between a research practitioner and a research facilitator from West Kent and East Kent hospices has been developed since 2015. This collaboration is aimed to enhance research awareness among hospice staff, support and develop new research project within hospices and sharing latest information on research studies and trainings.  |
| The poster outlines the aims of the collaboration, highlights the major on-going and future works amongst these hospices and how the research practitioner and research facilitator link with other organisations to generate further research activities locally in Kent.  |

|  |  |
| --- | --- |
| **24**  | **The work of the Sidney De Haan Research Centre for Arts & Health** |
| **Authors** | Clift, S., Vella-Burrows, T., Shipton, M., Skingley, A., Page, S., Wilson, L.Sidney De Haan Research Centre |
| **Description of research group** | The Sidney De Haan Research Centre for Arts & Health at Canterbury Christ Church University was established in 2004. It has been successful in obtaining funding to support a progressive research programme exploring the potential benefits of regular group singing for health for older people and those with long-term health conditions (dementia, Parkinson’s disease, Chronic Obstructive Pulmonary Disease (COPD) and mental health conditions). The Centre has also attracted funding to research the benefits of dance for older people, to undertake, with partners, research on the contributions to community wellbeing of cultural institutions in the South East and to explore the contribution to wellbeing of singing for other groups (NHS staff, military wives, residents in care homes). Publication and dissemination by researchers has included organising conferences and seminars, setting up a Special Interest Group within the Royal Society for Public Health and editorship of the Arts & Health Journal and the Oxford Handbook of Creative Arts and Health. |
| The poster depicts the major areas of the Centre’s work under the broad area of arts and health viz: Singing and wellbeing; dance and health; the value of culture for communities; and dissemination through various publications, affiliations, seminars, conferences etc. The poster depicts these four major headings under which the various components of the Centre’s work will be illustrated. Text boxes will carry a brief description of the research (sample, intervention, outcome) and a brief publication reference where applicable. It is anticipated that the university’s design department will be able to help with production. |

|  |  |
| --- | --- |
| **25**  | **Collaboration across Kent and Medway: An Emerging Palliative Care and End of Life Care Research Group #PalliativeKent** |
| **Authors** | Leung , J. L; ellenor, Heart of Kent Hospice, Hospice in the Weald and Wisdom Hospice Brigden, C. B; Organisation: Pilgrims Hospices in East Kent (on behalf of the wider group) |
| **Description of research group** | The Kent & Medway Palliative Care Research Group was formed in October 2015 and is hosted by the Centre for Health Services Studies, at the University of Kent. The group brings together academic and clinical researchers from across Kent and Medway with interests in palliative and end of life care who are research active or developing their research skills. The group aims to support and develop palliative care research in the local region through collaborative partnerships between these academics and clinicians, leading on to applications for external funding for research projects. Palliative care is an approach which aims to enhance the quality of life of patients and their families who are faced with life-limiting illness through the assessment and treatment of physical, psychosocial, and spiritual problems. Palliative care in the UK is often provided by specialists based in hospices and hospitals, but is often supported by primary, secondary and tertiary care providers, community care, and social services.Member organisations include local universities, hospices, NHS community Trusts and Kent County Council. Members meet quarterly to discuss research ideas, concurrent issues, and share relevant funding, training, conference and publishing opportunities. Members advise and learn from each other to support the development of new palliative care and end-of-life care research in order to deliver high quality of health and social services to patients and their families.   |
| The poster outlines the aims and operation of the Kent and Medway Palliative Care Research Group and details of the host organisation and the group members and their affiliated organisations. The poster will include information on-going and proposed research projects and the planned activities within the group. Research interests, NIHR applications and practice development projects of members include:* models of hospice care
* learning disabilities
* COPD care pathways
* bereavement
* dementia
* skin integrity/pressure care
* prognosis
* sedation
* neurological palliative care
* breathlessness management
* quality of death and dying
* communications
* community end of life care
 |

|  |  |
| --- | --- |
| **26**  | **Steering the Research Activities across a Hospice Collaborative** |
| **Authors** | Leung , J. L; ellenor, Heart of Kent Hospice, Hospice in the Weald and Wisdom Hospice |
| **Description of research group** | The West Kent Hospice Collaborative, which consists of ellenor Hospice, Heart of Kent Hospice, Hospice in the Weald and Wisdom Hospice (Medway Community Healthcare), was formed in 2015 and has appointed a research practitioner to work across the Collaborative to raise their research profile and readiness to participate in a wide range of research studies in hospice setting.  |
| The poster outlines the formation and the aims of the West Kent Hospice Collaborative. It also underlines the challenges while setting up research studies within hospices as well as the milestones that have been achieved across the Collaborative.  |

|  |  |
| --- | --- |
| **27**  | **Patients recruitment: Thinking Outside of the Box** |
| **Authors** | Medway Community Healthcare, MCH – Research Team |
| **Description of research group** | MCH Research Team is trying to find different ways to approach patients and involve them in research studies. Currently we are taking part in a European study called EMBARC, the study aim is to create a database of patients with bronchiectasis. Patients recruited into the study consented to enrol the registry and give permission to EMBARC team to access their health records for the purpose of the study. Main barriers:* Unable to access medical records before consent patients to identify the right patient that meets the eligible criteria.
* Limit staff to approaching large cohort of potential patients
 |
| The aim of the poster is to show how teams can approach research in other ways and with other strategies in place using limited resources to maximise research outcomes.The poster will present MCH own experience setting up EMBARC studyEMBARC: aim, inclusion and exclusion criteriaMain Barriers:Screening PatientsRecruiting PatientGathering information for the CRFOVERCOMING BARRIERS:Working in collaboration with Respiratory TeamCreating a database to manage patients contact (telephone calls, letters send, eligibility criteria, appointments records)Identifying potential patientsInviting them to take part in the studyCONSENTING AND RECRUITING PATIENTSMaximizing resources: Invite patient to a Drop in SessionRecognizing patients’ limitations: Offering individual appointments or home visit if patients have problem to attend to the drop in session.If results from records such spirometry results are not available, given them the opportunity to do the test in one stop clinic. |

|  |  |
| --- | --- |
| **28**  | **Research Involvement at Jasmine Centre** |
| **Authors** | Omotayo, C., Holmes, S., Fahmy, V.Kent & Medway NHS and Social Care Partnership Trust |
| **Description of research group** | The research group consists of psychiatrists, psychologists and mental health nurses working together in a team that provide assessment and treatment of mental health problems for the elderly population and for younger adults who suffer early onset Dementia.The team works within Dartford, Gravesham and Swanley Community mental health service for older adults. It is based at Jasmine centre which is an active recruitment centre for 4 research projects recruiting patients mainly into dementia studies. The research group is well supported by Amy Hammond The Clinical Research Team Leader (Dementia) at R&D |
| The poster describes the aim protocol and methods of the 4 research studies that the research team are involved in.  |

|  |  |
| --- | --- |
| **29**  | **An opportunity seized!** **Right person, right time – improving our skill mix.** |
| **Authors** | Harrison AE Clinical Nutrition and Dietetics. Kent Community Health NHS Foundation Trust |
| **Description of research group** |  **Clinical Nutrition and Dietetics: Kent Community Health NHS Foundation Trust**Ann Harrison: Band 8a Community Nutrition Service ManagerLiz King : Band 7 Highly Specialist Nutrition Support DietitianJayne Hilton: Band 4 dietetic Practitioner |
| **Aim:** To investigate the feasibility of a band 4 dietetic practitioner post to undertake dietetic assessments in care homes**Objectives:*** To determine possible future cost improvements
* To identify band 5 dietetic time that could be released for more complex clinical workload
* To maintain a safe service to care home patients
* To ensure high quality service to care homes

**Method**The pilot project ran for four and a half months. Recruitment was completed from the band 3 community dietetic assistant workforce. The dietetic practitioner assessed new care home patients in Ashford and Shepway, booked by the Clinical Nutrition and Dietetics Central Appointments Team. Suitability criteria for patients were identified to make sure more complex patients were referred on to band 5 dietitians for assessment.Appropriate support and training was provided. This included tutorials, shadowing with peer reviews and weekly one-to-ones with electronic record reviews.Action plans were developed for identified learning needs or areas for improvement. Informal supervision was also provided as needed.Work is under way to agree a forward plan to help career development for band 3 colleagues.**Results**The dietetic practitioner was able to assess the vast majority of new care home referrals, which had previously been seen by band 5 dietitians.94 appointments were completed, equating to the release of 94 hours of band 5 clinical time for more complex work. The practitioner was safely able to identify four patients that required referral to a dietitian (4 per cent).She also identified safeguarding issues and liaised with the specialist nurses for care homes.Feedback collected from care home staff using an experience survey recorded excellent (6 homes) or very good (1 home) quality of care. Positive reflective feedback was collected from dietetic staff involved in the project and learning points for potential roll out in future.**Conclusion**The pilot project confirmed that the band 4 dietetic practitioner role is feasible safe and effective in the care home setting. It is expected that a career progression route for band 3 into band 4 roles will be developed and implemented. |
| **30**  | **Joint working between organisations** |
| **Authors** | Hulbert, RLead Research NurseTomlinson, LR&D Manager / Lead Nurse - Research |
| **Aims and Objectives:**Joint working between KCHFT, one of the largest community providers, and EKHUFT, one of the largest acute trusts in England, has seen the blending of organisational boundaries to deliver research that follows the patient’s path, rather than that of individual organisations. Both trusts have embraced joint working through recruitment of a joint research nurse post. It is intended that the post will demonstrate a move towards a workforce which is responsive, efficient and cost-effective across multiple specialties going forward. **Methodology:**A successful bid was submitted to CRN: KSS Strategic Development funding stream in the summer of 2015 to apply for funding to support a Band 6 Research Nurse, initially on a 12 month fixed term contract. Previously, several potential studies had already emerged across a number of specialties that require working across both acute and community sectors and the intention was that this post would act as the interface and link between the organisations and provide better set up and delivery of relevant studies across the two Trusts.**Engagement:** The two Trusts have a strong relationship and a positive history of working together and having Senior management support was key to the success of working together.The two trusts are actively engaged with the CRN at all levels. Both organisations demonstrate their commitment to supporting the network strategy through collaboration directed at increasing overall network recruitment. An experienced and capable research nurse was appointed to the post that was confident with the processes, structure and teams within EKHUFT. **Project Outcome**:Recurrent CRN funding for this post has recently been agreed meaning that the collaborative delivery post between acute and community will continue and support an increase in recruitment targets for both trusts. The trusts will work on those specific areas where the clinical patient pathway crosses organisational boundaries and where the majority of intervention is delivered in community settings. |