



**National Institute for  
Health Research**

Clinical Research Network  
Yorkshire and Humber

# Launch of the Yorkshire and Humber Offender Health Research Community

22<sup>nd</sup> March 2016

Event Summary



**Delivering research to make patients,  
and the NHS, better**

## Contents

Introduction .....	3
Launch Agenda.....	4
Summary of the Launch .....	5
Welcome and Introductions.....	5
Key note speech-Research involving prisoners/offenders .....	5
Research Study Panel .....	5
Dr Andrew Bickle .....	6
Kara Danks .....	6
Dr Alison Layton.....	6
Dr Amanda Perry .....	7
Dr Nat Wright .....	7
World Café Feedback .....	8
Attendee directory.....	17

## Introduction


The Launch of the Yorkshire and Humber Offender Health Research Network, held Tuesday the 22<sup>nd</sup> of March and hosted by the Yorkshire and Humber Clinical Research Network (CRN) was the first meeting to introduce the concept of a united Yorkshire and Humber Offender Health research network.

The launch brought together over 50 people from around the region who worked in a variety of areas along the Offender health pathway, welcoming both researchers and those who had no previous experience in research.

The launch was structured around short presentations from experienced researchers and a world café to allow all participants to enter into practical discussion. A Key note speech given by Hugh Davies, training advisor to the Health research Authority, provided interesting insight into the ethical issues of researching in prisons and the potential for including the Offender population in health research studies.

The launch was a key event for the CRN: Yorkshire and Humber as an introduction of the growing network of researchers currently involved in offender health research in the region and the first opportunity for all those interested in supporting this research to be in the same room together. It also helped to look beyond the approaches to health research in traditional settings and explore the practical implications of undertaking research with Offenders by learning from the diversity of experience of attendees.

The launch was attended by a wide range of participants including: researchers, practitioners, Academics, community health teams, prison staff and others interested in incorporating health research into their area of Offender health practice.



*The [most beneficial aspect of the event was the] opportunity to share in the start of something and be given the chance to influence research priorities and research routes.*

Feedback from the post-launch survey was very positive-attendees commented that they enjoyed hearing about the research currently being undertaken, the opportunity to meet and network with others with a shared interest in Offender research and the chance to share in the start of something and influence research priorities.

One attendee commented that the most beneficial aspect of the event was *'finding out that prison research is do-able' and there are lots of people to network with.'*

The next steps for the newly formed Yorkshire and Humber Offender Health Research Network will be to continue to develop a community in practice of researchers interested in prison based research. This will include those interested in leading on such research and also those interested in collaborating on research projects. Crucially such activity will be underpinned through active collaboration with Yorkshire and Humber Clinical Research Network.

We would like to express sincere thanks to the key speakers, panel members, world café facilitators and all attendees for sharing their knowledge and experience and making the day such an informative and successful occasion.

## Launch Agenda

9.30 Registration and Refreshments

10.00 Welcome and Introductions

*Dr Nat Wright Primary Care and Prison Specialty Lead, CRN: Yorkshire and Humber*

10.05 Key note speaker-Research involving prisoners/Offenders

*Dr Hugh Davies, Ethics Advisor, Health Research Authority*

10.45 **Research Study Panel**

*(Moderator Jo Cooke, Public Health Specialty Lead, NIHR CRN: Yorkshire and Humber)*

*Dr Andrew Bickle, Consultant Psychiatrist and Research Lead for the Offender Health Directorate of Nottinghamshire Healthcare NHS Foundation Trust*

*Kara Danks, PhD Researcher Northumbria University*

*Dr Alison Layton, Clinical Co-Director, CRN: Yorkshire and Humber*

*Dr Amanda Perry, Senior Research Fellow and Lead for Forensic Mental Health and Addictions team, University of York*

*Dr Nat Wright, Primary Care and Prison Specialty Lead, CRN: Yorkshire and Humber*

11.30 Summary of first half of meeting - chance for questions

11.45 **Lunch and networking**

12.45 Introduction to the **World Café**

*Chris Rhymes, Lead Research Nurse, CRN Yorkshire and the Humber*

13.00-13.20 1<sup>st</sup> Table

13.25-13.45 2<sup>nd</sup> Table

13.50-14.10 3<sup>rd</sup> Table

14.10-14.20 **Coffee Break**

14.30-14.50 4<sup>th</sup> Table

14.55-15.15 5<sup>th</sup> Table

15.20-15.40 6<sup>th</sup> Table

15.40-16.10 Summary of World Café

16.10-16.30 Summary and close  
*Jo Cooke*

### World café topics:

- Clinical priorities in offender health
- Ethics of involving prisoners in research
- Barriers and facilitators of conducting prisoner health research
- What do you want from the network?
- Working with colleagues from different disciplines
- NIHR national directive

## Summary of the Launch

The Launch provided a great opportunity to share ideas and thoughts about delivering more research involving the Offender health care pathway in the Yorkshire and Humber region. Below are some of the key outputs and learning that occurred from each of the sessions of the day. This is followed by a list of contact details for everyone who attended so that discussion can continue and working relationships can be formed.

Copies of each of the presentations are available online [here](#).

### Welcome and Introductions

Dr Nat Wright

Dr Wright welcomed attendees and discussed the lack of Offender health research available to inform the best practise of providing health care in prisons. He spoke of 3 aims for the formation of a local health research network:

1. Increase volume and quality of research in prisons in our region
2. Provide more opportunities for Offenders to be represented in research
3. Create a network of academics, researchers and practitioners available to deliver this research

### Key note speech-Research involving prisoners/Offenders

Dr Hugh Davies, Ethics Advisor, Health Research Authority

Dr Davies spoke of his experience in researching the ethical evidence in regards to Offender health research and raised many questions for discussion including:

1. How can we overcome the pragmatic concerns which exclude prisoners from research?
2. How should Offender's participation in research be considered in terms of their punishment?
3. How can the limit on privacy be dealt with regards to conducting research in prisons?
4. Is there an opportunity to increase the participation of offenders in research?

Discussion with the audience raised the following points:

- Can we pay prisoners to take part in research with consideration to the ethical and prospect of compromising the safety of participants?

### Recommendations and action points:

- The Network could consider this and put together a position statement with regards to paying the prisoner participants, based on collecting evidence to support or oppose the use of reward in engagement of prisoners as participants.

### Research Study Panel

Each panel member gave a 5 minute talk on their research experience and their 3 tips for conducting research in prisons.

### **Dr Andrew Bickle**

*Consultant Psychiatrist, and Research Lead for Notts Healthcare providing healthcare services and supporting research in a number of prisons.*

#### **Dr Bickle's top tips:**

- Think in the early stages how you are going to see participants. Who is going to unlock the prisoner? (Prisons are very complex and many with fewer prison officers and the prison healthcare team is very busy). If you can get access to keys for unlocking communal areas (e.g. coming onto and off of the various wings) this would make life much easier.
- Where are you going to see them? Areas are busy/overcrowded you need to think creatively, e.g. chaplaincy, sports facility.
- You must disseminate findings – this will be appreciated and welcomed.

Don't underestimate how much time it takes to negotiate the logistics within the complex prison regime.

### **Kara Danks**

PHD Student, Northumbria University, working with 4 North East prisons building up an evidence base for development of peer-led interventions in prisons.

#### **Kara's top 3 tips**

- Access – establish contact in each setting as soon as possible, establish relationships – start with governor and work your way down.
- Get security checks done ASAP as it is more often than not, a very long and drawn out process.
- Get ethical applications started early as again, it can take several months for approval.

Provide participants with a clear definition of your role of the researcher.

#### **Recommendations and action points:**

- The Network could post examples of how to define yourself as researcher on the network website.

Question from audience: *What would you do if there was a disclosure?*

*Kara: This would be in the ethics papers and consent form. You would have to report it if illegal in nature and/or the person who has disclosed poses a risk to themselves or others.*

### **Dr Alison Layton**

Joint Clinical Director, NIHR CRN: Yorkshire and Humber and gave an overview of the role of the CRN and support available to researchers.

#### **Dr Layton's top 3 tips**

- Engage early with the CRN, we can help with the early set up of study.

- The CRN has the knowledge of how to identify the correct patients and support you to do that.
- Importance of networking – knowing who to go to, sharing ideas and an understanding what each other does.

**Recommendations and action points:**

- If you are thinking of setting up a study and would like advice and support from the CRN: Yorkshire and Humber please contact:  
[studysupport.cryorkshumber@nihr.ac.uk](mailto:studysupport.cryorkshumber@nihr.ac.uk)

**Dr Amanda Perry,**

Senior Research Fellow and Lead for Forensic Mental Health and Addictions Team, University of York. Currently involved in a study of 4 prisons to implement a simple problem solving skills model in relation to risk of suicide or self-harm. There are three steps to the study; training front line staff, involving specialist staff, cascading information to prisoners to help them cope.

**Dr Perry's top 3 tips**

- Be prepared to be flexible in your approach to working within the setting
- Embed yourself – advise that you will be there. It's important to let the setting staff know the who, what and why
- Find a champion within the prison who believes in and supports research – staff are busy so it's good to have a key liaison person

Amanda also noted that prisons are all different and some are keener than others therefore methodology needs to be adaptable. There can be a high turnover of prisoners in some establishments whilst others have a more stable population – make sure you choose the 'right' prison site for the research.

**Recommendations and action points:**

- The Yorkshire and Humber Offender health research network could collect site intelligence regarding local prisons and share this amongst its members.

**Dr Nat Wright,**

Primary Care and Prison Specialty Lead, NIHR CRN Yorkshire and Humber is involved in a number of prison related studies.

**Dr Wright's top 3 tips:**

- Commit to it as we want to see better healthcare in prisons – find a way round setbacks.
- Don't be disheartened – might be thrown a curve ball but keep going and look for solutions.

- If they know the research is important, that it might make a difference yet have pressing demands regarding service provision then try to see their point of view – find a compromise, be collaborative but stand your ground.

## **World Café Feedback**

### **Blue Table: What do you want from the Network?**

- Research to be on offenders outside, in the community. Research to practice. Don't want findings to be disregarded. Entire pathway is important.
- Research idea: people old before their time, premature mortality.
- Involvement from South Yorkshire local criminal justice board.
- Access to someone from a journal/editorial perspective to produce good quality publications (Dr Jake Phillips?)
- CHAIN support forum and networking – Does anyone want to become a member?
- Public and Patient Involvement (PPI) representative from each organisation involved. Needs a research understanding. Feedback on research from start to finish.
  - Ex-offenders, universities, formal membership.
  - Family of prisoners: impact on family and community.
  - One group to help with ALL research ideas from start to finish – everyone uses same group for guidance.
- Access to someone with a successful background in completing funding applications.
- Access to a rehab and probation contact.
- Access to Research governance help – one team to refer to for guidance with ethical approvals, etc. to make the process more streamlined.
- Support for staff facing difficulties when researching (e.g. emotional difficulties such as secondary trauma from exposure to distressing information).
- Cross-organisational research – ways of making it easy for different sectors and organisations to collaborate.
  - Sub-groups to work on specific projects. Different people lead on different projects according to their skills.
  - Collaboration makes it easier to obtain funding.
- The chance for staff development in research. Support staff through their PhD? MSc?



- NOMS regional meetings - representatives to go to operational meetings? Prison meetings? We need to present a consistent message and early on, to avoid any delays in ethical applications.
- Networking and information sharing.
- Statistical support for the network.
- Research and Development team(s) to help with ethical applications, site file co-ordination, etc.
- Recruitment costs reimbursed into services. Access to clinical support costs – CRN.
- Numerous workshops across the year – Free to attend/share info.
- Including police/courts/prisons.
- Violence reduction/rehabilitation – use prisons’ language
- Identify topics – face-to-face networking/operational group/steering group/management group (funding for this?) Governing governor needs to see potential benefits and allow them to do some steering.
- Research each prison before going in to do data collection – refer to inspection reports etc. Any commonalities? If we get to know each prison before entering, then it will make the actual research process easier whilst on site – e.g. learning each prison’s main priorities and their agendas so we can offer to help with these.

### **What can members bring to the network?**

- Staff training – Good Clinical Practice in Prisons.
- Prison staff involvement / prison governors.
- Help with streamlining the research process – develop one standardised way of doing things.
- Supportive role.
- Funding.
- Journal, editorial level experience.
- South Yorkshire criminal justice board involvement.
- Help with the process of obtaining NOMS ethical approvals.
- Help with methodologies for and issues of conducting prison research.
- Link network with prison/researcher’s needs.
- Help with improving the prison’s understanding of the research process.
- Repository for research so can access easily.
- Looking at the whole offender health pathway.

- Views of different groups - give feedback/disseminate results – understand/take time to invest)
- Involvement of third sector providers.
- Help with applying for programme grants.
- Access to contacts such as Rebecca Hargate; experienced in funding and grant writing.
- Ideas for research opportunities, qualitative research skills/experience with 'big data' datasets. Experience of working and conducting research across prisons. (N. Addis)
- Academic supervision and training- clinicians / MOT? (E.g. Psychology) and up to fellowship applications –NIHR / Substance misuse and serious mental illness and physical co-morbidity. (Caroline Mitchell)
- Probation/community supervision expertise. Access to probation institute research committee. (Jake Phillips).
- Involvement of the Youth justice board.
- Research ideas/Bid writing/access to prisons/clinical work/psychological input. (Amanda Perry).
- Check on LinkedIn, set up charity for prisoners on release lives in Doncaster. Ops director CIC "No Offence" (Richard Powley).
- Impact of health on not only the prisoner but family/parents/children of someone who is an offender.
- Help with researching offender health more generally – not focusing solely on prisoners.
- 'Perfect day' model - staff communication actions.
- Name network once target audience is decided on – clarify exactly who we want to target.
- Workshops – specialist guest speakers to identify topics.
- Art Psychotherapist (Bina Hartwell).
- Annual conference to create and maintain a 'buzz' as well as drawing in new people.
- Probation staff involvement: find a more effective way of reaching them to get them interested. Can see entire offender pathway.
- At least 2 staff trained up on dealing with vulnerable groups within the prison e.g. veterans.
- Use of staff; can supervise external members of staff and in exchange we can offer training. Contact with universities. Work with social workers – good for their continued professional development.
- Suggestion to look at the criminal justice system more broadly e.g. stress of custody for people who've not actually offended as well as guilty detainees.
- Research idea: Social care research; not just health.

- Signposting, experts, sharing, not duplicating.
- Contact - Mind co-ordinator – previously worked in prisons over 10 years (Rachel Scicluna).
- Knowledge around transitions from one secure environment to another.
- Access to partners involved in Youth Justice, Understanding of a range of issues facing young offenders, Some depersonalised data on YP in custody from S+WY? (J. Sykes)
- Sharing good practice dissemination.
- Levels of network management and steering groups – funded via PCC, NOMS etc.
- Nav – Drug and alcohol experience, excellent public speaker.
- Dialogue with ministry of justice.
- A bulletin board for ideas to be pitched on.
- National representation coming from the network.
- Research idea – research pertaining to prison staff wellbeing. Staff morale? Staff safety? Life expectancy post-retirement.
- Whole system approach. Holistic approach. Referrals, appointments etc.
- Trade shows/ training packages
- Website that can promote the network and provide information regarding our work.

### **Green Table: Ethics**

- Breach of confidentiality is 'standard' in prison.
- Education for ethics committees.
- Similar issues to vulnerable groups.
- Well manned environment – organisational culture.
- How you get into the establishment is key (e.g. dependent on prison category, size, population, etc.)
- Governors are supportive – mutually beneficial.
- Prisons themselves already conduct research – evaluation/needs.
- Complexity of work.
- Routine documentation – 1) OASIS document (follows prisoner) 2) PER.
- Mission statement – Mortality/ethic process.

- Issue of loss of participants to follow up.
- Information protocol.
- When to consent? Additional steps for prisoners (Good Clinical Practice training is crucial and should be adapted to reflect the prison environment more specifically).
- Use of routine data for research purposes (e.g. patients' medical records).
- Points to access - when? Induction programme provides a possible consent point.
- Pulling together list of sources – justice data lab? – A need to co-produce with prisoners to help design the research to identify research priorities.
- View prisoners as any other vulnerable group.
- Incentives to encourage prisoners to participate in research; is this ethical. A literature review needs to be conducted to ascertain whether this is acceptable.
- Consent workshop – young offender/real language/support for researcher.
- Right to be included in research was thought provoking – Do prisoners have that right? Is it removed when they are imprisoned?
- Need to be careful not to stigmatize prisoners even more by using them as research “guinea pigs”.
- What does informed consent mean in a prison setting? Full capacity/incentives/negative consequences of saying no/not a homogeneous population.
- Confidentiality around any data sharing.
- Who else works with prisoners? ‘Inside times’.
- Implementation of research/science – will it work?
- Need to be mindful of different cultures/languages/values.
- Training (accredited) – learning by doing/prison sites/researchers, ethics committees/can learn from experiences/role play (ex-offenders)/researcher qualities/research passport.
- Motivations rather than incentives.

## **Red Table: Clinical Priorities in Offender Health**

### **Most Important Clinical Research Questions**

- What do we know already?
- What does the data tell us about clinical needs and planning?
- How accurate is the data?
- What is the health of the offenders in prison, related to the geographic location of the prison?
- Where does the Yorkshire Health study fit?
- What is the general health level of the prison population?

- What is the level of NPS use, and how is it linked to hospital admissions?
- How do we communicate to prisoners the problems of NPS? (What are the long term effects), Why is this now the drug of choice? (Cause or consequence), Is it worth speaking to ex offenders re: NPS use in prison?
- Prevalence levels of autism? (Screening tool AQ/most vulnerable of the vulnerable), Understanding of LD (learning action plan), What level of finance is needed re: autism? What tools are needed to identify autism or LD?
- Is mental health worsened by incarceration?
- OASys; use of prison to cope; older prisoners.
- MQPL prior to HMCIP inspection.
- What is the added benefit of HMCIP and CQC co-inspection?
- Data collected from just prisoners or wider data collection from families; friends; older stake holders?
- Theoretical basis in community with evidence in the community and therefore extrapolate into prison (e.g. do existing tools have validity in prisons settings?) Opportunity to evaluate.
- What is the potential of the prison setting to support sustainable behaviour change?
- Exercise; nutrition; literacy; smoking; primary prevention; secondary prevention i.e. self/management models

### **Barriers**

- Funding.
- Pathway research – not following across a life pathway.
- Access to database – permissions process.
- Community follow up.
- Blind spots – We don't think about prison.
- Length of approval process – particularly NOMS.
- No development programmes for future PIs – tailored for prison settings.
- Lack of political continuity.
- Not understanding double stigma of hidden illness/latent illness
- Why are we doing/extending the important research projects/questions into prison settings e.g. YHS, ReQol?
- Exploring missed hospital appointments – potential in-house? Model? Extended role of prison based clinicians (use of secondary care due to higher burden of disease).
- Implementing and evaluating service changes (is it just about prisons? Custody suites? Secure hospitals?)

### **Orange Table: Barriers and Facilitators**

#### **Barriers**

- Stigma preventing funding.
- Literacy needs. Terminology.
- Different public/private sector rules.
- Governance (permissions and IRAS forms).
- Contacts.
- Issues around consent (particularly young offenders).
- Pressures on prison staff.
- Digital divide.
- Who to contact/gatekeepers.

- Multi-disciplinary research team.
- Perception re: safety and difficulty of environment.
- Contract changes re: provision can mean research ceases.

### **Facilitators/Enablers**

- Ask the right questions and have some validity with the people who work there.
- Information co-ordination.
- Prison education.
- Relatives.
- Incentives.
- Knowing the right people.
- In-house IT.
- Social care.
- Council commissioning.
- Network could facilitate the questions going up to NIHR funding streams.
- Incentives for prison officers – funding prison staff/ psychologist review/paid officers-enabling/co-production approach. Opportunity – enabling because CRN not developed elsewhere – governance could be ironed out for others.
- Prison study database – write outcomes?
- DDC – deputy director custody – 1st contact point.
- Mapping providers in prisons.
- Info about process for prison research.

### **Yellow Table: National Directive**

- Non-NHS organisations need to link to NHS organisations at the moment.
- HJIS – Public Health England – SystemOne – to go out on July '16 (Eamon O'Moore?)
- Learn from care home model and chemotherapy for patients in community.
- Different models of social enterprise.
- Is GP coverage universal?
- 2 years prison – CRC not probation.
- Tracking people through the system.
- Tendering affects delivery/governance.
- Social care health issues on disability.
- Process and access to govt. prisons – systematic process.
- Consent – CRC (address: where they are going to be; SC – not always informed of release; discharge process – evidence that supports the problem).
- GP tracking.
- Research needs to be as clear as possible, in layman's terms.
- Social enterprises can be required/SME's.
- NHS focused.
- Vulnerable groups.
- Local bodies/authorities.
- CRC – community rehabilitation companies – probation support – have to be supervised in community.

- How to do the study in p-population? Prison psychologist on a list, digital health (technology young offenders), officers and governor, research passport (shared agreement), funding streams.
- How we sell – co-investigators in prison/social networks.
- Clarity of what is required nationally.
- Where are the areas of expertise – who holds the expertise? Who are the leaders?
- Mapping process.
- Research passports – access to prison's workforce.
- Consent to P/C records. Outcome measures.

### **White Table: Working with colleagues from different disciplines**

- Looking at joined up outcomes – not just reducing reoffending (social determinants) – working group to discuss outcome measures; has to get Ministry of Justice on board – service uses grounded.
- Joining up research from prison to community; through the resettlement pathway.
- Development of multi-disciplinary teams as part of research process.
- Spelling out organisational benefit.
- Increasing research capacity in the prison setting; making it a priority – continuity difficult with high staff turnovers, policy and organisational changes.
- Leadership and ownership of research.
- Multidisciplinary steering group.
- Assessment of need and priority from prison setting – then research to address.
- Sharing learning and disseminating research outputs; e.g. newsletters, champions, service user groups, engagement with relevant services in a joined up approach: forums, working group and co-decision.
- Co-production with prisoners.
- Regional NOMS for coordinated approach – MoJ outcome setting needs to be readdressed: difficulty of political tools.
- Equal access to services and through-care important.
- Join up funders and commissioners.
- Shared working and joining up networks (research): assessing what exists and making the most of it.
- Example; centre of assistive technologies, use of technology to aid multidisciplinary approach.
- Importance of coming together as a team to discuss research objectives and processes. Assessment of individual needs then this transferred into relevant care: integration of services and approach. (Working in Silos)
- Practical impacts for prison population.

- Health economist.
- Health systems research – look at multi-disciplinary teams.
- Database of research ready sites/organisations.
- Same barriers as usual partnership but slow and complex.
- Good examples of working through security for equipment.
- ‘Buy in’ of research on every organisational/staff level.
- Research capacity for resettlement staff to engage in process of research.
- Local authority: barrier: difficulties of setting up agreements – added cost for paper based - practical issues: technology in prisons.
- Difficulties of tensions; e.g. clinical is overall wellbeing approach?
- Different groups/individuals on bids – input from different stakeholders at the outset – including prisoners.
- Disease focused is holistic/client led.
- Contract/provider boundaries vs holistic approach.
- Prison culture issues and tensions of healthcare within prison setting.
- Difficulties of multidisciplinary working re: different cultures, languages and priorities.
- Local authority social care in prison – difficult but put in play MOT and other processes to work together – impact of older prisoner populations, end of life care.
- Peer researcher (Ex-prisoner) in community?
- Difficulty of micro level schemes under macro political agenda – transparency and efficacy needed. Good example: integrated offender management scheme now disbanded.
- Difficulty of keeping schemes going when policy change means loss of funding.
- Shared principles and values driven by organisation (e.g. safeguarding approach – different disciplines coming together for common goal).
- More understanding of each other’s’ roles.
- Cost-effectiveness of multidisciplinary working.
- Care-mapping – different teams coming together to develop care plan for an individual.
- Joined up ethical processes and the same responses for ‘inside’ and ‘out’. Possibility of honorary research contracts.
- Transparency; communication that is readily understandable.
- Difficulties with contracts – need to get these right.



## Delegate List

Nick Addis	Lecturer in Criminology	Sheffield Hallam University
Dr Nav Ahluwalia	Executive Medical Director	Rotherham Doncaster and South Humber NHS Foundation Trust
Dr Katherine Albertson	Senior Lecturer Criminology	Sheffield Hallam University
Dr Kevin Albertson	Reader in Economics	Manchester Metropolitan University
Baz Bailey	Contract Delivery Manager	Prisoner Escorts Custody Services-NOMS-MOJ
Liz Barkham	Lead Psychologist	Nottinghamshire NHS
Dr Andrew Bickle	Consultant Forensic Psychiatrist and Research Lead	Nottinghamshire Healthcare NHS Trust
Christine Butt	Clinical Research Fellow	Research, Leeds Community Healthcare NHS Trust, Leeds, UK
Nichola Cadet	Senior Lecturer	Sheffield Hallam University
John Carter	Governor	Rotherham, Doncaster & South Humber NHS Foundation Trust
Andy Collins	Public Health Alcohol Co-ordinator	DMBC
Jo Cooke	Yorks and Humber Prison Primary Care Cluster Lead	CRN: Yorkshire and Humber
Kara Danks	PhD Researcher	Northumbria University
Dr Hugh Davies	Training Advisor to the Health Research Authority	Health Research Authority
Dr Wendy Dyer	Senior Lecturer	Northumbria University
Fiona Halstead	CRN Y&H Deputy Chief Operating Officer	CRN Y&H
Susan Hampshaw	Senior Public Health Strategy Manager	DMBC
Fran Hankins	Research Assistant	Spectrum Community Healthcare CIC
Amanda Hannigan	Adult Contact Team Manager	Doncaster Council
Rebecca Hargate	Research Programme Manager	LYPFT
Bina Hartwell	PhD Student	Sheffield University
Dr Annette Haywood	Research Fellow	University of Sheffield
Pip Hearty	Research Assistant	University of Nottingham
Mark Hopson	Veteran Support	Doncaster Council
Prof Simon Howell	Clinical Co-director	Yorkshire and Humber Clinical Research Network
Dr Adarsh Kaul	Consultant Forensic Psychiatrist & Clinical Direct	Nottinghamshire Healthcare NHS Foundation Trust
Dr Alison Layton	Clinical Co-director	Yorkshire and Humber Clinical Research Network
Rosemary Leek	Commissioning Manager	Adults Commissioning and Contracts Team, Doncaster Council
Andy Leverton	Continuous Improvement Manager	South Yorkshire Police

Summary of the Launch of the CRN: YH Offender Health Research Network

Srdjan Ljubojevic	RDM	Yorkshire and Humber Clinical Research Network
Dr Alex McClimens	Senior Research Fellow	Sheffield Hallam University
Dr Caroline Mitchell	General Practitioner / Senior Clinical Lecturer	The Medical School, University of Sheffield
Chris Nield	Consultant in Public Health	Sheffield City Council
Caroline O’Keeffe	Senior Research Fellow	Sheffield Hallam University
Helen Oldknow	Research Nurse	Rotherham Doncaster and South Humber NHS Foundation Trust
Chris Oxnard	Deputy Chief Operating Officer &RDM	National Institute of Health Research
Geoff Page	Research Fellow	Health Sciences, University of York
Jill Palmer	Social Worker	Doncaster Council
Dr Amanda Perry	Senior Research Fellow	University of York
Tom Phillips	Deputy Director of Nursing & Quality	Humber NHS Foundation Trust
Dr Ray Poll	Nurse Consultant	Sheffield Teaching Hospitals
Chris Rhymes	Lead Nurse	National Institute of Health Research
Heather Rice	Assistant Director for Research	Rotherham, Doncaster and South Humber NHS Foundation Trust
Vince Roberts	Health Improvement Principal	Sheffield City Council
Hannah Smith	Portfolio Delivery Facilitator	Clinical Research Network: Yorkshire and Humber
Jo Sykes	Resettlement Consortium Manager	South and West Yorkshire Resettlement Consortium
Caroline Temperton	Public Health Improvement Co-ordinator	Doncaster Council
Martin Welch	Systems Co-ordinator	National Institute of Health Research Clinical Research Network Yorkshire and Humber
Kevin Williamson	Lead AHP for Research	Rotherham, Doncaster and South Humber NHS Foundation Trust
Dr Nat Wright	Clinical Research Director	Spectrum Community Healthcare CIC