NHS
Lincolnshire Partnership
NHS Foundation Trust

Psychological Professions

Plan 2025 – 2027



Foreword and welcome



Sharon Harvey - Chief Nursing Officer (Quality and Professions)

As Chief Nursing Officer (Quality and Professions) and the Executive sponsor for psychological professions, it is my privilege to introduce the Trust's first Psychological Professions Plan.

This plan marks a significant milestone in our journey to ensure that the expertise, insight and leadership of psychological professionals is not only recognised but central to the way we shape, deliver, and continuously improve care across our Trust.

The psychological professions bring a unique and essential perspective to our multi-disciplinary workforce. Their commitment to evidence-based practice, compassionate and trauma-informed care, and research-driven innovation is fundamental to our vision of supporting people to live well in their communities. As we move forward, it is vital that the voice of psychological professionals is not only heard but actively shapes our strategic direction at every level, including at Board.

I am personally committed to ensuring that psychological professions have a strong, visible and influential presence in our Trust's leadership. Through our newly established Psychological Professions Council and Consultant Psychologists Networking Group, we are creating robust structures for engagement, influence, and shared decision-making. These forums will ensure that the expertise of psychological professionals informs our strategic planning, service development, and quality improvement initiatives.

Our Psychological Professions Plan aligns with the Trust's overarching strategy and the national vision set out by the Psychological Professions Network. It sets out clear priorities for workforce development, leadership, research and innovation, and champions the importance of interprofessional collaboration. By working together across nursing, allied health, social work and psychological professions we can deliver truly holistic, person-centred care.

I am proud to champion the psychological professions and to work alongside colleagues from all disciplines to promote a culture of partnership, learning and continuous improvement. Together, we will ensure that the voice of psychological professionals is central to our leadership, our strategy, and most importantly the experiences and outcomes of the people and communities we serve.

Executive summary

The title used in this document ‘Psychological Professions’ is a conscious way of recognising the broad range of professional groups employed within LPFT, whose practice is informed by the scientist – practitioner disciplines of Psychology and Psychological Therapy.

The Psychological Professions Network has brought these groups together in England, to support us to maximise the benefits these roles bring not just to the Trust’s core business of mental health, dementia, learning disabilities, and Autism, but also to wider healthcare as delivered by our highly specialist Neuropsychology, Paediatric and Physical Health Psychology services.

This document has been written to support the delivery of the Trust’s strategic objectives and the vision for the Psychological Professions in England, whilst also delivering against the NHS strategic agenda as set out in the NHS Long Term Plan (2019), the Mental Health Implementation Plan (2019), Fit for the Future; 10 Year Health Plan for England (2025) and the Medium Term Planning Framework – delivering change together 2026/27 to 2028/29 (2025) .

Our ambition of ‘supporting people to live well in their communities’ will be met if we can embrace our ability to deliver evidence-based therapies and interventions and also provide clinical leadership, supporting a culture of critical thinking, compassionate and trauma informed care and evaluation and learning. Across all care groups and services, senior psychological professionals also provide training, consultation and supervision, supporting and enhancing the psychological capacity of workforces both internal and external to the Trust.

Evaluation of clinical effectiveness is a necessary part of considering the quality of services, therefore requires research skills. Psychological professionals are one of the most research active disciplines within the Trust, not least due to our commitment to employing Trainee Clinical Psychologists accessing the Trent Doctorate in Clinical Psychology. Finally, a number of staff within the organisation are regional and national experts within their field, contributing to special interest and clinical reference groups.

This is the first ever ‘Psychological Professions Plan’ for LPFT and it is hoped that this document will lead to further discussions, engagement and action as well as becoming a basis for future reporting and plans.

Introduction

This plan outlines the strategic direction and performance of the Psychological Professions in LPFT, aligning with the Trust's Strategy for 2024 – 2029 and the Psychological Professions Network's Vision for the Psychological Professions.

The LPFT Strategy



This strategy seeks to develop a more psychologically, trauma-informed culture throughout services, as is underpinned by the core elements of Trauma Informed Care:

Together we will value each other as the experts of our own experiences...



Choice

Together we will recognise the importance of active listening and having time to make choices



Cultural consideration

Together we will embrace and value differences and implement this in a person-centred way



Trustworthiness

Together we will do what we say we will do, in an environment of openness and honesty



Empowerment

Together we will make no decision about you without you



Safety

Together we will offer a safe non-judgemental environment for you to be open, honest and yourself



Collaboration

Together we will walk alongside you, instead of leading you, by asking the service users, carers and all invoved with your care, what your goals are and how we will achieve them together

Area for development

Continued work on the development and embedding of Trauma Informed Care across the organisation. This is embedded in some areas, however it is felt that a focus on trauma informed approaches would be useful in the Trust's core philosophy of care.

The Psychological Professions Network (PPN) is commissioned by NHS England to provide a joined-up voice for the psychological professions in workforce planning and development, and to support excellence in practice. There are seven regional PPNs, all of which have a steering group or board overseeing its work. The PPN sets the national strategy and vision for all psychological professions in England.



The Psychological Professions Network's vision comprises of five elements:

Help our communities to thrive
We commit to developing healthy, thriving communities, with a more psychologically informed public.

Make all health and care psychological
We commit to embedding psychological knowledge and practice across the health and care system so it is better able to meet all of a person's needs - psychological, physical and social.

Put people first
We commit to putting the needs and voices of people at the heart of everything we do and to treating service users, carers, families and staff with kindness, empathy, openness, respect and dignity.

Transform and innovate
We commit to using our evidence and expertise boldly to innovate and improve what we do.

Unite and increase diversity in the psychological professions
We commit to the psychological professions becoming a united force with a strong and diverse voice, working collaboratively with other professionals of all disciplines.

To produce this plan we have proactively sought the expert opinions of our psychological professionals via:

- Discussion within our newly formed Psychological Professions Council.
- Feedback from the Consultant Psychologists Networking Group.
- Information gathered during our Psychological Professions Celebration Event.

This approach ensures that we incorporate national guidelines, Trust strategy and valuable insights from our psychological professionals.

Key contributions of the Psychological Professions



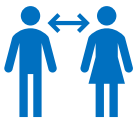
Identification and assessment of health and social care needs

Gathering appropriate information; selecting and using appropriate assessment techniques; undertaking or arranging specialist assessments and analysing and critically evaluating information collected.



Clinical formulation

To identify the most appropriate evidence based strategies for meeting health and social care needs: using research, reasoning and problem-solving skills to determine appropriate actions; drawing on appropriate knowledge and skills in order to make professional judgements; formulating specific and appropriate intervention plans including the setting of timescales; conducting appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully; maintaining records appropriately.



Specialised interventions

Each psychological profession is formally trained in delivering specialised psychological or psychologically informed interventions for a range of psychological difficulties.



Evaluation of effectiveness

Using relevant and meaningful outcome measures in order to monitor change and evaluate the effectiveness of all interventions.



Professional relationships

Working in partnership with other professionals, support staff, patients, service users and their relatives and carers; contributing effectively to multidisciplinary teamwork; consultation and communication of information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers and understanding the need for effective communication throughout the care of the service user.



Support for carers and families

Using psychoeducation/ teaching/ training as well as family/ group interventions to enhance the skills of families and carers.



Innovation and research

Involvement in, and leading research/ audit/ evaluation and the implementation of innovative practices, continually improving the quality of care provided.



Supervision

Provision of high quality, reflective clinical supervision to all colleagues; skills-based supervision to trainees, students and colleagues; professional and management supervision when appropriate.

Psychological professions workforce

As a Trust we employ a diverse range of psychological professions who have specialist skills in the fields of mental health, dementia, learning disability, autism, physical health and neuropsychology.

The psychological professions are clustered under the following groups:

Psychologists

Clinical Psychologist
Forensic Psychologist
Counselling Psychologist
Health Psychologist

Associate and Assistant roles

Clinical Associate in Psychology (CAP)
Assistant Psychologist

Psychological Therapists

Cognitive Behavioural Therapists
Counsellors
Child and Adolescent Psychotherapists
Adult Psychotherapists
Family and Systemic Psychotherapists
Psychological Therapists (other)
Art, Drama and Music Therapists (AHP professional leadership)
Medical Psychotherapists (Medical professional leadership)

Psychological Practitioners

Psychological Wellbeing Practitioner
Education Mental Health Practitioner
Children's Wellbeing Practitioner
Mental Health and Wellbeing Practitioner
Youth Intensive Psychological Wellbeing Practitioner

As a Trust we employ people in a variety of these roles, as well as developed our own an internal training programme, based on the NHS England Mental Health and Wellbeing Practitioner training. This role is known as the Psychological Intervention Facilitator (PIF).

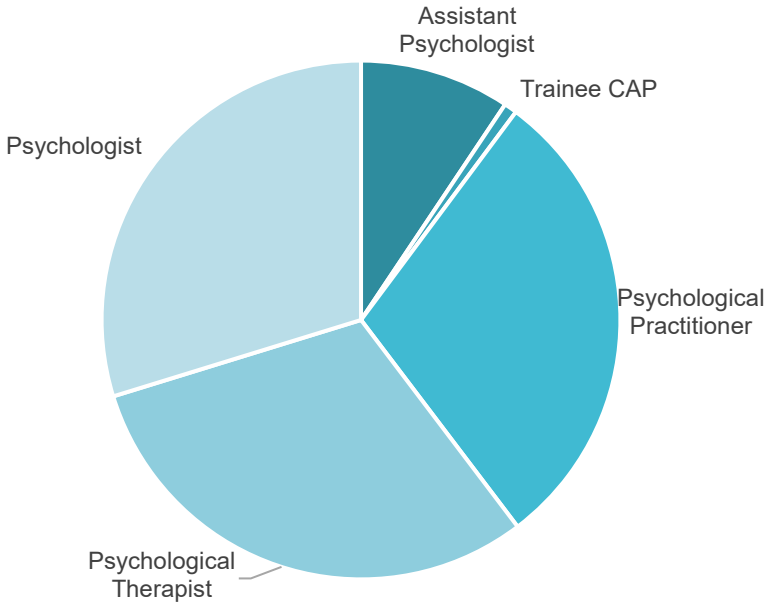
LPFT took part in the annual Psychological Professions workforce census, conducted by the NHS Benchmarking Network, receiving our individualised report in July 2025.

The table below shows our psychological professions workforce numbers (headcount) as at April 2024 which is the latest workforce census data available.

Please note that at this time, the Trust was organised into five 'Divisions' therefore this language will be used to explore the data.

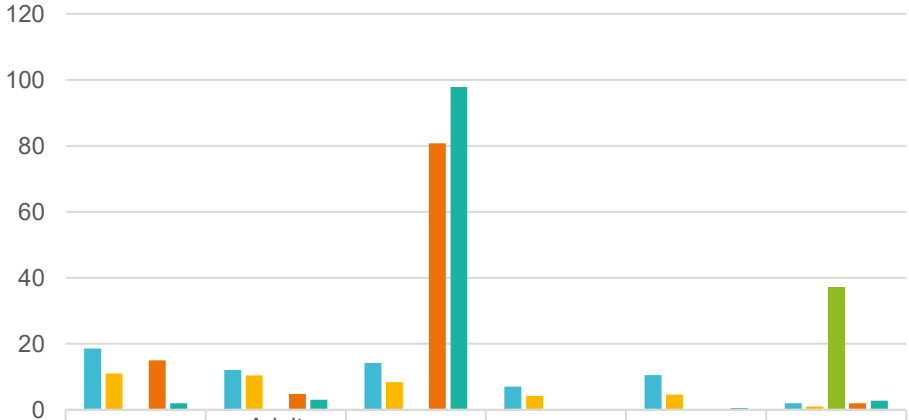
Division	Service area	Assistant Psychologist	Trainee CAP	Psychological Practitioner	Psychological Therapist	Psychologist	Total
Adult Inpatient & Urgent Care						7	**7**
Adult Community (incl. LTT)		9		102	83	14	**208**
Corporate		1		3	3	39	**46**
Older People and Frailty	Physical Health Psychology	1				6	**7**
	Neuropsychology	5				7	**12**
	Older people			1		3	**4**
Specialist Services	Children and young people	8	3	1	23	22	**57**
	Eating disorders			3	5	2	**10**
	Forensic	2				5	**7**
	Learning Disabilities and Autism	9				6	**15**
Total		***35***	***3***	***110***	***114***	***111***	***373***

Relative numbers of employed Psychological Professions (headcount) April 2024



The number of whole-time equivalents (wte) is slightly different due to flexible working arrangements, as shown in the graph below:

Whole time equivalent Psychological Professions workforce



	CYP services	Adult Specialist Services	Adult Community	I&UC	OPaF	Corporate
Psychologist	18.6	12.1	14.2	7	10.5	2
Assistant Psychologist	11	10.4	8.4	4.2	4.59	1
Trainee Clinical Psychologist	0	0	0	0	0	37
Psychological Therapist	14.99	4.8	80.8	0		1.95
Psychological Practitioner	2	3	97.88	0	0.53	2.8

Psychologist Assistant Psychologist Trainee Clinical Psychologist
Psychological Therapist Psychological Practitioner

The Adult Community Division have the greatest number of psychological professionals in the Trust, due to Lincolnshire Talking Therapies (LTT) employing Psychological Wellbeing Practitioners (PWPs), Counsellors and Cognitive Behavioural Therapists (CBT).

The Trust's Trainee Clinical Psychologists are also assigned to the corporate division, as they are employed on a fixed term basis via funding from NHS England. Their clinical placements (for 6 – 12 months each) are rotated across all clinical services, so workforce figures are centralised for ease of management.

The percentages of psychological professionals employed by LPFT are largely comparable to other NHS organisations in the Midlands region. When compared to similar trusts nationally, LPFT employ fewer Psychologists but larger numbers of Psychological Therapists and Psychological Practitioners within the workforce.

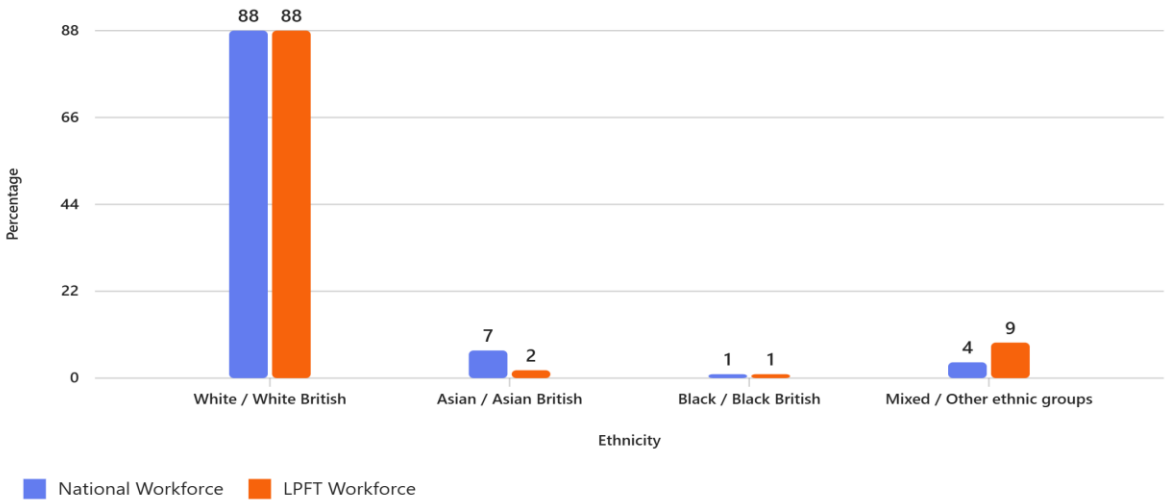
Comparison with Midlands region (all organisations) and national MHDLDA NHS trusts workforce numbers

Role description	LPFT figures (%)	Midlands region figures (%)	National MHDLDA Trust figures (%)
Assistant Psychologist	9	8	15
CAP	1	2	3
Psychological Practitioner	29	24	18
Psychological Therapist	31	39	23
Practitioner Psychologist	30	27	39

Vacancies and gaps due to long term leave (e.g. maternity, ill health), or service changes exist in a number of services, which has resulted in access to psychological assessment, formulation and intervention being placed on service risk registers.

Recruitment and retention continues to be a challenge, however, increasing numbers of Trainee Clinical Psychologists (funded by NHS England) in the region is starting to support local recruitment initiatives.

The census data also allows comparisons between LPFT and national figures regarding ethnicity, gender, age and disability status. The ethnicity of LPFT staff has a similar pattern to that Psychological Professionals nationally, with 88% of staff recorded as white or white British, 2% Asian or Asian British, 1% Black or Black British and 9% mixed or other ethnic groups.



Comparisons with regard to gender are also in line with the national picture with 20% of LPFT Psychological Professions male and 80% female. It should be noted that the benchmarking census did not request data about other gender identities.

With respect to age, 68% of LPFT Psychological Professionals are aged 20-39, compared with 55% as the national figure. A further 29% are aged between 40 and 59 (36% nationally) and 4% over 60 (5% nationally).

12% of LPFT Psychological Professionals identify as having a disability, compared to the national figure of 10%.

Leadership and governance

Reporting structure

Reporting and management structures differ according to service lines. Some services have specific 'Psychology' teams and management structures, some have integrated psychological professionals into locality-based teams. In other services there is a hybrid approach.

Due to having such a large workforce, spread across multiple care groups, networking, relationship building and collaborative working can be a challenge.

Area for development

Development of a who's who of psychological professions, to support collaborative working, professional relationships/ engagement and transition planning for individual clients.

Psychological professionals have a clear structure for engaging with leaders and subsequent reporting to the Trust Lead for the Psychological Professions, and Director of Nursing and Professions.

The recently reviewed Psychological Professions engagement structure includes:

- **Consultant Psychologists Networking Group (bi-monthly):**
  This includes all Consultant Psychologists across LPFT. Established to support the strategic leadership and development of psychological services provision across the Trust.
- **Psychological Professions Council (quarterly):**
  An opportunity for all psychological professionals across all care groups to be involved in influencing the Trust agenda. Provides strategic advice, intelligence, expertise on the provision of psychological services across the Trust.



Area for development

Opportunities for the Psychological Professions workforce to engage in strategic development of services. To be developed via the Consultant Psychologists Networking Group and Psychological Professions Council.

Opportunities for the Psychological Professions workforce to be represented on relevant working groups and Quality Improvement initiatives across the Trust, via the work of the Council.

Professional registration

The title of Practitioner Psychologist (including Clinical, Forensic, Counselling and Health Psychologists) is protected in law, as these are both registered and regulated by the Health and Care Professions Council (HCPC). Practitioner Psychologists must adhere to:

- **Standards of proficiency for Practitioner Psychologists:** These standards outline the skills, knowledge, and behaviours required to practice safely and effectively.
- **Continuing Professional Development (CPD):** In order to maintain registration. This ensures people keep their skills and knowledge up-to-date.

HCPC registration must be renewed every two years and individuals must demonstrate that they continue to meet the required standards and have completed sufficient CPD.

Registers exist for counsellors and psychological therapists, such as the British Association of Counsellors and Psychotherapists (BACP), the British Association for Behavioural and Cognitive Psychotherapies (BABCP) and the Association for Family Therapy and Systemic Practice (AFT).

There is also a wider psychological workforce register. The British Psychological Society (BPS) and the BABCP have been approved by NHS England to provide an individual registration scheme for Psychological Wellbeing Practitioners (PWP), Children's Wellbeing Practitioners (CWP), Education Mental Health Practitioners (EMHP), and Mental Health Wellbeing Practitioners (MHWP) who have met the requirements for NHS England recognition.

The BPS also register applied psychology roles in the psychological professions across the four nations that are not regulated by law and fall outside of NHS England's registration scheme, including the Clinical Associate in Psychology (CAP) developed in England.

Leadership structure

The Chief Nursing Officer (Quality and Professions) is responsible for executive leadership and representation of all psychological professionals at board level. This role is supported by the Director of Nursing (Quality and Professions).

The Trust Lead for the Psychological Professions has oversight of all psychological professionals training or practicing clinically in LPFT.

The Trust are the only NHS employer of psychological professionals in the county; although other NHS trusts and Lincolnshire County Council commission specialist psychological services from LPFT, to meet population needs.

The role therefore has high level strategic, system oversight with a focus on delivery of high-quality assessments, clinical formulation led and evidence-based interventions, workforce capacity and development, and governance processes.

Key responsibilities and focus of this role include:



Strategic leadership

Setting the direction for the psychological professions, ensuring alignment with the Trust's overall strategy and objectives and national strategy developed by the PPN.



Quality assessment and interventions

Ensuring that all assessments and interventions provided by psychological professionals are of the highest quality, evidence-based, and tailored to meet the individual needs.



Workforce capacity

Monitoring and planning for workforce needs, ensuring there are enough skilled staff to meet demand, and addressing any gaps in staffing. This includes working with education partners and NHS England to ensure the training strategy for clinical psychologists meets the workforce demands across the Midlands region.



Professional development

Fostering a culture of continuous learning and development among psychological professionals, providing opportunities for training and career advancement.



System orientation

Integrating psychological services within the broader health and social care system, ensuring seamless collaboration with other health and social care providers in Lincolnshire who commission with LPFT.

This strategic role is crucial for maintaining the high standards of care and ensuring that psychological professionals are well-supported and effective in their roles.

Consultant Clinical Psychologists

Each service area has Consultant Clinical Psychologists who also play a crucial role in advancing the quality and effectiveness of psychological service provision. These roles are crucial for providing service-specific leadership, clinical expertise, and supervision to psychological professionals in development roles.

They provide local/ service specific:



Expert clinical practice
Providing advanced clinical care and expertise to ensure high standards of patient care.



Practice and service development
Leading initiatives to improve and innovate psychological elements of service delivery.



Professional leadership and consultancy
Offering leadership and consultancy to guide and support healthcare professionals.



Research, audit, and evaluation
Conducting and supervising research, audits, and evaluations to inform evidence-based practice and improve service outcomes.



Education, training, and development
Facilitating education and training programs to enhance the skills and knowledge of a broad range of LPFT colleagues.

The lead Consultant Clinical Psychologists for the Adult Community Mental Health and Children and Young People care groups also have a more formal role in supporting the entire psychological professions workforce in their clinical areas.

Their services employ a wide range of psychological professions, following large scale transformation programmes in adult and children's community mental health services.

Areas for development

Review of psychological leadership structure across services to ensure all psychological professionals have access to professional leadership and support.

It is acknowledged that psychological leadership varies across the organisation, therefore a strategic aim is to have a more consistent leadership structure across all clinical services.

Links with local, regional and national systems

Local system

The psychological professions are formally represented at the Integrated Care Board (ICB) led out of area treatment service (OATS) panel to represent LPFT in clinical decision making for individuals whose mental health needs cannot be met locally through commissioned services.

They are also represented at various local multi-agency forums including Multi-agency public protection arrangements (MAPPA), Multi-Agency Risk Assessment Conference (MARAC), Ministry of Justice reviews and Lincolnshire County Council safeguarding panels.

LPFT are the only public sector employer of psychologists in the county. Lincolnshire Community and Hospitals Group (LCHG) and Lincolnshire County Council, along with the charitable sector commission the provision of highly specialist psychological services to meet the needs of their populations, including (but not limited to) inpatient neuro-rehab, psycho-oncology and stroke neuropsychology services.

The Trust's psychological professionals continue to develop Special Interest Groups and Clinical Networks, for example our active ACT (Acceptance and Commitment Therapy) and Trauma Informed Care special interest groups. These serve the function of enabling the sharing of good practice, clinically relevant literature and service development opportunities.

East Midlands and Midlands

The Trust lead for the Psychological Professionals attends monthly meetings with local Chief Psychological Professions Officers across the East Midlands and the Midlands regions, to share good practice, learn from each other and support service development across the region.

National

The Trust lead for the Psychological Professionals attends a monthly briefing provided by the NHS England national lead for psychological professions, to ensure the Trust remains informed and involved in national priorities and workstreams. They also attend a national monthly meeting with the Faculty of Leadership and Management; part of the BPS offer to senior Clinical Psychologists; which enables LPFT to have a voice in the strategic development of the profession

The Trust's psychological professionals are active at a national level, particularly with regard to BPS and Association of Clinical Psychology UK (ACP-UK). As examples:

- A number of Consultant Psychologists act as, or are working toward, becoming BPS/ ACP-UK National Assessors. This is an important quality governance role in the employment of consultant level psychologists across the NHS and enhances understanding of and relationships with other services nationally.
- The National BPS Faculty for the Psychology of Older People (FPOP) conference was arranged by a small working group, led by two of LPFT Consultant Clinical Psychologists in the summer of 2025.

Professional development

Unlike allied health professional and nursing colleagues, there is no central funding available for psychological professionals CPD, therefore any externally sourced CPD is managed locally within service lines.

The Multi-professional Education and Training Plan (METP), now known as the Education Training Activity Plan (ETAP), offer for professional training is aligned to the adult community and the children and young person's mental health transformation (which includes adult eating disorder services and older people's services). LPFT have requested NHS England funded courses via the Lincolnshire Integrated Care System ETAP for therapy programmes including Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, Structured Clinical Management, Cognitive Analytic Therapy, Eye Movement Desensitisation and Reprocessing as well as psychological practitioner training (e.g. Mental Health Wellbeing Practitioner, Psychological Wellbeing Practitioner).

Many of these training opportunities are for non-psychological registered professionals, such as nursing and allied health colleagues, but do place demands on existing skilled supervisors in order to provide the supervision requirements of the training.

A culture of continuous learning and development is necessary to support the psychological professionals to enhance the quality of care and services we provide. Through targeted training courses, supervision and other development opportunities, we can ensure that all staff (including those supported by, or consulting with our psychological professionals) are making use of evidence based approaches. The training, skills and experience of the psychological professionals places them in the helpful position of being able to share knowledge with colleagues, whether formally, by teaching/ training or informally via discussions, support or consultation.

Key areas for development

Development and maintenance of a central register of identified training needs, along with a similar register of identified skills and knowledge. This will support LPFT to use local skills and knowledge where possible, instead of outsourcing training to external organisations.

Opportunities for centralised funding of CPD opportunities will be considered, e.g. using money from the Non-Medical Education Tariff (NMET) income as a result of having Trainee Clinical Psychologists on placements with in LPFT.

Higher Education Institute links

We have strong links with a number of higher education institutes. The Universities of Lincoln and Nottingham provide the local Doctorate in Clinical Psychology programme. This is a 3-year, full time programme funded by NHS England, with trainee Clinical Psychologists employed on a fixed term three-year contract by LPFT, Derbyshire Healthcare NHS Foundation Trust and Nottinghamshire Healthcare NHS Foundation Trust.

The Trust currently employs 39 trainee Clinical Psychologists. As trainee Clinical Psychologists are full time employees, the Trust Lead for the Psychological Professions is ultimately responsible for their recruitment and line management. Parts of this role are currently delegated to a senior tutor on the Trent Doctorate in Clinical Psychology Programme. The Tutor role sits within the University, and the post holder has an honorary contract with LPFT to allow access to relevant Trust clinical systems.

The University of Derby provides a MSc in Forensic Psychology. Two assistant psychologists are currently undertaking the programme part time, alongside their LPFT work, which is used to meet the clinical placement elements.

The University of Staffordshire provides a professional Doctorate in Health Psychology (DHealthPsy). One assistant psychologist is undertaking the programme with their LPFT work used to evidence their competencies.

Nottingham Trent University have developed an apprenticeship scheme for trainee Clinical Associates in Psychology (CAP). This is a funded 18-month MSc programme. Currently children and young people services are piloting three trainee CAP apprenticeships.

Preceptorship and development posts

Other professions including allied health professionals and nursing offer a Preceptorship Programme to all newly registered staff who join LPFT. Some staff employed as psychological professionals via NHS England funding streams (e.g. PWPs, EMHPs, CWPs, Clinical Psychologists) have clear requirements for supervised practice upon qualification, which is often reflective, as well as skills based.

There is no specific Preceptorship Programme however for them at present. Other staff groups, such as Psychologists (Clinical, Forensic, Health and Counselling) tend to be employed in development posts once registered. The processes of which differ across the organisation according to the expectations of services.

Key area for development

A preceptorship programme for newly qualified psychological professionals will be considered.

A clear process for development posts will be created to ensure clarity of expectations and equity across all service lines.

Clinical, management and professional supervision

High quality supervision is essential to ensure that psychological professionals remain effective, competent and safe practitioners, working within the remit of their role.

The majority of psychological professionals are integrated within teams / services therefore they receive management supervision from within this structure. Clinical and profession specific supervision is offered across the organisation dependent upon the professional role, skills and therapeutic modality used by the staff member.

Some therapy specific supervision is currently outsourced due to lack of skills within LPFT (e.g. EMDR) and some due to lack of capacity of practitioners (e.g. CBT).

The East Midlands Supervision hub existed to meet the therapy specific supervision needs of individuals who cannot source supervision from within Trust structures. This excluded EMDR which is why this is funded via existing service budgets. However, due to concerns about the capacity of the hub system, the funding has been brought back into LPFT and plans are being made about how to use the funding to deliver the necessary supervision for psychological professionals in the future.

Requests have been received on multiple occasions for supervision of non-clinicians across LPFT, which are considered centrally by the professional lead and allocated according to capacity.

Key area for development

Development and maintenance of a directory of supervisory competencies and interests, to support equitable access of clinical supervision.

Training of relevant individuals to develop the level of accreditation required for specific supervision, e.g. EMDR.

Development of a directory of the amount and type (e.g. 1:1, group or skills based) supervision required by each psychological profession's role, in order to ensure adequate and high quality supervision is provided.

Use of technology for skills and information sharing

It is essential that new technology is used effectively to enhance our ability to connect, network effectively and share skills, as well as deliver the core roles of assessment, formulation, intervention and evaluation of psychological services.

Digital technology is evolving and being piloted in a number of settings, such as specialist neuropsychology assessments, autism assessments and live gathering of feedback.

There is a psychological professions teams' channel where staff can share information and resources, pose queries and share ideas.

Key area for development

Continue to seek innovative methods of utilising digital technology to enable clinicians to access resources, share skills and connect, and enhance the options offered to our clients.

Patient experience, safety and outcomes

Different services have differing requirements in terms of outcome measures and methods of seeking feedback from clients, their families and carers.

The Consultant Psychologists in each service are responsible for supporting the use of outcome measures, analysing the data and critically appraising the information to further develop services.

Involvement, engagement and co-production

Co-production is at the heart of the psychological professions role. Within each service, staff are involved in their local engagement strategy. A number of staff sit on the GLiMHR (Guiding Lincolnshire's Mental Health Research) steering group, which is a partnership with the University of Lincoln, developing co-produced research projects for the next five years.

The GLiMHR (Guiding Lincolnshire's Mental Health Research) project, co-led by Nima Moghaddam and Dave Dawson, and supported by Kyla Pennington and other colleagues across the University, NHS, Public Health, and Involvement Charities, aims to help us:

1. establish a strong experience and practice-based research network in Lincolnshire, inclusive of a wide range of stakeholders.
2. identify local priorities for mental health research, using established community participatory methods
3. develop these priorities into a full NIHR Mental Health Research Group (MHRG) applications (worth up to £11m over five years). Successful MHRG funding would help us to transform Lincolnshire into a Centre for Excellence in Mental Health Research.

Quality improvement, clinical effectiveness and research

Psychological professionals are active in research, hosting external projects, acting as Principle Investigators, conducting and supervising research Doctorates, small scale research, evaluation and quality improvement projects. Examples of small scale and doctoral level research are listed below.

Research theses completed in 2024- 25

(Doctorate in Clinical Psychology)

Mental Health Professionals' Understanding and Use of South Asian Muslim Service Users' and/or their Families' Explanatory Models of Psychosis during Assessment and Intervention
Good Practice Guidelines for the Diagnosis of Autism Spectrum Disorder in Females: a Delphi Study
Psychological Flexibility Associations within a Renal Population
Are Just-in-Time-Adaptive-Interventions (JITAIs) acceptable for use in suicide prevention? Developing a framework to inform the advancement of a JITAI for suicide prevention in a UK male population
Psychometric Properties of the Cognition in Multiple Sclerosis Scale (CoMSS).
Psychological Flexibility, coping and wellbeing over time during the COVID-19 pandemic.
A Mixed Methods Investigation of Parental Reflective Functioning, Parental Stress and Demand Avoidance Difficulties in Autistic Children
The Role of Psychological Flexibility in Anxiety-Based School Refusal

Small-scale research projects completed in 2024-25 (DClinPsy)

A Qualitative Evaluation of Reflective Practice Groups in an Acute Adult Inpatient Mental Health Context
Evaluating a Pilot Beads of Life Group for Young People with Acquired Brain Injury
An evaluation of DDP-informed foundations for attachment groups for foster carers in CAMHS
Evaluation of Reflective Practice Groups in a UK DClinPsy course: "They could have been helpful, I just had bad experiences"
Reflective practice groups within a community mental health team: A service evaluation
A service evaluation of the mental health pathway: Community Learning Disability Service
The provision of placements to an expanding Trainee Clinical Psychologist workforce: Insights from LPFT
Evaluating an acute inpatient mental health service in relation to Trauma-Informed Care principles

Papers published by LPFT Trainee and Clinical Psychologists in the past two years

Badesha, K., **Wilde, S**., & Dawson, D. L. (2023). Mental health mobile application self-help for adolescents exhibiting psychological distress: A single case experimental design. *Psychology and Psychotherapy: Theory, Research and Practice*, *96*(1), 223-248.

Baufeldt, A. L., Evangelou, N., Moghaddam, N., Gresswell, M., & Das Nair, R. (2024). Consensus-Based Guidelines for Communicating a Misdiagnosis of Multiple Sclerosis to Reduce Psychological Distress. *Brain and Behavior, 14*(10), e70109.

Baufeldt, A. L., & Dawson, D. L. (2023). Mental Health Recovery Using the Individual Recovery Outcomes Counter (I. ROC) in a Community Rehabilitation Team: A Service Evaluation. *Journal of Psychosocial Rehabilitation and Mental Health,* 10(3), 355-366.

Cranstoun, D., Baliousis, M., Merdian, H. L., & Rennoldson, M. (2024). Nurse-led psychological interventions for depression in adult cancer patients: A systematic review and meta-analysis of Randomised Controlled Trials. *Journal of Pain and Symptom Management*, S0885-3924.

Marks, E., Moghaddam, N., De Boos, D., & Malins, S. (2023). A systematic review of the barriers and facilitators to adherence to mindfulness-based cognitive therapy for those with chronic conditions. *British Journal of Health Psychology, 28*(2), 338-365.

Middlehurst, R., Moghaddam, N., Dawson, D. L., & Reeve, A. (2024). Perceived Change Processes in Dialectical Behaviour Therapy from the Perspective of Clients with a Diagnosis or Traits of Borderline Personality Disorder: A Systematic Literature Review. *Clinical Psychology & Psychotherapy, 31*(4), e3038.

Shepherd, K., Pritty, B., Tickle, A., & Moghaddam, N. (2023). "I don't want to take buprenorphine for the rest of my life": Acceptance and Commitment Therapy for a Client Struggling to Reduce Low-Dose Buprenorphine (a Hermeneutic Single-Case Efficacy Design). *International Journal of Mental Health and Addiction, 21*(4), 2418-2441.

Tunmore, J., Kontou, E., Moghaddam, N., **Hufton, L.**, & Das Nair, R. (2023). The association between the Multiple Sclerosis Neuropsychological Questionnaire and objective measures of cognition: a systematic literature review and meta-analysis. *Journal of Clinical and Experimental Neuropsychology, 45*(2), 197-217.

Research Thesis projects due for completion in 2025-26 DClinPsy

Sexual arousal and risky decisions - an empirical investigation
How do Practicing Clinical Psychologists Make Sense of their Lived Experience of Non-Suicidal Self-Injury? An Interpretative Phenomenological Analysis.
Identifying and Evaluating an Attachment-Focused Guided Self-Help Intervention for Foster and Adoptive Parents: A Single Case Experimental Design
ACT for cardiac patients
Coping with race-related stress among people of Indian heritage in the UK
Initial development of a measure of emotion recognition following a TBI
SMART MCI: A feasibility randomised controlled trial
Consensus best practice guidelines for clinical nurse specialists (CNS) providing psychological support to people with cancer: A Delphi study
Exploring experiences of decision-making for appearance altering lip/nose surgery in adults born with a cleft lip and/or palate
Exploring the relationship between chronic pain and severe and multiple disadvantage
How do people in Cancer Prehabilitation experience psychological readiness for treatment?
A Consensus Study for Communicating a Transient Ischemic Attack Diagnosis: Perspective of Experts by Experience and Profession
Determining clinical cutoff scores for the CompACT
Supervisors' and Supervisees' Experiences of Peer Support Workers' Clinical Supervision: A Comparative Reflexive Thematic Analysis
Understanding the Impact of Secondary Traumatic Stress on Military Partners.
Parental compassion in intellectual disability; An exploration of the flows of compassion as a regulator of distress in response to challenging parenting events.

A variety of psychological professionals are also involved in other current ongoing research projects including:

The PETAL Programme

Personalised treatment packages for adults with learning disabilities who display aggression in community settings (PETAL).
Funded by NIHR.

CONTACT-GAD

Acceptance and Commitment Therapy for older people with treatment resistant Generalised Anxiety Disorder.
Funded by NIHR.

SPACES

Supporting physical activity through co-production, in people with severe mental ill health. Funded by NIHR.

ERiC - Emotion Regulation in Children

A randomised clinical trial to evaluate the clinical and cost effectiveness of Mentalization Based Treatment (MBT) vs treatment as usual for school-age children with mixed emotional and behavioural difficulties. Funded by NIHR.

Being kind to ourselves

Group compassion-focused therapy (CFT) versus treatment as usual (TAU) to improve depression and anxiety in dementia - a mixed-methods feasibility randomised controlled trial within the NHS.

Key area for development

The Psychological Professions will increase their participation in Quality Improvement projects, research, audit and publication activities. They will also represent the professions and Trust at regional / national forums and conferences to ensure high-quality care and share best practices and innovations.

Summary of priority areas for development

Continue work to develop and embed Trauma Informed Care across the organisation as part of the Trust's core philosophy of care.

Develop a who's who of psychological professions, to support collaborative working, professional relationships/ engagement and transition planning for individual clients.

Develop opportunities through the Consultant Psychologists Networking Group and Psychological Professions Council to engage in strategic development of services.

Have the Psychological Professions workforce represented on relevant working groups and Quality Improvement initiatives across the Trust.

Review psychological leadership structures across services, to ensure all psychological professionals have access to consistent professional leadership and support.

Develop and maintain a central register of identified training needs, along with a similar register of identified skills and knowledge.

Consider opportunities for using centralised funding for CPD from Non-Medical Education Tariff (NMET) income for having Trainee Clinical Psychologists on placements with in LPFT.

Consider developing a preceptorship programme for newly qualified psychological professionals.

Develop a clear process for development posts to ensure clarity of expectations and equity across all service lines.

Develop and maintain a directory of supervisory competencies and interests, to support equitable access of clinical supervision.

Training individuals to develop the level of accreditation required for specific supervision, e.g. EMDR.

Develop a directory of the amount and type of supervision required by each psychological profession's role, in order to ensure adequate and high quality supervision is provided.

Continue to seek innovative methods for utilising digital technology to enable clinicians to access resources, share skills and connect, and enhance the options offered to our clients.

Increase the involvement and active participation of psychological professions in quality improvement projects, research, audit and publication activities. As well as represent the professions and Trust at regional / national forums and conferences to ensure high-quality care and share best practices and innovations.