NHS
Leeds and York Partnership
NHS Foundation Trust

R&D Innovation

Research and Development Newsletter

January 2026 Issue 56

Impact

www.leedsandyorkpft.nhs.uk/research

Contents

Editorial

Welcome to the 56th edition of Innovation

Jan 2026

I've recently been lucky enough to be involved in a national project focused on research culture. Our aim was to explore what people value about being part of research and amplify the positives. This is quite different from what we often do in healthcare - where the focus is usually on what isn't working and how to fix it!

We began by listening to service user stories. I was delighted that two members of our HEER group agreed to share their experiences of taking part in research. They spoke with enthusiasm and passion about what they had gained. Of course, not everything was perfect, but we chose to focus on what made their experiences positive.

When these stories were shared as part of the national project, a clear theme emerged: research often provides a "care-plus" experience. People may benefit directly - such as receiving a new medicine or intervention - but there are also indirect benefits. These might include extra scans, more time with research staff, or working with professionals who truly understand their condition. Research can help build confidence and reduce stigma.

With this edition of Innovation focused on impact, it's important to remember the broad benefits research brings. It can generate income, improve outcomes for service users across the organisation, support staff recruitment and retention, and add value to CQC inspections. Most importantly, we know service users want the choice to take part in research.

We rightly celebrate the new medicines, devices, and technologies that research delivers. But we shouldn't forget the wider impact - harder to measure, yet deeply meaningful - that gives service users the opportunity for a care-plus experience.

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Adventure therapy sailing for young people with a history of psychosis

Introduction and Rationale

People who experience psychosis often feel isolated and may lack the confidence, or opportunities, to connect with others. The Voyage to Recovery 2023 project provided an opportunity for clients from 11 early intervention in psychosis services around the UK to connect with others through a series of week-long residential sailing journeys. Early intervention in psychosis service staff and clients from Leeds and York Partnership Foundation Trust took part in one leg of the journey.

Although existing literature indicates that group-based adventure therapy journeys may help participants build social confidence and develop social connections, little is known about the use of these journeys with people who have experienced psychosis. This study sought to explore early intervention in psychosis service staff perspectives of participating in Voyage to Recovery 2023, in order to learn more about what participation involved and how it affected the individuals and services that participated.

Methods

This qualitative study involved interviews with early intervention in psychosis service staff members from each of the 11 services that took part in Voyage to Recovery 2023. The staff members were interviewed after they had taken part in a six-day adventure therapy sailing journey alongside service clients. Interview transcripts were analysed using thematic analysis, a qualitative research approach that involves identifying and describing themes in a body of text. Interviewees also completed short questionnaires, to provide summary information about their service and clients.

Results

Based on the interviews, five themes relating to the experiences of participating staff and clients, and three themes relating to the effects of participation for services as a whole, were identified. These are outlined in Figure 1 below. The ideas the related to each theme are laid out in Figure 2 and Figure 3.

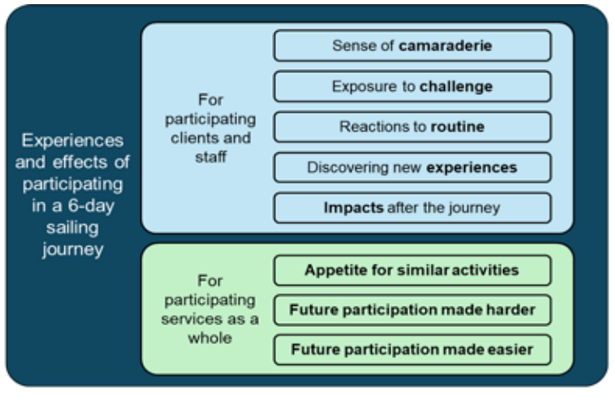

Figure 1 – Overview of Interview Themes

Conclusions

The study indicated that adventure therapy journeys may foster supportive social environments in which early intervention in psychosis service staff and clients overcome challenges together. However, it was also apparent that staff might find participating in such journeys tiring and clients may require additional support during journey endings. The results of the study suggest the following "practitioner points", to inform clinicians who are considering facilitating residential adventure therapy for their clients:

- Adventure therapy journeys may help people receiving support from early intervention in psychosis services to develop social confidence, and provide them with memorable experiences.
- Early intervention in psychosis service staff who participate in adventure therapy journeys may value the experience and find their therapeutic relationships with clients enhanced.
- Although participating in adventure therapy journeys might be tiring for staff, repeated participation may allow services to learn to support service staff and clients more effectively.
- Endings of residential adventure therapy journeys may be difficult for some participants. Careful planning around how to support staff and clients when the experience ends, and for how to integrate the experience with clients' ongoing mental health support, may maximise benefits and mitigate difficulties.

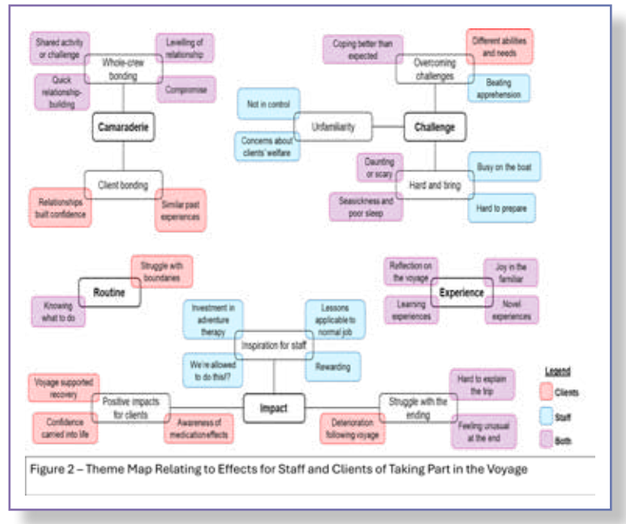

Figure 2 – Theme Map Relating to Effects for Staff and Clients of Taking Part in the Voyage

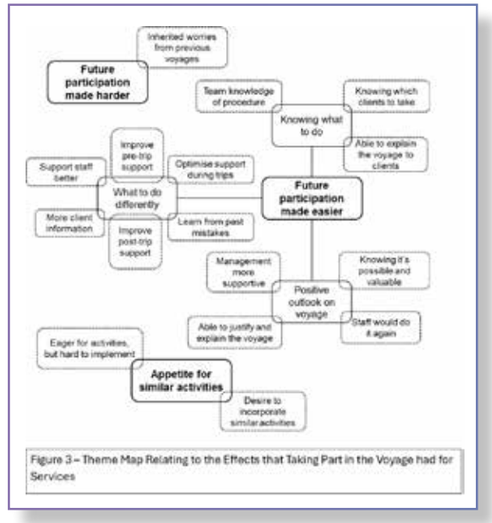

Figure 3 – Theme Map Relating to the Effects that Taking Part in the Voyage had for Services

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Perinatal care for women using drugs and their infants:

The Stepping Stones Study history of psychosis

Background

Women who use drugs during the perinatal period often have complex health and social care needs. Their infants can experience developmental and health problems. Despite UK guidelines and policies on the care of pregnant women and mothers who use drugs, there is little evidence of the services that are available in the UK and whether they meet the needs of women and their infants.

This study sought evidence of 1) best practice models for care that have the potential to interrupt the transmission of adversity across generations and 2) the views and experiences of women and staff on different models of care and how services could be improved. The study involved systematic reviews, longitudinal qualitative research and co-production. There were three phases:

In phase one an Expert Advisory and Co-production Group was established to guide the research and to develop a Theory of Change for improved service models. The group comprised multidisciplinary stakeholders from health and social care and peer advisers.

Two reviews were undertaken:

1. A scoping review of UK guidance for perinatal care for women who use drugs included 111 documents, recommending integrated multidisciplinary working.

2. A mixed methods systematic review of evidence of integrated models of perinatal care for women who use drugs and their babies, reviewed 197 studies. Qualitative findings suggest women appreciate collocated services that are easy to access. Quantitative findings found evidence that integrated programmes at the point of delivery decrease substance use during the perinatal period.

Phase two involved a Qualitative Longitudinal study in four sites, two in England and two in Scotland, that aimed to explore perinatal care pathways. Up to five interviews were conducted with 36 women from early pregnancy up to 18 months postnatal (131 interviews). Many women experienced stigma and were anxious about social services involvement. Access to residential treatment and mental health support was uneven. Support for women who had lost care of their babies was poor.

Focus group interviews (79 staff) and individual interviews (21 staff) were conducted with health and social care practitioners. Staff reported that high caseloads, staff turnover, and training gaps contributed to difficulties in providing care to this challenging group.

In Phase three the Expert Advisory and Coproduction grouped worked with the research team to develop a Theory of Change (TOC) for recommendations for an optimised service model. The TOC Change identified eight key recommendations and emphasised that a whole system approach is required to meet the complex needs of this population.

Limitations

For the quantitative findings of the mixed methods systematic review, diversity of study types made it difficult to draw firm conclusions on the effectiveness of different approaches. Not all women recruited to the qualitative longitudinal study took part in all the anticipated interviews.

Future research

There is a need for high quality research studies into effective interventions for pregnant women who use drugs. Implementation research is required to test and implement the Theory of Change for optimum services for women who use drugs in the perinatal period.

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Other researchers
Brid Featherstone, University of Huddersfield; Shirley Lewis, University of Sheffield; Narendra Aladangady, Homerton Healthcare NHS foundation trust; Margaret Maxwell, Lynne Gilmour, Louise Honeybul and Helen Cheyne, University of Stirling; and Joanne Neale, Emma Smith and Mariana Utrilla Gonzalez, King's College London.

Professional experiences on use of the mental health act in ethnically diverse populations

Background

There are long-standing ethnic and racial inequalities in experiences and outcomes of severe mental illness, including compulsory admission and treatment (CAT).

Aims

To gather professional experiences about (1) remedies for ethnic inequalities in the use of the Mental Health Act ((MHA) 1983 and 2007) and (2) recommendations for improving care experiences and for reducing ethnic inequalities.

Method

We undertook a participatory research process using photovoice to gather experience data. Photographs were assembled and narrated by 17 professionals from a variety of disciplines. We undertook a thematic analysis.

A detained service user said to me 'When a white man throws a chair he gets sent to his room. When a black man throws a chair he gets restrained, injected, sent to PICU and locked in a room alone for two days'. Can this be true? I don't want this to be true. I struggle to accept that it may be true Sadly, I know this is very often true. Why is this true? How can we make this less true? (M, 45–54, White British; image above)

Results

Ineffective communications between inpatient and community services, insufficient staff capacity, a lack of continuity of care and language and cultural constraints meant MHA assessments were lacking information, leading to elevated perceptions of risk. Practitioners felt helpless at times of staff shortages and often felt CAT could have been prevented. They felt voiceless and powerless and unable to challenge stereotypes and poor practice, especially if they were from a similar demographic (ethnicity) as a patient. Interdisciplinary disagreements and mistrust led to more risk-aversive practices. The legislation created an inflexible, risk-averse and defensive process in care. Police involvement added to concerns about criminalisation and stigma. There were more risk-averse practices when team members and families disagreed on care plans. More rehabilitation and recovery-orientated care are needed. Legislative compliance in a crisis conflicted with supportive and recovery-orientated care.

Conclusion

Clear standards are needed, including specific protocols for MHA assessment, police interactions, alternatives to admission, early intervention and continuity of care.

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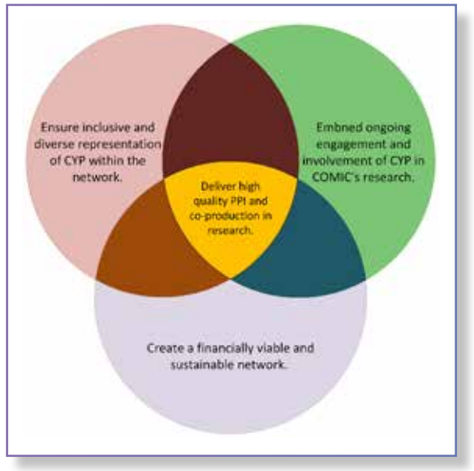
COMIC YPAN evaluation

Working toward a youth-centred research community

“it’s an ethical minefield!”.

“We can’t understand the issues facing young people without speaking to them directly.” That statement isn’t just commentary; it’s the ethos behind the Child Oriented Mental Health Innovation Collaborative (COMIC) and its Young Person’s Advisory Network (YPAN). The network demonstrates how co-production with children and young people (CYP) can transform the way research is conducted, quietly revolutionising the way in which CYP are involved in participatory research.

The recent evaluation of YPAN highlights both the promise and the challenges of embedding youth voices at the heart of research, underscoring the importance of co production and the unique contributions of youth researchers.



The YPAN’s overarching aim is to deliver high-quality Patient and Public Involvement (PPI) and co-production in research, with the work being guided by three strategic objectives:

- Ensuring inclusive and diverse representation of children and young people (CYP);
- Building a financially viable and sustainable network;
- Embedding ongoing engagement and involvement of CYP in COMIC research.

Co Production as a Foundation

Co-production steps beyond the ‘lip service’ of asking CYP their opinions that is all too common in participatory research, and instead begins a reciprocal relationship of power sharing, redistributing authority, and validating lived experience as expertise. Amongst involving CYP through Patient and Public Involvement (PPI) the YPAN evaluation revealed involving CYP in meaningful ways:

- Strengthens research quality by ensuring relevance to young people’s realities.
- Builds skills for both staff and youth participants, moving beyond one off involvement to sustained collaboration.
- Creates a model for engaging service users and the wider public that is flexible, inclusive, and resilient.

YPAN’s networked design, linking schools, community groups, and youth groups, was praised for allowing diverse perspectives to flourish. This approach avoids the limitations of a single advisory group and instead fosters a dynamic, evolving community.

The Role of the Youth Researcher

The YPAN is built on the ethos of equal partnerships. There is no stronger indication of this than through the involvement of young people in this evaluation, as best put by a team member: “It’s empowering the young person to start thinking, actually I can take control over some areas – and that includes my own health”. During the YPAN evaluation it was decided that in order to fully comprehend youth involvement and understanding of the YPAN a young co-researcher (a member of the network) would be necessary. Their participation was not symbolic but monumental – co-designing surveys, influencing focus group questions, and aided significantly shaping and writing the final report. By co leading evaluation activities, they:

- Ensured that youth perspectives were authentically represented in both data collection and analysis.
- Modeled how young people can move from being “participants” to being genuine partners in research.

- Advocated for participatory methods that foreground lived experience, challenging tokenism and reinforcing ethical practice.

This contribution demonstrates the transformative potential of youth researchers: they bridge the gap between professional teams and young participants, making co production real rather than tokenistic.

Navigating Ethical Complexities

The evaluation described involvement work as “an ethical minefield”. Unlike traditional studies, PPI often blurs the traditional research ethics boundaries leaving teams to create their own safeguards and ethical considerations. Throughout the evaluation, both the research team and YPAN members highlighted the necessity for universal guidance and training concerning ethics in PPI. Paramount to this was safeguarding and trauma-informed practices in order to create safe and calming environments for youth engagement. Striking this balance between non-tokenistic involvement and ensuring safety remains a constant challenge that COMIC is committed to tackling, taking aim so that researchers still respect and validate young people’s experiences and autonomy.

Sustainability and Uncertainty

While the YPAN has become “an integral part of the team,” its long term sustainability is constrained by insecure funding, as one team member commented “It’s not sustainable in the fact that there’s not money, there’s no funding anywhere for anyone”. Without the consistency of funding, the coordination of the YPAN calls on a singular facilitator that risks burnout and diminished responsibility. Yet the network’s ability to embed itself within existing community structures offers resilience. This is shown best through the YPAN’s ability to be unique in it’s approach to PPI and co-production by allowing CYP to take the reins of research. Moreover, as the network works by utilising community connections, group members are consistently changing, allowing to less attrition as well as new perspectives to research.

Sustainability here is not just financial; it is about maintaining relevance, inclusivity, and trust.

Benefits and Challenges

The evaluation identified clear benefits:

- Skill development for young people, offering experiences rarely available in traditional NHS pathways.
- Opportunities to work alongside professionals, gaining insight into psychology and healthcare.
- Strong external connections across Yorkshire, widening visibility and engagement.

Challenges remain uneven visibility, staff confidence and capacity, and the ongoing ethical complexities of youth involvement. But these challenges are not barriers, they are opportunities for growth and reform.

Conclusion

The YPAN evaluation illustrates the power of co production when youth are not only consulted but actively engaged as researchers and partners. By embedding lived experience into research design and evaluation, YPAN has created a model that is inclusive, flexible, and ethically grounded. The YPAN is not perfect, as highlighted through struggles of ethics, continued engagement and diversity, but it is pioneering in its approach and it will continue to develop. The involvement of a youth researcher was pivotal, showing that young people can lead, shape, and sustain meaningful change in mental health research.

Co production is not easy - it requires commitment, resources, and courage to navigate ethical complexities. Yet the YPAN experience demonstrates that when young people are given real authority, research becomes more relevant, more ethical, and ultimately more impactful.

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Version 2.0
26/06/25

Have you, or someone you care for, self-harmed recently?

NHS
Leeds and York Partnership
NHS Foundation Trust

We are looking for **young people** (12-25 years old) and/or their **caregivers** to **share their experiences** of emergency care after self-harm

What's involved?

A confidential, **one-to-one interview**, either **online** or **in-person**, lasting **30-90 minutes**

All information is **confidential** and **anonymised**

We appreciate your experiences might be hard to talk about, so there is **no pressure** to answer anything you're not comfortable with

To say thank you, you will receive a **£20 shopping voucher**

Interested?

You can **find out more** by emailing Dan Romeu:
d.j.romeu@leeds.ac.uk

or by visiting the EmCASH study website:
www.emcashresearch.co.uk

UNIVERSITY OF LEEDS

About the study

The **EmCASH study** is funded by the **NIHR** and sponsored by the **University of Leeds.** Ethical approval has been received by the **Wales Research Ethics Committee (REC) 4**, reference 25/WA/0240.

FUNDED BY NIHR | National Institute for Health and Care Research

emCASH | Emergency Care After Self Harm

Easy ECG: Making QTc Interpretation Simpler in Mental Health Care

Mental health teams end up doing far more ECGs than most people would imagine. We use them before starting dementia medications and for some people taking antipsychotics, because these medicines can affect the heart's rhythm. The test itself is simple - but the process often isn't. Patients have to take off their top, the rooms aren't ideal, and staff can struggle to find time and space to get ECGs done.

That was the starting point for what has now become the Easy ECG study.

How It All Began

About ten years ago we did a small audit in memory clinics and soon realised ECG practice was patchy and inconsistent. A national survey confirmed this: services across the UK were doing things very differently, and many weren't checking ECGs as often as they should.

We then looked specifically at people taking antipsychotics. The picture was the same - not enough ECGs were being done, even though these patients are at higher risk of heart rhythm problems.

So, we started asking an obvious question: is there a simpler way to do ECGs?

Enter the 6-Lead ECG

A handheld 6-lead ECG device records the important limb leads needed for measuring QT interval. It doesn't need stickers, gel, or removing clothing. You hold it in your hands and on your leg or ankle. It's quick, portable and much less awkward for patients.

We ran a small validation study locally, which helped shape the early NICE assessment. NICE agreed the device is promising for checking QT intervals, but said we need bigger studies to be sure.

And that's exactly what we're doing next.

What the Easy ECG Study Will Do

In 2026 we're launching a major multicentre study across England and Wales. We want to know:

- How accurate the 6-lead device is compared with the standard 12-lead ECG
- How long each test takes
- Which device patients prefer
- Which device clinicians prefer
- How often we still need a 12-lead follow-up
- How common QT prolongation really is in people taking antipsychotics

We'll recruit 800 adults, all taking antipsychotic medication. Each person will have a 12-lead ECG, followed by a 6-lead ECG within two minutes. We'll collect basic clinical information, timing data and a simple two-question survey about which device they liked better.

At a few sites, usual clinical staff (not research staff) will do the recordings so we can see how the devices work in real-life practice.

What Happens Next

We'll compare all the ECG measurements, analyse how accurate the 6-lead device is, and look at patient and staff preferences. We're also inviting participants to join a long-term registry so that, years from now, we can see if certain medications or doses are linked to later heart rhythm problems.

Why This Matters

ECGs are essential in psychiatry, but the current process can be difficult for both patients and staff. If a simple 6-lead device proves accurate enough, it could make heart monitoring easier, quicker, less invasive and more reliable.

The Easy ECG study aims to provide the evidence we need to make that decision.

George Crowther, LYPFT,
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The power of networks to create impact

At LYPFT, research is making a real difference. From redefining treatment through Restricted Intake Self-Harm (RISH), to empowering clinicians as Research Champions, and building national networks like SLTs in MH, our work shows the power of curiosity and collaboration. These initiatives are driving better patient outcomes, strengthening staff development, and shaping innovation that has impact far beyond our Trust. In this article we have three examples of where the development of a network has really made an impact.

Making Progress, Making a Difference: The Journey of RISH

iSometimes, the most meaningful research begins not in a lab, but in a clinic with a simple question: ***"Why isn't this working?"***

That was the question that sparked the development of **Restricted Intake Self-Harm (RISH)**, a new way of understanding young people who were being treated for atypical anorexia / disordered eating but weren't improving.

Working with young people reliant on nasogastric (NG) feeding, it became clear that the traditional treatment pathway for eating disorders wasn't helping them move forward. After listening carefully and working alongside these young people, the team began to see their restricted intake not as an eating disorder, but as a form of self-harm.

Once treatment shifted focus to addressing self-harm, something remarkable happened, many of the young people made rapid progress and transitioned back to oral diets.

This clinical insight led to deeper questioning and collaboration. The term "Restricted Intake Self-Harm" was developed together with young people themselves, who shared that other labels like 'food refusal' or 'disordered eating' felt invalidating.

To explore whether this was a wider phenomenon, a national survey was launched. Over 200 professionals across the UK responded, confirming that they too were seeing similar presentations and that traditional eating disorder treatments were often ineffective for these cases.

From there, the journey grew into a national case series and the creation of a consensus document on RISH, developed in collaboration with colleagues from trusts around the country. The work has now progressed to a research funding bid with the National Institute for Health Research (NIHR) to further investigate RISH presentations.

Research doesn't just happen in academic centres, it begins with curiosity, collaboration, and compassion in everyday clinical practice. Every clinician has the potential to contribute to discovery, innovation, and better care for the people we serve.

As this work shows, when we ask questions, listen to patients, and follow where the evidence leads, we don't just make progress, we make a difference.

Clare Fenton, Clinical Lead for Research and Consultant Child and Adolescent Psychiatrist

Driving impact through Research Champions

My name is Emma Kampouraki, Research Programme Manager at the R&D department of LYPFT. As the person leading the Research Champions network of the Trust, I have the pleasure of witnessing first-hand the incredible benefits of the group for the individuals that form it.

The network includes clinicians with an interest in research, irrespective of any research experience. The range of expertise and previous research experience is very wide among the members of the group, but their willingness to share knowledge and support each other is unparallel.

Through regular information sharing with the group and bi-monthly meetings to check in and provide bitesize learning on 'hot' topics, members are empowered to discuss their ideas, ask for help and advice, share their experience participating in training and to find ways to make their work more impactful for their service users.

The potential for staff development is huge. A variety of training opportunities (online and face-to-face), funding schemes that are open or due to open soon, in–house research delivery opportunities arising from open, actively recruiting research studies (which are plenty at any given timepoint) are only some of the things a Research Champion finds out about from the R&D department. We have established a number of ways to raise awareness about these opportunities, including mailing lists, and a dedicated Teams Channel.

Equally, having a workforce well-equipped with enthusiasm, knowledge, motivation and networking skills, among others is very important for a very research active Trust like ours. It generates income by attracting research funding, it leads to better patient outcomes from evidence-based practice, it means more staff are satisfied and the talent is retained within the organisation. Plenty more direct and indirect benefits, which is why we at R&D are actively encouraging staff to come and speak to us about research ideas and gaps in practice.

Do you know who the Research Champion is within your team? Do you want to join us as a Research Champion for your team? Then don't delay contacting us at **research.lypft@nhs.net** to express your interest and find out more!

Emma Kampouraki, Research Programme Manager

The benefits of sharing across a network

As a research-active clinician, it has been useful to reach out to colleagues across the UK and wider to hear about shared clinical interests and concerns. Working as a lone profession in a multidisciplinary team raises many questions about support and development – so approaching our professional body (Royal College of Speech and Language Therapists (RCSLT)) to find out who else was in the same position was a great step forward. First by sending out a survey and then by offering a dedicated forum on the RCSLT website, we have collected a group of like-minded S&LTs (Speech and Language Therapists) who have similar clinical interests.

The survey showed wide variation in caseload numbers and workforce for mental health settings in the UK (Guthrie & Leslie, 2024). A few larger S&LT teams do exist but many S&LTs are working as an isolated clinician, so our forum provides a valued connection with others. Hosting the network within the RCSLT website offers a central point of contact for discussions, sharing information and guidance, and has supported online and in person workshops on clinical practice. It was interesting to hear that many SLTsinMH are working on raising awareness of the S&LT role and scoping the level of need in different parts of the UK. This has grown into discussions about the evidence base and the need for further research to support our role working with communication and, also, with swallowing difficulties. Having the direct link with RCSLT has been helpful in campaigning and raising awareness of S&LT role - and we've even been to Westminster to raise awareness in both House of Commons and House of Lords.

Over the last seven years the SLTsinMH network has grown to over 460 S&LTs and we are now looking for funding to explore the research priorities for adults with MH conditions. In contrast with older adults, the role of S&LT with working age adults is poorly understood with scant research. Our network is looking to develop the evidence base, for example looking at prevalence of language disorder and investigating the impact of staff training. To support wider awareness of our role, the network is promoting the take up of MH topics for student dissertations. We link clinicians with their local Higher Education Institutions (HEIs) so that universities can benefit from their clinical experience and build interest in students in considering this area once they graduate. The students completing dissertations are encouraged to share their findings with our network so everyone benefits! We've had enquiries from SLTs researchers in Pakistan, Ireland, Germany, Australia showing that our work is of interest across the globe.

The benefits of growing this research activity and our network helps not just the service users we support, but also brings benefits for S&LTs and our colleagues in MDT, and also LYPFT as an organisation.

Susan Guthrie, Clinical Lead for Research and Principal Speech and Language Therapist.

Feelgood mealtimes for inpatients: Implementing the CHOICES approach Conference

Introduction

This project explored the implementation of findings from PhD research interviews. By exploring experiences of ward mealtimes this quality improvement project looked to address and improve patient experiences for working age adults with mental illness on inpatient wards.

Aims

- To present PhD research findings to patients and staff on one inpatient ward for discussion
- To encourage suggestions for mealtime improvements to reduce anxiety and stress and promote interaction and positive experiences for both patients and staff
- To measure change in terms of quality of experience and interactions during mealtimes

Methods

This project was supported by the local quality improvement team using the plan-do-study-act approach. Pre-measures included mealtime observations and analysis of interactions, time spent at the meal, and verbal feedback from staff and patients. Information about the PhD research findings was then shared with patients and staff, supported by an animated video presenting patient stories:

The CHOICES framework prompted consideration of cultural and personal preferences around ward mealtimes. Staff and patients were then encouraged to suggest and lead on implementing changes that were relevant to culture, personal preferences and feasible in the ward context. Further measures will be completed evaluate change and discuss sustainability.

Results

Pre-measures evidenced an absence of social interactions during the mealtime, a tendency for silence with patients sitting alone, and a clinical atmosphere present at mealtimes. Following discussions we found more conversations taking place during the mealtime, an enhanced dining environment, and the suggestion of a pre-lunch drinks session encouraging patient attendance at the meal. Individual comments were collated from staff and patients showing enthusiasm for improving mealtime experience on the wards and a commitment to understanding of mealtime support.

Conclusions

The topic of mealtimes has been a neglected aspect of inpatient experience on mental health wards. Based on a PhD study highlighting negative experiences at mealtimes, this quality improvement project showed the potential for more positive mealtimes reducing stress and anxiety. Staff and patients co-produced this project and showed motivation to address a more patient centred and sociable approach to inpatient mealtimes. The impact on mental wellbeing for patients and on staff morale will be further evaluated and the CHOICES framework rolled out in further quality improvement initiatives on other wards.

Implications for practice and/or policy

This project explored staff and patient perspectives on mealtimes for inpatient mental health wards. Typically, these patients have a longer stay and the impact of mealtimes on mental wellbeing has been disregarded as an influential aspect of patients' recovery pathways.

Collaboration with service users

This project was derived from a research project exploring patient and staff perspectives. Patient groups were involved in this research through prioritising the concerns, determining the content of interviews, and reviewing the themes. For the quality improvement project itself, patient and staff groups were offered accessible information and asked to suggest ideas for improving mealtimes. Both groups then worked on implementing changes to the dining room and mealtime processes and were supported to evaluate improvements.

Susan Guthrie, Principal Speech and Language Therapist at LYPFT.

Funding & Academic Training

Course Name	Details	Provider	Cost & additional Information	Link
NIHR Academic Clinical Fellowship	NIHR Academic Clinical Fellowships (ACFs) offer doctors and dentists the opportunity to develop research skills alongside their clinical training. These posts are designed for those interested in pursuing a clinical academic career and provide dedicated time for research and academic development at Masters-level and are a key stepping stone toward a PhD or further academic training.	NIHR	On an Academic Clinical Fellowship, you will spend: 75% of your time in specialist clinical training 25% of your time in research or educationalist training This post has a standard duration of 3 years. Alternatively, you could take your fellowship part-time. This would extend it to up to a maximum of 5 years. The academic component of your post must remain at 25% of your whole-time equivalent. **Fully funded**	https://www.nihr.ac.uk/funding/2026-academic-clinical-fellowships-medicine/97050
BSc Nursing (Mental Health) (with Registration)	This programme is underpinned by the NMC (2018) Future Nurse standards that recognise the vital role that nurses play in leading and coordinating compassionate, evidence-based care. An integrated curriculum allows for aspects of professional practice, applied practice, the cultural, bio- psycho-social-spiritual model and evidence-based practice to be considered in order to address care in a holistic manner, whilst recognising the complexity of healthcare.	University of Leeds, School of Healthcare	This is a **full-time course**. **Duration:** 36 months **Cost:** Tuition fees for UK undergraduate students for 2025/26 are £9,535.	https://catalogue.leeds.ac.uk/Programme/202526?code=BS-NUR-M20
PgCert Approved Mental Health Professional (AMHP)	A course designed for qualified professionals in mental health who wish to become Approved Mental Health Professionals (AMHP). Covers ethics, law, policy, and recovery-focused practice.	Sheffield Hallam University	**Start Date:** September 2026 **Duration:** 5 months **Cost:** £3,650 Full-time	https://www.shu.ac.uk/courses/social-work/pgcert-approved-mental-health-professional-amhp/full-time
Mental Health in Children and Young People (MA)	The MA Mental Health in Children and Young People focuses on the nature of mental health in educational and social care environments for children and young people, examining how mental health can impact on an individual. This is a practitioner-focused course that will equip you with the skills, knowledge and understanding to work in a multi-professional environment with individuals and families, with a focus on promoting and supporting positive mental health.	Leeds Trinity University	**Start date** September 2026 **Study Mode** Full-time (1 year) Part-time (2 years) **Location** Main Campus (Horsforth) **Fees** £7,000 per year This is the tuition fee for the full-time course; part-time fees are charged on a pro-rata basis.	https://www.leedsbeckett.ac.uk/courses/mental-health-addiction-msc/
Mental Health and Addiction (MSc)	This course will allow you to: Gain a robust understanding of the social, psychological and medical contexts of addiction and mental health practice. Evaluate new and evolving practices, interventions and treatments within mental health and addiction services.	Leeds Beckett University	**Start date:** 21 September 2026 **Duration:** Full Time: 12 months Part-time: 24 months **Cost:** £9,830 (full time) Part-time tuition fees are calculated using credit points*. The tuition fee for students entering in 2026/27 is £54.61 per credit. The total number of credit points for this course is 180. *The fee you pay may differ based on the number of credit points you study.	https://www.leedsbeckett.ac.uk/courses/mental-health-addiction-msc/

Please contact the Research department if you are considering applying for the above as there is lots of support available

Training and Networking

Course Name	Details	Provider	Cost & additional Information	Link
Approaches to Patient and Public Involvement (PPI)	Free recording of a webinar, to learn about PPI. Length: 60 min.	NIHR	Free	https://www.youtube.com/watch?v=4-64PbZA0iQ
Developing your research question	Recorded session from the NIHR Doctoral Training Camp 2024 which explores how to identify, develop and refine a good research question. Length: 30 min.	NIHR	Free.	https://www.youtube.com/watch?v=84RNro-1YG0
Critical Appraisal - A Beginners Guide **Writing for Publication** **Health Literacy Awareness** **Searching Skills**	Training to support healthcare staff in Leeds to search online information resources effectively, critically appraise healthcare literature, and improve awareness of the health literacy needs amongst our patients.	Leeds Libraries for Health - A Collaboration between the LYPFT library and other healthcare libraries in Leeds.	Free - A schedule of group courses delivered via MS Teams are offered throughout the year.	https://www.leedslibraries.nhs.uk/information-skills-training

Innovation is a newsletter for sharing and learning about research. This includes information about projects being carried out in your area. As such we welcome any articles or suggestions for future editions.

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