NIHR | Biomedical Research Centre

Celebrating Health and Care Professionals in Research Conference 2026



Monday 23rd November

Leonardo Royal Hotel, Oxford.

Conference Programme and Abstract Book

NHS Oxford University Hospitals NHS Foundation Trust

UNIVERSITY OF OXFORD

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1.0 Welcome to the HCPs in Research Conference 2026

Welcome to our third annual Health and Care Professionals (HCP) in Research Conference. We are delighted to be sharing with you a diverse showcase of research and innovation from across our Oxford University Hospitals Foundation Trust (OUH) with plenty of opportunities for questions and networking. We hope that you find the day inspirational.



Yvonne Christley,
Chief Nursing Officer, OUH.

We all want to deliver the best possible care to our patients, and to achieve that, our practice must be built on the best available evidence. In recent years, it has been heartening to see so many nurses, midwives, allied health professionals and other healthcare professionals at OUH wanting to generate that evidence themselves – from those carrying out a service evaluation or QI project as part of a BRC internship to the increasing number of doctoral-prepared HCPs we have in our Trust. It gives me enormous pleasure to see how we are increasingly embedding research in our everyday clinical practice, and I'm delighted that we can showcase that again at this conference.



Professor Andrew Brent,
Chief Medical Officer, OUH.

We are proud that our Trust is one of the most research-active in the NHS. We are all familiar with the benefits of having an embedded research culture: improved patient outcomes, greater staff satisfaction, more efficient services. For those reasons, we believe strongly that research should be carried out by staff from across the trust and from a whole range of disciplines - and fundamental to it meeting its goals are our research delivery teams. Invariably, they have an in-depth understanding of our trials and frequently go the extra mile to ensure they proceed smoothly – whether through recruitment, data collection or ensuring medications are administered in line with protocols. On this day, when we celebrate the fantastic research our HCPs are carrying out, we should give special thanks to our research delivery teams for the vital work they do in making it happen

Welcome



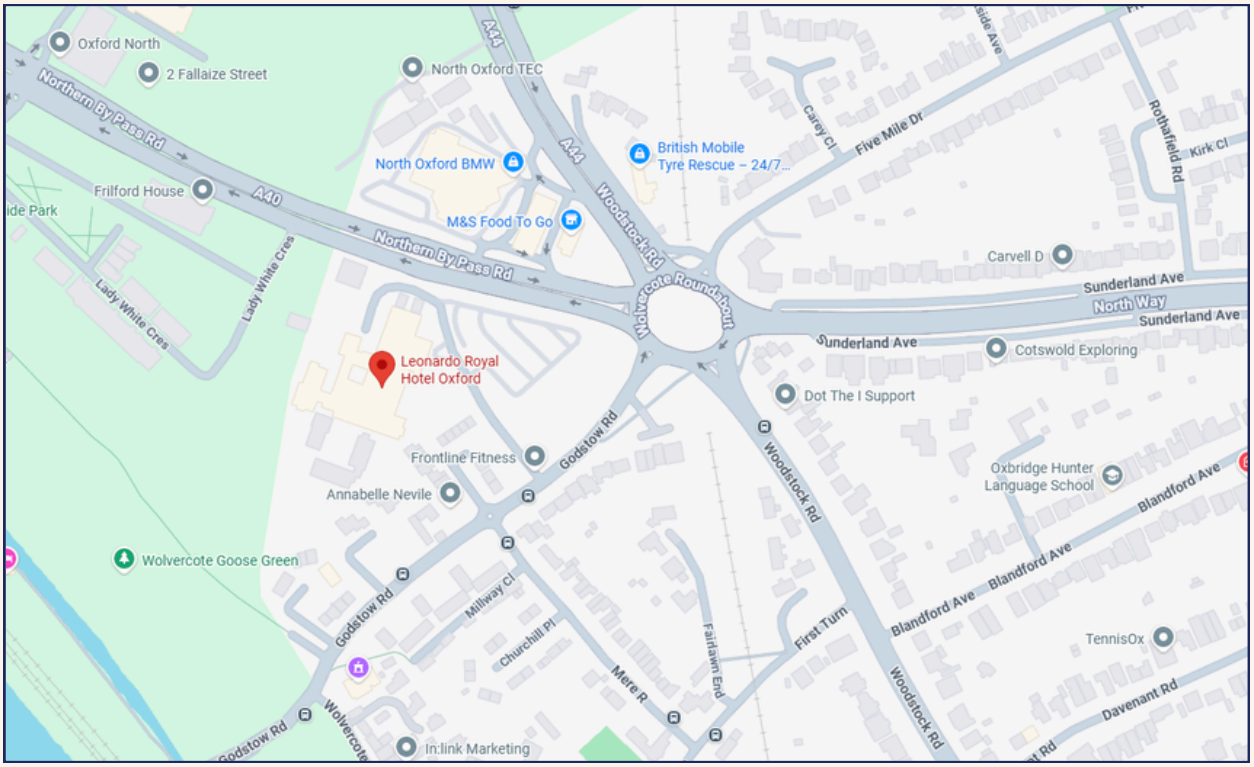
Professor Helen McShane, Director, NIHR BRC: Oxford, Deputy Head, and Associate Head (People and Translation), Medical Sciences Division, University of Oxford.

Like the rest of the NIHR, our BRC wants to see career paths opening up for researchers from all backgrounds and professions. We have been working to expand that pipeline of talent by investing in building research capability among HCPs at OUH, through internships or pre- and post-doctoral training – but most significantly with the creation of a research leadership infrastructure including the innovative Divisional Research Lead (DRL) roles to provide mentorship and education or support funding applications. In 18 months, the four DRLs have supported more than 100 successful applications, securing over £5.5m in funding.

More recently we have funded Clinical Lectureships for four talented HCPs, yet more role models in the trust for those HCPs wishing to progress in their clinical academic careers.

2.0 Map and Directions to Venue

Leonardo Royal Hotel,
Godstow Rd, Oxford, OX2 8AL.



The four-star hotel is just 10-15 minutes from Oxford city centre, with easy transport links including a bus stop right outside, providing direct access to the city.

Leonardo Royal Hotel Oxford is also easily accessible by car via the A34, A44, and M40.

Oxford Railway Station is a 15-minute drive or 25 minutes by bus.

On-site Parking Details:
Parking is on a first-come, first-served basis and cannot be reserved. The parking rate is £6 for up to 8 hours.

3.0 Programme Overview

Time	Activity	Speaker	Room
08:30-09:00	Registration and refreshments. networking and poster hanging.		Conference Lobby
09:00-09:15	Welcome	Yvonne Christley Chief Nursing Officer, Oxford University Hospitals (OUH).	Magdalen Suite (main room)
	Housekeeping	Clair Merriman	Magdalen
09:15-10:00	Joint keynote with Q&A. **'Making Research Matter: Clinical Academic Careers in Action'**	**Chair:** Sarah Rowland-Jones Dr Ravi Purohit and Dr Julie Stebbins. Please see section 4.0 page 8.	Magdalen
10:15-11:00	Concurrent oral presentations - morning session (1)	Please see sections 5.0 and 9.0, pages 10 and 17.	(1) Magdalen, (2) St. Johns, (3) Keble, (4) Wolvercote,
11:00-11:30	Break- refreshments and networking		Conference Lobby
11:30-12:30	Concurrent oral presentations - morning session (2)	Please see sections 6.0 and 9.0, pages 11 and 17.	(1) Magdalen, (2) St. Johns, (3) Keble, (4) Wolvercote,
12:30-13:45	Lunch - posters and networking.		Conference Lobby
13:00-13:30	Poster exhibition	Please see sections 7.0 and 9.0, pages 12 and 17.	Oriel Suite

Programme Overview - afternoon sessions

Time	Activity	Speaker	Room
13:45-14:00	**How ready is OUH to support Health Care Professionals doing research -using the Self-Assessment of Organisational Readiness Tool (SORT)**	**Chair:** Professor Helen Walthall. Dr Sheera Sutherland and Dr Mark Williams. Please see section 4.0, page 8	Magdalen
14:05-14:50	Concurrent oral presentations - afternoon session	Please see sections 8.0 and 9.0, pages 16 and 17.	(1) Magdalen, (2) St. Johns, (3) Keble, (4) Wolvercote,
15:00-15:45	Q&A panel discussion: **'Clinical academics and research in the NHS and University'.**	**Chair:** Professor Helen Walthall. Panel: Dr Dan McGowan, Professor Annina Schmid, Dr Louise Dunsmure, Professor Sarah Rowland-Jones. Please see section 4.0, page 8.	Magdalen
15:45-16:00	Prize giving and closing remarks.	**Chair:** Professor Helen Walthall.	Magdalen

4.0 Speaker Biographies

Keynote speakers:



Dr Ravi Purohit is dual-trained in orthoptics and neuroscience and is an NIHR Academic Clinical Lecturer and Paediatric Ophthalmology ACP. Engineering a novel accommodometry platform and leveraging retinal imaging and electrophysiology, he investigates translational biomarkers in neurodevelopment and vision.



Dr Julie Stebbins is a clinical scientist working in the clinical gait laboratory at the Nuffield Orthopaedic Centre. In addition, she currently has a half-time clinical lectureship. The focus of this role is to help improve the evidence base for paediatric orthopaedics in low resource settings such as sub-Saharan Africa.

SORT Presentation:



Dr Mark Williams is an Associate Professor in Rehabilitation working equally across Oxford Brookes University and Oxford University Hospitals Foundation Trust (OUH). His interests range from researching recovery from illness and injury to investigating how we build research capacity and capability for Allied Health Professionals.



Dr Sheera Sutherland is Divisional Lead for Research and Innovation, OUH. Sheera supports HCP research capacity across OUH by supporting staff with research careers, opportunities, improvement ideas, evaluations, data analysis, funding, academic supervision, and publications to strengthen care and innovation.

Speaker Biographies

Q&A Panel:



CHAIR: Professor Helen Walthall is Director of Nursing, Midwifery and AHP Research and Innovation at Oxford University Hospitals Foundation Trust and Lead for Nursing, Midwifery and Allied Health Professionals Research Capacity with NIHR Biomedical Research Centre: Oxford.



Professor Sarah Rowland-Jones is an Honorary Consultant in Infectious Diseases and Professor of Immunology with the Centre for Immuno-Oncology at the Nuffield Department of Medicine, University of Oxford. Her research group studies how the immune system responds to HIV infection, working closely with collaborators in Africa. Sarah is the Academic Career Development Lead for NIHR Biomedical Research Centre: Oxford.



Professor Annina Schmid is a Pain Neuroscientist and Specialist Musculoskeletal Physiotherapist at the Nuffield Department of Clinical Neurosciences, University of Oxford. Annina leads the Neuromusculoskeletal Health and Science Lab which uses a translational and interdisciplinary approach to study the pathophysiology of neuromusculoskeletal conditions to improve managment for patients.

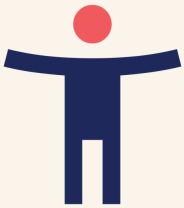


Dr Louise Dunsmure is a Consultant Pharmacist Antimicrobial Stewardship at Oxford University Hospitals Foundation Trust, Chair of the Royal College of Pharmacy Antimicrobial Expert Advisory Group, member of UK Clinical Pharmacy Association Pharmacy Infection Network committee. Contributing expertise in design and implementation of AMS interventions.



Dr Dan McGowan is Consultant Clinical Scientist and Head of Education and Research within the Department of Medical Physics and Clinical Engineering at OUH. He is Associate Professor within Department of Oncology at Oxford University running a Clinical Academic Group. He is involved in several professional bodies.

5.0 Concurrent Oral Presentations - morning session (1)



Time: 10:15am - 11.00am (15min: presentation and Q&A)

Time/Room	Magdalen Chairs: Clair Merriman & Michelle Barakat-Johnson	St. Johns Chairs: Louise Strickland & Dan McGowan	Keble Chairs: Helen Walthall & Louise Dunsmore	Wolvercote Chairs: Rachel Humphriss & Claire Osbourne
10:15am	Cara Raeburn HCPA 041	Sarah Kilcoyne HCPA 008	Gerard Mawhinney HCPA 012	Andrea Gilchrist HCPA 019
10.30am	Sarah Connacher HCPA 006	Natalie Excell HCPA 009	Laura Russell HCPA 016	Holly Edmundson HCPA 023
10.45am	Kumiko Okamura HCPA 007	Carmine Ruggiero HCPA 011	Diana Yardley HCPA 017	Francine Toye HCPA 025

Break for refreshments: 11.00am - 11.30am

6.0 Concurrent Oral Presentations - morning session (2)

Time: 11:30am - 12.30am (15min: presentation and Q&A)

Time	Magdalen Chairs: Sandie Wellman & Carol Forde-Johnston	St. Johns Chairs: Becky Wiltshire & Colin Forde	Keble Chairs: Clair Merriman & Michelle Barakat-Johnson	Wolvercote Chairs: Louise Strickland & Sarah Rowland-Jones
11.30am	Anita Immanuel HCPA 026	Pavana Pillai HCPA 030	Saidat Bola Babalola HCPA 034	Anthony Afanu HCPA 040
11.45am	Joanna Snowball HCPA 028	Zoe Abel HCPA 032	Dana Hamed Roomi HCPA 038	Rachel Pitson HCPA 055
12.00pm	Kate Culligan HCPA 029	Eike Adams HCPA 020	Vita Zekatie HCPA 039	Amerissa Zotou HCPA 051
12.15pm	Sarah Fox HCPA 021	Emma Nicholls HCPA 014		

7.0 Poster Exhibition



Time: 1:00pm - 1:30pm, posters on display in Oriel Suite.

Chairpersons: Team 1: Sheera Sutherland and Mark Williams
Team 2: Claire Clews and Claire Waghorn

No.	Name and Poster Title:
HCPA 001	**Mary Quirke:** Exploring the Lived Experience of Individuals with Myasthenia Gravis who Self-report Remaining Symptomatic.
HCPA 002	**Jemimah Lawan:** A service evaluation to determine the socioeconomic influences of admission to brick and mortar hospital admission compared to Hospital at Home.
HCPA 005	**Sarah Connacher:** Leadership Development in Specialist Nurses: A Systematic Review of Barriers and Enablers.
HCPA 010	**Catherine Lamb:** Variation in practice: what do other centres do, and where does Oxford fit?
HCPA 013	**Mandy Hallifax:** MVA- A nurses journey to independence.
HCPA 015	**Kay McCallum:** Planning an Acute Oncology service evaluation: a nurse-led progamme theory approach.
HCPA 018	**Manoij Rai:** Quality improvement project to optimise consumable utilisation across blood gas analysers Trust wide.

Poster Exhibition

Time: 1:00pm - 1:30pm, posters on display in Oriel Suite.

Chairpersons: Team 1: Sheera Sutherland and Mark Williams
Team 2: Claire Clews and Claire Waghorn

No.	Name and Poster Title:
HCPA 024	**Ramasubramanian Namachivayam:** Audit compared telemed first-day chats to a face-to-face (FtF) discussion to evaluate improvements in departmental efficiency.
HCPA 027	**Nevis Oluoch:** To review the contemporary evidence surrounding CKD-associated pruritus in patients undergoing haemodialysis, including its proposed pathophysiology, clinical presentation, assessment and treatment options, and to develop a practical diagnostic and treatment pathway informed by current evidence and local guidelines.
HCPA 035	**Athanasia Panopoulou:** Single-Scan, Sequential Photon-Counting CT for Myocardial Injury Assessment in STEACS: Comparison with Dual-Scan PCCT and CMR.
HCPA 036	**Dana Cimatu:** To qualitatively explore patient experiences of spine sarcoma on wellbeing and their perceived support needs.
HCPA 042	**Rana Osman:** To evaluate the impact of a pre-operative pharmacist-led medication reconciliation (MedsRec) and review on: • The accuracy of pre-operative medication histories. • Post-operative anaesthetist prescribing. • Risk of patient harm.

Poster Exhibition

Time: 1:00pm - 1:30pm, posters on display in Oriel Suite.

Chairpersons: Team 1: Sheera Sutherland and Mark Williams
Team 2: Claire Clews and Claire Waghorn

No.	Name and Poster Title:
HCPA 043	**Julie-Ann Moreland:** Community Outreach and Engagement - Giving back
HCPA 044	**Jasmin Sadler-Ladell:** The Oxford Pleural Unit Waste Reduction Project is a nurse-led audit investigating the sources and quantity of waste produced during pleural procedures.
HCPA 046	**Thareq Barasabha:** Can mild cognitive impairment patients engage with digital cognitive remediation therapy? A user experience study.
HCPA 048	**Grace Polley:** Exploring the lived experiences of Neurodiverse Registered Nurses in Adult Critical Care.
HCPA 049	**Gloriya Annit Ronny:** A Case Study on the Impact of Tailored Nursing Care and Scalp Cooling on Patient Compliance and Engagement in an Early-Phase Antibody-Drug Conjugate (ADC) Clinical Trial.
HCPA 050	**Melanie Westmoreland:** The evidence for the value of clinical research nurses in practice: A scoping review.
HCPA 052	**Kathryn Lewis:** Frailty in orthopaedic trauma - How can we maximise the recruitment of older paitents with fragility fractures without capacity?

Poster Exhibition

Time: 1:00pm - 1:30pm, posters on display in Oriel Suite.

Chairpersons: Team 1: Sheera Sutherland and Mark Williams
Team 2: Claire Clews and Claire Waghorn

No.	Name and Poster Title:
HCPA 056	**Erin Hannink:** What is professional craft knowledge in physiotherapy? A scoping review.
HCPA 059	**Sulochna Hawkins:** What is the Health-Related Quality-of-Life Post-Radiotherapy Treatment in patients with Benign Skull Base Meningioma - A Systematic Review.
HCPA 061	**Samuel Simiyu:** Supporting Huntington's Disease Research: A Service Evaluation of the Dendron Neurosciences Research Delivery Team.
HCPA 062	**Francesca Calzari:** From Fragmented to Focused: Optimising Cardiology Registrar Allocation Through a Dedicated Ward Registrar Pilot.
HCPA 064	**Cara Allan:** Rebuilding Trauma Craft Knowledge and Nursing Confidence Through Simulation.
HCPA 065	**Jasmin Sadler-Ladell:** THORAPA - Thoracoscopy Pain and Pleural Pain Assessment.
HCPA 067	**Jishi John:** Beyond the Clinic: Capturing the Daily Rhythm of Painful Diabetic Peripheral Neuropathy Using Ecological Momentary Assessment.

8.0 Concurrent Oral Presentations - afternoon session

Time: 14:05pm - 14:50pm (15min: presentation and Q&A)

Time	Magdalen Chairs: Claire Clews & Carol Forde-Johnston	St. Johns Chairs: Colin Forde & Claire Osborne	Keble Chairs: Sandie Wellman & Rachel Humphriss	Wolvercote Chairs: Becky Wiltshire & Louise Strickland
14:05pm	Pratik Samant HCPA 023	Jane McKinnon HCPA 060	Yuhan Zhang HCPA 004	Hema Kumar HCPA 068
14:20pm	Rachel Hadfield HCPA 045	Jishi John HCPA 066	Adeyemi Olagunju HCPA 063	Sarah Connacher HCPA 033
14:35pm	Pooja Lalwani HCPA 054	Niamh Noble HCPA 003	Eve Charlworth HCPA 058	Maxwell Robinson HCPA 057

Q&A Panel Discussion: 15:00pm - 15:45pm - Magdalen Lecture Suite

9.0 List of Abstracts

O = Oral Presentation
P = Poster Presentation

HCPA 001 P	**Mary Quirke: Exploring the Lived Experience of Individuals with Myasthenia Gravis who Self-report Remaining Symptomatic.**

Myasthenia Gravis (MG) is a chronic autoimmune neuromuscular disorder, with no known cause, occurring across all ethnicities, commonly impacting females under forty years and men over sixty. The immune system's attack on neuromuscular connections between nerves and muscles, leads to fluctuating muscle weakness and fatigue.

The treatment of MG is largely pharmacological. Whilst this enables many individuals to live with a minimal manifestation of symptoms, others self-report remaining symptomatic despite optimal therapy, with their quality of life (QoL) significantly affected. Managing these patients is challenging, as their symptom fluctuations often cannot be fully explained by treatment intensity or clinical assessments.

The diagnosis of a chronic illness can have a psychological impact and reshape someone's life. A synthesis of the literature reveals that whilst the clinical presentation of MG is well understood, what it means for an individual to be diagnosed and live with MG, has received little attention. Viewing MG solely as a physiological entity risks overlooking the subjective and existential dimensions of how individuals experience living with MG. Understanding the vicissitudes of an individual's lived experience and the impact on their life-world, could be relevant to improving holistic care and wellbeing.

To elucidate and craft the idiographic context of the individual's unique perspective of living with MG, the qualitative research methodology Interpretive Phenomenological Analysis (IPA) is selected. Situated in the arena of specialist secondary care for MG, up to ten individuals will be recruited to undertake semi-structured interviews. Analysis will progress from description to interpretation to bring to the fore a rigorous multi layered interpretation of individuals' experiences.

By developing an existential perspective on being diagnosed and living with MG, this study aims to inform patient-centred care and contribute to the broader understanding of MG.
Supervisors: Associate Professor Dr Kathleen Greenway, Dr Sue Schutz and Dr Louise Strickland, Oxford Brookes University
Funding Oxford School of Nursing and Midwifery and Oxford University Hospitals.

HCPA 002 P	**Jemimah Lawan: A service evaluation to determine the socioeconomic influences of admission to brick and mortar hospital admission compared to Hospital at Home.**

Introduction and Background: Hospital admissions in England have increased significantly over the past decade increasing the need for alternative models of care. The hospital-at-home model offers an approach to delivering care in patients' own home, improving patient outcomes and reducing brick-and-mortar hospital admissions. However, socioeconomic inequalities may impact access to these services. Socioeconomic factors including deprivation level, gender and ethnic minority status were identified as significant determinants of access to healthcare.
Aims: This service evaluation aims to assess difference in Socioeconomic Factors associated with Hospital at Home admission
Methods: A retrospective service evaluation collected data from October 2022 to October 2024. The patient demographics and socioeconomic status (using the Index of Multiple Deprivation, hereafter termed IMD) were collected from a cohort of patients admitted to John Radcliffe Hospital and Hospital at Home team. Comparative statistical analyses which included chi-square tests, were conducted using statistical software suite (SPSS) to identify associations between socioeconomic status and hospital admissions.
Results: The evaluation included 3,079 patient records across different socioeconomic groups in Oxfordshire. Most patients across hospital at home services and brick-and-mortar admission are White British which represents the underlying social demographics. There was no association between ethnicity and mode of admission (χ= p = 0.0579). The Index of Multiple Deprivation (IMD) found no significant relationship between socioeconomic deprivation and admission (χ= p = 0.2767).
Conclusion: There was no significant difference in socioeconomic deprivation and ethnicity between Hospital at Home and brick-and-mortar care. There was a trend towards patients from ethnic minorities being more likely to access hospital at home services.

List of Abstracts

O = Oral Presentation
P = Poster Presentation

HCPA 003 O	**Niamh Noble:** **Improving Quality of Referrals to the Complex Outpatient Antimicrobial Therapy (COPAT) Service within Oxford University Hospitals NHS Trust. Presentation is an audit for the COPAT referral pathway.**

Background: The Complex Outpatient Antimicrobial Therapy (COPAT) service facilitates the discharge and ongoing management of patients requiring complex antimicrobial treatment. A baseline audit identified inconsistent use of the referral process and incomplete referral information, leading to delays in patient care and inefficiencies within the COPAT multidisciplinary team.
Aim: To improve compliance with the COPAT referral process and achieve 95% completion of required referral information by January 2027.
Methods: A quality improvement project using Plan-Do-Study-Act (PDSA) methodology was undertaken. Baseline referral data was reviewed to identify process deficiencies. Two interventions were implemented: revision of the COPAT intranet guidance and redesign of the Electronic Patient Record (EPR) referral template. Compliance with the referral process and completeness of referral information were assessed following implementation. A questionnaire was used to assess stakeholder feedback and inform future cycles. Ethics approval was not required for this project.
Results: Overall data compliance increased from 74% at baseline to 94% after the revision of the intranet and 98% after the template was redesigned. Stakeholder feedback indicated improved usability of the referral process and greater clarity of referral information. Improvements were observed in referral quality, although the target of 95% compliance was not achieved.
Conclusion: The interventions improved the quality and consistency of COPAT referrals, supporting more efficient service delivery and improved communication between teams. Ongoing monitoring and further refinement of the referral pathway, in addition to staff education is required to achieve sustained full compliance (Chapman et al., 2019).

HCPA 004 O	**Yuhan Zhang:** **ACP and frailty in ED.**

Background: Advance care planning (ACP) is important for older people with frailty but is inconsistently delivered in Hospital at Home. Baseline staff survey and interview work identified low confidence, documentation uncertainty, time pressure, limited mentorship and organisational barriers.
Objective: To evaluate whether a theory-informed multicomponent strategy improved emergency care-planning documentation and nurse confidence, and whether the 30-day emergency department reattendance rate changed.
Methods: A quality improvement project was implemented from June 2025 in a UK Hospital at Home service. Interventions included education, simulation, champions, peer mentorship, documentation redesign and co-design. Monthly Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)/Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation and 30-day emergency department reattendance were analysed from January 2024 to June 2026 using run charts and baseline-centred statistical process control p-charts. Nurse confidence was assessed immediately before and after ACP training and analysed using a paired t-test.
Results: Across 10,950 admissions, new ReSPECT/DNACPR documentation increased from 2.55% (160/6,266) before intervention to 5.57% (261/4,684) during intervention. Baseline-centred statistical process control showed an eight-point upward shift in documentation rate from November 2025 to June 2026. Nurse confidence increased from 4.71 to 7.43/10 (mean paired increase 2.71, 95% CI 1.86–3.57; $p<0.001$). Thirty-day emergency department reattendance decreased from 22.25% to 21.26%, with an eight-point downward shift over the same period.
Conclusion: Multicomponent implementation was associated with improved emergency care-planning documentation and nurse confidence. A sustained downward shift in 30-day emergency department reattendance was also observed, although causal attribution is not possible in this uncontrolled service-level evaluation.

List of Abstracts

O = Oral Presentation
P = Poster Presentation

HCPA 005 P	**Sarah Connacher:** **Leadership Development in Specialist Nurses: A Systematic Review of Barriers and Enablers.**

Background: Leadership is increasingly recognised as essential for improving healthcare quality, safety, service delivery, and patient outcomes—particularly within Fracture Liaison Services (FLS), where effective secondary fracture prevention relies on coordinated, proactive care. FLS Specialist Nurses possess the clinical expertise, patient-facing insight, and system-level understanding to act as leaders within multidisciplinary teams. Specialist Nurses remain underrepresented and under-recognised in formal leadership roles, limiting their career progression and their ability to fully contribute to high-performing services.
Aim: This systematic review aimed to identify the barriers and enablers influencing Specialist Nurses' progression to leadership roles.
Methods: A systematic literature review using PRISMA guidelines was conducted using structured searches of key healthcare databases. Ten studies meeting the inclusion criteria were critically appraised and synthesised using reflexive thematic analysis.
Findings: Four themes emerged: personal factors, support, resource availability, and role definition. Motivation, emotional intelligence, communication skills, and specialist experience were associated with leadership potential but were not sufficient in isolation. Organisational and managerial support—especially mentorship, recognition of specialist expertise, and involvement in strategic decisions—was crucial for leadership development. Limited time, funding, and access to professional development restricted progression. Inconsistent role titles and unclear expectations further reduced visibility and hindered effective use of specialist skills.
Conclusion and Implications for Practice: The findings highlight that while individual capability is essential, the leadership development of FLS Specialist Nurses depends on supportive organisational cultures, adequate resourcing, and clear, standardised role frameworks. Addressing these barriers is vital to strengthening FLS leadership and thereby enhancing outcomes in secondary fracture prevention. Empowering FLS nurses to lead will contribute to more consistent, high-quality services and improved patient care.

HCPA 006 O	**Sarah Connacher:** **Real-world experience of using Patients as Partners in Fracture Liaison Services (FLS).**

Background: Fragility fractures are life-changing events, and partnering with patients ensures that Fracture Liaison Service (FLS) pathways, communications, and interventions reflect the lived experiences of those navigating fracture consequences, recovery, and long-term bone health—insights that clinicians alone cannot provide.
Methods: Oxfordshire FLS has embedded patient partnership within its service model since 2020, growing from one or two contributors to a stable group of around five patient representatives. Recruitment has occurred through patient feedback, interactions during clinical assessments, and collaboration with the local Royal Osteoporosis Society support group. Most representatives have personal experience of the FLS pathway. Their involvement includes co-developing written and digital communication materials, contributing to governance and quality-improvement activities, and supporting the implementation of a first-of-its-kind ICS-wide FLS.
Results: For patients, partnership promotes a more relevant and person-centred approach by addressing practical barriers to attendance, communication, and treatment completion. Co-designed materials improve clarity and accessibility, enhancing understanding of bone health and supporting adherence to bone protective therapy. For the FLS team, working with patient partners strengthens empathy and communication skills, while lived experience highlights issues clinicians may overlook, such as travel challenges, media-driven concerns, or perceived side effects. This collaboration fosters shared purpose and contributes to staff empowerment. For the wider service, patient involvement in governance enhances transparency, increases accountability, and ensures decisions reflect real-world needs, strengthening confidence in the FLS pathway.
Conclusion: Patient partnership is a key mechanism for delivering responsive, effective, and sustainable FLS models, improving awareness, treatment adherence, and ultimately reducing secondary fractures while creating a more supportive and accessible service.

List of Abstracts:

O = Oral Presentation
P = Poster Presentation

HCPA 007 O	**Kumiko Okamura:** **Celebrating ACP Impact: Transforming Traumatic Brain Injury Rehabilitation Pathways Through Virtual Outreach.**

AIMS: To increase District General Hospitals (DGH) therapists' confidence in managing Traumatic Brain Injury (TBI) and improve identification of appropriate rehabilitation pathways following transfer from a Major Trauma Centre (MTC).
BACKGROUND: Centralisation of major trauma services in the UK has improved survival through specialist care at MTCs but has contributed to disparities in expertise and resources between MTCs and DGHs. Patients with TBI are often transferred to DGHs rapidly following acute treatment, where access to specialist rehabilitation expertise may be limited. Innovative approaches are needed to support ongoing assessment, rehabilitation planning and pathway navigation.
METHODS: Therapists from five DGHs within the regional Trauma Network were invited to participate in a virtual outreach pilot, facilitated by a TBI Advanced Clinical Practitioner (ACP) and Major Trauma Rehabilitation Coordinator. Twenty-five bi-weekly video calls were delivered over 12 months. Quantitative and qualitative data were collected prospectively and retrospectively, assessing confidence in TBI management, knowledge of rehabilitation pathways and participant feedback. The project proposal was reviewed and approved through the regional governance process.
RESULTS: Three DGHs participated. Median confidence in managing TBI increased from 3 to 4 (1–5), while confidence in understanding rehabilitation pathways increased from 2 to 4. Discussions focused primarily on clinical advice (43%) and rehabilitation pathway guidance (11%). All participants reported improved collaboration between the MTC and DGHs and expressed interest in continuing virtual meetings. Key benefits included peer support, improved pathway navigation and streamlined handover, reducing duplication and facilitating timely patient reviews.
CONCLUSION: ACP-led virtual outreach improved therapist confidence, strengthened collaboration between MTC and DGHs and supported more efficient rehabilitation pathway navigation. This demonstrates the valuable role of ACPs in bridging specialist expertise across organisational boundaries and driving innovative, collaborative models of TBI rehabilitation.

HCPA 008 O	**Sarah Kilcoyne:** **Language Development in 5-Year Old Children with Metopic Synostosis: The Oxford Craniofacial Experience.**

Background: Metopic synostosis is the second most common form of single-suture craniosynostosis, and leads to the premature fusion of the metopic suture, which can result in trigonocephaly. Previous research into language development in this population has been characterised by methodological flaws, including heterogenous samples, use of non-standardised assessment measures, and a wide age-range of participants.. This research seeks to rectify these methodological flaws, by reporting on language outcomes at age five in a homogenous sample of children with metopic synostosis.
Methods: Data was collected as part of the clinical craniofacial speech and language therapy protocol, agreed amongst the four UK highly-specialist craniofacial units. A retrospective case note review of patients with radiologically-confirmed diagnosis of metopic synostosis attending the Oxford Craniofacial Unit during a 39-year period (1987-2026) was undertaken. Patients with who were bilingual, sodium valproate syndrome, SMAD6, chromosome deletions and secondary metopic synostosis were excluded.
Results: Data were available for 48 patients with radiologically-metopic synostosis (7 females, 41 males). All patients had undergone a frontal-orbital advancement and remodelling procedure. Results showed that 60% (n=29) of patients had language development within the average range expected for their age. A further 10% (n=5) patients had language above the average range expected for their age; 29% (n=14) patients had language below the average expected for their age (3 of whom had a severe developmental language disorder). Hearing information was available for 33 patients, 9 of whom had hearing difficulties including glue ear and conductive hearing loss.
Conclusions: The prevalence of Developmental Language Disorder in the general population is 6%, the rate of language disorder in children with metopic synostosis is much higher than the general population. The results of this study demonstrate the importance of regular monitoring of language development in this population.

List of Abstracts:

O = Oral Presentation
P = Poster Presentation

HCPA 009 O	**Natalie Excell:** **Evaluation of the prevalence of nausea during and after radiotherapy to the breast.**

Aims: Assess how many patients' having breast radiotherapy experience nausea and whether this should be consented for.
Background: Patients undergoing radiotherapy to the breast can experience nausea. This is not currently consented for on the RCR breast radiotherapy consent form.
Methods: Patients undergoing radiotherapy to the breast over a 3-month period were included. We assessed if patients had chemotherapy or concurrent endocrine therapy, including whether patients were prone to nausea. Patients were contacted 2-4 weeks after radiotherapy to assess whether they experienced nausea and duration. Local R&D approval was sought for service evaluation, with research application required for further investigation.
Results/Findings: 183 patients in total had a complete baseline toxicity questionnaire with a post-treatment follow up phone call. 44/183 patients experienced nausea grade 1-3 on treatment.
Patients that experienced nausea were matched with a control group that did not experience nausea. Liver was contoured in all patients, we looked at volume of Liver receiving 30, 20, 10, 5, 2, 1Gy in 15#s (or equivalent). Liver dose showed less correlation in left sided breast patients, so we contoured Stomach for this group and looked at the volume of the Stomach receiving the same dose levels.
Conclusion: Results show volume of liver receiving dose is statistically significant in the prevalence of nausea; higher volumes of liver irradiated increased the chance of nausea. Results for data on the volume of stomach receiving dose is not statistically significant, possibly due to the low number of patients included in this dataset. Based on this data, we should consider consenting patients getting dose to the liver for nausea. Patients should have access to antiemetics if required during and after radiotherapy – available on PGD in the department.

HCPA 010 P	**Catherine Lamb:** **Variation in practice: what do other centres do, and where does Oxford fit?.**

Background: Individuals with a family history of cerebral aneurysms have an increased risk of aneurysm formation and subarachnoid haemorrhage. National guidance recommends screening in selected high-risk groups, but implementation varies between neurosurgical centres. Dedicated family history clinics may provide a structured and cost-effective approach to risk assessment and surveillance.
Aim: To evaluate screening and follow-up practices for familial cerebral aneurysms across UK neurosurgical centres, assess adherence to NICE guidance, and compare these findings with practice in Oxford.
Methods: Twenty-five UK neurosurgical centres were approached, of which 15 responded. Data were collected on referral criteria, number of affected relatives required for screening, age thresholds, lifestyle risk factors, imaging modalities, follow-up protocols, and assessment of patient anxiety. Local Oxford ACP-led clinic data were reviewed, including referral patterns, risk factors, imaging intervals, aneurysm detection rates, and MDT outcomes. Costs of consultant-led and ACP-led clinics were also compared.
Results: Marked variation was identified in eligibility criteria, age thresholds, and follow-up strategies. Most centres require two affected first-degree relatives for screening, although additional risk factors may influence decisions. Few centres use structured anxiety assessment or provide pre-clinic information. Oxford practice is broadly aligned with NICE guidance, although criteria are not always applied strictly. Ten aneurysms were detected during the study period, with management determined through MDT discussion. Patients with normal imaging generally continue five-yearly surveillance. No formal anxiety assessment is currently used. Cost analysis projects annual savings of £27,192 in 2026 with an ACP-led model.
Conclusion: Significant variation exists in familial aneurysm screening across UK neurosurgical centres. An ACP-led Family History Clinic provides guideline-aligned, cost-effective care. Local protocols, pre-clinic information, and formal anxiety assessment could further standardise and improve service delivery.

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HCPA 011 O	**Carmine Ruggiero:** **Experiences of remote specialist nurse review in progressive pulmonary fibrosis.**

Aims and background: Remote specialist nurse review is embedded within specialist services, but its place within longitudinal care remains underexplored across chronic conditions. This study aimed to examine how people living with progressive pulmonary fibrosis and specialist interstitial lung disease (ILD) nurses experience scheduled and patient-initiated remote review over time, and how the wider care context shapes those experiences.
Methods: This qualitative study used a phenomenology-informed critical realist design. Semi-structured interviews incorporating object elicitation were conducted with 15 patients and 14 ILD nurses across 12 specialist ILD centres in England and Wales. Transcripts were analysed using reflexive thematic analysis. Accounts were integrated to develop condition-bound explanations.
Results: Patients noticed and interpreted change between telephone reviews and judged whether to initiate specialist follow-up. Established relationships made re-contact feel legitimate; shared understanding, clear next steps and visible follow-through made care feel safe and meaningful. Face-to-face review became particularly important when patients faced fundamental reappraisal of illness or future life; nurses described embodied presence as better supporting emotionally charged conversations.
Patient and nurse work was interdependent but asymmetrical. Nurses used prior knowledge of the person, treatment and disease trajectory to interpret accounts and coordinate follow-through. Across both datasets, professionalism emerged as nurses made prior knowledge audible from the outset, conveyed attentiveness and remained accountable afterwards. Dedicated, private clinical space legitimised remote review as clinical work; collegial support helped calibrate judgement, while professional agency enabled modality change when required.
Conclusions: Remote ILD nurse review was sustained through a labour–continuity system linking patient and nurse work over time. Credible re-entry allowed concerns to return to specialist interpretation; interpretive continuity preserved contextual understanding and reasoning across contacts. Together, they supported patient agency and enabled nurses to provide coherent, clinically credible specialist care at a distance.

HCPA 012 O	**Gerard Mawhinney:** **Integrating patient evidence on research tissue donation consent across rare craniospinal tumour pathways.**

Introduction: Research tissue donation is essential to translational oncology, particularly in rare tumours where access to well-characterised specimens is limited. However, donation requests often occur during diagnosis, treatment planning or preparation for major surgery. We integrated patient evidence to examine research tissue-donation consent as a health-system process in rare craniospinal tumour pathways.
Methods: A pragmatic multistage mixed-methods design integrated a systematic scoping review of 22 studies, a UK national survey of 50 adults with primary brain tumours or spinal sarcomas, and semi-structured interviews with eight survey participants. Evidence was integrated through building, connecting and merging, using joint displays to classify findings as confirmation, expansion or qualification/discordance. A systems-informed lens examined timing, roles, information flows, relational support, digital resources and governance.
Results: Twenty-six survey respondents recalled being invited to donate tissue. Of these, 85% found information understandable, 92% reported opportunities for questions and 88% sufficient time, although 40% found the request stressful. Most preferred discussion in clinic (62%); none selected the day of surgery. Interest in a secure digital adjunct was high (46/49; 94%).
Interviews showed that altruism and positive attitudes could coexist with diagnostic shock, information overload and retrospective sense-making, with family or trusted supporters helping patients interpret and revisit information.
Integration generated five meta-inferences: (1) uptake is an inadequate proxy for consent quality; (2) consent quality is temporally contingent; (3) trust supports participation but does not ensure understanding; (4) understanding develops longitudinally and relationally; and (5) digital support should supplement, not replace, clinician-led discussion and non-digital routes.
Conclusion: Research tissue-donation consent should be designed as a longitudinal health-system process connecting appropriate timing, trusted clinical roles, revisitable information, relational support, accessible digital options and governance transparency.

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HCPA 013 P	**Mandy Hallifax:** **MVA- A nurses journey to independence.**

Background: MVA is an established technique for the removal of pregnancy tissue. It can be performed safely under local anaesthesia in outpatient care settings, reducing the need for theatre and general anaesthesia. The procedure is quick, well tolerated, and associated with low complication rates, making it a practical option for both clinicians and women. Its ease of use enables service delivery in a wider range of healthcare environments, supporting timely and patient-centred care. MVA has been traditionally performed by doctors.
Methods: This is a retrospective review of a nurses learning experience of completing Manual Vacuum Aspiration (MVA) procedures in a community based early pregnancy unit (Feb 2024-June 2025).
Results: 76 procedures were completed: 6 observed, 11 partial involvement, 58 independently completed and 1 teaching a registrar.
Of the 76 procedures completed 20 (26%) returned for an unplanned reassessment. The most common reason for unplanned representation was having a positive urine pregnancy test at 3 weeks post procedure. 8/20 (40%) had positive UPT alone, 5 (25%) has positive UPT and bleeding or pain, 3 women had bleeding only, and the remaining 4 women had a combination of pain, bleeding or infection.
Of the 58 procedures completed by the nurse independently 15 (26%) required unplanned reassessment; the same rate as entire cohort.
Discussion: The nurse can now competency, safely and confidently complete this procedure without supervision and is now training registrar colleagues.
Nurse lead MVA procedure have a low complication and unplanned presentation rate and has become the standard of care within this unit.

HCPA 014 O	**Emma Nicholls:** **Development and Early Outcomes of a Highly Specialised, Evidence-Based Outpatient Physiotherapy Service for Stem Cell Transplant Patients.**

Aims: Provide a specialist, outpatient Physiotherapy service to patients treated within the Stem Cell Transplant (SCT) team within the Haematology department at the Churchill Hospital, Oxford.
Background: A Physiotherapist was recruited for the first time into the SCT service to develop a prehabilitation and rehabilitation service for people undergoing either allograft or autograft Stem Cell Transplantation.
Methods: A clinic was set up to provide face to face prehabilitation assessment for allogeneic transplant patients. Outcome measures completed include - Haematopoetic Cell Transplant (HCT) Scale, 1 minute sit to stand and MUST score. All patients receive guidance on wellbeing, nutrition and exercise. Post allograft and autograft patients are referred on a need-by-need basis via the nursing and medical team.
Results/findings: The HCT frailty scale became part of the prehabilitation assessment in April 2026. 2/30 patients have met the 'fit' criteria category. All other patients have scored as pre frail or frail.
In 2025, we piloted the SARC-F screening tool on 19 patients post allogeneic transplant. 14/19 patients were sarcopenic on discharge.
Average inpatient length of stay has now been analysed retrospectively for allogeneic transplant patients:
April 2023 - March 2024 - 31.2 days
April 2024 - March 2025 - 35.9 days
April 2025 to March 2026 - 27.1 days
April 2026 to August 2026 - 27.1 days
Conclusion: The Physiotherapy service has been positively received by both staff and patients, with consistent qualitative feedback highlighting its
value. The high prevalence of frailty identified before transplant and levels of sarcopenia identified post transplant, reinforces the need for timely access to prehabilitation and rehabilitation for this population. Although multiple factors are likely to have contributed to the reduction in inpatient length of stay, a notable decrease has been observed since the prehabilitation service was implemented in its current, fully operational form.

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HCPA 015 P	**Kay McCallum:** **Planning an Acute Oncology service evaluation: a nurse-led progamme theory approach.**

Background: Acute Oncology (AO) is a very young speciality. Our AO service has grown and developed over the last 12 years. It began and remains a nurse led service as, anecdotally, do many around the UK. The mode of working has developed organically over the years. We are a team led by a nurse consultant with 4 senior specialist nurses covering 3 distinct hospital sites, one of which is 30 miles from the main site. These sites do not include a cancer centre. We have a clinical lead who provides oncology consultant input and a weekly board round which includes consultants and trainees from ambulatory acute general medicine and radiology. We provide regular training for oncology registrars and other professionals as needed. However, it remains difficult to describe exactly how an intervention may lead to a positive trajectory for patients. In order to review whether the service was meeting the needs of all the stakeholders, an in-depth service evaluation was planned to take place in 2026 /7. This abstract describes the planning stage of this project.
Methods: Developing and evaluating health interventions - such as the provision of an AO service – for the benefit of patients is notoriously difficult. Programme theory was chosen as an appropriate methodology to examine how a service operates and whether it achieves what it set out to do. Fundamentally programme theory can be described by stating 'If A, then B' where 'A' is the programme (the AO service) and 'B' is the impact of the programme (does it work long term). Evaluation occurs by unpicking the mechanism whereby 'A' theoretically produces 'B'.
Results: We started the process by discussing and describing our desired impacts: for AO to provide a service which holistically meets the needs of those newly diagnosed with cancer in the acute setting and those presenting to non-specialist areas with problems relating to a known diagnosis of cancer or treatment thereof. The next stage involves interviews with key stakeholders including medical staff and NMAHPs from oncology, acute general medicine, surgery and Emergency care to discuss activities, outputs and outcomes. We will also analyse interactions with patients. When this is complete it will be mapped against the 5 key elements of a programme logic model: inputs (funding, staff, resources, equipment), activities (what do we actually do), outputs (immediate changes), outcomes (immediate changes and benefits), and impacts (long term, what is the ultimate goal of AO).
Conclusion: Programme theory, looking at the how, why and under what conditions interventions work lends itself specifically to the evaluation of complex interventions. It may lead to a new understanding of nursing knowledge in the context of AO services.

HCPA 016 O	**Laura Russell:** **Patient-reported impact and psychosocial support needs in a spasmodic dysphonia Botox clinic: a service evaluation.**

Aims: Laryngeal dystonia (spasmodic dysphonia) is a rare neurological voice disorder associated with significant functional and psychosocial burden. Botulinum toxin (BoNT) injection is the gold-standard treatment, yet clinical pathways primarily focus on symptom control rather than psychosocial support. This service evaluation explored psychosocial impact and unmet support needs within a specialist BoNT clinic.
Methods: A mixed-methods service evaluation was conducted in a tertiary laryngology BoNT clinic. Patients with laryngeal dystonia completed a questionnaire exploring quality of life impact, psychological wellbeing, experiences of care, and preferred support options. Quantitative data were analysed descriptively and free-text responses thematically analysed.
Results: Twenty-four of 51 eligible patients participated. Overall clinic experience was highly positive, with patients valuing clinician communication, consistency, and expertise. Despite this, psychosocial burden remained substantial: 88% reported reduced quality of life related to their voice disorder and 71% reported anxiety or low mood attributable to their voice within the preceding 12 months. Fewer than half (46%) knew where to access additional support. The most desired support option was further Speech and Language Therapy input (67%), followed by peer support groups and self-management resources. Male participants were more likely to favour self-directed support or decline additional support despite comparable psychosocial impact.
Conclusion: Patients attending specialist BoNT clinics report high satisfaction with medical management, yet significant unmet psychosocial needs persist. These findings have directly informed service development, including the introduction of routine psychosocial signposting within our clinic. Multidisciplinary support and flexible care pathways may further improve holistic laryngology care.

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HCPA 017 O	**Diana Yardley:** **Battling Boundaries and Conscience: How Healthcare Professionals Navigate Safeguarding Concerns in Paediatric Diabetes Care.**

Aim: To explore how paediatric diabetes healthcare professionals recognise, interpret and navigate safeguarding and child protection concerns, and develop a theoretical explanation of their experiences.
Background: Managing childhood diabetes requires sustained family involvement and complex daily care. Where wider family or social difficulties affect the ability to meet a child's health needs, professionals may encounter safeguarding concerns that are difficult to define and escalate. Medical neglect remains poorly understood as is particularly challenging within chronic illness. This further complicated as health and children's social care may operate with different thresholds for concern and intervention.
Methods: A constructivist grounded theory study was undertaken with 20 paediatric diabetes healthcare professionals across England and Wales, including consultants, specialist nurses, psychologists and dietitians. Semi-structured interviews were analysed iteratively using coding, constant comparison and memo-writing. University ethical approvals were obtained before recruitment and data collection.
Results/Findings: The grounded theory, "Battling Boundaries and Conscience" explains how professionals navigate safeguarding through three interconnected processes: 'Deciphering Need', 'Filling the Gap' and 'Enabling Protective Change'. A key finding was the contrast between a fluid Diabetes Threshold of Concern, requiring interpretation of clinical outcomes within family context, and a more rigid Children's Services Threshold of Intervention. Between these thresholds, professionals described 'Filling the Gap', holding responsibility for ongoing concerns through additional family support and repeated negotiation across service boundaries. This contributed to 'professional insecurity', including fear of failing to protect the child, emotional distress and responsibility for circumstances extending beyond their usual professional boundaries. Safeguarding supervision, peer and multidisciplinary support, specialist safeguarding knowledge and professional development helped professionals navigate uncertainty and mitigate its impact.
Conclusion: Safeguarding concerns in chronic illness may sit between traditional health and social care boundaries. Condition-specific safeguarding development, supervision and supportive multidisciplinary structures may reduce professional insecurity and support earlier, more confident protective action. Although developed within paediatric diabetes, the theory may have relevance for professionals managing safeguarding concerns across other long-term conditions.

HCPA 018 P	**Manoj Rai:** **Quality improvement project to optimise consumable utilisation across blood gas analysers Trust wide.**

Aims: Quality improvement project to optimise consumable utilisation across blood gas analysers Trust wide
Background: OUH NHS Trust currently has 48 point-of-care blood gas analysers supplied by Radiometer across the 4 sites providing tests for wide range of parameters such as pH, pCO2, pO2, tHb, Na+, Cl-, Ca2+, Glu, Lac within minutes. [WO1.1] 37 of these use consumables with capability of running 900 tests over a 30-day period. The usage varies from around 30 to 1200 tests a month in these 37 analysers. Radiometer offers sensor cassettes in various volumes and cost, all with the same expiry duration of 30 days.
Method: This project involves trialling size of 600 SC for low usage analysers which is projected to reduce the cost up to £8,000 a year. By calculating average 30-day usage and including 20% buffer, 22 lower usage analysers have been selected that can instead have 600 size sensor cassettes. Currently in the 'do stage' of PDSA (plan, do study, act) cycle, where I am in the first of three months of trialling 600 sensor cassettes.
Results: Results will highlight % usage of consumable before change as well as cost difference over a 3-month period. Any challenges during the change will be documented.
Conclusion: With this data, and considering the risk benefit analysis, I would like to see if we could trial a wider range of sensor cassettes sizes. This would demonstrate if improved consumable utilisation offers sustainability benefits as consumables will require to be changed less frequently and have less solution remaining when changed therefore producing less clinical waste. It also offers the potential to provide more uptime to the analyser, which improves clinical access to devices and reduces the length of time clinical staff need to wait for results, ensuring timely decision making during the patient pathway.

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HCPA 019 O	**Andrea Gilchrist: Beyond the Revisit: Using Longitudinal Care Assure Data to Identify Sustained Improvement and Target Support.**

Aim: To evaluate how repeated peer-led Care Assure assessments and local reassessment can identify immediate correction, sustained improvement and recurrent performance concerns, and inform targeted improvement support.
Background: Care Assure is Oxford University Hospitals NHS Foundation Trust's peer-led clinical quality assurance programme. Clinical areas scoring below 70% undertake a local reassessment to confirm that identified concerns have been addressed. However, achieving the threshold at reassessment may not demonstrate that improvement is sustained in everyday practice.
Methods: A longitudinal service evaluation of routinely collected Care Assure data from October 2024 to September 2026 was undertaken. The dataset included 892 independent assessments across 102 clinical areas. Low-scoring episodes were followed from initial independent assessment through local reassessment to the next independent Care Assure review. Analysis explored reassessment completion, achievement of ⩾70%, subsequent sustained performance, reassessment timing, severity of initial scores and recurrent low performance. Historical trajectories were interpreted descriptively because the Care Assure assessment tool evolved during the evaluation period.
Results/Findings: Preliminary analysis identified a high rate of local reassessment following scores below 70%, with most reassessments achieving ⩾70%, demonstrating rapid corrective action. Linking reassessments to subsequent independent reviews showed that immediate improvement was not consistently sustained. Further analysis is examining whether completion within seven days influences sustainability, alongside the effects of recurrent low scores and severity of initial non-compliance. Early findings indicate that recurrent low performance is a stronger signal of subsequent risk than reassessment timing alone. These findings have also highlighted the importance of distinguishing immediate correction from sustained improvement.
Conclusion: Care Assure provides an opportunity to move beyond measuring whether a clinical area successfully completes a revisit towards evaluating whether improvement becomes embedded in practice. Preliminary findings are informing development of a risk-based observation and active-support pathway for areas demonstrating recurrent or unstable performance. Planned local self-assessment will provide an additional opportunity for teams to identify and address gaps between independent reviews. Final longitudinal and divisional analyses will be presented at the conference.
Governance: This work used routinely collected Care Assure service-assurance data; no primary data were collected.

HCPA 020 O	**Eike Adams: iTTP and low mood: A UK registry study.**

Aims: To describe the prevalence and severity of depressive symptoms among adults with immune-mediated thrombotic thrombocytopenic purpura (iTTP) using PHQ-9 data from the UK TTP Registry, and to identify demographic, neurological and cognitive factors associated with depressive symptoms following diagnosis.
Background: iTTP is a rare, life-threatening thrombotic microangiopathy characterised by severe ADAMTS13 deficiency. While acute clinical features and relapse risk are well described, less is known about its psychological impact. Previous research suggests that iTTP can adversely affect health-related quality of life and is associated with depressive symptoms (Falter et al., 2017; Soares et al., 2023). However, much of the existing evidence comes from non-UK populations and healthcare systems. This study provides a comprehensive description of depressive symptoms among adults with iTTP in the UK.
Methods: Adults with iTTP registered with the UK TTP Registry who had completed a Patient Health Questionnaire-9 (PHQ-9) during follow-up were included. The first available post-diagnosis PHQ-9 was analysed. Depressive symptoms were examined continuously and categorically, with a score ⩾10 indicating clinical caseness. Associations with demographic and clinical characteristics, neurological symptoms, cognitive concerns and Test Your Memory (TYM) scores were examined using appropriate univariate statistical tests.
Results/Findings: Complete data were available for 365 patients (75.1% female; mean age at diagnosis 43.5 years). The mean PHQ-9 score was 7.88. Overall, 134 patients (36.7%) met criteria for depressive symptom caseness, including 63 (17.2%) with moderately severe or severe symptoms. Women had higher PHQ-9 scores than men (8.28 vs 6.68; p=.045). Ethnicity and neurological symptoms at diagnosis were not significantly associated with depressive symptoms. Patients reporting memory difficulties at follow-up had higher PHQ-9 scores than those without (10.2 vs 7.05; p<.001). Lower TYM scores were also associated with higher PHQ-9 scores (ρ=-.19, p<.001). Ongoing CNS symptoms were associated with higher PHQ-9 scores (10.7 vs 6.96; p<.001), with lethargy significantly associated with greater depressive symptoms.
Conclusion: Depressive symptoms are common among UK adults with iTTP. Associations with ongoing CNS symptoms, fatigue and cognitive difficulties highlight the potential psychological consequences of persistent neurological sequelae. Routine psychological assessment alongside neurological and cognitive follow-up may support earlier identification of patients requiring additional intervention.

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HCPA 021 O	**Sarah Fox: Closing the Referral Gap: Improving Access to Cochlear Implant Assessment Through Standardised Audiology Practice.**

Context: Despite expanded UK cochlear implant (CI) candidacy criteria and evidence that many eligible adults remain unimplanted, variation persists in how patients are identified, counselled and referred within audiology services. At Oxford University Hospitals NHS Foundation Trust (OUH), a need was identified for a standardised process to ensure eligible adults are consistently informed about CI assessment and referred appropriately.
Aim: To develop an evidence-based Standard Operating Procedure (SOP) to support audiologists in identifying potential CI candidates, optimising hearing aids, documenting CI discussions and facilitating high-quality referrals.
Methods: The departmental CI Champion worked with a Trainee Healthcare Scientist and local CI Champions Mentor to develop and implement a comprehensive SOP. National guidance and relevant literature were reviewed to inform the SOP, which covered candidacy criteria, hearing aid optimisation, aided speech testing, special clinical considerations, counselling resources, documentation standards and audit measures. Staff training and supporting audit processes were also introduced to encourage consistent practice across the department.
Results: The SOP standardised hearing aid optimisation procedures, speech testing, counselling resources and referral documentation requirements. Additional measures, including Auditbase alerts, journal prompts and training sessions were also introduced. In the national CIRCA2 audit, CI discussions were documented for 65.2% of eligible OUH patients, compared with a national average of 38.3% and a peer average of 51.3%. In the previous CIRCA1 audit (2022), documentation of CI discussions at OUH was 37.6%.
Conclusion: Variation in CI referral practice can limit access to assessment for eligible patients. Standardised assessment, counselling and documentation processes support more consistent referral decision-making, improve referral quality and may contribute to more efficient use of specialist CI services. The improvement seen between the CIRCA1 and CIRCA2 audits suggests that a structured approach can help increase the frequency of CI discussions with eligible patients. Further evaluation will explore effects on referral rates, referral quality, clinician confidence and patient outcomes.

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HCPA 023 O	**Holly Edmundson:** **To assess the feasibility of a definitive randomised controlled trial of self-monitoring of blood pressure (BP) and proteinuria with app-supported remote antihypertensive titration in hypertensive pregnancy.**

Background: BP self-monitoring is increasingly used in pregnancy, but previous trials of self-monitoring alone have not improved BP control. Combining self-monitoring with clinician-led medication adjustment and proteinuria self-testing may support more responsive hypertension management.
Methods: In this multicentre feasibility trial, pregnant women at 16–34 weeks' gestation with chronic or gestational hypertension were randomised 2:1 to intervention or usual care. The intervention comprised daily home BP monitoring, weekly urine protein self-testing, a mobile application, and remote clinician review with antihypertensive titration when indicated. Feasibility outcomes included recruitment, retention, adherence, persistence, medication changes following abnormal BP flags, acceptability, and safety.
Results: Fifty women were recruited from 94 eligible women approached (53%): 34 intervention and 16 usual care. No participants were lost to follow-up, and no intervention participants withdrew from self-monitoring. Weekly persistence with BP self-monitoring was 97.0% (95% CI 94.8–98.9), daily adherence 80.3% (75.8–84.6), and weekly proteinuria-testing adherence 67.7% (57.1–77.6). Medication changes occurred within 3 days after 14/35 high-BP flags (40.0%, 23.9–57.9). Secondary clinical and patient-reported outcomes were broadly similar between groups. Participants reported high acceptability, and no serious adverse events occurred.
Conclusion: A definitive trial appears feasible. Recruitment, retention, BP self-monitoring adherence and acceptability were strong, while proteinuria self-testing and timely medication titration were less consistent. Future testing should optimise treatment pathways, integration with usual care, and support for proteinuria testing.

HCPA 024 P	**Ramasubramanian Namachivayam:** **Audit compared telemed first-day chats to a face-to-face (FtF) discussion to evaluate improvements in departmental efficiency.**

Background/Aim: Traditional first-day face-to-face discussions often exceed 15-minute slots, causing machine delays and disrupting patient flow and staffing challenges. This audit compared telemed first-day chats to a face-to-face (FtF) discussion to evaluate improvements in departmental efficiency.
Methods: A comparative audit of 59 patients was conducted. Unpaired t-tests compared mean interaction times across breast and prostate cohorts to assess the impact on the daily treatment schedule and application of the Telemed process.
Results: Telemed discussions averaged 9.56 minutes for all patients, compared to 26.04 minutes for the FtF group ($p < 0.0001$). Telemed significantly reduced discussion times for both breast (9.53 v 26.17mins, $p=0.0003$) and prostate patients (9.57 v 24.92mins, $p = 0.0001$) in comparison to FtF chats. Regarding total time in department for fraction one, the Telemed group closely aligned with scheduled expectations (65.80 vs 62.95 mins; $p = 0.6004$), whereas FtF group significantly exceeded expected time (79.17 vs 54.78 mins; $p = 0.0021$, respectively). The telemed model significantly reduced total departmental stay for breast patients by 21.8 minutes ($p = 0.0223$). This workflow improved departmental efficiency, reduced machine delays, and may improve time-scheduling and support staffing levels.
Conclusion: Results suggest the telemed pathway is significantly more efficient than FtF, with strong potential to reduce machine delays. By integrating these chats into formal appointment lists, the patient experience is enhanced through predictable department flow and helping patients feel more prepared before treatment.

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HCPA 025 O	**Francine Toye:** **To explore how patients interpreted, contextualised and challenged patient-reported outcome measures (PROM) responses through analysis of patient-written "notes in the margins" collected during a 28-year longitudinal audit.**

Aim: To explore how patients interpreted, contextualised and challenged patient-reported outcome measures (PROM) responses through analysis of patient-written "notes in the margins" collected during a 28-year longitudinal audit.
Background: PROMs underpin evidence-based medicine but necessarily reduce complex lived experiences to structured response options.
Methods: This is an interpretive qualitative study set in a specialist orthopaedic centre. We systematically reviewed every questionnaire completed during the 28-year audit and extracted all patient-written annotations, comprising 55,266 words, into a qualitative dataset. Data were analysed using reflexive thematic analysis.
Ethics: The Oxfordshire Research Ethics Committee C confirmed that NHS Research Ethics Committee approval was not required for the audit and qualitative analysis; retrospective individual consent was not feasible. To minimise identification risk, annotations were de-identified, potentially identifying details removed/altered, and reported quotations presented as composite exemplars.
Findings: 1298/5993 (22%) patients undergoing Oxford unicompartmental knee replacement contributed data. Seven overarching themes were generated: Life is not black or white, you need a greynometer; I have cancer, but for this survey I don't think that counts; I found this difficult to answer as I only do light living now; My knee surgery had been an unquantifiable success; But should I be worried?; I am part of something that is bigger than me; and Funny, but not so funny. Across themes, annotations revealed patients actively supplying contextual information they considered necessary for accurate interpretation of their outcome scores.
Conclusion: Our findings have implications for interpreting PROM scores. Patients distinguished treatment effects from ageing, multimorbidity and exceptional life events, recalibrated expectations according to age and circumstance, and identified aspects of recovery omitted from the questionnaire. The annotations represented attempts to reduce measurement error. As healthcare increasingly adopts digital PROMs and AI-enabled approaches to analysing data, preserving opportunities for patients to communicate context may become increasingly important.

HCPA 026 O	**Anita Immanuel and Dr Rohini Nair:** **Digital EPR Tools: Enhancing Data Integrity and Patient Safety in Clinical Trials.**

Background: As clinical trials become increasingly complex and resource-intensive, Electronic Patient Records (EPRs) play an essential role in improving data quality, operational efficiency, and patient safety within research settings (Barlow, 2020). The integration of digital tools within the EPR system in the Oncology and Haematology Directorate aimed to strengthen data integrity, facilitate real-time access to patient information, support timely clinical decision-making, and enhance patient safety through seamless digital workflows.
Methods: A suite of digital tools was developed and integrated into the Trust's EPR system to support clinical trial delivery. Functionality included change-tracking mechanisms to manage protocol amendments efficiently, supported by robust version control processes. Standardised baseline and on-treatment assessment templates were developed for medical staff, alongside dedicated nursing documentation templates to improve consistency and completeness of clinical records.
In addition, automated integration enabled electrocardiogram (ECG) data, vital signs, laboratory results, and urinalysis findings to be transferred directly into the EPR, reducing transcription errors and data discrepancies associated with manual entry. Physicians were able to review and electronically authorise results within the EPR, strengthening accountability and improving workflow efficiency.
Results: Implementation of the digital tools resulted in a notable reduction in sponsor data queries, reflecting improvements in data accuracy, completeness, and traceability. Protocol deviations decreased significantly through the use of structured workflows and automated alerts that supported compliance with study requirements.
Patient safety was enhanced through immediate availability of clinical trial information within the Trust-wide EPR, enabling clinicians from other specialties to access relevant research data when participants required care outside the research setting. Sponsor confidence and organisational reputation were strengthened through improved data quality and more efficient interactions with study teams. Furthermore, external monitoring teams were able to review source data remotely through electronic access, facilitating efficient monitoring activities and enabling full visibility of document changes, including date and time stamps. All records were legible, contemporaneous, and audit-ready, eliminating challenges associated with handwritten documentation.
Conclusion: The integration of digital tools within the EPR significantly improved data integrity, protocol compliance, and patient safety for clinical trial participants. Automated data capture, standardised documentation, and enhanced accessibility of clinical information contributed to more accurate, efficient, and transparent research delivery. Wider adoption of digital EPR-based research tools may support improved trial quality, regulatory compliance, and patient outcomes across clinical research settings.

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HCPA 027 P	**Nevis Oluoch: To review the contemporary evidence surrounding CKD-associated pruritus in patients undergoing haemodialysis, including its proposed pathophysiology, clinical presentation, assessment and treatment options, and to develop a practical diagnostic and treatment pathway informed by current evidence and local guidelines.**

Background: Uraemic pruritus, or chronic kidney disease-associated pruritus (CKD-aP), is a common and distressing complication among patients undergoing haemodialysis. It can significantly affect quality of life, sleep, mood and adherence to treatment. Despite its prevalence, the underlying pathophysiology remains incompletely understood and may involve xerosis, inflammation, immune dysregulation, altered opioid signalling and neural sensitisation. Management is variable, highlighting the need for a structured approach to assessment and treatment.
Aim(s): To review the contemporary evidence surrounding CKD-associated pruritus in patients undergoing haemodialysis, including its proposed pathophysiology, clinical presentation, assessment and treatment options, and to develop a practical diagnostic and treatment pathway informed by current evidence and local guidelines.
Methods: A focused literature review was undertaken to identify evidence relating to the mechanisms, assessment and management of uraemic pruritus in haemodialysis patients. Relevant studies examining pharmacological and non-pharmacological interventions were reviewed, alongside current clinical guidance. Findings were synthesised to develop a proposed diagnostic pathway, pruritus severity assessment approach and treatment algorithm for use in clinical practice.
Results/Findings: The literature identified uraemic pruritus as a multifactorial condition, with proposed mechanisms including skin barrier dysfunction and xerosis, immune and inflammatory abnormalities, altered opioid receptor signalling and peripheral and central neural sensitisation. Clinical presentation varied, although itch was frequently associated with dry skin, excoriations, sleep disturbance and psychological effects. Assessment using validated tools, including the Worst Itching Intensity Numerical Rating Scale (WI-NRS), Visual Analogue Scale (VAS) and 5-D Pruritus Scale, can help quantify symptom severity and monitor response to treatment. Evidence supported a multimodal management strategy incorporating optimisation of skin care and emollients, appropriate management of contributing factors, and pharmacological therapies such as gabapentinoids and newer targeted treatments including difelikefalin. The reviewed evidence also highlighted the importance of regular reassessment and individualisation of treatment.
Conclusion: CKD-associated pruritus is a clinically significant and multifactorial complication of haemodialysis that can substantially affect patients' quality of life. A structured approach incorporating routine severity assessment, exclusion of alternative causes of pruritus and stepwise management may improve recognition and treatment. The proposed pathway provides a practical framework for integrating current evidence and local guidance into the management of patients experiencing uraemic pruritus. Further research is required to clarify its complex pathophysiology and establish optimal individualised treatment strategies.

HCPA 028 O	**Joanna Snowball: Development of EASE-CF: a theory-informed weight management intervention for adults with cystic fibrosis.**

Aim: To develop EASE-CF, a theory-informed behavioural weight management intervention for adults with CF and overweight or obesity.
Background: Overweight and obesity are increasingly prevalent among adults with cystic fibrosis (CF), yet evidence to guide intentional weight loss remains limited. Existing weight management programmes may not address the distinct nutritional and clinical considerations associated with CF, and no CF-specific behavioural weight management intervention has been evaluated in a clinical trial.
Methods: Intervention development was guided by the Medical Research Council framework and informed by a comprehensive intervention development approach. Clinical guidelines and wider weight management evidence were synthesised with qualitative clinician data, patient involvement and specialist clinical expertise to inform intervention content and delivery. Behavioural determinants were identified using the Capability, Opportunity, Motivation–Behaviour (COM-B) model, with intervention functions selected using the Behaviour Change Wheel. Development was iterative, with intervention content and delivery refined in response to evidence, perspectives of clinicians and people with CF, and practical considerations
Findings: EASE-CF is a 24-week behavioural weight management intervention delivered remotely by specialist CF dietitians. It combines structured dietary energy restriction with behavioural support and individualised CF-specific clinical management. The dietary approach comprises one daily meal replacement, one portion-controlled prepared meal and one guided participant-selected meal. Behavioural support incorporates individualised goal setting, self-monitoring, problem solving, feedback, and habit formation and reversal. The intervention accommodates nutritional adequacy, pancreatic enzyme replacement therapy, CF-related diabetes, CFTR modulator treatment and periods of clinical instability, while minimising additional treatment burden.
Conclusion: EASE-CF is a systematically developed, theory-informed intervention tailored to the nutritional, behavioural and clinical context of adults with CF and excess weight. Evaluation in the feasibility randomised controlled trial and embedded process evaluation will inform further optimisation before definitive effectiveness evaluation.

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O = Oral Presentation
P = Poster Presentation

HCPA 029 O	**Kate Culligan:** **Integrative Systematic Review to explore internationally educated nurses' experiences of career progression in the United Kingdom Healthcare system.**

Aims: To explore internationally educated trained nurse's (IEN's) experiences of career progression after working in the United Kingdom healthcare service for over 3 years. By developing and reviewing a complete balanced picture to enhance recruitment and retention (Lin et al, 2018). The need for inclusion and diversity to be included in current health care policies and a more welcoming and supportive workplace (RCN, 2015).
Background: NHS England (2022) state that IEN recruitment is an important component of the NHS People Plan (2023) and The NHS Long Term Plan (2019). In England, The NHS CNO stated that 93% of 51,245 nurses recruited to the UK NHS over the past 4 years have been from overseas (NHS England, 2023) to plug the gap of national nurse shortages. Currently 34% of new NHS recruits are internationally trained (Turner, 2025). Although the NHS 10-year plan has mapped that IEN recruitment is set to be reduced to a target of 10% by 2035, to foster a more domestic workforce. This shift is designed to ensure sustainability in relation to global healthcare worker shortages to strengthen the NHS and reduce its reliability and dependence on international recruitment (NHS England, 2025).
Methods: PICo diagram showing keywords PRISMA Diagram showing the results and databases used
Results and Key findings: Limited research found by adopting the Whittemore and Knafl (2005) approach (including grey literature). 2 x Quantitative and 4 x Qualitative academic studies. 5 x Editorial / Discussion papers – how valid are they?
Overview of Themes and Subthemes Expectations: Gap in knowledge or awareness of UK career progression process; Under representation of IEN's in senior positions; Lack of support in career development; Inequity; Need for an IEN Leadership programme; Lack of equal opportunities and development (racism, bias and discrimination); Retention of IEN's; Challenges; Cultural awareness of Managers; IEN's feeling demoralized; Skills and experience not recognised.
Conclusion: This integrative review demonstrates that IEN experience difficulties in progressing in their nursing career in the UK. It has discussed the varying factors that can influence this and the changes that need to be acknowledged and addressed for positive changes to happen in the UK healthcare system.

HCPA 030 O	**Pavana Pillai:** **Evaluating the usability and acceptability of a prototype AI- powered enhanced recovery pathway progress (AI-ERPP) dashboard for tracking post operative recovery by registered nurses in an elective colorectal surgical ward: a multi- centre study.**

Background: Enhanced recovery pathways are proven to improve perioperative recovery. Available evidence base demonstrates clinical outcomes are directly proportional to degree of compliance. However, auditing compliance is challenging due to the disperse nature of clinical data across electronic patient records. To address this challenge a prototype AI powered clinical dashboard capable of synthesising clinical insights from both structured and unstructured clinical data and display them as visual outputs allowing tracking of trends and trajectory of progress and flagging deviations from expected recovery was developed.
Aim: Evaluate the acceptability and feasibility of the dashboard in practice; explore the effect of dashboard in decision making and care delivery.
Methodology: Mix method, cross sectional stakeholder engagement study across three NHS sites. 27 registered nurses participated in a structured session engaging with the dashboard, simulated decision-making exercise followed by usability and accessibility assessment, with 10 nurses engaging in a semi structured interview. Usability, trust and acceptability were analysed using quantitative methods, interview data analysed using reflexive thematic analysis.
Findings: The dashboard had high acceptability and usability across the theoretical constructs with highest overall acceptability. Reflexive thematic analysis yielded 6 themes including usability, ease of use, clinical decision support, relevance to practice as well as Information availability accessibility.
Practice implications: The findings pointed to real time monitoring of practice increases adherence to enhanced recovery pathways, while reducing burden of manual data collection and audit. Transferability to practices and specialities where longitudinal recovery tracking and early deterioration prediction can improve clinical and patient outcomes. Active end user involvement from design to deployment is crucial.
Authors: Waite,M., Pillai,P., Stayt,L., Skarga-Bandurova,I. , Guo,Y. and Stinger,R

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O = Oral Presentation
P = Poster Presentation

HCPA 032 O	**Zoe Abel:** **How do RAID huddles impact on the recognition and escalation of clinically deteriorating adults on acute hospital in-patient wards?**

Aim: To evaluate how a safety huddle (Recognising Acute Illness and Deterioration (RAID) huddles) impact the recognition and escalation of clinically deteriorating adults on acute hospital wards, and to explore how staff use RAID huddles to support patient safety and escalation decision-making.
Background: Failure to recognise and escalate clinical deterioration remains a significant patient safety challenge. Although National Early Warning Score 2 (NEWS2) systems support deterioration detection, communication failures, human factors, and limitations of physiological scoring continue to contribute to delayed escalation and failure-to-rescue events. RAID huddles were introduced across ten acute adult wards in a tertiary teaching hospital as a quality improvement intervention, combining structured safety huddles with a digital whiteboard incorporating an illness severity score to capture clinical judgement and nurse concern.
Methods: A formative service evaluation using a convergent mixed-methods design was undertaken across ten intervention wards over a 19-month period. Quantitative data included monthly 2222 emergency call activity and NEWS2 observation compliance. Qualitative data were collected through two focus groups involving 11 ward-based nursing staff and analysed using reflexive thematic analysis. Findings from both datasets were integrated during interpretation.
Results/Findings: A downward trend in 2222 emergency calls was observed across intervention wards during the study period. Wards demonstrating higher NEWS2 compliance also reported lower numbers of emergency calls. Three overarching qualitative themes emerged: sustainability, adaptations, and mechanisms of safety. Participants described RAID huddles as improving situational awareness, supporting collaborative sense-making, increasing visibility of deteriorating patients, facilitating escalation through clinical judgement, and providing opportunities for in-situ education. The illness severity function enabled staff to identify high-risk patients whose deterioration was not reflected by NEWS2 scores alone. Lack of multidisciplinary participation and workload pressures were identified as challenges to sustainability.
Conclusion: RAID huddles improved ward safety culture and situational awareness by creating structured opportunities for collaborative discussion of deteriorating patients. The intervention supported recognition and escalation of deterioration through the integration of clinical judgement with physiological monitoring, whilst helping staff overcome communication barriers and limitations of NEWS2. RAID huddles represent a flexible and potentially scalable patient safety intervention for acute adult wards.
Ethical and Governance Approval: This work was classified as a service evaluation by the local Research and Development department and registered within the organisational RAID Quality Improvement Project (Ulysses registration 8182). Ethical approval was granted by the Oxford Brookes University Faculty of Health and Life Sciences Research Ethics Committee (Reference: HLS/24/SS/72), and local Research and Development approval was obtained prior to data collection.

HCPA 033 O	**Sarah Connacher:** **Optimising the identification and initiation of romosozumab treatment for eligible patients within a fracture prevention service.**

Background: The National Institute for Health and Care Excellence guidelines endorse romosozumab as an effective anabolic therapy for treating severe osteoporosis in postmenopausal women at very high risk of fragility fractures. It offers significant improvements in bone mineral density and reduction in fracture risk. However, despite its proven efficacy, the initiation of romosozumab within fracture prevention services remains inconsistent.
Methods: We employed a multi-faceted approach to improve service delivery starting with process mapping to identify potential barriers to systematically deliver romosozumab using the National Osteoporosis Guidelines Group (NOGG) thresholds. Key strategies in implementation were refining cardiovascular risk assessment pathways using QRISK3 questions, workforce training to improve knowledge and confidence, excluding below knee fragility fractures to provide capacity to fast-track higher fracture risk patients, closer multidisciplinary team collaboration with the osteoporosis clinic and regular reporting to the fracture liaison service governance meeting that included 3 patient partners. We also advocated for a shift in clinical mindset, prioritising anabolic therapy as a first-line treatment, even in patients with hip fractures.
Results: 360 eligible patients have been reviewed with a mean age 72.6 years (range 43 to 96 years). 52.5% were index spine fracture, 28.6% wrist, 11.9% humerus and 5.3% hip fractures. 75.8% were not on any anti-osteoporosis medication (AOM) at time of the index fracture and 58.4% reported no prior AOM use. In terms of cardiovascular risk factors, 18 (4.3%) had diabetes, 10 (2.8%) had a high HbA1c (> 48mM), 36 (10%) had a family history of heart disease under the age of 60 years and 17 (4.7%) were current smokers. Over 90% of patients presented to the multidisciplinary team went on to initiate romosozumab.
Conclusions: Integrating romosozumab into routine practice within fracture prevention services is achievable and associated with sustainable increase in treatment initiation rates, contributing to improved fracture prevention. Further work is required to continue optimising treatment pathways especially for patients with an index hip fracture.

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HCPA 034 O	**Saidat Bola Babalola:** **Barriers and Facilitators of Ethnic Minority Groups' Participation in Early-Phase Clinical Trials in the United Kingdom: Myths, Misconceptions, and Lived Realities: A Systematic Qualitative Literature Review.**

Aim(s): To explore barriers, facilitators, myths and misconceptions influencing the participation of ethnic minority and historically underrepresented groups in early-phase clinical trials in the United Kingdom (UK).
Background: Ethnic minority groups remain underrepresented in clinical trials, raising concerns about equity and whether emerging therapies are applicable across diverse populations. This is important in early-phase research, where uncertainty, perceived risk and participation demands may be greater. Although under-representation is sometimes attributed to unwillingness to participate, qualitative evidence suggests a more complex picture shaped by structural, institutional and relational factors.
Methods: A systematic literature review was conducted. PubMed, MEDLINE and Google Scholar database searched from inception to 9 December 2025, and reference-list screened. Qualitative studies involving ethnic minority, historically underrepresented adults and relevant stakeholders were appraised. Six studies were eligible. The Critical Appraisal Skills Programme qualitative checklist was used to assess the quality, and findings were integrated using reflexive thematic synthesis.
Results/Findings: Five themes emerged and they revealed that participants were often willing to participate, motivated by altruism, community benefit and potential personal benefit. However, mistrust, safety concerns, culturally discordant communication, referral and access pathways, and practical pressures including travel, time, childcare and financial costs limited participation. However, trusted clinicians, clear risk communication, culturally responsive engagement, community involvement and flexible trial designs supported participation.
Conclusion: The findings challenge the assumption that under-representation simply reflects unwillingness. Instead, they reveal a "willing but constrained" reality, where modifiable systemic barriers can limit access. Early-phase trials should prioritise culturally responsive communication, trusted recruitment pathways and practical measures that make participation more accessible.

HCPA 035 P	**Athanasia Panopoulou: Single-Scan, Sequential Photon-Counting CT for Myocardial Injury Assessment in STEACS: Comparison with Dual-Scan PCCT and CMR.**

Background: Photon-counting cardiac CT (PCCT) overcomes conventional CT limitations by combining improved spectral characterisation with enhanced geometric fidelity. Myocardial injury characterisation by late iodine enhancement (LIE) PCCT (Flash, dual-scan analysis) compares favourably to cardiovascular magnetic resonance (CMR) characterisation in ST-segment elevation acute coronary syndrome (STEACS). This study provides an intra-individual comparison of PCCT acquisition and analysis workflows for quantifying microvascular obstruction (MVO) and infarct size (IS).
Methods: Between 11/2024 and 04/2025, 19 consecutive patients (OxAMI) underwent PCCT LIE myocardial evaluation with a first-generation NAEOTOM Alpha system (Siemens Healthineers). All participants underwent PCCTA(0.6 gI/kg), followed by an 8-minute delay and two consecutive LIE acquisitions: a high-pitch spiral technique (Flash) and a sequential technique (Flex) with a 250-350ms window. Same-day late gadolinium enhancement (LGE) CMR (1.5T, Siemens Healthineers) was performed in 12 patients. PCCT LIE myocardial analysis was based on iodine-derived extracellular volume, using dual-scan, Flash-based and single-scan, Flex-based workflows.
Results: There is excellent agreement between a single-scan, Flex-based and a dual-scan, Flash-based PCCT workflow for MVO and IS; intraclass correlation coefficient (ICC) 0.98 95%CI:0.95-0.99 and 0.96 95%CI:0.89-0.98, respectively. Bland-Altman analysis shows no systematic bias and acceptable limits of agreement for MVO and IS evaluation; mean bias/limits of agreement: 0.03%/3.14% and 0.18%/6.01%, respectively. There is good agreement between a single-scan, Flex-based PCCT and CMR LGE for MVO and IS evaluation; ICC 0.79 95%CI:0.28-0.94 and 0.90 95%CI:0.63-0.96), respectively.
Conclusion: Single-scan Flex LIE PCCT provides accurate quantification of MVO and IS, with good level of agreement to CMR LGE and dual-scan Flash LIE PCCT.

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HCPA 036 P	**Dana Cimatu:** **To qualitatively explore patient experiences of spine sarcoma on wellbeing and their perceived support needs.**

Background: Spine sarcomas are rare but debilitating cancers requiring extensive treatment with high morbidity. While physical outcomes are well studied, the psychological impact and support needs of patients remain poorly understood. The aim of this study was to qualitatively explore patient experiences of spine sarcoma on wellbeing and their perceived support needs.
Method: Sixteen adult patients diagnosed or treated for spinal sarcoma at Oxford University Hospitals completed semi-structured qualitative interviews. Data were analysed using thematic analysis.
Results: Patients frequently experienced significant delays to diagnosis, often enduring severe, persistent pain and having requests for further diagnostic tests declined by healthcare providers. After diagnosis, many underwent extensive and invasive treatment, with prolonged hospital stays and reliance on considerable caregiving support after discharge. Emotional challenges were common, including anger, anxiety and social withdrawal, often compounded by chronic pain and reduced mobility. Patients also described unmet rehabilitative care needs, including fragmented aftercare and limited psychological provision.
Conclusions: Findings underscore the urgent need for earlier diagnosis, enhanced clinical training, integrated psychosocial support, and coordinated long-term survivorship care in spinal sarcoma. University of Bath's Research Ethics committee (5498-9020).

HCPA 038 O	**Dana Hamed Roomi:** **Patient Experience of Surface Guided Radiation Therapy (SGRT): A Service Evaluation of Patient Feedback in Breast and Prostate Radiotherapy.**

Background: Surface Guided Radiation Therapy (SGRT) requires greater skin exposure than conventional tattoo-based positioning, which may raise concerns regarding comfort, privacy and dignity. Understanding the patient perspective is important when evaluating SGRT and considering its wider implementation.
Aim: To evaluate breast and prostate radiotherapy patients' experiences of SGRT, focusing on communication, choice, comfort with skin exposure, privacy and dignity, attitudes towards radiotherapy tattoos, and support for wider SGRT implementation.
Method: Patients receiving radiotherapy using SGRT were invited to complete an anonymous, voluntary questionnaire at the end of their treatment. Responses were analysed to assess patient understanding, comfort, satisfaction and areas for potential service improvement.
Results/Findings: Overall feedback was positive. Staff fully explained the need for skin exposure to 88% of prostate and 83% of breast patients, while 80% and 78%, respectively, appreciated being offered a choice regarding SGRT. Skin exposure was rated as very comfortable by 68% of prostate and 83% of breast patients. All respondents reported that their privacy and modesty were respected. Tattoos were well accepted, with 100% of prostate and 78% of breast patients comfortable receiving them. However, 16% of prostate and 30% of breast patients would prefer not to have tattoos. Wider use of SGRT was supported by 76% of prostate and 83% of breast patients.
Conclusion: Patients reported positive experiences of SGRT, particularly regarding communication, dignity and involvement in decision-making. Despite the additional skin exposure required, privacy and modesty were maintained. Although radiotherapy tattoos remain acceptable to many patients, some expressed a preference to avoid them. The findings demonstrate patient support for wider SGRT implementation and highlight the importance of maintaining clear communication, patient choice and dignity as SGRT services develop.

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HCPA 039	**Vita Zekaite:** **To evaluate use of an electronic patient record (EPR) gentamicin dose calculator and compliance with Trust prescribing standards.**

Aim(s): To evaluate use of an electronic patient record (EPR) gentamicin dose calculator and compliance with Trust prescribing standards.
Background: Gentamicin is widely used for Gram-negative infections but carries risks of nephrotoxicity and ototoxicity, requiring accurate dosing and monitoring. To improve prescribing safety, Oxford University Hospitals NHS Foundation Trust (OUHFT) introduced an EPR-integrated gentamicin calculator in October 2023, which calculates ideal body weight (IBW) and creatinine clearance (CrCl) to guide dosing.
Methods: A retrospective audit was conducted across OUHFT between 1 and 31 August 2025. Adult inpatients prescribed treatment-dose gentamicin were included. Intensive care, paediatrics, infective endocarditis and surgical prophylaxis were excluded. Data were collected from EPR, calculator records, pathology results and Microbiology/Infectious Diseases advice. A random sample of 31 prescriptions was analysed against predefined audit standards using descriptive analysis in Microsoft Excel.
Results: The gentamicin calculator was used in 23/31 prescriptions (74.2%). Overall, 19/31 prescriptions (61.3%) were dosed appropriately according to creatinine clearance, while indication appropriateness was achieved in 29/31 cases (93.5%). Appropriate EPR order sentence was selected in 21/31 cases (67.7%). Course duration met the ⩽3-day standard in 31/31 prescriptions (100%), with extensions supported by Micro/ID where applicable. Among prescriptions where the calculator was not used (8/31), none met guideline-recommended dosing standards. Common causes of non-compliance included inappropriate dosing weight or height inputs, incorrect prescribing presets, failure to consider renal function, and exceeding dose caps. Dose discrepancies ranged from 20 mg to 140 mg.
Conclusion: While duration of therapy was fully compliant, calculator utilisation and dose accuracy were below target, representing a modifiable patient safety risk. Targeted prescriber education and enhanced EPR clinical decision support, including automatic calculator launch and validation of inputs, may improve compliance and prescribing safety. Limitations included a small sample size, a short audit period, and Limitations included sample size, short audit period, and timing during junior doctor changeover.

HCPA 040	**Anthony Afanu:** **We all have stories to tell: the perception of international nurses regarding self-directed learning in higher education in the UK.**

Aim: To uncover the nuances that illuminate the perceptions of international nurses regarding self-directed learning (SDL) and how they may be supported.
Background: International nurses studying in UK higher education are expected to engage in SDL but their previous learning experience of rote learning cultures predispose them to non-alignment with instructional methods of SDL. This can adversely impact on their optimum learning and academic performance.
Methods: Clandinin and Connelly (2000) narrative inquiry approach was used to guide data collection from eight participants (international nurses) recruited from a single NHS trust and studying in one UK University. Two online semi structured interviews were conducted with each participant. Nasheeda et al. (2019)'s restoring framework was used for descriptive analysis and Braun and Clarke (2021) utilised for thematic analysis.
Results/findings: Participants initially perceived SDL as challenging, overwhelming, stressful and a cultural shock but later described SDL as helping to increase their self-confidence, criticality, independent learning and application of theory to practice. Participants emphasised the need for support by having frequent one on one sessions with tutors, detailed feedback with clear explanations, guidance from past students, extra study days from employer and access to more learning resources around critical writing and Harvard referencing.
Conclusion: SDL of international nurses is socially mediated as they had to be directed at the beginning of the programme for them to become self-directed at later stages during the programme. Higher education institutions should listen to the voices of international nurses in order to recognise their learning needs to guide how they may be supported. Higher education institutions should consider to intentionally scaffold teaching and learning task, modify personal tutoring, constructive feedback, peer support and supportive learning conditions.

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HCPA 041 O	**Cara Raeburn:** **JAS Elbow Brace Audit at Oxford University Hospitals NHS Foundation Trust: Impact on Range of Motion and Patient Outcomes.**

Background: Reduced elbow range of motion (ROM) is a common consequence of conditions such as rheumatoid arthritis, trauma, and surgery, often affecting upper-limb function and quality of life. Conservative management remains challenging. The Joint Active Systems (JAS) elbow brace is a static-progressive orthosis that provides patient-controlled end-range stretching.
Aim: To evaluate changes in elbow ROM and patient-reported upper-limb function following use of the JAS elbow brace within an NHS orthotic service.
Method: This prospective audit was registered and approved by Oxford University Hospitals. Patients with elbow stiffness, with or without pain, were referred to the orthotic department and continued standard care, including physiotherapy where appropriate. Baseline ROM and QuickDASH scores were recorded before brace fitting. Follow-up included a six-week telephone review to assess adherence and a face-to-face assessment at approximately three months, when ROM and QuickDASH scores were reassessed.
Results: Seventeen patients were fitted with a JAS brace; 11 reached three-month follow-up at the time of analysis. Participants included seven males and four females, with a mean age of 49.4 years (SD 20.2). Eight cases were post-operative and three non-operative. Mean follow-up was 127 days (SD 44). Median baseline QuickDASH score was 40, with a median improvement of 11 points. Three participants (27%) exceeded the minimally clinically important difference of 15.9 points. Median baseline elbow contracture was 38°. Four participants demonstrated improved ROM, six showed no change, and median ROM improvement was 0° (range 0-15°).
Conclusion: Improvements in ROM and patient-reported function were modest and variable. Although some participants achieved clinically meaningful improvements in QuickDASH scores, ROM gains were limited. These findings suggest benefits of static-progressive bracing are not uniform across patients. The small sample size and absence of a comparator group limit the conclusions. Further evaluation is needed to identify characteristics associated with improved outcomes and guide clinical selection.

HCPA 042 P	**Rana Osman:** **To evaluate the impact of a pre-operative pharmacist-led medication reconciliation (MedsRec) and review on: The accuracy of pre-operative medication histories; Post-operative anaesthetist prescribing; Risk of patient harm.**

Background: Perioperative medication errors commonly occur during transitions in patient care. At OUH, historically untrained staff perform medication histories in pre-operative pathways. Analysis of local incident reports has revealed numerous incidents concerning medication history and prescribing. The risk of harm was deemed high. Pharmacist's unique skillset makes them well placed to strengthen medications management in perioperative pathways.
Methods: Single-centre, interventional, cross-sectional study of adult inpatients admitted to a 24-hour enhanced-care recovery unit in a specialist tertiary UK hospital. Data was collected for 300 consecutive bookings between 21st Oct 2024 – 6th Mar 2025. A pre-operative pharmacist-led MedsRec and review service was introduced using a novel 3-tier risk-based model to identify patients requiring pharmacist input, up to 1 week pre-surgery, through a personalised medication plan. The study received Trust governance approval.
Results: Medication history critical errors fell by 90%. Overall inaccuracies decreased from 85.7% to 70.1% ($p=0.035$), high-risk medication errors from 85.7% to 35.9% ($p<0.001$), and critical medication errors from 69.4% to 7.7% ($p<0.001$). Prescribing dose errors halved (16% to 7.3%; $p=0.034$), while omissions remained unchanged (73.7%; $p>0.05$). Advanced pharmacist medication reconciliation prevented 16 potential harms and saved £7,131 through avoided on-the-day surgical cancellations, at £11.66 per review.
Conclusion: Pre-operative pharmacist-led MedsRec and review provides significant improvements in peri-operative medications management resulting significant reductions in harm from prescribing errors and inaccuracies; whilst achieving significant cost savings from avoided on-the-day surgical cancellations. Embedding pharmacists into perioperative pathways results in safer perioperative care, providing high-value care at low cost. Though prescribing omissions remain a problem; non-medical prescribing is the next opportunity where pharmacist prescribers can close this final safety gap while supporting the NHS workforce strategy.

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HCPA 043 P	**Julie-Ann Moreland:** **Community Outreach and Engagement- Giving back.**

Patient and Public Involvement and Engagement is a cornerstone of research. However, groups who participate, report a one-way relationship where researchers are extractive and local communities do not benefit. As part of the Accelerated Community Multi-Cancer Diagnostic Evaluation (ARMADILO) project, the cancer team at Nuffield Department of Primary Care Health Sciences have undertaken community outreach and engagement activities across England. The team have worked with local partners to create events ensuring a diverse range of participants are involved. Working with Healthwatch Cumbria we travelled to Carlisle in June 2026 to understand their perspectives of cancer research and cancer diagnosis. We also invited local primary care and cancer engagement teams to join.
There were clear accounts of frustration from participants. Living in a rural area like Cumbria they felt limited in their opportunity to participate in research and shared the differences in accessing healthcare services depending on locality. Some participants had lived experience of cancer. They explained that the issue also lay in ongoing support and care received throughout treatment and beyond. There is not a local Maggie's service, the nearest is over 4 hours' drive. One participant shared, despite their terminal diagnosis of bowel cancer, their determination to change this by fundraising to establish a Maggie's in Cumbria by walking 214 Wainwrights.
Participants received lunch and a Love2Shop voucher but this felt tokenistic. Two members of the team travelled to Carlisle in August to interview this participant. Enabling wider promotion and uptake of their fundraising across University and Maggie's Centre websites and social media.
The team are returning to Carlisle in December with project updates and to continue supporting local fundraising. This provided a vital lesson; research can support both scientific advancements, and with the correct engagement, potentially make a difference to local communities.

HCPA 044 P	**Jasmin Sadler-Ladell:** **The Oxford Pleural Unit Waste Reduction Project is a nurse-led audit investigating the sources and quantity of waste produced during pleural procedures.**

Background: The Oxford Pleural Unit Waste Reduction Project is a nurse-led audit investigating the sources and quantity of waste produced during pleural procedures. The project was developed in response to the NHS Clinical Waste Strategy, which aims to achieve an 80% reduction in carbon emissions from waste management by 2028, with a particular focus on effective waste segregation and disposal. Waste generated by procedures has financial, environmental and population health impacts.
Methods: Waste production was assessed between October 2025 and March 2026. Waste was separated into packaging, used items, unused items and sharps, with additional domestic waste bins provided to support segregation. Each common procedure was weighed twice to obtain realistic measurements, while 2025 procedure numbers were reviewed and 2026 activity was monitored.
Results/Findings: More complex procedures, particularly thoracoscopy, produced greater quantities of waste, with packaging and used items identified as major sources. Within the first 6 months of 2026, total procedures increased by 5%, with thoracoscopy showing the largest increase at 47%, indicating a large increase in waste production.
Segregation: Using domestic waste bins during procedure set-up reduce unnecessary clinical waste treatment through improve segregation.
Reduction: The audit identified unused items as an important opportunity for waste reduction. Many unused items resulted from packs containing consumables that were not required. Two simple changes were identified. Replacing specimen bottles with traps with simple specimen bottles could reduce plastic waste by approximately 21g per procedure. Similarly, replacing dressing packs with individually available gallipots could reduce unused waste by approximately 35g per procedure. Both changes could also reduce costs.
Conclusion: It is possible to identify changes to practice that reduce the waste generated by pleural procedures through a better understanding of waste production and segregation. Future work includes collaborating with the Anaesthetic Sustainability Lead, streamlining thoracoscopy kits, reviewing workflows and encouraging staff to identify and implement practical opportunities to reduce waste.

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HCPA 045 O	**Rachel Hadfield:** **Thinking Ahead: How are people with Parkinson's Disease engaging with planning for the future in the United Kingdom?**

Aims: To explore engagement with future planning in people with Parkinson's in the UK, considering interest, actions and who is involved.
Background: Advance care planning (ACP) enables individuals to document preferences for future care should decision-making capacity be lost. Around 80% of people with Parkinson's develop Parkinson's-related dementia. There is growing interest in the role of ACP in Parkinson's, however research in the United Kingdom (UK) is limited to one single-centre study. This research represents a PhD with ongoing data collection.
Methods: The study utilised a mixed methods approach. A national survey was undertaken supported by the Parkinson's UK Research Support Network. Follow up semi-structured interviews used a topic guide informed by the survey. A lived-experience group contributed to study design, accessibility, and pilot testing. Oxford Brookes University ethics approval was granted (231759).
Results: 131 responses were analysed, with broad geographical representation. They demonstrate high interest in planning (74.8%) but limited engagement (28.2%). People with Parkinson's were interested in planning for a range of elements including health, financial and practical concerns. Qualitative interview analysis presents the following emerging themes; living with uncertainty, the role of information and decision-making preferences and access to and sources of support.
Conclusions: This study provides novel UK-wide insight into engagement with ACP among people with Parkinson's. Whilst interest is high, engagement remains limited. Participants involved family members rather than professionals, with early interview findings indicating challenges in accessing professionals and navigating the balance of living well now and planning ahead with an unpredictable illness.
There is a clear gap between interest in future planning and practical engagement among people with Parkinson's. Ongoing qualitative analysis will explore barriers and facilitators to engagement with ACP. Ensuring that plans are shared and accessible is essential to support care decisions when capacity is lost.

HCPA 046 P	**Thareq Barasabha:** **Can mild cognitive impairment patients engage with digital cognitive remediation therapy? A user experience study.**

Introduction: Mobile app could enhance the engagement of cognitive remediation therapy (CRT) as a preventive measure against dementia, but it is dependent on a good user experience (UX). UX testing is needed to understand if the prototype of Five Lives Med mobile app can work well and is acceptable for the people with mild cognitive impairment (MCI), who are at a greater risk of developing dementia.
Method: 15 individuals diagnosed with MCI took part in UX testing. They participated in 1:1 session of in-depth interviews while asked to use the prototype of Five Lives Med mobile apps in August and September 2024.
Result: 11 of 15 users could understand tutorials. 75% users could play all the cognitive training games effectively. 93.3% users completed cognitive training exercises and saw ranks. All users can use and understand the Habit Quest menu and the general instructions of this mobile app.
Discussion: Five Lives Med mobile app has a user experience that allows engagement for people living with MCI. But the participants may not be representative of the broader MCI population. The effectiveness as a CRT also remains to be formally tested.
Keywords: mild cognitive impairment, user experience, mobile apps, Five Lives Med, game

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Oral Presentations

HCPA 048 P	**Grace Polley:** **Exploring the lived experiences of Neurodiverse Registered Nurses in Adult Critical Care.**

Introduction: I am neurodiverse. I am late diagnosed ADHD. I am female. I am an experienced registered nurse. I am a 2nd year Professional Doctorate in Nursing student and I have spent most of my career working in and around ICU. Within my doctorate, I aim to explore the lived experiences neurodivergent registered nurses working in the ICU. Exploring this area will add to the very limited evidence base, and ideally shine a light on how to support neurodivergent registered nurses working in the ICU in their own words.
Background: It is estimated that approximately 15-20%, or one in seven people are neurodiverse of the general UK population. It is important to distinguish the difference between the term “neurodiversity” and “neurodivergent”. Neurodiversity refers to the knowledge that every person has a different brain but experiences and views in a similar manner, thus signalling “neurotypical”. However, the term “neurodivergent” refers to people who have a structurally different brains compared to those who exhibit neurotypical traits, and neurodivergent people interact with the world in a different manner, thus diverging from what is “typical”. The term neurodivergent broadly covers: autism, attention deficit hyperactivity disorder, dyscalculia, Tourette’s syndrome and dyslexia.
Neurodivergence amongst registered nurses is a relatively new area of research. It is worth noting that there are approximately 800,000 registered nurses working in the UK therefore, it would be reasonable to assume that approximately 120,000 to 160,000 registered nurses are neurodivergent if the data point estimate is accurate. However, given that nursing is a female dominated profession and females are less likely to seek diagnosis or be misdiagnosed therefore it is entirely plausible that the estimated number of reported neurodivergent registered nurses is much lower.

HCPA 049 P	**Gloriya Annit Ronny:** **A Case Study on the Impact of Tailored Nursing Care and Scalp Cooling on Patient Compliance and Engagement in an Early-Phase Antibody-Drug Conjugate (ADC) Clinical Trial.**

Background: Fear of chemotherapy-induced alopecia (CIA) significantly impacts treatment choices and clinical trial uptake. Antibody-drug conjugates (ADCs) combine targeted monoclonal antibodies with potent cytotoxic payloads, frequently causing unpredicted alopecia. In early-phase trials where the efficacy of supportive interventions like scalp cooling remains unproven, tailored nursing care is essential for building trust and facilitating compliance.
Case Presentation: A female patient with advanced cancer initially declined standard of care (SOC) systemic therapy due to the fear of complete hair loss. She was subsequently identified as a candidate for an early-phase trial evaluating a novel ADC, drug "X". Although alopecia was a documented side effect, dedicated research nursing staff engaged in early, personalised consultations. Through proactive communication, trust-building, and collaborative journey planning, the patient agreed to enroll. Despite limited evidence regarding scalp cooling efficacy for drug X, a personalized supportive care plan that aligns with the trial protocol and clinical SOP was implemented for the patient to address her concern on alopecia.
Results: The patient successfully completed 5 cycles of treatment with drug X and achieved a remarkable response. Notably, she experienced complete preservation of hair density throughout all 5 cycles. In contrast, other trial participants who received the identical dose cohort experienced noticeable Grade 1–2 alopecia starting as early as Cycle 2. The patient maintained 100% protocol adherence without missing any scheduled visits.
Conclusion: Proactive, individualized nursing care combined with supportive interventions can overcome initial treatment hesitancy and build the patient confidence required to participate in early-phase ADC trials. This case highlights how patient-centered communication directly enhances clinical trial compliance, quality of life, and treatment durability.

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HCPA 050 P	**Melanie Westmoreland:** **The evidence for the value of clinical research nurses in practice: A scoping review.**

Aim: To explore how the value of Clinical Research Nurses (CRNs) is described and perceived within research delivery and healthcare organisations.
Background: Clinical Research Nurses are central to the successful delivery of clinical research, supporting patient participation, safety, and access to innovative treatments. Despite their pivotal contribution, CRNs frequently report feeling undervalued and disconnected from the wider nursing profession. While research delivery depends on this workforce, the value they bring to patients, organisations, and healthcare systems remains poorly understood and inconsistently articulated.
Methods: A scoping review was conducted using Joanna Briggs Institute (JBI) methodology. Eligibility criteria were developed using the Population, Concept, Context (PCC) framework and mapped against four value domains: research delivery, patient-centred, organisational, and economic value. MEDLINE, Embase, CINAHL, and the British Nursing Collection were searched between January and April 2026 using terms including Clinical Research Nurse, value, and role. Extracted data were analysed thematically to identify how the value of CRNs was described across the literature.
Results: The search identified 1,083 records, with 12 papers meeting the inclusion criteria. Analysis generated 115 value-related comments and two additional themes: CRNs' perceptions of their own value and wider perceptions of the role. Of the comments identified, 47 were positive, 66 negative, and 2 neutral. Findings revealed a striking contrast: CRNs felt valued by research teams and through their direct contribution to research delivery, yet frequently felt undervalued by employing organisations and non-research colleagues.
Conclusion: This review highlights a persistent gap between the recognised importance of research delivery and the perceived value of the nurses who deliver it. Strengthening the professional narrative of research nursing, establishing clear career pathways, and increasing organisational recognition may help address this disconnect. Further research is needed to better understand and demonstrate the value of Clinical Research Nurses across healthcare systems.
Conference poster takeaway: Research cannot happen without Clinical Research Nurses, yet the value of their contribution remains insufficiently recognised where it matters most: within healthcare organisations themselves.

HCPA 051 O	**Lead author: Amerissa, Zotou and co-author: Tanya Escayo:** **Assessing the Appropriateness of Intravenous Vancomycin Prescribing and Monitoring.**

Aims: This audit evaluated observed practice in intravenous treatment-dose vancomycin prescribing and monitoring versus local guidelines. Standards required 100% accuracy in: initial dosing, drug level timing, dose adjustments, and using standardised electronic prescribing order sets (PP).
Background: Vancomycin has a narrow therapeutic window and can cause ototoxicity and nephrotoxicity. Drug monitoring and guideline compliance are essential for safety.
Local intravenous vancomycin guidance recommends a loading dose and maintenance doses based on actual body weight (ABW) and renal function, targeting trough levels of 15-20mg/L at 48 hours post-initiation. If unmet, dosing is adjusted per the trust's vancomycin monograph.
Methods: This retrospective review of electronic patient records (EPR) involved adult inpatients receiving treatment-dose vancomycin between May and July 2025, excluding courses <72 hours, line-lock therapy, continuous infusions, and orthopedic infections. Hospital numbers were used instead of patient-identifiable information. Accessing patients' notes, charts and laboratory data provided their ABW, renal function, treatment indication and duration, prescribed doses, sample timings, trough levels and dosing adjustments.
Ethics approval was not required.
Results/Findings: 36 prescriptions were assessed. Loading and maintenance doses were prescribed correctly in 70% (25/36), while 14% (5/36) had appropriately timed drug levels. Maintenance doses were appropriately adjusted in 81% (29/36). 2% (1/36) used the correct PP throughout. When not used, the odds ratio of error was 2.3 for loading and 1.9 for initial maintenance dosing.
Conclusion: Findings were communicated to the antimicrobial stewardship team with recommendations: Automated EPR drug level requests could be timed to actual administration time or requested manually, instead of notifying at 48 hours of prescribing; Clarifying levels should be taken "immediately" before the dose in the PP/local guidance; PP compliance could be improved by removing the option to prescribe without it, without valid indication.
Overall, this audit revealed gaps in vancomycin prescribing and monitoring, underscoring need for improvement.

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HCPA 052 P	**Kathryn Lewis:** **Frailty in orthopaedic trauma - How can we maximise the recruitment of older patients with fragility fractures without capacity?**

Background: Older adults are an underrepresented group in research. This includes people with fragility fractures who lack capacity to make a decision about trial participation. Findings from studies may therefore not be applicable to this patient group. This poster presentation will identify from research and experience of research delivery how to improve research participation and hence representation of this group in trial findings.
Methods: A literature review of patient, carer, and staff experience of recruiting older patients and those who lack capacity to trials. Experience of recruiting this group of patients to many trials over a ten-year period. The focus will be on what helps, and what hinders trial participation and practical solutions to improve practice and make a difference.
Results and Conclusions: The results highlight: i) the size of group, with up to 40% of patients who sustain a fractured neck of femur having moderate cognitive impairment and 25% experiencing acute delirium, ii) the complexity of the trials requiring consent, use of platform studies to enable consent to multiple trials iii) the challenges for patients experiencing pain and the shock of injury, iv) the impact of hospitalisation of their family member on family/carers and their ability to make decisions v) the reality for staff of assessing cognition in acute care, and vi) staff experience of being professional consultees. We conclude that recruiting older adults without capacity to research is multifactorial and relies on expertise, teamwork and specialist communication skills.

HCPA 053 O	**Pratik Samant:** **Deformable registration for improved planning of repeat radiotherapy.**

Background: Radiotherapy is a curative cancer treatment where high-energy x-rays target and destroy cancer. A radiotherapy treatment plan is a CT scan of the patient with a planned radiation dose calculated across it and overlayed on top, which modern treatment machines can then automatically deliver. If patients need radiotherapy again, the new plan needs to consider any radiation the patient has already received; the radiation doses from the two treatment plans must be added together.
Repeat radiotherapy is currently planned using rigid registration; plans are added without accounting for changes in shape. This can be inaccurate and increases side effect risk. However, modern algorithms for deformable registration, a method that can better consider changes in patient shape and internal anatomy are increasingly common.
Aim: We aim to develop and evaluate software that can perform deformable registration for radiotherapy dose addition.
Methods: We developed a software that flexibly changes the shape of one CT scan to match the other (aka deformable registration), using the demons deformable registration algorithm. We tested the software by deploying it on 22 repeat radiotherapy patients over 3 sites and evaluated the resulting image and dose registrations. We compare the performance of rigid and deformable dose registrations.
Results/Findings: We found that deformable registration can provide dramatic improvements as compared to rigid. Performance varies on a patient-by-patient basis but in all cases deformable registration either matches or notably improves on rigid registration, with no situations in which rigid registration outperformed deformable.
Conclusion: The software was successfully built and validated. There were cases in which deformable registration and rigid registration performed comparably to one another, but none where deformable registration performed worse. This implies that repeat radiotherapy should ideally be planned with deformable registration. Our software has potential as a research/audit tool or for local clinical commissioning.

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HCPA 054	**Pooja Lalwani:** **Informing Violence and Trauma Screening in Physiotherapy: A Qualitative Evidence Synthesis of Healthcare Professionals' Experiences.**

Aim: To systematically search for and synthesise evidence from peer-reviewed qualitative research exploring healthcare professionals' experiences of treating patients with lived experience (past or current) of domestic violence, abuse, and psychological trauma to inform physiotherapy practice.
Background: There are growing reports of abuse and violence of various kinds, especially against women and girls and the effects of physical and psychological trauma on pain and quality of life are well known. Physiotherapists are well positioned to identify patients who may have experienced trauma and to provide care that is responsive to their needs. However, there is a lack of evidence on trauma-informed care, including screening and delivering treatment, being provided in physiotherapy. This study explores the screening practices of different healthcare professional groups to gain insight and better inform physiotherapists in their practice.
Methods: The protocol was registered prospectively with PROSPERO (CRD420261499834). Two reviewers systematically searched for studies that reported healthcare professionals' experiences of treating patients with lived experience of domestic violence. We followed the Equator guidelines for reporting syntheses of qualitative research (ENTREQ). Two reviewers extracted and synthesised the data using thematic synthesis (Thomas and Harden 2008).
Results: We screened more than 4000 titles, 218 abstracts and 91 full-text articles. Thirty six studies met the inclusion criteria and quality screening. The final themes explored the challenge of treating patients who have experienced violence: for example - the emotional burden, the need for training and support. They also explore positive aspects of this care: for example - patients appreciate the trusting relationships and safe spaces clinicians offer, and emerging collaborative professional skills.
Conclusion: Our findings support the need for training and support for healthcare professionals. Future qualitative research exploring physiotherapists' views and experiences could contribute to future bespoke guidance for physiotherapists.

HCPA 055	**Rachel Pitson:** **Exploring experiences of obstetricians facilitating 'out-of-guidance' care discussion.**

Aims: To explore UK obstetricians' perspectives on facilitating out of guidance (OOG) care discussions, and to examine factors that may enable or hinder these conversations, including training, clinical experience, organisational culture, and exposure to birthing people who question routine pathways
Background: Birth trauma in the UK is rising (APPG, 2024), often linked to interactions with healthcare professionals rather than clinical outcomes alone. Increasing numbers of women and birthing people are choosing options outside national guidance, known as non-normative (or OOG) choices (Madeley, 2023). These discussions shape perceptions of autonomy, support, and potential trauma. Existing research has focused solely on midwives' experiences (Feeley, Thompson and Downe, 2020; Bradley, 2025), leaving obstetricians' perspectives unexplored despite their responsibility for discussions beyond midwifery scope. International evidence highlights this gap: Vogels Broeke et al. (2023) found reduced perceptions of autonomy and personal treatment following discussions with obstetricians compared with midwives. Understanding obstetricians' experiences offers essential insight into how increasing demand for OOG choices is discussed in practice.
Methods: An exploratory qualitative design was adopted using semi structured interviews. Data were analysed using reflexive thematic analysis to generate an interpretive account of patterned meaning across the dataset. Ethical approval was granted by Oxford Brookes University (HLS/25/GC/117).
Results/Findings: Seven consultant obstetricians were interviewed. Three themes were developed: Fabric (Sit and listen; Guided by the person in front of you; Relationship is key; The how and the why of discussions); Warp (Does doctor know best?; Mindful of colleagues); Weft (Emotive work; Era of suspicion).
Conclusion: Preliminary interpretations suggest an emerging shift from technocratic to humanistic approaches within obstetric care, alongside tensions between relational intentions and persistent communication failings highlighted in national safety investigations. Findings align with international studies and support further research into how humanistic principles are recognised and applied in UK practice.

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HCPA 056 P	**Erin Hannink:** **What is professional craft knowledge in physiotherapy? A scoping review.**

Background: Professional craft knowledge has been defined as 'knowing what and when, as well as how'. In a healthcare setting, it is knowledge that a clinician can use about specific interventions, with a specific patient in their specific context.
Methods: We systematically searched 6 databases: Medline/Pubmed, CINAHL, Embase, AMED, PsycInfo and Web of Science. Inclusion criteria: articles that discussed professional craft knowledge in the context of the physiotherapy profession or physiotherapy education, including all study designs from peer reviewed sources (e.g., quantitative and qualitative methodologies, reviews, and concept papers or expert commentary). Data were summarised in charts and tables, accompanied by a narrative summary of the findings.
Results/findings: From 1434 articles, we screened 158 full texts and included 30 articles (29 studies). Articles represented 10 countries and were published from 1992-2024. We included articles of three types: qualitative studies (n=18), expert commentary (n=9), and reviews (n=3). While all articles were in the physiotherapy context, focus was divided into education, research or a sub-specialty (e.g. musculoskeletal). We identified three concepts around professional craft knowledge in physiotherapy: (1) the importance of multiple sources of knowledge for expert practice, (2) the link between reflection and professional craft knowledge, (3) the need to consider professional craft knowledge in physiotherapy education.
Conclusion: Professional craft knowledge is essential for physiotherapy practice, education, and research. We propose a modern definition: Professional Craft Knowledge in Physiotherapy combines using academic knowledge, knowledge gained from personal practice experience and reflectivity, and knowledge about an individual patient and their circumstances and context, in the provision of patient care. Clinicians, educators and researchers would benefit from increased awareness and utilisation of this source of knowledge.

HCPA 057 O	**Maxwell Robinson with Lei Zhang and Paul Butler:** **Modelling the impact of critical component redesign in radiotherapy treatment machines.**

Background: Radiotherapy uses high energy targeted radiation beams to treat cancer. Radiotherapy is delivered using a linear accelerator (or linac for short). Just prior to leaving the linac, each radiation beam is personalised using a series of metal leaves to conform treatment fields to a desired shape and intensity. This series of metal leaves is called a multi leaf collimator (MLC). Linac MLC design and performance effects achievable plan complexity and treatment delivery accuracy. MLC design complexity, for example the number of leaves or the speed at which a leaf can move, is associated with improved radiotherapy treatment plan quality. Increased MLC design complexity is also associated with increased requirements for machine checks, increased maintenance and increased machine downtime. This can be particularly challenging in low- and middle-income countries where access to linacs is restricted and a variety of environmental and socio-economic factors contribute to significant linac down time.
Aim: We present work collaborating with the University of Oxford as part of wider STELLA (Smart Technology to Extend Lives with Linear Accelerators) project aimed at modelling a simplified MLC redesign and how this effects radiotherapy treatment planning.
Methods: The project is split across two workstreams looking at alternative methods of MLC redesign/performance restrictions. Both workstreams use a consistent retrospective audit of anonymised radiotherapy treatment plans from a range of clinical sites.
Results/Findings: Edits were readily made across treatment plans. Degradation in plan quality was seen but changes were minimal for comparable small restrictions in MLC performance. The impact of changes to MLC leaf size was highly dependent on the complexity of treatment site.
Conclusion: There does appear to be scope for MLC redesign in such a way that impact of radiotherapy treatment plans is minimal. Whether such a change would be clinically negligible/acceptable will be the subject of future work.

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HCPA 058 O	**Eve Charlesworth:** **An Evaluation of Tube Voltage Variation and DirectDensity Reconstruction in CT Simulation for Radiotherapy.**

Background: Radiotherapy is used to treat cancer by delivering a targeted dose of radiation to a tumour. To plan the distribution of radiation dose within the body, CT images are taken at a tube voltage of 120kVp and a calibration curve is used to convert the CT numbers to densities, which are used to calculate dose.
By scanning patients at different tube voltages, we could improve image quality and scan dose. However, different tube voltages require different calibration curves, which introduces the risk of selecting the wrong one. Siemens have produced an algorithm called DirectDensity, which reconstructs images with CT numbers that relate to density independently of tube voltage, which would solve this issue.
Aims: The aim of this project is to quantify the effect of changing tube voltage on CT image quality and scan dose, to determine if there will be a benefit for patients, as well as validating the DirectDensity algorithm for safe clinical use.
Methods: Image quality was assessed by scanning a phantom at different tube voltages and evaluating uniformity, resolution, and contrast. The DirectDensity algorithm was assessed by comparing the dose distributions calculated from DirectDensity images to those from a standard 120kVp image. This was done by scanning a human thorax phantom.
Results: Scans of different tube voltages show noticeable effects on scan dose and image quality. Comparisons between different tube voltages show DirectDensity is suitable for use with only one calibration curve and dose distribution comparisons show no significant differences compared to standard CT images.
Conclusion: These results show that scanning at different tube voltages can improve the dose/image quality of scans, bringing direct patient benefit. The DirectDensity algorithm is effective and means that only one calibration curve is required for different tube voltages, simplifying the clinical workflow and reducing the risk of errors.

HCPA 059 P	**Sulochna Hawkins:** **What is the Health-Related Quality-of-Life Post-Radiotherapy Treatment in patients with Benign Skull Base Meningioma - A Systematic Review.**

Background: Radiotherapy is the most common treatment modality in unresectable or partially resected skull-base-meningiomas (SBMs). However, the radiation techniques can cause acute and late toxicity, which can impact highly on activities-of-daily-living in patients-with-SBM and lead to a significant deterioration in health-related quality-of-life (HRQoL).
Aims: This is a systematic review exploring the HRQoL post-radiotherapy treatment in patients with SBM. The purpose of this study is to evaluate the reported HRQoL in patients affected by SBM post-radiotherapy treatment by exploring patients' perception and experiences of HRQoL and health care professionals' perceptions of HRQoL. Also, exploring HRQoL measurement tools, areas of best practice and unmet needs.
Review method: A comprehensive database search was conducted in five online databases (CINAHL, Medline, PsycINFO, Web of Science and EMBASE). The review was guided by the Joanna-Briggs-Institute-evidence-synthesis-manual - systematic review guidance, and the subsequent report of the review was guided by the Preferred-Reporting-Items-for-Systematic-reviews-and-Meta-Analyses. A narrative synthesis informed by Synthesis-without-meta-analysis in systematic review reporting guidelines was used to present the results and the data analysis.
Results: Eight studies were included reporting the results of 1133 patients. Data analysis revealed that SBM is more common in middle-aged female population; radiotherapy treatment modality varied across the sample population; PROMs differed from clinician-reported measures; and HRQoL measurement tools varied across the studies and were collected at different timeline across each study.
Conclusions: This review demonstrated that HRQoL is reduced in patients with SBM post-radiotherapy treatment. However, there was heterogeneity in the way QoL was measured and within the data collection timelines. The study also found that clinicians interpreted QoL in a different way to patients, the modality of treatment influenced QoL and there was predominance of middle-aged women so menopausal symptoms and hormones may be confounders. The study identified several key aspects to improve HRQoL in patients-with-SBM post-radiotherapy treatment.

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HCPA 060 O	**Jane McKinnon:** **What Happens When the Cognitive Sausage Machine Breaks Down? Exploring Patient Experiences of Cognitive Assessment in Occupational Therapy Following Brain Injury.**

Background: Acquired brain injury can profoundly disrupt the roles, routines and activities that provide meaning, identity and structure to daily life. Occupational therapists assess cognition not simply to identify impairment, but to understand how changes in thinking, remembering and problem-solving affect participation in everyday activities. Contemporary occupational therapy emphasises occupation-centred practice, yet cognitive assessment often incorporates both occupation-based approaches and impairment-focused standardised measures. Previous research has described a "conflicted practice", whereby occupational therapists value occupation-based assessment but frequently rely on impairment-based methods due to contextual and organisational pressures. Little is known about how cognitive assessment is experienced by those receiving it. [link.springer.com], [europepmc.org], [rcot.co.uk]
Aim: To explore the lived experience of occupational therapy cognitive assessment within neurological rehabilitation following acquired brain injury.
Methods: Participants were recruited from inpatient and outpatient neurological rehabilitation services. Semi-structured interviews explored experiences of assessment, understanding of its purpose, perceptions of feedback and recommendations for future practice. Data are being analysed using Interpretative Phenomenological Analysis (IPA).
Preliminary Insights: Early analysis suggests that cognitive assessment is experienced as more than a clinical information-gathering process. Participants highlighted the importance of transparency, communication and understanding. One participant described assessment as feeling "a bit covert" and "all a bit Big Brother". Several participants could recall little about formal assessment procedures, instead focusing on difficulties retaining assessment feedback. This raises the possibility of a mismatch between the cognitive difficulties being assessed and the way feedback is commonly delivered. Participants expressed a preference for practical, personalised and accessible feedback, including formats that could be revisited over time.
Conclusion: Assessment is both a clinical and interpersonal experience. These findings suggest that making assessment processes more transparent and providing feedback in ways that accommodate cognitive difficulties may support understanding, engagement and person-centred rehabilitation.

HCPA 061 P	**Samuel Simiyu:** **Supporting Huntington's Disease Research: A Service Evaluation of the Dendron Neurosciences Research Delivery Team.**

Aim: To assess and quantify the contribution of the Dendron Research Delivery Team to Huntington's Disease Research.
Background: Huntington's Disease (HD) is a progressive neurodegenerative condition with an increasing burden on health and care systems. Rising prevalence, associated costs of care and reduced treatment options have drawn particular focus to its research, specialist care and emerging therapies.
The Dendron research delivery team in the Neurosciences research department of the OUH NHSFT supports the research cycle and administer emerging therapies along with delivering person-centred care to individuals with HD.
However, the contribution of such teams to research is not necessarily routinely quantified. This service evaluation evaluates this contribution.
Method: A retrospective quantitative service evaluation was conducted using routinely collected clinical and service level data covering 1st January 2025 to 31st March 2026. Observational and Interventional HD studies in different phases were included. Data Sources included: electronic patient records, research databases, logs, clinic and research activity records. Quantitative indicators included: numbers screened, eligibility rates, recruitment rates, participant retention, and completion of scheduled research visits. Descriptive statistics were analysed to assess overall contribution to research delivery.
Results: During evaluation period, the team supported Seven HD studies. Sixty-seven participants were screened;60 were eligible (89.6%). All pre-selected participants approached for enrolment provided informed consent (100%), 57 were recruited yielding a 95% rate. No withdrawals or losses to follow up were recorded, a 100% retention rate. 114 research visits were supported, and 19 (33.3%) completed study activities within evaluation period. These findings demonstrate strong recruitment performance, excellent retention, and effective operational support across a diverse HD research portfolio
Conclusion: Continued investment in dedicated delivery teams may support strengthening future neurodegenerative disease research and improvements in care. Keywords: Huntington's disease; Service evaluation; Research delivery; Research participation; neurodegenerative diseases

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HCPA 062 P	**Francesca Calzari:** **From Fragmented to Focused: Optimising Cardiology Registrar Allocation Through a Dedicated Ward Registrar Pilot.**

Background: Cardiology registrars (SpRs) frequently balance inpatient responsibilities alongside clinics, cath lab commitments, and training requirements. Under the traditional model, three firm-based registrars shared ward responsibilities, resulting in fragmented ward presence, variable continuity of senior decision-making, and difficulties accessing timely senior support for inpatients.
Aim: To evaluate whether implementation of a dedicated Cardiology Ward Registrar role improves accessibility to senior clinical support, timeliness of patient review, and staff confidence in escalation and decision-making.
Methods: A 12-week quality improvement pilot was implemented within a tertiary cardiology service. A single registrar was allocated each weekday (08:00-17:00) to provide ward-based support while carrying a dedicated bleep. Responsibilities included daily reviews of high-dependency and prolonged-stay patients, attendance at multidisciplinary board rounds, urgent echocardiography support, and responding to junior doctor and nursing queries. Outcomes were assessed through post-implementation surveys of junior doctors and nursing staff alongside predefined process and balancing measures.
Results: Eight junior doctors and nineteen nurses completed post-implementation surveys. Among junior doctors, 75% agreed or strongly agreed that the new model improved understanding of how to contact the appropriate registrar and made communication easier, while 87.5% reported improved access to timely patient reviews. Furthermore, 62.5% reported improved senior support for ward and RAU patients. One person provided strongly negative responses across all domains, representing a clear outlier; exclusion of this response increased positive ratings to 86%, 86%, 100%, and 71%, respectively.
Among nursing staff, 84% agreed or strongly agreed that the model improved clarity regarding registrar access, while 68% reported improvements in communication, timeliness of review, and access to senior medical support.
Conclusions: Introduction of a dedicated ward registrar was associated with improved accessibility of senior cardiology decision-makers and high levels of multidisciplinary staff satisfaction. Feedback identified several operational challenges, including clinic cover, registrar absence, and subspecialty support pathways, which will require refinement. Despite these challenges, stakeholder feedback strongly supported continuation of the model. The role has therefore been adopted as business as usual, with minor modifications planned to optimise sustainability and service delivery.

HCPA 063 O	**Adeyemi Olagunju:** **Protocol Deviations in NIHR Funded RCTs of Surgery and Devices: A Scoping Review with Insights from Aviation.**

Background: Protocol deviations affect the interpretability and credibility of randomised controlled trial (RCT) findings, yet terminology and reporting practices nationally remain inconsistent. Aviation safety science offers an established model for treating operational protocol deviations as data to be aggregated and used for organisational learning, a practice largely absent in clinical trials.
Aim: This scoping review examined how protocol deviations are described, attributed, and managed within NIHR-funded multicentre RCTs of surgical procedures and medical device interventions, and considered what insights operational aviation safety principles could offer.
Methods: A scoping review suited the suited the heterogeneous cross-disciplinary terminology across the literature. NIHR Journal Library monographs published between 1 January 2016, and 31 July 2026 were identified using Health Research Classification System codes. Data were charted descriptively and analysed thematically, with quantitative and qualitative findings interpreted alongside aviation safety literature.
Findings: Fifty-four NIHR HTA-funded surgical and device trials, involving over 23,000 participants, were included. Deviation reporting was highly inconsistent. Fewer than half reported deviations explicitly, at least 14 different terms were used, and only one trial applied an ICH E6(R3)-consistent classification. Study intervention deviations predominated, reflecting the operator-dependent nature of surgical and device research. Mapping reported causes against aviation safety principles identified opportunities for systems-informed improvements through crew resource management, common taxonomies, threat and error management, just culture, safety management systems, and risk-based decision-making.
Conclusion: Protocol deviation reporting across reports lacked the shared terminology, classification, and cross-trial learning that characterise aviation safety systems. Aviation concepts offer a clear framework for improving how protocol deviations in surgical and device trials are managed to inform practice.

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HCPA 064 P	**Cara Allan:** **Rebuilding Trauma Craft Knowledge and Nursing Confidence Through Simulation.**

Aim: To evaluate whether a co-designed trauma simulation programme could rebuild nurses' trauma-specific knowledge and confidence and support the transfer of learning into clinical practice.
Background: Trauma nursing relies heavily on experiential learning and speciality-specific 'craft knowledge', traditionally developed alongside experienced colleagues. Changes in the trauma nursing workforce, including increasing numbers of newly qualified and internationally educated nurses and fewer experienced trauma nurses, have reduced these opportunities. This study developed a simulation programme to recreate realistic clinical challenges within a psychologically safe environment where nurses could practise, question and reflect on their decision-making.
Methods: The programme was co-designed and delivered by an Advanced Clinical Practitioner and a Clinical Educator across two trauma wards. Four authentic trauma scenarios required participants to recognise problems, assess patients, initiate nursing interventions, communicate and escalate concerns. Participants worked together as 'one nurse', deliberately challenging prioritisation, communication and teamwork. Each scenario was followed by facilitated reflection and a final group debrief exploring clinical reasoning and learning. Forty-nine registered nurses participated, representing 86% of the nursing workforce. Evaluation included programme reach, participant feedback and a follow-up questionnaire examining perceived impact and transfer of learning into clinical practice.
Results/Findings: Twenty-six participants (53%) completed the follow up questionnaire. Of respondents, 23 (88%) reported a significant or extremely significant positive influence on clinical practice, and 23 (88%) reported increased confidence in recognising and responding to deterioration. Twenty-five (96%) agreed or strongly agreed that the programme improved confidence in communication, teamwork and escalation, and all would recommend the programme to other trauma nurses. Free-text responses provided examples of transfer into practice, including recognition of compartment syndrome, structured assessment of deterioration, sepsis recognition, abdominal assessment and timely escalation.
Conclusion: The programme achieved high workforce reach and demonstrated positive perceived impact beyond the learning environment. Findings suggest simulation can help rebuild trauma-specific knowledge and confidence when opportunities for experiential learning are limited. Further evaluation will explore whether this learning is sustained and translates into lasting changes in clinical practice and patient care.

HCPA 065 P	**Jasmin Sadler-Ladell:** **THORAPA - Thoracoscopy Pain and Pleural Pain Assessment.**

Background: Pain remains a significant complication of non-surgical pleural procedures and can affect patient experience, procedural quality and willingness to undergo repeat procedures. A standardised approach to assessing pleuritic pain may improve pain management and patient communication. Intrapleural lidocaine is used within the Oxford Pleural Service during medical thoracoscopy, although evidence supporting its efficacy remains inconclusive. Pleural-specific standardised outcome measures have been identified as a barrier to generating more conclusive evidence.
Methods: THORAPA is a Ulysses-registered audit of current practice assessing pain in patients undergoing local anaesthetic procedures and consciously sedated patients undergoing medical thoracoscopy. Verbal and non-verbal indicators of discomfort have been observed and recorded in consciously sedated patients. Additionally, pleural pain mapping is performed pre-, intra- and post-procedure to document pain location, radiation and intensity, assessing its potential utility as a clinical communication and assessment tool.
Findings: Preliminary analysis of VAS scores indicates that over 40% of patients experienced an increase in pain during pleural procedures despite the use of local anaesthesia and sedation, with over 20% experiencing an increase meeting the threshold for minimal clinically important change. Novel sedated pain scores were consistent with patient-reported scores, suggesting potential utility in future clinical practice and research.
Conclusion: THORAPA provides preliminary evidence that clinically meaningful increases in pain may occur during pleural procedures despite current analgesic strategies. Patient-reported descriptive pain terms will be analysed to identify key language used to describe discomfort and improve communication between patients and clinical staff. PPIE meetings with patients will review the pain assessment tools and preliminary findings, informing refinement of the methodology and development of a future feasibility study.

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Oral Presentations

HCPA 066 O	**Jishi John:** **To identify and agree the Top 10 nursing research priorities for Oxford University Hospitals NHS Foundation Trust (OUH) through a collaborative Priority Setting Partnership involving nurses, patients and carers.**

Aim: To identify and agree the Top 10 nursing research priorities for Oxford University Hospitals NHS Foundation Trust (OUH) through a collaborative Priority Setting Partnership involving nurses, patients and carers.
Background: Research agendas do not always reflect the priorities of those delivering and receiving care. Meaningful involvement of nurses, patients and carers can help identify research questions relevant to everyday nursing practice and patient experience.
Methods: A modified James Lind Alliance-informed Priority Setting Partnership was undertaken at OUH. A multidisciplinary Steering Group, including nurses and patient representatives, oversaw the process. Initial surveys invited nurses, patients and carers to identify unanswered questions relating to nursing care. Submissions were reviewed, refined into summary research questions and checked against existing evidence. A second survey prioritised the questions, followed by a facilitated consensus workshop involving nurses, patients and carers. The project was undertaken as a service evaluation/quality improvement initiative in accordance with relevant OUH governance processes. Participation was voluntary.
Results/Findings: The initial consultation received 211 responses (113 nurses; 98 patients and carers). The prioritisation survey received 153 responses, with 32 questions progressing to the final workshop. Twenty one nurses, patients and carers participated and agreed the Top 10 priorities. These addressed discharge planning, trust following negative care experiences, nursing roles, basic care needs, pain and symptom recognition, hospital environments, administrative burden, compassionate care, digital documentation and nurse-to-patient ratios. The final consensus ranking differed from the interim survey ranking, demonstrating the value of deliberative discussion between professional and lived-experience perspectives.
Conclusion: The PSP established an organisation-wide nursing research agenda shaped jointly by nurses, patients and carers. The priorities highlight fundamental and compassionate care alongside patient safety, workforce, transitions of care and organisational systems, providing a locally relevant framework for future nursing research and service improvement.

HCPA 067 P	**Jishi John:** **Beyond the Clinic: Capturing the Daily Rhythm of Painful Diabetic Peripheral Neuropathy Using Ecological Momentary Assessment.**

Aim: To investigate how sensory symptoms fluctuate in real time in people with painful diabetic peripheral neuropathy (DPN), and how these fluctuations relate to mood, sleep and physical activity. A key aim is to explore the feasibility and acceptability of Ecological Momentary Assessment (EMA).
Background: Painful DPN is highly variable, yet symptoms are usually assessed during occasional clinical encounters, providing only a snapshot of patients' experiences. This may miss day-to-day changes and interactions between symptoms, mood, sleep and activity. EMA offers an opportunity to move beyond retrospective recall by repeatedly capturing symptoms as they occur in everyday life.
Methods: This study has three linked parts. Study 1 will analyse clinical, quantitative sensory testing and patient-reported data from approximately 200 people with DPN to identify sensory phenotypes. Study 2 will follow 30 people with painful DPN for 21 days. Participants will complete brief smartphone-based EMA questionnaires six times daily using the SEMA3 app and wear an activPAL device to objectively capture physical activity. Multilevel and longitudinal analyses will examine temporal relationships between symptoms, mood, sleep, activity and sensory phenotypes. Study 3 will involve semi-structured interviews with 10–12 participants to explore their experiences of EMA, including barriers, facilitators and perceived impact. (Ethics Approval Reference: 18/SC/0263)
Results/Findings: The study will provide insight into how neuropathic symptoms change throughout the day and how these changes interact with emotional wellbeing, sleep and physical activity. It will also evaluate whether repeated real-time symptom monitoring is feasible, acceptable and engaging for people living with painful DPN.
Conclusion: By capturing symptoms where and when they happen, EMA has the potential to reveal aspects of painful DPN that conventional clinic-based assessments may miss. Integrating real-time patient experience with objective activity data and sensory phenotyping may support identification of meaningful symptom patterns and inform more personalised approaches to DPN management.

List of Abstracts:

HCPA 068	**Hema Sree Nirmal Kumar:** **Importance of monitoring transcranial motor evoked potentials of the quadriceps/thigh muscle during posterior scoliosis surgery for adolescent idiopathic scoliosis patients: A Systematic Literature Review.**

Background: Intraoperative neuromonitoring is central to reducing neurological injury during posterior spinal fusion for adolescent idiopathic scoliosis. While multimodal monitoring (transcranial motor evoked potentials, somatosensory evoked potentials, electromyography and train-of-four) is widely adopted, specific muscle monitoring is not formally standardised. However, thigh muscles (L2–L4) being proximal indicators of nerve root, spinal cord and cauda equina compromise, dedicated evidence on quadriceps monitoring has been lacking, prompting this review to inform local and national protocol development.
Methodology: A systematic literature review was conducted across Ovid MEDLINE, EMBASE and CINAHL, restricted to English-language, peer-reviewed articles, using a Boolean strategy. Of 548 records identified, deduplication and screening (via Rayyan) reduced these to 339 titles screened, 28 full texts assessed, and 13 studies included in the final synthesis.
Results: Thigh MEP alerts occurred in 20–47% of cases, with higher rates under high traction (47% vs 26%, P=0.049), (Kato et al. 2019) and longer fusion constructs (Samdani et al. 2016). Alert reversibility ranged from 71–94.4%, with 0% permanent neurological deficits across the included studies. IONM use was associated with reduced new neurological deficit rates (Nassef et al. 2021), and negative predictive value for postoperative motor deficit approached 100% (Floccari et al. 2021) (Buckland et al. 2019). Mean intraoperative correction of 67–68% was achieved safely (Gatam et al. 2020).
Discussion & Conclusion: Quadriceps/thigh muscle MEP monitoring provides sensitive, largely reversible alerts that enable timely correction while preventing permanent neurological deficit during AIS surgery. However, variation in alert thresholds (⩾50% vs ⩾70% amplitude loss) limits cross-study comparability, and no study has stratified quadriceps alert risk by fusion endpoint, representing a key evidence gap. These findings support a standardised, quadriceps-inclusive IONM protocol for posterior AIS surgery at OUH.

10.0 Launch of CEDaR: Clinical Excellence, Development and Research

For more information, please click to visit website: **https://www.ouh.nhs.uk/cedar/**



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