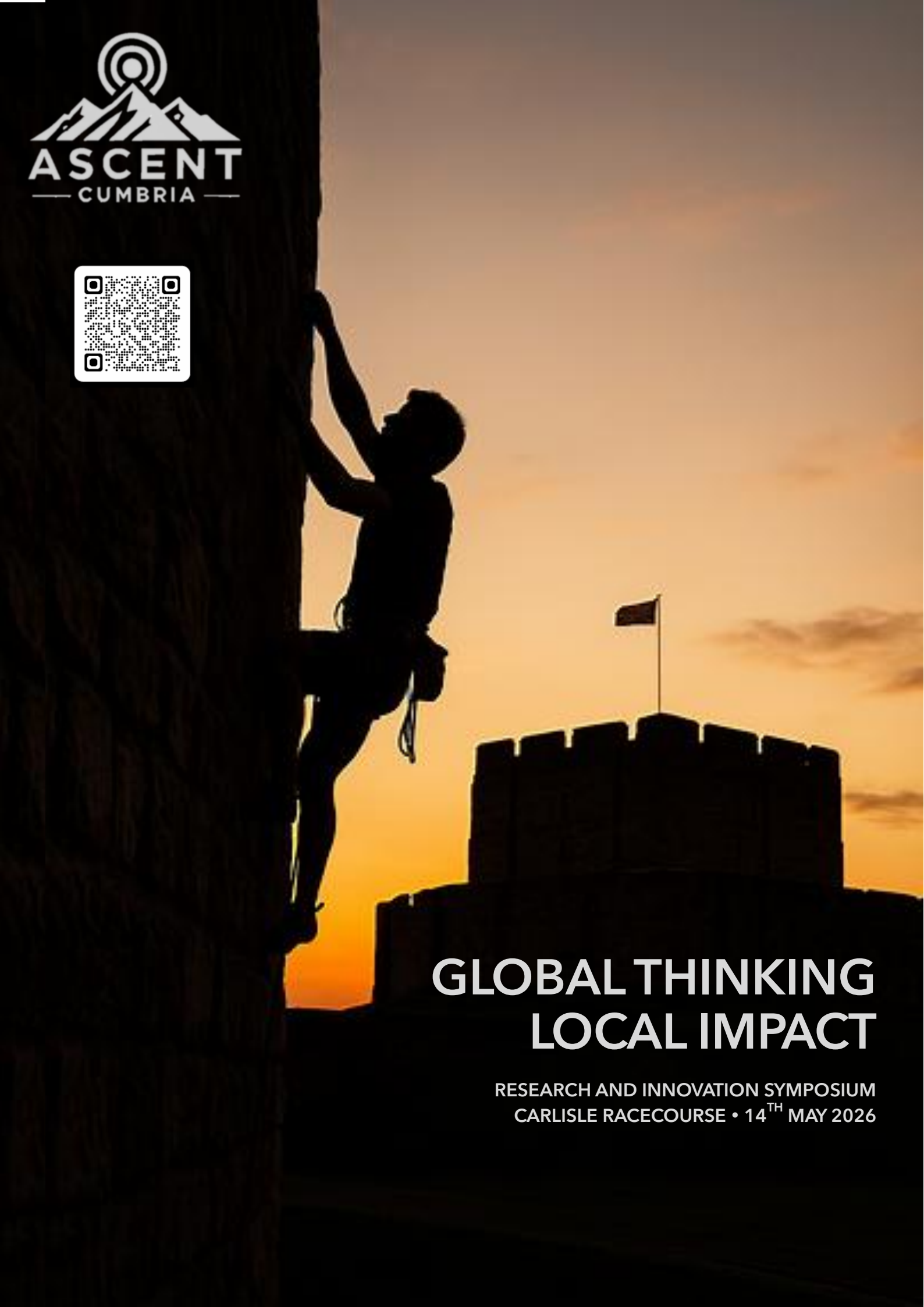
ASCENT
CUMBRIA



GLOBAL THINKING LOCAL IMPACT

RESEARCH AND INNOVATION SYMPOSIUM
CARLISLE RACECOURSE • 14TH MAY 2026

NORTH CUMBRIA HOSPITALS NHS CHARITY
Helping Carlisle & Whitehaven Hospitals

NHS
North Cumbria Integrated Care
NHS Foundation Trust

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The Pears Cumbria School of Medicine
A partnership between IMPERIAL University of CUMBRIA
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Welcome to Ascent Cumbria 2026

It is a pleasure to welcome you to the second Ascent Cumbria meeting: a celebration of the people, partnerships and ideas shaping the future of health and care across our region.

This year's programme reflects remarkable breadth: from national NHS leadership and global health innovation, to surgical robotics, pragmatic trials, early cancer diagnostics, mental health research, primary care studies, and the lived experience of our patients. It showcases the very best of what happens when global thinking meets local ambition.

Ascent is built on collaboration. Today brings together colleagues from the NHS, academia, local authorities, national bodies, and the voluntary and community sector. Doctors, scientists, nurses, allied health professionals, civil servants, administrators, managers, and patient partners all contribute to the conversations shaping our next steps. This diversity is not simply welcome; it is essential. A strong research ecosystem depends on many professions, many perspectives, and a shared commitment to improving care for the communities we serve.

We are proud to highlight the growing research infrastructure emerging through our partnership with Imperial College London, The University of Cumbria, Cumberland Council and the Pears Cumbria School of Medicine. Their support is accelerating capability, expanding opportunities for trainees, and strengthening the pipeline of innovation reaching patients in rural and coastal settings. Our thanks go to Professor Jonathan Weber, Professor Sophia Day and Professor Mary Morrell for their support and for helping shape this year's programme.

We are deeply grateful to all our speakers; national leaders, world-class scientists, and local teams; for giving their time, expertise and commitment to research in Cumbria. Your contributions elevate the ambition of this event and inspire the next generation of clinical and academic leaders.

Ascent would not exist without the extraordinary work of the team behind it. Our sincere thanks go to Gemma King and Bethany Bell, who have coordinated this year's symposium with exceptional skill and dedication, supported brilliantly by Teghan Robertson, Liam Telfer, Chloe Robinson & Finley Page, and the wider Medical Directorate team led by Lynsey Brown. Their hard work has made this event possible. Barbara Cooper, Research and Development Manager, and Professor Dave Dagnan, Director of Research and Development, played a vital role in organising Ascent in addition to the research leadership they provide across the Trust.

We also thank Trudie Davies, Chief Executive, and Dr Adrian Clements, Executive Medical Director, for their unwavering support for Ascent and for their belief that research is central to improving patient care. Their leadership has been instrumental in building a culture where research is valued, visible and impactful.

We are delighted to acknowledge our sponsors. Our Gold Sponsor, the North Cumbria Hospitals Charity, continues to champion Ascent and invest in the future of research in our region. Our Silver Sponsors; Alcidion, Johnson & Johnson, and Kebomed; have not only generously supported Ascent but are genuine partners in delivering high-quality care to our patients. Please take the time to visit our sponsors and other exhibitors in the Bell Hall during the breaks between sessions.

Finally, we thank the senior decision-makers from NHS England and the Department of Health and Social Care who have supported this work. With their partnership, we believe that Cumbrian health and care organisations, and the communities they serve, can leverage research and innovation to address many of the historic and structural challenges that have shaped healthcare delivery in this region.

Thank you for joining us at Ascent 2026. We hope today sparks new ideas, strengthens partnerships, and inspires continued ambition for a research-active, outward-looking, and community-centred future for health and care in Cumbria.

Kathie Wong and Chris Rao, Joint Clinical Leads for Research and Innovation, NCIC

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Sponsors

ALCIDION

Alcidion is a healthcare technology company delivering Miya Precision, a modular, FHIR-native platform that turns fragmented clinical and operational data into actionable insight—supporting safer decision-making, improved patient flow and more coordinated, efficient care across health systems. It can provide full EPR functionality or sit alongside existing systems, enabling a flexible, modular approach to digital transformation without the need for wholesale replacement.

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Surgical Solutions from Johnson & Johnson MedTech

Across Johnson & Johnson, we are tackling the world's most complex and pervasive health challenges. For over 100 years, we have helped advance surgical care through our innovative portfolio across wound closure, adjunctive hemostats, surgical stapling and instruments, robotics and digital solutions. Together, with clinicians and healthcare experts around

the world we are progressing what's next in surgery to better solve patient needs in metabolic and cardiovascular disease, cancer, and aesthetics and reconstruction.

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Kebomed UK delivers advanced urology solutions, partnering with leading manufacturers to supply innovative devices for diagnostics, surgery, and patient care. Serving NHS and private sectors, Kebomed combines clinical expertise with responsive service, supporting healthcare professionals across the UK with high-quality equipment tailored to modern urological practice.

The Pears Cumbria School of Medicine
A partnership between
IMPERIAL
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The Pears Cumbria School of Medicine (PCSM) Research Hub promotes, supports, and funds collaborative health research across Cumbria, bringing together the University of Cumbria, Imperial College London and NHS partners including NCIC to strengthen research capacity and improve patient outcomes. Through investment in fellowships, research projects and collaborative initiatives, PCSM is committed to fostering a vibrant research culture and advancing innovation in healthcare across the region. https://cumbriamed.ac.uk/research/

Programme

08:00 – 09:00 Coffee & Registration

The Entrance Hall

09:00 – 09:20 Welcome & Introduction

The Patterson Suite

Trudie Davies, Chief Executive, NCIC

Prof Mary Morrell, Head of Pears Cumbria School of Medicine

09:20 – 10:45 Session 1: Global Thinking for a Stronger NHS

The Patterson Suite

Chairs: Trudie Davies, Prof Mary Morrell, and Prof Graham Cooke

09:25 – 09:45 **1.1. National Leadership and the Future of the NHS**

Sir Jim Mackey, Chief Executive of NHS England

09:45 – 10:05 **1.2. The Institute of Global Health Innovation (IGHI)**

Peter Howitt, Managing Director of the Centre for Health Policy

10:05 – 10:25 **1.3. Building an Inclusive and Evidence-Based Research System**

Dr Gail Marzetti, Director of Science, Research and Evidence at the Department of Health and Social Care & Deputy Chief Executive of the National Institute of Health and Care Research

10:25 – 10:45 **1.4. Panel Discussion**

10:45 – 11:15 Coffee Break

The Bell Hall

11:15 – 12:40 Session 2a: The Surgical Innovation Symposium

The Patterson Suite

Chairs: Ian Teasdale, Dr Rachel Pearson, Prof Mark Thursz

11:20 – 11:40 **2a.1. Surgical Innovation, Robotics and Virtual Care Pathways**

Mr Vanash Patel, Consultant Colorectal Surgeon

11:40 – 12:00 **2a.2. Pragmatic Trials, Streamlined Recruitment & getting the whole team involved in Research**

Prof Tom Pinkney, Director of Birmingham Surgical Trials Consortium

12:00 – 12:20 **2a.3. Quality of Surgical Performance: Art or Science?**

Prof George Hanna, Head of Division of Surgery, Imperial College London

12:20 – 12:40 **2a.4. Panel Discussion**

11:15 – 12:40 Session 2b: Community and Mental Health Abstract Session

Boxes 3-5

Chairs: Rachel Harrison, Prof Joy Duxbury,

Judges: Prof Hadar Zaman, Dr Ailish O'Callaghan

Please arrive 10 minutes prior to the session start time

11:15 - 11:20	**Introductions and housekeeping**
11:21 - 11:28	***2b.1.A. Anna Bainbridge***
	Co-authors: Julie Nixon, Ariadne Marston
	Evaluation of the North Cumbria Pain Clinic Service (NCPPS) 2023–2024: Aligning pain management with national guidance and optimising medication use
11:28 - 11:35	***2b.2.A. Felicity Griggs***
	Co-authors: Elspeth Desert, Julie Nixon, Robert Hallard, Anna Bainbridge, Catherine Parker, Rachel Curry
	Developing a Psychologically Informed Multi Agency Care Pathway for High Intensity Emergency Department Users: A Service Improvement Project
11:35 - 11:42	***2b.3.A. Karen Nicoll***
	Co-authors: Mohamed Aly, Barry Carruthers, Paul Harrington, Sue Reynolds, Denis Burke
	The impact of introducing an alcohol care team
11:42 - 11:49	***2b.4.A. Tze Ching Cheung***
	Co-authors: Jenny McIntyre, Ross Anderson
	Improving patient safety and traceability in primary care minor surgery: A First-Cycle Clinical Audit Against Royal College of Surgeons Standards.
11:49 - 11:56	***2b.5.A. Sharon Uhrig***
	From awareness to action: implementing a primary care pathway for corneal donation in North Cumbria
11:56 - 12:03	***2b.6.A. Paul Russell***
	Co-authors: Mariyam Blessy Babu, Dave Dagnan
	Evaluation of community rehabilitation service using Quality of Life (QoL) measure

12:03 - 12:10	***2b.7.A. Jake Linnane***
	Co-authors: Catherine Parker, Chloe Moran
	"Brought me back to life": An Evaluation of the North Cumbria Maternal Mental Health Service
12:10 - 12:17	***2b.8.A. Gareth Howel***
	Co-authors: Jon Stott, Aidan Custy, Ashley Fitzgerald, Hannah Townsend
	Development of guidelines to inform introduction of exercise in young people with eating disorders
12:17 - 12:24	***2b.9.A. Elaine Bidmead***
	Co-authors: Kaz Stuart, Guy Casy, Joanne Evans
	Caring as a Determinant of Health: findings from a collaborative scoping review of international literature
12:24 - 12:30	**Thanks and acknowledgements**

12:40 – 13:40 Lunch

The Bell Hall

13:40 – 15:35 Session 3a: NCIC Research into Practice

Patterson Suite

Chairs: Dr Louise Buchanan, Mr Ioannis Michalakis, Prof Sophia Day

13:45 – 14:00	**3a.1. The ADHERE Study: Assessing a Digital exercise intervention for Health outcomes and Engagement in regular Exercise**
	Emily Curtis, Clinical Exercise Physiologist, The Royal Marsden Hospital

14:00 – 14:15	**3a.2. Cancer Prehabilitation Service** *Natasha Richardson, Cancer Prehabilitation Lead Physiotherapist*
14:15 – 14:30	**3a.3. ManVan Improving Access to Cancer Diagnostics** *Prof Nicholas James, Professor of Prostate and Bladder Cancer Research, The Royal Marsden*
14:30 – 14:45	**3a.4. What Routine and Public Data Can Show Us About Patient Flow In Cumbria** *Alex Bottle, Professor of Medical Statistics, Imperial College London* *Walter Muruet, Post Doctoral Researcher, Imperial College London*
14:45 - 15:00	**3a.5. Cardiovascular Health & Research: Progress, Partnerships and the Future in Cumbria** *Dr. Madhusudhan Varma, Consultant Interventional Cardiologist*
15:00 – 15:15	**3a.6. Patient Perspectives on Participating in Research** *Malcolm Iredale and Phil Swainson*
15:15 – 15:35	**3a.7. Panel Discussion**

13:40 – 15:35 Session 3b: Community and Mental Health Research in Cumbria

Boxes 3-5

Chair: Prof Sarah Elliott, Prof Dave Dagnan, Prof Joy Duxbury

13:45 – 14:00	**3b.1. A National Lens on Restrictive Practices in Children and Young People's Eating Disorder Services: A co-produced mixed methods study** *Prof Joy Duxbury, Professor of Mental Health and Director of Research, University of Cumbria*

14:00 – 14:15	**3b.2. Mental Health and Inequalities: Cumbria's Mental Health Leaders Award** *Prof Michelle Baybutt, Professor of Mental Health and Social Justice, University of Cumbria*
14:15 – 14:30	**3b.3. Understanding Inequalities in outcomes for Autistic People in NHS Talking Therapies: Evidence from National and Local Studies** *Prof Dave Dagnan, Director of Research and Development, NCIC*
14:30 – 14:45	**3b.4. NHS Trust-Led Model for Research Delivery in Primary Care** *Barbara Cooper, Research and Development Manager NCIC*
14:45 – 15:00	**3b.5. Exploring the Role of Occupational Therapy in Community Neuro Rehabilitation** *Joni Mitchell, Head of Occupational Therapy, NCIC*
15:00 – 15:15	**3b.6. Familiar Faces the Introduction and Evaluation of a Service targeting frequent attendance in Primary Care** *Bethan Coles, Senior Assistant Psychologist, NCIC* *Jake Linnane, Assistant Psychologist, NCIC* *Chloe Moran & Dr Catherine Parker*
15:15 – 15:35	**3b.7. Panel Discussion**

13:40 – 15:35 Session 3c: Abstract Presentations

Boxes 1-2

Chair: Dr Geetanjali Verma, Mr Luis Navarro

Judges: Dr Yannick Yangue, Mr Ludger Barthelmes

Please arrive 10 minutes prior to the session start time

13:40 - 13:45	**Introductions and housekeeping**

13:45 - 13:52	***3c.1.A. Rae Oranmore Brown***
	Incidence, prevalence and treatment outcomes of lichen sclerosus (balanitis xerotica obliterans) in boys aged 2–16 years: a prospective observational cohort study in Cumbria, UK
13:52 - 13:59	***3c.2.A. Syed Mannan (presented by Muhammad Aslam)***
	Co-authors: Muhammad Aslam, Deepthika Chandrashekara
	Field sterility OPA minor surgery cost-saving one stop clinics
13:59 - 14:06	***3c.3.A. Ninada Konambi Chandrasekhar***
	Co-authors: Dharmarajan Ramasubramanian, Rohit Nair, Biju Sankar, Jayadeep Saraswathy Jayachandran
	Mortality Rates After Revision Arthroplasty for Periprosthetic Fracture: A Retrospective Cohort Study
14:06 - 14:13	***3c.4.A. Peter Gadelsyed***
	Co-authors: Kristin Geer, Sadie Diamond-Fox
	Investigating Tidal Volumes Provided to Patients in Intensive Care at North Cumbria Integrated Care- Retrospective Clinical Audit
14:13 - 14:20	***3c.5.A. Own Al-Massarweh***
	Co-authors: Imteaz Shafayat, Ron Eifell
	Incidence of in-hospital mortality and readmission within 30 days of lower limb bypass
14:20 - 14:27	***3c.6.A. Ruth O'Dowd***
	Co-authors: Grace Rowley, Louise Fitzpatrick, Anita Basu, Alyson Ritchie, Helen Rowe
	Using simulation to improve confidence and skills for consultants having end of life conversations with patients

14:27 - 14:34	***3c.7.A. Yee Mon Aung***
	Co-authors: Maria Lourdes Pagaspas, Alan Jennison, Julie Kelly, Nicola Wilkinson
	Quality Improvement project: Evaluation of Local level-3 CHD Service and Utilisation on Paediatric Transthoracic-Echocardiography (TTE)
14:34 - 14:41	***3c.8.A. Kaz Stuart***
	Co-author: Elaine Bidmead
	How do rurality and income effect access to cancer care and outcomes for cancer patients in the UK? The RICCO study.
14:41 - 14:48	***3c.9.A. Matthew Carlin***
	Co-authors: Sree Ghosh, Diane Schofield, John Wayman
	Improving the Surgical Handover
14:48 - 14:55	***3c.10.A. Georgia Halliday***
	Co-authors: Peter Sudworth, Martin Allison, Paul Counter, Harry Tustin
	Validation of a 3D-printed endoscopic ear procedure simulator with integrated contact-sensing circuitry using objective performance metrics
14:55 - 15:02	***3c.11.A. David Owen***
	Co-author: Emad Selim
	VABYSMO nAMD Real World Evidence from Carlisle
15:02 - 15:09	***3c.12.A. Claire Winthrop***
	Co-authors: Rachel Smith, Julia Wood, Emma Savage, Mr Jamjute
	West Cumberland Hospital Optimal Cord Management (OCM)

15:09 - 15:16	***3c.13.A. Agnus Moorthiraj***
	Co-authors: Rebecca Stanger, Sarah Patrick Kirk
	Early Pregnancy Assessment Clinic (EPAC) Referrals Over Three Months: A Retrospective Audit
15:16 - 15:23	***3c.14.A. Hannah Seaman (Presented by Karen Nicoll)***
	Co-authors: Sylvia Atherton, Paul Harrington, Mohamed Aly, Denis Burke
	The alcohol care team impactful and appreciated
15:23 - 15:30	***3c.15.A. Emma Turnbull***
	Co-authors: Jake Linnane, Anagha Ramesh, Caitlin Woodcock
	Innovation in early diagnosis and detection of cancer
15:30 - 15:35	**Thanks and acknowledgements**

15:35 – 16:00 Coffee Break

Bell Hall

16:00 – 17:20 Session 4: Closing Plenary

Patterson Suite

Chair: Prof Jonathan Weber, Dr Adrian Clements, Prof Gill Findley

16:10 – 16:30	**4.1. Next Steps in Clinical - Academic Careers**
	Prof Jeremy Levy, Director of the Clinical Academic Training Office, Imperial College London

16:30 – 16:50 **4.2. Research and Innovation in Healthcare**

Dr Zubir Ahmed, MP for Glasgow South, Transplant Surgeon, Minister for Health innovation and Safety

16:50 – 17:20 **4.3. Awards, Prizes and Closing Remarks**

Julie Minns, MP for Carlisle

Dr Adrian Clements, Executive Medical Director NCIC

09:00 – 16:00 Inequalities in Health Care

The Patterson Suite Entrance Hall

Sir Michael Marmot, Director UCL Institute of Health Inequality

09:00 – 15:30 Poster Presentations

The Patterson Suite Foyer

Judges: Mr Ludger Barthelmes, Mr Harry Tustin

1.P. Agnus Moorthiraj

Case Report: Perforated Appendicitis in the Immediate Postpartum Period Following a Caesarean Delivery

2.P. Agnus Moorthiraj

Endometrial hyperplasia management and follow up in the year 2023 - a Carlisle Experience

3.P. Alex Prescott

Rib fracture analgesia optimisation: A QI project aimed to align current practice with new national analgesia guidelines

4.P. Anmol Kakaria

Calcified Cerebral Emboli – Under looked and Disregarded

5.P. Anna Bainbridge

Developing an accessible training programme to support post stroke psychological needs in nursing homes: a quality improvement project

6.P. David Owen

Managing Life-Threatening Giant Cell Arteritis with Ocular Involvement as a Foundation Doctor: A Clinical Case Report

7.P. Diane Schofield

Virtually reducing admissions and IV antibiotics in diverticulitis

8.P. Elwin Marshall

Simulated Operations: Enhancing Environmental Familiarity and Learning for Students

9.P. Fathimath Nousheeda

Methotrexate Alone Versus Methotrexate Combined with Mifepristone in the Medical Management of Ectopic Pregnancy: A Comparative Case Series

10.P. Helen Greenhow

Comparison of two-layer compression bandaging devices for chronic venous insufficiency and leg ulcers; results of the APRICOT and PEACH research studies

11.P. Hermann Jacobs

To assess the adequacy of take home analgesia following primary arthroplasty

12.P. Jalal Bu Hadima

Safety culture

13.P. Jin Ren Lau

Evaluating the Negative Appendicectomy Rate: A Retrospective Observational Cohort Study at a UK Teaching Hospital Trust

14.P. Michelle Wright

The Weekend Home First Service: A Service Evaluation

15.P. Misbah Malik

CLARITY in Crisis: Defining Optimal Antithrombotic Therapy after Limb-Saving Endovascular Intervention

16.P. Muhammed Nadeem

AI-Driven Clinical Decision Support for Anemic Management in Chronic Kidney Disease

17.P. Muhammed Syafwan Bin Yahya

A Compliance Review on Early Management of Acute Upper Gastrointestinal Bleeding According to BSG Guidelines in the Northern Trust: Closed Loop Second Cycle "A 6Rs Care Bundle Approach''

18.P. Own Al-Massarweh

Intravascular Lithotripsy (IVL) for Heavily Calcified Femoropopliteal Artery Disease: A Systematic Review with Comparative analysis

19.P. Rebecca Stanger

Atypical presentation of migraine as pailloedema in pregnancy

20.P. Rohan Bakan

Early Oral Feeding After Laparoscopic Appendicectomy, Cholecystectomy and Major Cancer Resections (ERAS Compliance Audit)

21.P. Ryan Lamb

Referral Processes and Directory Creation

22.P. Sameer Khan

Diagnostic Accuracy of Ultrasound Scans and Technetium-99m Sestamibi Scintigraphy in Identifying Parathyroid Gland Adenoma and Hyperplasia Retrospective Observational Cohort Study

23.P. Sameh Aboassi

Ongoing audit of colorectal cancer care pathways using national bowel cancer audit data at North Cumbria Integrated Care Trust

24.P. Shivani Baskar Kuttuva

'Quality Improvement Project' on Anastomotic Leak in Colorectal Cancer resections in NCIC - Interim Report

25.P. Stella Stasiak

Patient and Parent Inclusion in Consent and Correspondence for Children and Young People in Orthodontic and OMFS Clinics: A Dual-Service Clinical Audit

26.P. Rebecca Curtis

The Art of Reflection: Creative Approaches to Preparing Final-Year Medical Students for Lifelong Reflective Practice

Exhibitors

The Bell Hall

Johnson and Johnson

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Pears Cumbria School of Medicine

Clinical Academic Training Office

Cumberland Health Determinants Research Collaboration (HDRC)

Health Innovation North East and North Cumbria

NCIC Clinical Effectiveness Team

NCIC Library Service

NCIC Research and Development Team

Newcastle Health Partnership

NIHR Agile Team

NIHR Research Support Service

North East and North Cumbria Secure Data Environment

University of Cumbria – BEAM Team

The Entrance Hall

Intuitive Surgical

Speaker Biographies

Dr Zubir Ahmed

Born and raised in Govanhill, Glasgow and the son of a taxi driver, Dr Zubir Ahmed MP is proud to serve as the Member of Parliament for Glasgow South West. As the eldest of five children in a family that immigrated from Pakistan, he understands the value of hard work and dedication.

He attended medical school at the University of Glasgow, where he earned his degree, followed by advanced studies in healthcare and transplantation.

Before entering politics, he dedicated his career to general, vascular and transplant surgery, serving patients in Glasgow, London and Canada. As a Fellow of the European Board of Surgery and the Royal College of Physicians and Surgeons of Glasgow, he remains passionate about healthcare and continues his medical practice.

He was honoured to have been appointed as a Government Minister in the Department of Health and Social Care in September 2025, with a portfolio that includes Health Innovation and Patient Safety.

Professor Michelle Baybutt

Michelle Baybutt is Professor of Mental Health and Social Justice at the University of Cumbria co-leading a £2.5m NIHR-funded Mental Health Leaders Award 'CLIMB Cumbria'. She is an experienced researcher with qualitative expertise in leading and co-producing methodologically complex and innovative research in challenging environments with underserved populations.

Professor Alex Bottle

A Professor in Medical Statistics, his research measures and explains variations in quality of healthcare, predicts risk, models patient pathways and evaluates health policy and guidelines, all using administrative data and electronic health records. Long-running applications include hip and knee arthroplasty, heart failure and COPD

Dr Adrian Clements

I joined the Trust in January 2022 as Executive Medical Director. I also hold the Deputy Chief Executive role as of January 2026.

I am the Trust's Responsible Officer and Caldicott Guardian.

I am an experienced clinical leader and in my career to date I have held roles including:

- Executive Medical Director South Tees Hospitals 2016-2021
- Medical Director Friarage Hospital 2017-2021
- Deputy Chief Executive South Tees Hospitals 2017-2020
- Regional College Advisor and Council member Royal College of Emergency Medicine 2010-2016
- Training program Director for Quality Assurance Acute Care Specialties HENE 2010-2016
- Clinical Director Emergency Medicine 2006-2016 South Tees Hospitals
- Consultant in Emergency Medicine to date

Bethan Coles

Senior Assistant Psychologist. I have worked in the Physical Health and Rehabilitation Psychology service for over 3 years. I previously worked within Familiar Faces and the Stroke Wellbeing Service. I now work across the Neuropsychology and Persistent Physical Symptoms Services.

Barbara Cooper

Barbara Cooper is Research and Development Manager at NCIC, a post she has held since 2019, following R&D leadership at Cumbria Partnership NHS Foundation Trust. A registered nurse since 2005, she has ICU and neuro-rehabilitation experience at Cumberland Infirmary. Originally from County Durham, Barbara has lived in Cumbria since 2000.

Emily Curtis

Emily is a PhD student at the Institute of Cancer Research and co-founder of The Exercise Clinic. She is registered as a Clinical Exercise Physiologist with the Academy for Healthcare Science and has over 10 years of experience supporting individuals with prostate cancer through both group-based and one-to-one exercise programmes.

Between November 2020 and December 2023, The Exercise Clinic was funded by The Royal Marsden Cancer Charity to deliver an online exercise intervention to more than 200 prostate cancer patients at The Royal Marsden NHS Foundation Trust. Following its success, the programme has since developed into a sponsored clinical trial, ADHERE, which opened for recruitment in December 2025. Emily is currently contributing to this trial as part of her PhD, alongside her ongoing work at The Exercise Clinic.

Professor Dave Dagnan

Dave Dagnan is Research Director for North Cumbria Integrated Care NHS Foundation Trust where he leads the Research and Development team and Consultant Clinical Psychologist with Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust where his clinical work and research focusses on people with learning disability and autism.

Trudie Davies

Trudie Davies joined North Cumbria Integrated Care NHS Foundation Trust in August 2025 as the Interim Chief Executive Officer, on secondment from Gateshead Health NHS Foundation Trust, where she has served as Chief Executive Officer since March 2023.

Professor Joy Duxbury

Joy Duxbury is a mental health nurse, professor of mental health nursing and director of research for the Institute of Health at the University of Cumbria. She has worked on numerous funded projects pertaining to mental health including the exploration of service user perspectives and implementation. Her national and international focus has been upon minimizing restrictive practices across varied settings in the UK and globally.

Professor George Hanna

Professor George Hanna is the Head of the Department of Surgery and Cancer at Imperial College London and a Consultant Oesophagogastric Surgeon. His research interest is surgical training and developing surgical quality assessment tool for clinical practice and randomised trials.

Mr Peter Howitt

Peter Howitt is Managing Director of the Centre for Health Policy and Climate Cares Centre and Lead of the Policy Workstream of the Fleming Initiative at Imperial College London's Institute of Global Health Innovation. A former Senior Civil Servant, he has over 20 years' experience in driving evidence-based innovation in global health systems

Malcom Iredale

Diagnosed with prostate cancer in 2018 - prostatectomy at The Freeman.

Follow up Radiotherapy at the Northern Cancer Centre in Carlisle 2023. Continued gradually increasing PSA level may lead to further treatment.

Meantime, continue to pursue an active life alongside ongoing 3 monthly active surveillance

Professor Nick James

Professor Nick James is a Clinical Oncologist at The Institute of Cancer Research. Professor James has degrees in medicine and immunology from the University of London and a PhD from Imperial College in cell cycle biology. He undertook postgraduate training in London, Brussels and Tokyo and is a Fellow of the Royal Colleges of Radiology and Physicians.

Professor Jeremy Levy

Professor Levy is a kidney specialist undertaking research on autoimmune kidney diseases, HIV, and chronic kidney disease. He has been the Director of Clinical Academic Training for Imperial College for 10 years, supporting the development of clinical academics multiprofessionally, and was appointed as the NIHR Associate Dean for academic training in 2025.

Jake Linnane

Jake Linnane is an assistant psychologist with the North Cumbria Physical Health Psychology team. He holds a BA in psychology from University College Dublin and an MSc in Clinical Psychology from Rijksuniversiteit Groningen.

Sir Michael Marmot

Sir Michael Marmot has been Professor of Epidemiology at University College London since 1985, and is Director of the UCL Institute of Health Equity. He is the author of The Health Gap: the challenge of an unequal world (Bloomsbury: 2015), and Status Syndrome (Bloomsbury: 2004). Professor Marmot was a Distinguished Visiting Professor at Chinese University of Hong Kong (2019-2024), and co-Director of the of the CUHK Institute of Health Equity. He is the recipient of the WHO Global Hero Award; the Harvard Lown Professorship (2014-2017); the Prince Mahidol Award for Public Health (2015), and 21 honorary doctorates.

Dr Gail Marzetti

Dr Gail Marzetti is Deputy CEO of the NIHR and Director of Science, Research and Evidence at the Department of Health and Social Care. A senior civil servant with over 25 years' experience, she's led UK responses to global crises and now drives inclusive, evidence based health research across the NHS

Sir Jim Mackey

Sir Jim Mackey is Chief Executive of NHS England, appointed in April 2025. A qualified accountant, he previously led Northumbria Healthcare and Newcastle Hospitals. Knighted in 2019, he's known for driving elective recovery, NHS reform, and cost-cutting strategies, while advocating for improved care standards and system accountability.

Julie Minns

Julie Minns is the first female MP for Carlisle, where she was born and raised. She has campaigned on flood defences and illegal e-bikes, was Parliamentary Private Secretary at the Department of Transport

Julie worked in corporate and regulatory affairs and is a former charity Trustee and Local Authority Councillor.

Joni Mitchell

Joni Mitchell is Head of Occupational Therapy at North Cumbria Integrated Care and Occupational Lead for a Royal College of Occupational therapy network. Her career spans the NHS, Adult Social Care, and the third sector with clinical interests in neuro-rehabilitation, ageing well and population health.

Professor Mary Morrell

Professor Morrell is Head of the Pears Cumbria School of Medicine, and Professor of Sleep and Respiratory Physiology at Imperial College. Her research has impacted guidelines for sleep apnoea treatment. She has served on the American Thoracic Society Directors Board, a Physiological Society Trustee and British Sleep Society President.

Mr Vanash Patel

Mr Vanash Patel is a leading Consultant Colorectal Surgeon based in London and Hertfordshire. Renowned for pioneering virtual ward integration and advancing robotic colorectal procedures, he combines clinical excellence with innovation. His work enhances recovery pathways, reduces hospital stays, and promotes precision surgery, earning recognition across NHS and academic platforms.

Professor Thomas Pinkney

Professor Thomas Pinkney is a Chair of Surgical Trials at the University of Birmingham, UK and Consultant General & Colorectal Surgeon at University Hospitals Birmingham.

Tom is the Director of Clinical Research at the Royal College of Surgeons of England and an NIHR Senior Investigator.

He has extensive clinical research experience and is currently Chief Investigator of five NIHR-funded trials, including the £10.26M ROSSINI-Platform trial which is exploring the reduction of Surgical Site Infection across six surgical specialities. He has authored over 250 papers in peer-reviewed journals, with an h-index of 55. His total research grant funding as lead or co-investigator is approximately £103.7M.

Natasha Richardson

I am a physiotherapist specialising in cancer and palliative care with over 13 years' experience. I have worked in a wide range of settings, including a large acute trusts, a specialist cancer centre and currently within NCIC as the Cancer Prehabilitation Lead. I also chair the national Association of Chartered Physiotherapist in Oncology and Palliative care.

Phil Swainson

Born in 1949, Phil Swainson claims to be as old as Rock and Roll. Climbing rocks has been a constant in his life, and despite the assault on his hormones from prostate cancer treatment he is still vainly attempting to prove his manhood on the steeper bits of Lakeland crags.

Dr Ian Teasdale

I have a BA(Hons) in Physics from Oxford (1981) and a PhD in Applied Mathematics and Theoretical Physics from Liverpool (1984).

My career has centred around the risk modelling (and research) of complex environmental systems for the power industry (conventional and nuclear) in the light of regulation and policy. This has included Atmospheric/Marine Dispersion of pollutants, Nuclear Waste Disposal, Radio-ecology and Radiation Biology.

I was diagnosed with Stage 4 (metastatic) Bowel Cancer in 2022. One of my coping methods has been working towards an MSc (by research) in Cancer Biology and Precision Oncology at Edinburgh University. I have a seat on the local Patient-NHS Cancer co-ordination group, and I am a public advisor for the NCIC research programme in this area.

Dr Madhusudhan Varma

Madhusudhan Varma is a UK-based consultant interventional cardiologist leading cardiac research, outpatient transformation and medical device safety at North Cumbria Integrated Care NHS Foundation Trust. He chairs specialty medicine, contributes nationally to cardiology bodies and recently launched the region's Complex PCI programme to expand advanced coronary care.

Original Abstracts

In Alphabetical Order

Poster 23

Sameh Aboassi

Co-author: Ahmed Waqas

Ongoing audit of colorectal cancer care pathways using national bowel cancer audit data at North Cumbria Integrated Care Trust

Background: The national bowel cancer audit (NBCA) collects data across the UK to benchmark hospitals on treatment quality, patient outcome and guideline compliance

Methods:

Design: retrospective audit of colorectal cancer patients

Population: all patients diagnosed with colorectal cancer at cumberland infirmary in 2024

Data source: extracted from the national bowel cancer audit database

Standards assessed: compliance with national guidelines

Analysis: descriptive statistics were used to evaluate compliance rates

Results: This ongoing audit presents preliminary findings, full data collection is continuing and may extend beyond the conference date

Conclusions: Final results will be analysed once the audit is complete but the ongoing audit provides useful insights to guide practice and improve patient outcome

Poster 18

Own Al-Massarweh

Co-author: Luis Navarro

Intravascular Lithotripsy (IVL) for Heavily Calcified Femoropopliteal Artery Disease: A Systematic Review with Comparative analysis

Background: Severe arterial calcification in the femoropopliteal segment remains a major cause of procedural failure in endovascular interventions for peripheral arterial disease (PAD), increasing the risk of flow-limiting dissections. Intravascular lithotripsy (IVL) uses localized acoustic pressure waves to safely fracture calcium. While randomized controlled trials (RCTs) show superior procedural success for IVL compared to standard angioplasty, their strict criteria often lack real-world generalizability. This review systematically evaluates IVL's effectiveness and safety by synthesizing both RCTs and prospective single-arm cohorts.

Methods: A systematic review adhering to PRISMA guidelines is currently underway. Eligibility includes RCTs and prospective cohorts (≥20 adult patients) utilizing IVL for moderate-to-severe femoropopliteal calcification. The primary outcome is procedural success (≤30% residual stenosis without flow-limiting dissection).

Results: A preliminary scoping search has identified the core foundational literature, including the Disrupt PAD trials and independent registries. Data extraction and risk of bias assessments (using Cochrane RoB-2 and NOS) are currently in progress. We anticipate an aggregated sample size exceeding 1,500 patients . Final pooled analyses will be presented.

Conclusions: This review will be the first to strictly isolate the femoropopliteal artery while mathematically synthesizing highly controlled RCT data with "real-world" prospective registry data.

Session 3c

Own Al-Massraweh

Co-authors: Imteaz Shafayat, Ron Eifell

Incidence of In-hospital Mortality and re-admission within 30 days of lower limb bypass

Background: Lower limb bypass surgery is a common open vascular procedure for treating advanced peripheral arterial disease, but it carries inherent risks. The 2020 National Vascular Registry (NVR) report indicated that local performance had higher-than-average in-hospital mortality and 30-day readmission rates. This audit was initiated to investigate these specific outcomes.

Methods: A retrospective analysis was conducted on the clinical records of patients who underwent lower limb bypass surgery between January 2022 and January 2023. Data concerning in-hospital mortality, 30-day readmission, and the causes of readmission were digitally collated from a sample of 22 patients. The results were then compared against national benchmark data obtained from the NVR.

Results: The audit identified an in-hospital mortality rate of 4.55% (1 out of 22 patients), which is higher than the national average of 2.9%. The 30-day readmission rate was 36.36% (8 patients), significantly exceeding the national average of 12.0%. The primary causes for readmission were surgical site infections (SSI), accounting for 50% (4 cases), and blocked bypasses, accounting for 25% (2 cases).

Conclusions: Local rates for in-hospital mortality and 30-day readmission following lower limb bypass surgery exceeded national benchmarks. High readmission rates were primarily driven by postoperative surgical site infections and issues related to bypass graft patency, highlighting a need for targeted quality improvement initiatives. Recommendations include enhancing infection control measures and refining postoperative surveillance protocols.

Session 3b

Anna Bainbridge

Co-authors: Julie Nixon, Ariadne Marston

Evaluation of the North Cumbria Pain Clinic Service (NCPPS) 2023–2024: Aligning pain management with national guidance and optimising medication use

Background: Growing evidence suggests that long-term opioid use is largely ineffective for most individuals living with chronic pain. Instead, research increasingly supports psychological therapies and self-management approaches, which help patients better understand and manage their symptoms. The North Cumbria Pain Clinic Service (NCPPS) was developed in line with these recommendations. The service aims to provide patients with complex or persistent pain conditions with the skills and support required to manage both their pain and medications more effectively. This report presents an evaluation of the NCPPS during the 2023–2024 period.

Methods: Data for the 2023–2024 service evaluation was collected between January 2023 and December 2024. Information was obtained from patient notes and GP records and analysed using Microsoft Excel. The dataset included demographic information, the number of referrals, referral sources, onward referrals, and recommendations made by the NCPPS team. The evaluation also assessed whether these recommendations were subsequently implemented by the referring GP practices.

Results: Demand for the service remains high, however, patients are receiving fewer appointments compared with the 2021 evaluation. The service continues to align closely with national guidance through a biopsychosocial approach to pain management. High-dose opioid prescribing in North Cumbria has also improved, moving from the 77th to the 72nd percentile between 2019 and 2024. The service supports patients across a wide age range. The West MO clinic tends to see younger patients than the North MO clinic or Pain Consultant. Results also showed more women attended MO clinics than were seen by the Pain Consultant.

Conclusions: The NCCPS has strengthened its alignment with national guidance, intensified its medication-optimisation focus, and demonstrated system-wide influence amid rising demand. However, sustained capacity pressures and reduced appointment frequency highlight the need for careful monitoring to ensure quality, equity, and long-term impact are maintained.

Poster 5

Anna Bainbridge

Co-authors: Shona Smith, Alex Hullock

Developing an accessible training programme to support post-stroke psychological needs in nursing homes: a quality improvement project.

Background: Approximately one third of stroke survivors experience emotional distress or mood disturbance (Terrill, 2023). Despite this, access to appropriate psychological support after stroke remains limited (Griffiths et al., 2023), particularly for individuals living in nursing homes (Stevens et al., 2022). Care home staff are often under-trained in the psychological consequences of stroke, reducing their confidence in providing appropriate support. This quality improvement project aimed to develop an accessible training programme to improve staff confidence in supporting post-stroke psychological needs.

Methods: A survey was distributed to nursing home staff to identify areas of low confidence and priority training needs. Key areas identified were depression, distress, adjustment, cognition, and anxiety. These findings informed the development of bitesize, targeted training videos designed for non-stroke specialist staff. Pilot implementation is underway across three nursing homes, with pre- and post-training questionnaires used to assess changes in staff confidence following completion of the videos.

Results: Survey responses indicated that staff felt more confident recognising post-stroke psychological needs than responding to them. Training content therefore focused on practical strategies for emotional support, communication, cognitive difficulties, and appropriate escalation of concerns. It is anticipated that post-training data will demonstrate increased staff confidence in responding to residents' psychological needs.

Conclusions: This project highlights a clear need for accessible psychological training for non-specialist staff supporting people after stroke in nursing homes. Brief, video-based training may provide an inclusive and feasible approach to enhancing staff confidence and improving psychological support for stroke survivors in care settings.

Poster 20

Rohan Bakan

Early Oral Feeding After Laparoscopic Appendicectomy, Cholecystectomy and Major Cancer Resections (ERAS Compliance Audit)

Background:

ERAS principles recommend early oral intake (usually within 4–6 hours) after minimally invasive abdominal surgery.

Benefits include:

- Reduced ileus

- Shorter length of stay

- Lower complication rates

- Better patient satisfaction

Methods:

1. Identify cases from theatre logs over a selected 4–6 week period.

2. Extract data using a standardised proforma.

3. Classify patients into:

Early feeding (≤6 hours)

Delayed feeding (>6 hours)

Results: A total of 36 patients undergoing laparoscopic appendicectomy, laparoscopic cholecystectomy and major cancer resections were included. Compliance with the ERAS standard of oral intake within 6 hours post-operatively was achieved in 31 patients (86.1%), while 5 patients (13.9%) did not meet the target.

Among the five patients who did not meet the standard, one patient refused oral intake and signed a refusal of treatment form prior to leaving hospital. Two cases had missing documentation regarding the timing of oral intake, and two cases had no documented reason for delay.

Post-operative nausea and vomiting (PONV) was documented in 11 of 35 patients (31.4%), and all of these patients received anti-emetic therapy. Of the five patients who did not meet the early feeding target, two experienced PONV and received anti-emetics, which may have contributed to delayed oral intake.

Conclusions: Overall compliance with ERAS guidance for early oral intake following laparoscopic appendicectomy and cholecystectomy was 86.1%, slightly below the target standard of ≥90%. Rather than clear clinical contraindications, PONV and documentation gaps were the main causes of early feeding delays.

Improving documentation of oral intake and post-operative dietary instructions may improve measured compliance and support adherence to ERAS protocols. Reinforcing clear post-operative plans within operation notes and encouraging consistent nursing documentation may reduce uncertainty regarding feeding status.

A re-audit following implementation of these measures would help determine whether compliance improves.

Session 2b

Elaine Bidmead

Co-authors: Kaz Stuart, Guy Casy, Joanne Evans

Caring as a Determinant of Health: findings from a collaborative scoping review of international literature.

Background: There are significant inequalities between carers and non-carers including in mental and physical health, income, and education and employment opportunities. Social work colleagues at Cumberland Council highlighted that many carers only become known when they experience crises and emphasised a need for research to enable early, preventative support for carers. We consulted with Cumberland Council's Carer Forum; they urged us to avoid duplication of previous research. Hence, we secured a small grant from the University of Cumbria's Policy Fund (£2.5K) to undertake an international scoping review to uncover what was already known about carers' experiences of caring. This conference paper will report findings from the scoping review.

Methods: Using scoping review methodology, we searched for studies reporting carers' experiences of caring in Cinahl, Proquest social science and public health and SocIndex databases. Papers were included if they were published in the English language in peer-reviewed academic articles, literature reviews and systematic reviews published since 2016 (to follow on from an earlier review we found). 10,533 studies were identified through literature searching, after removal of duplicates 8344 proceeded to abstract screening, 595 texts proceeded to full text screening and, thus far, 316 have proceeded to data extraction.

Results: Preliminary review of abstracted studies has enabled identification of carer characteristics, stages of care, carer tasks and the impacts of caring on carers; eight of which were negative. These negative impacts were apparent across reasons for care and international boundaries, with significant consequences for carers' health and wellbeing.

Conclusions: Being an informal carer is a substantial task with considerable burdens. The eight negative impacts of caring identified in this scoping review can be conceptualised as wider determinants of carers' health, wellbeing and healthy life expectancy. They are potent predictors of poor life outcomes for carers.

Poster 26

Rebecca Curtis

Co-authors: Elwin Marshall, Sean Porritt, Charlotte Matheson, Phoebe Hill

The Art of Reflection: Creative Approaches to Preparing Final-Year Medical Students for Lifelong Reflective Practice

Background : Reflective practice is essential for professional growth in medical education and a lifelong skill required for portfolios, appraisal, and continuing professional development. However, engaging final-year medical students in meaningful reflection can be challenging. Students often struggle to articulate their feelings or may not know how to reflect effectively, particularly when discussing emotionally charged topics, such as becoming foundation doctors. Traditional reflective sessions frequently result in silence or minimal participation, highlighting the need for more creative, supportive approaches.

Methods: We initially conducted a session with fifth-year students reflecting on their ward experiences and feelings about becoming foundation doctors. Engagement was limited with students stating they felt it impersonal and too formal, and a task that they needed to do, rather than something they wanted to do. A follow-up survey asked students how reflective practice could be improved; several requested more creative methods, adding that a shift away from formal structured reflection was needed. Students were then invited to undertake reflective exercises in any creative format (art, poetry, storytelling) in their own time, followed by a discussion to share insights.

Results: Creative reflection prompted active engagement, producing diverse outputs that captured personal insights, anxieties, and professional growth. Students reported that creative methods made reflection feel more meaningful and personally relevant than traditional formats. By allowing a safe space and individual formatting to their reflection, students were able to discuss emotional aspects, such as fears and anxieties, with more confidence.

Conclusions: Creative, student-centered approaches to reflection not only enhance engagement but also reinforce the development of a lifelong skill vital for portfolios, appraisals, and professional growth. Introducing these methods in medical school fosters habits of reflective practice that will support learners throughout their careers.

Poster 12

Jalal Bu Hadima

Safety Culture

Background: This study explores safety culture in the Libyan oil and gas industry, a high-hazard sector characterised by complex production processes. Safety culture is defined as shared beliefs, values, and management systems that influence safety behaviour. Evidence from international oil companies shows that integrated safety culture initiatives involving employees and contractors can significantly reduce accidents and improve performance. Despite these benefits, many organisations face challenges in developing a strong safety culture.

The research investigates perceptions of safety culture and its relationship with incident reporting in Libyan oil and gas companies, and identifies ways to strengthen it. A mixed-methods approach was adopted. Quantitatively, a safety climate survey was completed by 41 offshore employees and analysed using Statistical Package for the Social Sciences (SPSS) with principal component analysis to identify key safety culture factors. Qualitatively, eleven semi-structured interviews were conducted with managers and supervisors in onshore operations and analysed thematically.

Findings indicate that communication between management and employees is the most significant factor influencing safety culture, particularly in offshore settings. However, both offshore and onshore sites showed weaknesses in incident reporting and worker engagement, with employees feeling discouraged from raising safety concerns. Overall, the study highlights organisational and communication barriers and stresses leadership commitment, dialogue, and compliance with safety standards.

Methods: This research study aimed at exploring the SC among workers in the OG industry in Libya. To achieve this, it was important to adopt a pragmatic research approach that would help in identifying the underlying issues associated with poor Safety Culture, and how such issues can be tackled. Figure below shows the flowchart of the methodology adopted by the research study that started with an investigation the perception of SC and the factors associated with successful SMSs. The literature review enabled the researcher to shed the light on the issue of Safety Culture from different sides. Hence, it was decided that a case-study design was adopted using a mixed method approach. This involved the use of a survey questionnaire as well as interviews, with workers in the Oil and Gas sector in Libya. Involving human participants required the need to ensure that the research was carried out in an ethical manner such as, obtaining consent from the participants to take part in the study. It also i nvolved the development, distribution, collection of the survey question and conducting the

interviews. Thematic analysis and Statistical Package for the Social Sciences (SPSS) were used to analyse the collected data. This helped in generating useful themes and patterns that helped in understanding the research problem so, that recommendations are made to help support the creation of a positive Safety Culture within the workplace.

Results: Interview Results

These are the themes identified from the participants according to the interview's analysis, as arranged every theme & sub-theme under quotes as following:

Participant (AA) indicated that "there is no law enforcement within the company onto HS, and people are not safe, because there is not much awareness". this was supported by participants (F), (J) & (K) show the need to obey the safety rules, as well as the absence of a strong and efficient safety management system or regulations in the UK. Lost time injuries report and number of corrective actions how many are open or closed & hazard reports, these are cost effective save direct costs and indirect costs, but all are not implied. Safety needs action plane with frame time.

Theme	Sub-theme
Enforcement of law within a company.	Continues HS awareness. SMS

Furthermore, participant (AB) said that "employee involvement in meetings and in accident investigations will raise more awareness about safety". There is "strong emphasis on the need to protect workers and public from accidents in the workplaces, as well as general awareness there is not much focus on health and safety and no new regulations". This was postulated by participants (C), (B) & (G) that Libya is different as there is a comprehensive legal framework in the UK, which all employers are required to adhere to it.

Theme	Sub-theme
Worker involvement. Leadership. HS regulations	Accident Investigations. General awareness.

Participant (AC) raised that currently we only rely on the use of accident statistics. If we have fewer accidents that means we are performing well on safety. So, "the only measure and performance indicator in relation to safety is the number of accidents that happened over a month per month". "Risk assessment is used by health and safety officers to identify the different types of risks that exist in the workplace". This was highlighted by participants (C), (G), (F) & (K) that there are many work-related risk perceptions such as exposure to gases also, manual handling etc. Theses factors can be measured by safety climate and conduct benchmark after that.

Theme	Sub-theme
(Key Performance Indicators (KPIs).	Risk assessment. Risk perception.

Participant (AD) explained that the Health Safety & Environment Supervisor recognised that, “HS is a part of all tasks, corporate undertakes within the group that organisation should take into account “a zero-accident strategy, where the aim is to have no near misses or accidents in the

workplace, the company has implemented the Slips Trips eLearning Package (STEP) programme t. This is not enough the organisation needs more effort, involvement, mutual trust between employees & organisation culture with behavioural change”. It was rationalised by participants (E), (G) & (H) to ensure that all team members take responsibility for HS in the workplace by MHSAW 1999 Act etc.

Theme	Sub-theme
Zero accident strategy.STEP Training. Trust.	Organisational culture. Behavioural change.

Participant (B) mentioned that “according to Council Directive 89/391/EEC & to these duties the (MHSAW) Management of Health and Safety at Work regulations 1999 Act etc. Employers shall implement and carry out health checks to prevent asthma or dermatitis diseases & use (REACH) Registration, Evaluation, Authorization and restriction of Chemicals” as declared by participants (AD) & (J) regulations specify that an employer must have written sufficient assessment of the risk for the activities, in Libya there is lack of regulations.

Theme	Sub-theme
Council Directive 89/391/EEC.	MHSAW 1999 Act etc. REACH.

Participant (C) add that “A confident people cannot eliminate 100% risk at all level, otherwise, could mitigate & ensure the control measures are in place, and allow the risk rates into low level to complete the job scope safely. SC is essential during all types of critical activities in live plant and process areas and team work. Internal and external auditing are significant”. This highlighted by participants (I) & (G) Health and safety representatives can help to involve the staff to participate in the company’s safety policy & setting up HS agenda while team meetings. Employees should contribute in long term HS initiatives, awareness & training courses.

Theme	Sub-theme
Control measures. Process SC. Team work. Internal & external auditing.	

However, participant (D) informed that, SC in the company is about a medium level. Company makes safety policy and regulations clear to all its employees. “In fact, SMS needs more effort to deploy it in worksites. SC is a core and domain element to promote Wellbeing. Periodic safety conferences about all arising safety issues during work, to enlightening safety instructions boards proposed to be distributed all over the workplace” This was summarised by (AD) & (GB) to enable proactive improvement, and reduction of presenteeism, absenteeism & leaveism, means using the leave time to work at home, as the Chartered Institute of Personnel and Development (CIPD) report bespoken that work is more thorough nowadays.

Theme Sub-theme

SMSWell-being. SC. Safety conferences.

Participant (E) recommended that for any organisation to “achieve a positive SC”, successfully undertake the responsibilities by communicating organisational values raise awareness about human attitudes, perception of SC of company’s leaders and argued by that it is not human attitude yet, it is by organisational values”. Participants (GB) & (H) said that shall everyone owns, will develop and promote leaders that possesses (competence).

Theme Sub-theme

Positive SC by Leaders.Organisational values. Human attitudes.

Participant (F) insists that the risks that are faced at workplace where workers work as following Opportunity Based Risk, Uncertainty based risks and “Hazard based risks, and this is the most common one at the workplace. When the company has attempted a new approach to raise the SC, within the company locations this motivates people with compliance & monitoring”. This was informed by participants (AC) & (H) to accept the safety as culture not as polices and stop considering safety as police

Theme Sub-theme

Hazard based risk, Motivation, Compliance, Monitoring, SC

Conclusions: The research evaluated the perception of SC in Offshore & Onshore OG fields in Libyan company. In addition, identified the current perception of SC among workers via questionnaire in Offshore field, investigated the current perception of SC among workers via interviews in Onshore field. And explored the relationship between SC and incident reporting practices. Regarding the results it has been approved that communications between management and employees in the OG offshore field is the most significant factor compared with OG onshore fields. There was lack in reporting issues and workers engagement (involvement), both sites of OG offshore and onshore

fields (employees are not encouraged to raise safety concerns). (Personally, I fell safety issues are not the most important aspect of my job), which is about work environment, it shall comply with British standard as Workplace Health, Safety & Welfare Regulations law in 1993 Act etc, also low-level trust, in both OG offshore and onshore fields.

Furthermore, behavioural safety and risk perception are the most significant factors to Safety Culture. The use of psychological aspect with behavioural safety nowadays, is very common or key factor to Safety Culture and behaviour. This research has suggested that safety climate and Safety Culture are correlated to organisational culture & environment, management's behaviour, and external factors government laws or international laws, are factors that can accomplish Safety Culture goals. Oil and Gas fields are a highly reliable industries that contain many dangerous substances, chemicals and hydrocarbons which are difficult for contactors to deal with. Consequently, Safety Culture came to enhance the safety level in the companies and dealing with their organisational culture, something simple like appreciation is a good way to leverage personnel's attitudes towards high work performance, as its supports in achieving a zero-accident strategy. Good organisational culture, management and leadership results in vigorous Safety Culture. Variety elements of Safety Culture, but can included to risk perception, understanding of safety procedure, employee communications, leadership, competence and business priorities. Thus, the entire aim and objectives of this research has been attained to a major extent.

Session 3c

Matthew Carlin

Co-authors: Sree Ghosh, Diane Schofield, John Wayman

Improving the Surgical Handover

Background: Effective clinical handover is essential for maintaining patient safety and continuity of care. There are national standards outlining leadership, communication and prioritisation to promote this. Concerns regarding variability in handover structure and engagement prompted a local audit of morning handover practices within the General Surgical department.

Methods: A prospective observational audit of 18 consecutive morning handovers was conducted using a structured assessment tool based on recognised handover standards. Domains assessed included timing, leadership, team attendance, prioritisation of high-risk patients, structured communication, environmental factors, documentation, and professional behaviour. A subjective survey was conducted with all members of the surgical team to understand opinions towards the handover.

Results: Strong performance in documentation, senior availability, and patient identification Variable start times Leadership present but inconsistent efficacy and team engagement Poor adherence to structured prioritisation Low FY1 attendance, partly due to inefficiencies and unclear expectations, mostly due to ward tasks

Conclusions: While core safety elements of handover were generally well maintained, improvements in punctuality, leadership, structured prioritisation, and junior doctor engagement were identified as key opportunities for improvement. Interventions have been proposed to improve the leadership role, improve the use of time for junior staff, and split the handover into streamlined section 1 and senior-only section 2; with re-audit planned to assess their impact.

Session 3c

Ninada Konambi Chandrasekhar

Co-authors: Dharmarajan Ramasubramanian, Rohit Nair, Biju Sankar, Jayadeep Jayachandran Saraswathy

Mortality Rates After Revision Arthroplasty for Periprosthetic Fracture: A Retrospective Cohort Study

Background: Periprosthetic fractures (PPFs) are a serious complication following joint arthroplasty, particularly in elderly and medically frail patients. Revision arthroplasty for PPF is associated with substantial postoperative morbidity and mortality. The National Joint Registry (NJR) has reported high early and long-term mortality in this population.

Methods: A retrospective cohort study was conducted including 140 patients who underwent revision arthroplasty for PPF at North Cumbria Integrated Care NHS Foundation Trust. Patients were analysed as individuals rather than surgical episodes. Mortality was assessed at 1-, 5-, and 10-year follow-up. Mortality proportions were calculated with Wilson 95% confidence intervals. Kaplan–Meier survival analysis was performed to estimate overall survival. Outcomes were compared with the NJR high-risk mortality estimates.

Results: The cohort had a mean age of 80.7 years (range 55–99). Hip PPF accounted for 106 cases, and knee PPF for 34 cases. One-year mortality was 18.6% (26/140). Five-year cumulative mortality was 41.4% (58/140), and 10-year mortality was 45.7% (64/140). One-year mortality was comparable to NJR high-risk estimates (21%) and did not significantly differ from pooled national estimates (15%). Long-term mortality was significantly lower than published NJR high-risk estimates figures (41.4% versus 58–60% at 5 years; 45.7% versus 70–72% at 10 years). No meaningful sex-based differences in mortality were observed.

Conclusions: Revision arthroplasty for periprosthetic fracture carries substantial early and long-term mortality. In this cohort, early mortality aligned with national high-risk NJR benchmarks, while long-term mortality was lower than previously reported registry-linked data.

Session 2b

Tze Ching Cheung

Co-authors: Jenny McIntyre, Ross Anderson

Improving Patient Safety and Traceability in Primary Care Minor Surgery: A First-Cycle Clinical Audit Against Royal College of Surgeons Standards

Background: The Royal College of Surgeons (RCS), under Good Surgical Practice, mandates rigorous procedural documentation, robust safety netting, and exact traceability for injected therapeutics. In primary care, clinicians often rely on standard Ardens templates, but if critical fields remain optional or rely on free text, it limits the ability to formally audit safety advice or track medication batches during recalls. This exposes practices to medico-legal vulnerabilities and potential risks to patient care.

Methods: This retrospective clinical audit assessed minor surgery documentation against RCS standards at a primary care practice in North Cumbria. Clinical records of procedures performed between April 2023 and January 2026 were extracted via EMIS Web. Acute non-surgical minor injuries (e.g., emergency wound dressings) were excluded. The audit evaluated documentation for patient identifiers, explicit consent, procedural details, medication traceability, structured postoperative safety netting, and clinical outcomes.

Results: The first cycle reviewed 21 procedures (n=21), comprising 20 joint/soft tissue injections and 1 skin lesion excision. The standard Ardens template was utilized in 13 cases. While clinical care was excellent, the template's design permitted documentation omissions. Patient identifiers, consent, procedure details, and outcomes achieved 100% compliance. Regarding traceability, injection details and batch numbers achieved 95% (20/21) compliance, while medication expiry dates dropped to 90% (19/21). These omissions occurred despite the use of the Ardens template due to a lack of mandatory fields. Safety netting and postoperative advice formed the weakest domain at 71% compliance (15/21), predominantly recorded as unsearchable free text rather than formal clinical codes.

Conclusions: To achieve RCS compliance, a bespoke EMIS Web template was designed to upgrade the Ardens tool. It introduces forced data entry for steroid batch/expiry dates, and a fully coded mandatory 5-point safety netting checklist. A second-cycle re-audit is scheduled in one year to formally close the audit loop.

Session 3b

Bethan Coles

Co-authors: Chloe Moran, Jake Linnane, Catherine Parker

Familiar Faces: The Introduction and Evaluation of a Service Targeting Frequent Attendance in Primary Care

Background: Evidence suggests that frequent attendance in primary care represents a significant time and cost burden to the NHS. This paper aims to introduce and evaluate the Familiar Faces service, targeted at reducing frequent attendance across primary care settings in North Cumbria.

Methods: To assess for reductions in primary care usage, data was reviewed over the four financial years spanning 2020-24. A manual count of healthcare contacts (GP, nurse, A&E, and out of hours) was completed for the top 1% of attendees for 90 days pre- and post-intervention (n= 63–151). Patient outcomes were evaluated using the PHQ-9 and GAD-7, with one-tailed, paired samples t-tests conducted to observe for significant change in depression and generalised anxiety symptoms.

Results: Overall, quantity of GP and nurse contacts reduced following intervention across all financial years analysed. Further, for 3 of the years reviewed, A&E and out of hours contacts also reduced. Notably, significant decreases in symptoms of depressed mood and generalised anxiety following intervention were observed for 3 of the 4 financial years.

Conclusions: The North Cumbria Familiar Faces program appears to have been a successful initiative to date and could serve as a model for wider NHS use.

Session 3c

Peter Gadelsyed

Co-authors: Kirstin Geer, Sadie Diamond-Fox

Investigating Tidal Volumes Provided to Patients in Intensive Care at North Cumbria Integrated Care- Retrospective Clinical Audit

Background: Annually, 10,000 patients require and receive mechanical ventilation (MV). Patients receiving MV must have target tidal volume (TTVe) to maintain oxygenation and ventilation while preventing ventilator induced lung injury (VILI). VILI is a serious complication leading to adverse effects to body systems ending with cardiorespiratory failure. TVe should be optimized to patient's ideal body weight (IBW) with range of 6-8 mls/kg. Higher TVe is associated with higher peak inspiratory pressures (Pinsp) and risks of VILI. The IBW is calculated through ARDSnet formula based on the patient's heights and gender.

Methods: This is a retrospective audit investigated 80 patients between April and August 2024 and 2025 where 20 patients were investigated on each cycle from both ITUs at WCH and CIC. Only adult patients in ITUs who were invasively ventilated on mandatory modes for > 24 hours with <12 spontaneous breaths for 24 hours were included. Data was collected from Metavision, the ITUs software.

Results: In 2024, 42.5% of weights were estimated and 57.5% were actual. 70% of heights were estimated and 30% were actual. After implementing the recommendations of measuring heights and weights using tape and beds' weight scale with automatic calculation of tidal volume on Metavision, the results in 2025 were: 25% of heights were estimated, while 75% were actual. 33% of weights were estimated, 7% were actual. In 2024, 62.5% of patients were out of target ventilation >12 hours with 8 patients had Pinsp>30mmHg. In 2025, 40% of the patients were out of ventilation targets with 1 patient had Pinsp >30mmHg.

Conclusions: In 2024, 42.5% of weights were estimated and 57.5% were actual. 70% of heights were estimated and 30% were actual. After implementing the recommendations of measuring heights and weights using tape and beds' weight scale with automatic calculation of tidal volume on Metavision, the results in 2025 were: 25% of heights were estimated, while 75% were actual. 33% of weights were estimated, 7% were actual. In 2024, 62.5% of patients were out of target ventilation >12 hours with 8 patients had Pinsp>30mmHg. In 2025, 40% of the patients were out of ventilation targets with 1 patient had Pinsp >30mmHg.

Poster 10

Helen Greenhow

Co-authors: Jane Todhunter, Leon Jonker

Comparison of two-layer compression bandaging devices for chronic venous insufficiency and leg ulcers; results of the APRICOT and PEACH research studies

Background: Compression bandaging is a standard therapy for management of chronic venous insufficiency and adjunct treatment of leg ulcers. Two-layer systems are commonly used, but a challenge is substandard patient compliance due to associated discomfort. A relatively new product, Andoflex TLC Calamine (Ovik Health), was compared with the most prescribed product, Coban 2 (3M). Andoflex's skin-touching layer is impregnated with calamine, which can be used to treat itching.

Methods: Two studies were conducted: 1) a prospective randomised controlled cross-over trial (called APRICOT, n = 39) where comfort of the bandages was assessed over two periods of three weeks; 2) a prospective randomised controlled trial (called PEACH, n = 78) where leg ulcer healing was compared over a period of 12 weeks. For the latter trial, only patients who required reduced compression were included.

Results: In APRICOT, there was no significant difference for the primary outcome measure of pruritus experienced (P 0.24, Wilcoxon test). However, after trying both bandages, 21 of the 35 patients (60%) definitely preferred AndoFlex TLC Calamine, whereas 4 patients (11%) definitely preferred Coban2. In PEACH, 18 out of 34 (53%) ulcers healed with Andoflex TLC Calamine and for Coban2 Lite this figure was 15 out of 33 (45%; P 0.63, Fisher exact test). The average PUSH score, semi-quantitative wound size measure, was not significantly different either; median scores were 0 (IQR 7) for Andoflex TLC Calamine Lite and 1.5 (IQR 8) for Coban2 Lite respectively (P 0.60, Mann-Whitney U test).

Conclusions: Although patients preferred Andoflex TLC Calamine over the comparator Coban2 in the initial APRICOT trial, the PEACH trial shows that both two-layer compression bandages are non-inferior to each other to up to 20% difference in 'wound healed' status at twelve weeks.

The utilisation of one over the other can therefore be dictated by clinician and patient preference.

Session 2b

Felicity Griggs

Co-authors: Elspeth Desert, Julie Nixon, Robert Hallard, Anna Bainbridge, Catherine Parker, Rachel Curry

Developing a Psychologically Informed Multi Agency Care Pathway for High Intensity Emergency Department Users: A Service Improvement Project

Background: High intensity users (HIUs) of Emergency Departments (EDs) place significant pressure on urgent and emergency care systems, often due to unmet health, psychological, or social needs (Royal College of Emergency Medicine, 2024). In north Cumbria during 2024–25, HIUs represented 19% of the patient population yet accounted for 36% of all ED attendances, generating £9.57 million in associated costs (North Cumbria Integrated Care NHS Foundation Trust [NCIC], 2026). Research suggests that ED attendance may be of limited clinical benefit for this group, heightening health related anxiety and increasing the likelihood of unnecessary investigation and admission (Moe et al., 2016).

Methods: The NCIC Emergency Department Frequent Attendance (EDFA) Project aims to intervene earlier in the patient journey by delivering timely, preventative, and psychologically informed support. Since November 2024, more than 70 patients identified through NCIC data have been reviewed within coordinated multidisciplinary and multi-agency meetings. Fifteen patients were subsequently offered a comprehensive biopsychosocial assessment by the Physical Health and Rehabilitation Psychology (PHRP) team, with four engaging in psychological intervention.

Results: Preliminary findings showed reduced ED attendance 90 days after psychological intervention, indicating both improved patient wellbeing and a reduction in avoidable healthcare use. Patient reported outcomes collected using the Patient Health Questionnaire 9, the Generalised Anxiety Disorder 7 item scale and the EuroQol 5 dimension Visual Analogue Scale, suggested decreases in depressive and anxiety symptoms and improvements in self reported health related quality of life, indicating better patient outcomes alongside significant cost savings for the Trust. However, results also indicated that for many HIUs, frequent attendance reflected complex vulnerabilities, somatic symptom presentations, or unmet social needs that required targeted support prior to psychological intervention.

Conclusions: These findings reinforce the need for ongoing clinical innovation to embed a de-medicalised, psychologically informed, patient centred approach to frequent attendance, improving patient outcomes and supporting long term sustainability by reducing pressure on emergency departments.

Session 3c

Georgia Halliday

Co-authors: Peter Sudworth, Martin Allison, Paul Counter, Harry Tustin

Validation of a 3D-printed endoscopic ear procedure simulator with integrated contact-sensing circuitry using objective performance metrics

Background: Endoscopic ear procedures require single-handed instrument control while stabilising the endoscope, and early skill acquisition carries a risk of inadvertent external auditory canal (EAC) trauma. Existing physical simulators largely rely on time-to-completion and/or subjective assessment, with limited use of objective metrics. We developed a low-cost 3D-printed myringotomy and tympanostomy tube insertion simulator incorporating contact-sensing circuitry to quantify EAC contact during task performance.

Methods: Otolaryngology trainees at a UK regional simulation training day performed three consecutive simulated endoscopic myringotomy and tympanostomy tube insertions under standardised conditions using a 3-mm 0-degree endoscope and standard instruments. The ear canal insert was rendered electrically conductive and connected to a custom circuit and logging software to record total procedure time (seconds), number of EAC contact events, and cumulative EAC contact duration (seconds). Face and content validity were evaluated post-simulation using 5-point Likert scales. Perceived educational utility was assessed pre- and post-simulation using 10-point Likert scales. Repeated measures were analysed using Friedman tests with post-hoc Wilcoxon testing and Holm correction; pre/post comparisons used Wilcoxon signed-rank testing.

Results: Fourteen trainees completed the simulation protocol; thirteen completed questionnaires. Median procedure time decreased significantly across attempts: 125.5 s, 72.5 s, and 40.5 s ($p=0.010$), with a significant improvement between attempts 1 and 3 ($p=0.009$). Median cumulative EAC contact duration decreased significantly: 5.30 s, 6.05 s, and 2.00 s ($p=0.005$), with significant reductions between attempts 1 and 3 ($p=0.007$) and 2 and 3 ($p=0.014$). Median contact counts were 14.0, 20.5, and 8.0 ($p=0.149$). Face validity medians were 4.0 or higher across items; content validity items achieved median scores of 5.0. Confidence improved post-simulation for procedural competence ($p<0.001$), EAC contact recognition ($p=0.002$), and endoscopic psychomotor skills ($p=0.005$).

Conclusions: A 3D-printed simulator with integrated contact-sensing circuitry provided automated, objective metrics of performance and demonstrated early learning effects across repeated attempts, particularly in procedure time and cumulative EAC contact duration. Validity and educational utility ratings were high, supporting its role as an accessible adjunct for early endoscopic skill acquisition.

Session 2b

Gareth Howel

Co-authors: Jon Stott, Ashley Fitzgerald, Hannah Townsend

Development of Guidelines to Inform the Introduction of exercise in young people with eating disorders

Background: Eating disorders significantly impact psychological, social and physical health. Exercise is an effective intervention for many health issues but its role supporting recovery from eating disorders is controversial. Potential physical health consequences following the introduction of exercise in young people with eating disorders may challenge the mental health team which may lack confidence around physical health management. This could lead to unnecessary reticence to introduce exercise in some cases potentially slowing recovery.

Through qualitative research the TEWV eating disorder teams recognised a lack of guidance to inform the introduction of exercise in CAMHS eating disorders. The aim was to introduce an evidence based framework to aid clinical decision making.

Methods: Global literature search to ascertain current evidence based practice. Assessment of the impact of utility of the framework was assessed through pre and post guideline questionnaires distributed trust wide to CAMHS eating disorder teams. Artificial intelligence was then used to assist thematic analysis.

Results: Four themes were identified. The first being consistency of advice across teams. The second being the need for clear guidance and structured pathways. Thirdly, balancing risk aversion and positive risk taking, and lastly improvement in confidence, knowledge and reliance on MDT working.

Conclusions: Themes emerged from respondents to pre and post staff questionnaires reflected synthesised themes identified in other clinical studies on exercise management in eating disorders. Responses coalesced around the need for individualised, graded, and careful reintroduction of exercise. There was a desire for a more structured approach as the teams believed exercise was crucial to eating disorder recovery.

Poster 11

Hermann Jacobs

Co-author: Ann Slaymaker

To assess the adequacy of take home analgesia following primary arthroplasty

Background: This audit assessed the adequacy of take-home analgesia following primary hip and knee arthroplasty. Following a recent change in standard operating procedure, removing Gabapentin from discharge medications, we assessed the need for supplementary analgesia, and measured patient satisfaction. Additional aims to determine correlations between pre-operative pain and character with post-operative pain**.**

Methods: Data was collected via telephone from 19 of 24 patients (79% response rate) who underwent primary arthroplasty. Procedures included Total Knee, Unicondylar Knee, and Total Hip Replacements. Pain scores and prescribing patterns were evaluated pre-operatively, on post-operative Day 0 , and at a 4-6 week follow-up.

Results: This cohort of patients had a high pre-operative pain burden (mean 8.3/10). By Day 0, mean pain dropped to 5/10, though 31% still experienced severe pain (≥8/10). Neuropathic features were identified in 42% of patients and typically clustered in the severe Day 0 pain category. At follow-up, mean pain decreased significantly (mean 2.4/10). Discharge prescriptions heavily relied on opiates: Actimorph (95%), Codeine (95%), and Paracetamol (91%), while Gabapentin was used in just 16% of cases. Notably, 47% of patients did not complete their opiate course due to adverse effects or ineffectiveness. Overall patient satisfaction was high at 89%.

Conclusions: Despite strong satisfaction and significant pain reduction, opioid management requires improvement due to high intolerance and potential over-prescribing. Predicting who will need increased opiate doses and who will not tolerate them remains difficult in the acute setting. Recommendations include implementing risk-stratified prescribing, utilizing neuropathic pain assessment tools, and optimising early Gabapentin use for severe Day 0 pain with neuropathic features. A Flow chart will be implemented for surgical wards at WCH to identify patients at high risk of Severe Day 0 Neuropathic pain, and offer them early Gabapentin.

Poster 4

Anmol Kakaria

Yannick Yangue

Calcified Cerebral Emboli – Under looked and disregarded

Background: Calcified cerebral emboli (CCE) is defined as a calcified component, which usually originates either from a heart valve or vessel. It fragmentizes, travels to the brain, blocking blood flow and causing ischaemia. Calcified Cerebral Emboli is an increasingly common yet under-reported cause of acute ischaemic stroke (AIS). Due to CCE being under-reported, this has led to missed diagnoses and delay in treatment, leading to clinical deterioration of the patient and higher mortality rates.

Methods: We present this case series for clinicians to be aware of what is an increasingly common cause of acute ischaemic stroke, especially in high-risk patients. We also applied the diagnostic criteria as proposed by Menounos et al. which incorporates a Compulsory (Major) and Supportive (Minor) criteria.

Results: We present two cases with CT confirmed Calcified Cerebral Emboli. On application of the proposed diagnostic criteria, we found it to be effective. Both patients fulfilled the major criteria and partially fulfilled the minor criteria.

Conclusions: Early recognition is key as CCE is still under-reported which has led to delayed diagnoses, leading worsening of the clinical condition of the patient and increasing the risk of mortality, especially high risk patients (with known co-morbidities of valvular disease, endocarditis, atrial fibrillation etc.). After applying the new diagnostic criteria, we found that it is effective and has the potential to guide radiologists in correctly identifying Calcified Cerebral Emboli. However, considering the sample size being small, we recommend a more robust and detailed study to assess the long-term efficacy of the diagnostic criteria. The lack of an overall score predicting the likelihood of CCE needs further clarification and to increase awareness amongst stroke physicians.

Poster 22

Sameer Khan

Co-authors: Alexander Green, Kate Hardy, Oday Al-Dadah

Diagnostic Accuracy of Ultrasound Scans and Technetium-99m Sestamibi Scintigraphy in Identifying Parathyroid Gland Adenoma and Hyperplasia Retrospective Observational Cohort Study

Background: Primary hyperparathyroidism is described as excessive levels of parathyroid hormone, resulting in hypercalcaemia, most commonly by a parathyroid adenoma. The definitive treatment is parathyroidectomy, and accurate pre-operative imaging with Ultrasound Scans or Technetium-99m Sestamibi Scintigraphy is essential for localisation of the lesion and success of parathyroidectomy. This study analyses the accuracy of preoperative imaging, such as with Ultrasound Scans or Technetium-99m Sestamibi Scintigraphy at detecting parathyroid adenoma and parathyroid hyperplasia with histological findings as the reference standard, within a UK population.

Methods: A retrospective study examining 120 patients with primary hyperparathyroidism from 2012 to 2020, who underwent preoperative imaging with ultrasound scans and Technetium-99 m Sestamibi Scintigraphy prior to parathyroidectomy to determine the sensitivity and specificity of both imaging modalities.

Results: Of the 120 patients, eighty-four patients (70%) had histologically confirmed adenoma and 36 (30%) had hyperplasia. For adenoma localisation, MIBI demonstrated higher sensitivity than USS 88.0% (CI:79.0 – 94.1%) vs 72.0% (CI: 60.9 – 81.3%), whereas USS demonstrated higher specificity (48.6% vs 36.1%). For hyperplasia, sensitivity was greater with MIBI (63.9%) compared with USS (51.4%).

Conclusions: This retrospective observational cohort study assessed the diagnostic accuracy of USS and MIBI at localisation of parathyroid adenoma or hyperplasia in patients with PHPT. The study demonstrated MIBI had higher sensitivity in comparison to USS at localisation of parathyroid adenoma and hyperplasia. Both imaging modalities had higher diagnostic performance at localisation of adenoma than hyperplasia. The study was only able to determine specificity, PPV, and NPV for parathyroid adenoma, as hyperplastic glands can be multi-gland in nature.

Poster 24

Shivani Baskar Kuttuva

Co-authors: Maria Soupashi, Georgia Neville, Sophie-Grace Jackson, Mohammed Edilbe

'Quality Improvement Project' on Anastomotic Leak in Colorectal Cancer resections in NCIC - Interim Report

Background: Anastomotic Leak (AL) involves breakdown of the surgical connection (Staple line / Suture) between bowel segments, leading to leakage of enteric contents into the peritoneal cavity. AL is a critical complication following Colorectal Cancer (CRC) surgery, associated with re-intervention and representing the leading cause of post-operative mortality.

Reported incidence ranges from 3.4-8% in Right Hemicolectomies and up to 20% in left-sided resections (Including sigmoid and rectum). Mortality following AL is approximately 10-15%, reflecting a four-fold increase compared to patients without a leak.

The project aims to compare our Trust's AL rate following CRC resections to the European average, and to implement evidence-based best practice to improve outcomes in those undergoing anastomosis.

Methods: The first cycle of this Quality Improvement Project was for 6 months (August 2025 to January 2026), in North Cumbria Integrated Care, Carlisle, UK. The QIP was registered, and data were collected prospectively.

Inclusion criteria: Right and Extended Right Hemicolectomy, and High and Low Anterior Resection with or without Defunctioning ileostomy.

Exclusion criteria: Resections without anastomosis, Small bowel resections, Transanal Minimally Invasive Surgery, and benign conditions. AL was classified using the ISREC grading system.

Results: A total of 77 patients were included. AL occurred in 6 patients (7.8%). Of these, 3 were Grade A and managed conservatively with Intravenous antibiotics. 1 was grade B requiring drain insertion, 1 Grade C requiring re-look laparotomy, and 1 death**.**

Conclusions: The observed AL rate is comparable to the European data; however, associated morbidity and mortality remain significant. We propose implementation of 'Anastomotic Leak Checklist' - Risk stratification using ALPS score and ESCP guidance. Those classified as high risk would require Intraoperative monitoring (Indocyanine Green and Flexible sigmoidoscopy) and post-operative surveillance (Serial CRP and Early imaging). This checklist will be introduced via a Multi-disciplinary Team meeting and re-audit to assess the impact on outcomes.

Poster 21

Ryan Lamb

Co-authors: Maia Webb, David Owens, Hasan Boskani, Kate Norman, Daniel Jones, Amer Hayat

Referral Processes and Directory Creation

Background: At NCIC, new doctors learn referral processes by a variety of means (word-of-mouth, ad hoc contact with on-call staff, etc). Given the varying processes, this projected aimed to identify how F1 doctors currently identify referral processes and the associated errors, and to create a 'Referral Directory' listing steps required to refer to different specialities.

Methods: We surveyed the F1 population on confidence in placing referrals, how processes were learnt, and frequency of errors and subjective impact on patient care. We then contacted departments (ward based specialities, outpatient specialities and some off site departments) to confirm the process they would prefer is used. At this point we offered specialities the opportunity to provide extra referral details such as useful information to have. This information was collated onto a word document for distribution to the working population and for upload to the intranet.

Results: We had a response rate of ~40%. 58% of those surveyed could independently identify how to make referrals to other specialities when they joined the Trust. The most common way of learning was identifying via a peer.

Only 24% said that it was always or often known where to drop off blue referral forms.

100% said that a first attempt at contacting a speciality had been incorrect or need re-referring, with 95% saying this due to a lack of knowledge.

81% said that problems with identifying the correct referral pathway had impacted patient care.

Conclusions: This project was presented at the Clinical Effectiveness and Governance meeting. The project's work is now being reviewed for suitable location on the intranet, and whether it is possible to make all referrals more consistent. It was highlighted that this project would be useful to all new starters, such as Allied Health Professionals, not just doctors.

Poster 13

Jin Ren Lau

Co-authors: Ker Yin Tee, Karim Heiba, Ahsan Shahbaz, Mohamed Elhennawi, Muhammad Butt

Evaluating the Negative Appendicectomy Rate: A Retrospective Observational Cohort Study at a UK Teaching Hospital Trust

Background: The negative appendicectomy rate (NAR) serves as a key quality indicator in surgical practice, reflecting diagnostic accuracy and decision-making in suspected acute appendicitis. Despite improvements in imaging and clinical scoring systems, NAR in the United Kingdom remains higher than international averages. This study aimed to determine the NAR at East Lancashire Hospitals NHS Trust (ELHT), compare it with published benchmarks, and evaluate factors influencing diagnostic accuracy and clinical decision-making.

Methods: A retrospective observational cohort study was conducted at ELHT, encompassing all emergency appendicectomies performed between June 2023 and June 2024. Negative appendicectomy was defined histologically as the absence of inflammatory changes in the appendix. Subgroup analyses were performed by age, gender, and imaging use. Postoperative complications in negative appendicectomy cases were graded according to the Clavien-Dindo classification. A clinician survey assessed the utilisation of diagnostic scoring systems. Statistical analysis was performed using IBM SPSS Statistics version 31, with $p < 0.05$ considered significant.

Results: Of the 320 patients included, negative appendicectomy occurred in 59 cases (18.4%), with the NAR consistent with national data but higher than the international pooled estimate of 13%. Among 214 adults, the NAR was 15.9% (34); while among 106 children, the NAR was 23.6% (25) ($p=0.0947$). Female patients had a significantly higher NAR of 25.6% (33) compared with males at 13.6% (26) ($p=0.0068$). Postoperative complications were observed in 6 negative cases (10.2%), all within Clavien-Dindo grade I-II. Thirty clinician survey responses revealed limited use of validated scoring systems in adult appendicitis, with 20 clinicians (66.7%) relying primarily on clinical intuition and experience.

Conclusions: The institutional NAR of 18.4% aligns with national figures but remains above international benchmarks. Higher rates among paediatric and female patients highlight persistent diagnostic challenges. Standardising diagnostic pathways through consistent use of validated clinical scoring tools such as the AIR and AAS scores, coupled with appropriate imaging, may enhance diagnostic accuracy, reduce unnecessary surgery, and improve patient outcomes.

Session 2b

Jake Linnane

Co-authors: Catherine Parker, Chloe Moran

"Brought me back to life": An Evaluation of the North Cumbria Maternal Mental Health Service

Background: Birth trauma and pregnancy-related distress are common issues for women and birthing people. The North Cumbria Maternal Mental Health Service (MMHS) was established in March 2022 in direct response to the NHS Long Term Plan (NHS, 2019a), which called for the implementation of regional maternal mental health services and support networks. This paper evaluates the performance and effectiveness of the North Cumbria MMHS during the 2023-24 financial year, taking into account local and national challenges and their clinical implications.

Methods: Patient outcome data, collected using the Clinical Outcomes in Routine Evaluation 10 (CORE-10) and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), were analysed to assess service effectiveness across 2023-24. A thematic analysis was conducted of all qualitative patient feedback.

Results: A Wilcoxon Signed-Rank Test showed a significant reduction in psychological distress and a significant increase in mental well-being post-intervention ($p = .005$). Most participant feedback was positive, and thematic analysis yielded five key themes: the importance of the therapeutic relationship, gratitude, the return to self, tools for moving forward, and areas for improvement.

Conclusions: In conclusion, notable improvements in post-treatment outcomes were observed, and patient feedback was overwhelmingly positive. The data indicate that, despite significant challenges, the North Cumbria MMHS provides a vital and effective service to women and birthing people, offering unique insight into regional MMHS operations.

Poster 15

Misbah Malik

Co-author: Imteaz Shafayat

CLARITY in Crisis: Defining Optimal Antithrombotic Therapy after Limb-Saving Endovascular Intervention

Background: Chronic limb-threatening ischaemia (CLTI) represents the most severe manifestation of peripheral arterial disease and is associated with high risks of amputation, cardiovascular events, and mortality. Endovascular revascularisation is the most commonly used limb-salvage strategy, yet the optimal antithrombotic regimen following intervention remains uncertain. Current practice varies widely, balancing potential reductions in ischaemic events against increased bleeding risk, with limited high-quality comparative evidence to guide decision-making.

Methods: CLARITY PAD is a pragmatic, multicentre, adaptive, open-label, phase IV randomised controlled trial conducted across approximately 20 UK vascular centres. A total of 1,239 adults undergoing endovascular or hybrid revascularisation for CLTI are randomised to one of three antithrombotic regimens: clopidogrel alone; aspirin plus clopidogrel; or aspirin plus low-dose rivaroxaban. Participants are followed for up to 36 months. The primary effectiveness outcome is composite event-free survival from acute limb ischaemia, major amputation, myocardial infarction, ischaemic stroke, or all-cause mortality. The main safety outcome is International Society on Thrombosis and Haemostasis (ISTH) defined major or clinically relevant non-major bleeding. Secondary outcomes include major adverse limb and cardiovascular events, quality of life, reintervention, patency, and cost-effectiveness.

Results: The trial is designed to determine whether intensified antithrombotic strategies improve limb and cardiovascular outcomes compared with single antiplatelet therapy, and to quantify associated bleeding risks. Adaptive interim analysis will assess futility and inform trial efficiency.

Conclusions: CLARITY PAD will provide definitive, practice-changing evidence on the clinical and cost-effectiveness of commonly used antithrombotic regimens following endovascular intervention for CLTI, directly informing guidelines and optimising outcomes for this high-risk population.

Session 3c

Syed Mannan

Co-authors: Mohammed Aslam, Deepthika Chandrashekara

Field sterility OPD minor surgery cost-saving one stop clinics

Background: Field sterility has emerged as a safe and efficient alternative to full operating theatre sterility for selected outpatient procedures, particularly in hand surgery. One-stop minor surgery clinics using field sterility offer the potential to improve patient flow, reduce waiting times, and significantly decrease healthcare costs while maintaining high standards of care.

Methods: To evaluate the feasibility, scope, and cost-effectiveness of performing minor hand and soft-tissue procedures under field sterility in a one-stop outpatient clinic setting, and to assess the financial impact on the NHS.

Over 150 minor surgical procedures were performed under field sterility with WALANT anesthesia in an outpatient setting. These included carpal tunnel releases, trigger finger releases, needle aponeurotomies, De Quervains releases, tenosynovitis procedures, foreign body removals, laceration repairs, abscess drainage, paronychia management, extensor tendon repairs, and minor trauma interventions. A comparative cost analysis was undertaken, estimating the costs had these cases been performed in a formal operating theatre environment.

Results: All procedures were successfully completed in the outpatient setting without the need for escalation to theatre. Compared with standard theatre-based surgery, field sterility surgery in OPD one stop-clinics demonstrated substantial cost savings, reflecting reduced staffing, equipment, and theatre utilisation. These savings represent a significant financial benefit to the NHS while preserving timely access to care. In addition, outcomes from this service have contributed to multiple peer-reviewed publications, highlighting both clinical effectiveness and departmental innovation.

Conclusions: Field sterility in one-stop outpatient clinics is a safe, effective, and highly cost-efficient model for managing minor hand surgery and selected trauma cases. This approach delivers meaningful financial savings to the NHS while improving service efficiency and supporting academic output. Future service development includes the integration of ultrasound guidance to expand procedural capability, including enhanced trauma assessment and potential K-wire interventions with mini-Carm usage, further strengthening the role of outpatient-based T&O surgery

Poster 8

Elwin Marshall

Co-authors: Charlotte Matheson, Sean Porritt, Phoebe Hill, Rebecca Curtis

Simulated Operations: Enhancing Environmental Familiarity and Learning for Students

Background: Entering the surgical environment for the first time can be extremely daunting for medical students. Pre-conceptions regarding attitudes of theatre staff and unfamiliarity with the layout of operating rooms can be overwhelming and impact on a student's ability to learn in that environment.

Methods: In order to address these issues and build confidence in medical students to attend and learn from a unique environment, we designed and implemented a simulated operation. We made use of high fidelity mannequins, members of theatre staff and designing the simulation space to mirror that of an operating room. The students were involved in: Consenting the patient, anaesthetic pre-assessment, team brief, surgical scrubbing, WHO time-out, anaesthetic induction, preparing and draping the patient, operating, and WHO sign-out.

Students were provided with a short questionnaire for before and after the session, these questions were based on the student's own confidence levels, and familiarity of the environment and personnel involved. The questions were rated on a numerical Likert scale 1 - 10. Data were analysed using paired T-tests.

Results: Students were more confident at scrubbing in after the session ($M=8.06$, $SD=1.39$) than before ($M=5.50$, $SD=1.41$) $p<0.0001$. They were more confident on the surgical safety checkpoints after the simulation ($M=7.56$, $SD=1.71$) pre-session ($M=2.81$, $SD=1.47$) $p<0.0001$. Students were more confident in the roles of the different healthcare professionals, $p<0.0001$ ($M=8.56$, $SD=0.89$) (Pre-session $M=4.81$, $SD=2.10$).Students felt more comfortable being in a theatre environment after the session ($M=7.44$, $SD=1.93$) than before the session ($M=4.56$, $SD=2.19$) $p<0.005$.

Conclusions: Simulation is often used in medical education to teach new aspects of medicine and surgery and allow learners to apply their clinical knowledge in a safe environment. This study shows that simulation can be used to teach skills and knowledge while also providing environmental familiarity. This can then help the students going forward to learn from environments they previously thought to be psychologically unsafe. Providing a teaching session such as this early in a medical student's journey lays valuable groundwork for their future learning opportunities.

Session 3b

Joni Mitchell

Co-authors: Susie Wilson, Kerrie Freeman, Rebekah Hughes

Exploring Occupational Therapy needs of people living with Multiple Sclerosis in North Cumbria: A Student Service Evaluation Project

Background: North Cumbria is a large rural and coastal region in the North-West of England, with 900 people living with MS. Currently, specialist support is provided by MS nurses and neuro physiotherapists. The specialist MS nurse caseload grows by 5% each year, with 25% of appointments delivered at home due to rurality and accessibility. Despite high demand, the area has no community neuro-occupational therapists (OT).

Methods: Two MSc OT students on a 6-week diverse role placement designed and delivered an evaluation of the role and need for Occupational Therapy by people living with MS, already accessing MS services.

Developed assessment for people living with MS were used to identify occupational needs, with the Model of Human Occupation (MOHO) and an adapted version of the Canadian Occupational Performance Measure (COPM) used to guide professional thinking and conversation structure.

A survey was sent out to health and social care professionals to explore knowledge and perceptions of how OT might support people living with MS.

Thematic analysis was employed to establish findings (Braun & Clarke).

Results: The assessment demonstrated occupational needs for this cohort of patients. These included interventions to support and manage fatigue and energy conservation; cognition; physical function in relation to activity; roles and routines; mental wellbeing; and accessing the community. There was also an identified need for expertise in specialist equipment and adaptations to support participation in meaningful activities.

The Health and Social Care Professionals survey had a 73% response rate, with 80% of respondents stating that their service supports people living with MS and respondents represented a range of third sector, speech therapy, psychology, nursing, management, OT and dietitian professionals. The survey identified gaps in services, including: Limited Access to OT Home & Community Rehabilitation; Limited Specialist Knowledge & Capacity / Resource Constraints. The survey also detailed perceived benefits of having a specialist OT, including: Access to Specialist Knowledge & Community-based Rehabilitation; Holistic, Person-centred Support; Continuity & Long-Term Support.

Conclusions: There is a gap between service users' needs and what current services can provide. A community neuro OT could compliment existing services and further strengthen quality and continuity of person-centred specialist care.

Recommendations: Pilot of specialist OT role in community for long term neurological conditions; further placements to expand on this project to build evidence base; present findings locally and nationally; explore funding streams.

Session 3c

Yee Mon Aung

Co-authors: Maria Lourdes Pagaspas, Alan Jennison, Julie Kelly, Nicola Wilkinson

Quality Improvement project: Evaluation of Local level-3 CHD Service and Utilisation on Paediatric Transthoracic-Echocardiography (TTE).

Background: The care model for Congenital Heart Disease (CHD) features three levels: Level-3 provides local specialist care for simple CHD, while Level-1 centres manage complex CHD. In November 2024, NCIC launched a new Local Level-3 CHD service to bring specialist care closer to home.

Methods: The outcomes of the Local CHD service and paediatric-TTE were reviewed retrospectively from November-2024 to January-2026.

Results: Among the 62 children under Local-CHD service, 44 have been seen. The outcomes show 47% were discharged to primary care, 53% require long-term follow-up, only 6.8% referred to Level-1 centre, optimizing Level-1 capacity for complex CHD. Environmental Impact: 5280 travel miles saved for 44 families proving in line with the 'Net Zero' NHS strategy, significantly reduces the carbon footprint. Based on average UK car emissions (approx. 0.27kg CO2e per mile), NCIC saved approximate 1.4 tonnes of CO2e in just four months. Based on the current NHS Mileage Allowance (approx. 59p per mile), this equates to £3,115.20 in potential travel reimbursement savings for the Trust. Average journey from Carlisle to Newcastle (return) is 3 hours minimum. This has saved local families a cumulative 132 hours of travel time. Families avoid the rising costs of fuel, time of work and school, particularly impactful for families within the West Cumbria.

Total 391 paediatric-TTEs were performed, routine (93.6%), the average wait time was 54.6 days, the most common referral being heart murmur (40.6%). Normal (81.1%), abnormal findings (18.9%); with patent foramen ovale (50%), ventricular septal defect (27%), atrial septal defect (18.9%) and others. (3%) requiring input from Level 1 CHD service, serving as efficient screening service.

Conclusions: The Local-CHD service meets NHS England standards and the 10-year plan, exemplifying "Right Care, Right Place, Right Time. By saving families' time and money, the service delivers significant physical and psychological benefits to the local community closer to home.

Poster 1

Agnus Moorthiraj

Co-author: Adeleke Ajibade Femi

Case Report: Perforated Appendicitis in the Immediate Postpartum Period Following a Caesarean Delivery

Background: Acute appendicitis in the immediate postpartum period is uncommon and may be difficult to diagnose due to overlapping symptoms with common puerperal infections. Delayed diagnosis can increase the risk of perforation, sepsis, and maternal morbidity.

Methods: A 35-year-old multiparous woman at 35+4 weeks' gestation with a history of previous Caesarean section and an antenatal diagnosis of anterior low-lying placenta presented with acute abdominal pain, nausea, and vomiting. Initial maternal observations were normal. Two hours after admission, cardiotocography became pathological with foetal tachycardia, prompting an emergency Category-2 Caesarean section for suspected foetal compromise. A healthy neonate was delivered, and the patient's symptoms improved postoperatively. Preoperative investigations, including C-reactive protein, were normal.

The patient was discharged but was readmitted on postoperative day two with fever and right-sided abdominal pain. Laboratory investigations revealed elevated inflammatory markers (CRP 72 mg/L), leukocytosis with neutrophilia, and raised lactate. Computed tomography of the abdomen demonstrated a right para-uterine collection, an appendicolith, and peri-appendiceal inflammatory changes, raising suspicion of complicated appendicitis.

Results: On postoperative day four following Caesarean section, the patient underwent laparoscopic appendicectomy. Intraoperative findings revealed a perforated pre-ileal appendix with a free faecolith, localized purulent collection, and contaminated peritoneal fluid. A technically challenging laparoscopic appendicectomy with peritoneal lavage and pelvic drain placement was performed. Histopathology confirmed acute gangrenous perforated appendicitis. The patient recovered well and was discharged on postoperative day five.

Conclusions: This case highlights the diagnostic challenges of appendicitis in the postpartum period, where symptoms may mimic other causes of puerperal sepsis. Early imaging, prompt surgical consultation, and multidisciplinary management are crucial for timely diagnosis and reduction of maternal morbidity.

Session 3c

Agnus Moorthiraj

Co-authors: Rebecca Stanger, Sarah Patrick Kirk

Early Pregnancy Assessment Clinic (EPAC) Referrals Over Three Months: A Retrospective Audit

Background: Early Pregnancy Assessment Clinics (EPAC) provide timely evaluation and management for women with early pregnancy complications. Appropriate referrals are essential to ensure prompt care and efficient use of clinic resources. To evaluate the pattern, appropriateness, and outcomes of EPAC referrals over a three-month period, focusing on reasons for declined or inappropriate referrals.

Methods: A retrospective audit was conducted on all EPAC referrals over three months, total 318 cases. Referrals were classified as accepted, declined, or outside service criteria. Declined referrals were further analysed to identify reasons for non-acceptance, including service limitations, patient-related factors, and administrative issues.

Results: Of 318 referrals, 83 (26%) were declined. Among these, 29 cases met EPAC criteria but could not be accommodated due to limited appointment availability, uncontactable patients, concurrent dating scans, decisions to monitor, hCG surveillance, miscarriage before review, patient travel, or ongoing care at another centre. Forty-two referrals did not meet EPAC criteria, including negative pregnancy tests, bleeding at gestations of <4/40, 5/40, or 6/40, incorrect referral details, or requests for termination of pregnancy assessments. Twelve referrals fell outside the EPAC remit, such as completed miscarriages with declining hCG, patients already under EPAC care, post-MVA bleeding, incomplete or duplicate referrals, or requests solely for gestation confirmation

Conclusions: Over the three-month period, approximately one-quarter of EPAC referrals were declined. The primary reasons were inappropriate referral indications, service capacity limitations, and patient-related factors. Strengthening adherence to referral criteria, improving referral completeness, and optimizing triage processes could enhance clinic efficiency, reduce delays, and improve patient care outcomes

Poster 2

Agnus Moorthiraj

Co-authors: Fathimath Nousheeda, Bilal Rather, Adeleke Ajibade Femi

Endometrial hyperplasia management and follow up in the year 2023 - a Carlisle Experience

Background: This audit was conducted to evaluate whether the management of endometrial hyperplasia aligns with the Royal College of Obstetricians and Gynaecologists (RCOG) Green-top Guideline No. 67. It also aimed to assess how follow-up of patients with endometrial hyperplasia is being carried out and to identify areas for potential improvement in practice.

Methods: A retrospective analysis was performed on patients diagnosed with endometrial pathology between 01/01/2023 and 31/12/2023. Medical records were reviewed to determine whether management and follow-up adhered to RCOG Green-top Guideline No. 67. Relevant clinical data, including patient demographics, histological findings, treatment details, and follow-up outcomes, were collected and compared with guideline recommendations to assess compliance.

Results: A total of 31 patients were included. Obesity was a major risk factor: 24 patients (77%) were obese, 19 (61%) had a BMI >35, and 14 (45%) had a BMI >40. One patient had polycystic ovary syndrome (PCOS) and one had Lynch syndrome. Regarding menopausal status, 20 patients were postmenopausal, 10 premenopausal, and one unknown. Histology revealed endometrial hyperplasia without atypia in 19 patients and with atypia in 9 patients; 4 of the atypical cases had co-existent endometrial carcinoma. Management included the levonorgestrel intrauterine system (Mirena) and hysterectomy, with most patients receiving guideline-based treatment. Surveillance was largely satisfactory, though 5 patients (16%) were lost to follow-up.

Conclusions: Management and follow-up of endometrial hyperplasia were generally consistent with RCOG Guideline No. 67. Obesity was a prominent risk factor. While most patients received appropriate treatment, gaps in documentation and follow-up for a small number of patients highlight the need for structured surveillance pathways to improve compliance and long-term outcomes.

Poster 16

Muhammad Nadeem

Co-author: Ahmed Saeed

AI-Driven Clinical Decision Support for Anemic Management in Chronic Kidney Disease

Background: Anaemia is a nearly universal complication of advanced CKD, primarily driven by erythropoietin deficiency and impaired iron homeostasis.

Current management involves a delicate balance:

Over-treatment can lead to hypertension and cardiovascular events.

Under-treatment results in fatigue, reduced quality of life, and increased transfusion requirements.

In busy clinical settings, manually checking trends and calculating dosages for dozens of patients can lead to "data fatigue." There is a critical need for an automated tool that translates raw lab data into actionable bedside intelligence.

Methods: The project was developed through a three-phase architecture: Data consisting of numerical values for Hb, Ferritin, and TSAT from varied laboratory report formats is fed in the form of Excel sheet. Data also telss the patient allocated name and type of patient (CKD/Dialysis) Logic Engine: A decision-tree algorithm programmed based on established clinical guidelines (e.g., KDIGO).Logic Example: If $TSAT < 30\%$ and $Ferritin < 500 \text{ ng/mL}$, the system prompts for iron supplementation before escalating EPO. User Interface (UI): A mobile-responsive platform designed for rapid "point-and-shoot" interaction at the point of care.

Results: The application demonstrated high accuracy in data extraction from excel sheet.

Compared to manual clinician assessments:

Speed: Time to treatment decision was reduced from hours to minutes.

Accuracy: The algorithm showed 100% concordance with guideline dosing dosing recommendations.

Usability: Early testing suggests a significant reduction in the cognitive load required for routine dialysis rounds.

Conclusions: This AI-assisted tool represents a shift toward "smart" nephrology. By automating the transition from raw lab data to therapeutic action, the app minimizes human error and ensures that CKD patients receive timely, guideline-concordant care. Future iterations will include longitudinal data tracking to predict hemoglobin trends before they fall outside the target range. This would require further testing on real patient data.

Session 2b

Karen Nicoll

Co-authors: Mohamed Aly, Barry Carruthers, Paul Harrington, Sue Reynolds, Denis Burke

The Impact of Introducing an Alcohol Care Team

Background: Alcohol-related harm contributes significantly to emergency department demand and inpatient bed utilisation. Alcohol Care Teams (ACTs) are recommended to improve identification, clinical management, and care coordination for patients with alcohol-related conditions in acute hospital settings. They can deliver brief interventions, and support alcohol withdrawal management within hospitals to improve patient outcomes.

Methods: To enable access, record and share information to and from the ACT, a 24/7 electronic ICE referral, together with digital forms were created to record all interactions. CHUB upload allows all other clinicians access to plans and outcomes. CIWA scoring was activated within WEB V. Alcohol Withdrawal Guidelines were updated and published via Hospital Health Pathways to promote symptom triggered detoxification. Communication and MDT links were established with the community alcohol services. To monitor outcomes, an ACT dashboard was enabled.

A retrospective service evaluation was undertaken to assess the impact of ACT implementation on alcohol-related hospital activity. Routinely collected hospital data were analysed comparing activity before and after introduction of the ACT. Outcome measures included alcohol-related emergency admissions, emergency department attendances, alcohol-related bed days, and average length of stay for inpatient alcohol detoxification.

Results: Following implementation of the ACT, alcohol-related emergency admissions decreased from 204 to 156 (23.5% reduction). Alcohol-related bed days reduced from 1,357 to 997 (26.5% reduction), equating to 360 fewer bed days. Emergency department attendances decreased slightly from 724 to 706 (2.5% reduction). Average length of stay for inpatient alcohol detoxification reduced from 7.9 days in 2023 to 5.5 days in 2024, following the introduction of a symptom triggered regime.

Conclusions: ACT implementation was associated with reductions in alcohol-related admissions, bed utilisation, and detoxification length of stay. These findings support the role of ACTs in improving care delivery while reducing pressure on acute hospital services.

Poster 9

Fathimath Nousheeda

Co-authors: Tughral Rahman, Malar Vannan, Ajibade Adeleke

Methotrexate Alone Versus Methotrexate Combined with Mifepristone in the Medical Management of Ectopic Pregnancy: A Comparative Case Series

Background: To compare clinical outcomes of Methotrexate (MTX) alone versus MTX combined with Mifepristone in the medical management of ectopic pregnancy.

Methods: This single-centre case series included 11 haemodynamically stable patients with ectopic pregnancy diagnosed by transvaginal ultrasound in an Early Pregnancy Assessment Unit (EPAU). Ten patients received single-dose Methotrexate (50 mg/m^2). One patient with a confirmed left cornual ectopic pregnancy on both ultrasound and MRI received combination therapy consisting of Mifepristone 200 mg followed by Methotrexate 50 mg/m^2 (100 mg; body surface area 2 m^2).

Serum β-hCG levels were measured at baseline, Day 4, and Day 7, and subsequently monitored weekly until complete biochemical resolution. The primary outcomes were successful biochemical resolution without surgical intervention and the ability to maintain care in the outpatient setting.

Results: In the MTX-only group (n=10), baseline β-hCG levels ranged from 75 to 6000 IU/L. All patients achieved complete biochemical resolution without surgical intervention (100% success). Two patients demonstrated a transient rise in β-hCG on Day 4 prior to an appropriate decline. Most cases resolved between Day 21 and Day 28, with two requiring follow-up until Day 35.

The patient receiving combination therapy had a baseline β-hCG level of 5076 IU/L and a cornual ectopic pregnancy confirmed on imaging. A rapid early decline in β-hCG was observed, falling from 5076 IU/L to 1353 IU/L by Day 4. Levels further decreased to 24 IU/L by Day 14, with complete resolution by Day 21. No surgical intervention was required.

Conclusions: Methotrexate alone or combined Methotrexate +Mifepristone therapy were effective for the management of ectopic pregnancies in haemodynamically stable patients in this series. In a patient with higher β-hCG levels or complex ectopic pregnancy like cornual implantation, the addition of Mifepristone was associated with a more rapid biochemical decline and earlier resolution.

The combined therapy is also effective for outpatient management with early resolution. Although limited by small numbers, combination therapy may offer a useful option in selected complex ectopic pregnancies. Larger prospective studies are required to further evaluate its role.

Session 3c

Ruth O'Dowd

Co-authors: Grace Rowley, Louise Fitzpatrick, Anita Basu, Alyson Ritchie, Helen Rowe

Using simulation to improve confidence and skills for consultants to have end of life conversations with patients

Background: Local NACEL – (National Audit into Care at End of Life) and other insights demonstrated opportunity to improve recognition, conversations, including "what matters to you?" and planning with patients nearing end of life. A team came together to develop an offer, specifically for senior doctors offering a SIM "safe space" to rehearse and share challenges, concerns and techniques to improve conversations.

Methods: Facilitators from specialties including Palliative Care, Frailty and Emergency Medicine ran 2 streams: with a professional actor in each, 6 learners in each - running through 6 scenarios, with a video link - supported by the NCIC simulation team

Results: Feedback was collected by anonymous electronic survey on the day, then by interval feedback about 3 months afterwards. 100% reported the session useful on the day, with comments including ' Absolutely excellent course', 'I am more confident in conversations by getting simulation and feedback on real life scenarios' 'conversations have a profound impact', 'introduce to all levels of doctors'. Demonstrating increased confidence, self-awareness and recognition of the need for training.

There was an 80% response rate with 3 month feedback. Responses demonstrated ongoing improved communication skills, especially in MDT working and ongoing increase in confidence when addressing and approaching end of life conversations, including shared decision making.

Conclusions: We have demonstrated that use of actors and end of life conversation simulation is valued by Consultants participating and perceived as having positive impact on their clinical practice.

This model could be spread to all clinicians involved in end of life conversations with patients.

Session 3c

Rae Oranmore-Brown

Incidence, prevalence and treatment outcomes of lichen sclerosus (balanitis xerotica obliterans) in boys aged 2–16 years: a prospective observational cohort study in Cumbria, UK

Background: Balanitis xerotica obliterans (BXO) is the male genital variant of lichen sclerosus (LS), a chronic inflammatory dermatosis typically affecting the foreskin and glans in boys and often presenting with pathological phimosis[1][2][3][4]. The condition is characterised by white, atrophic, sclerotic plaques on the prepuce and glans, with progressive fibrosis leading to non-retractile foreskin, urinary symptoms and, in some cases, meatal stenosis[5][6].

Current treatment strategies in boys include ultra-potent topical corticosteroids (e.g. clobetasol propionate 0.05%) and circumcision, with the latter often considered definitive for phimosis and refractory disease [4][13][15]. A systematic review of topical steroids for paediatric LS found circumcision was avoided in approximately 35% of boys, but follow-up was short and evidence quality modest[13]. British Association of Dermatologists guidelines and recent reviews emphasise the need for prospective data on long-term outcomes, recurrence and complications such as meatal stenosis[12][16][17]. Despite this evidence base, there are limited UK data describing the true incidence, prevalence and current management of BXO/LS in boys at a regional population level, and no data specific to Cumbria[18][19]. Robust local epidemiological and outcome data are needed to inform service planning, counselling of families, and the development of standardised care pathways [20].

Methods: This is a prospective, observational, population-based cohort study of boys aged 2–16 years with suspected balanitis xerotica obliterans (lichen sclerosus) in Cumbria.

Results: This study has yet to be approved or begin

Conclusions: Primary aims

1. To determine the annual incidence and point prevalence of balanitis xerotica obliterans/lichen sclerosus in boys aged 2–16 years living in Cumbria over a 24-month recruitment period.

2. To assess sustained disease control at 24 months in boys with BXO/lichen sclerosus, defined as absence of active clinical disease with resolution or marked improvement of symptoms.

Session 3c

David Owen

Co-author: Emad Selim

VABYSMO nAMD Real World Evidence from Carlisle

Background: Age-related Macular degeneration (AMD) is the leading cause of irreversible vision loss in those over 60. Wet or Neovascular AMD (nAMD) is a subset which is less common but can lead to rapid visual loss. The mainstay of management of nAMD is with anti-VEGF intra-ocular injections. Vabysmo (farcimab) is a new anti-VEGF, licensed in 2022. This audit sets to investigate the real-world results coming from patients in Carlisle.

Methods: Retrospective case note review, Patients were chosen from injection logbooks within the department, which recorded, Patient name, DoB, CRN, Date of injection, Injection number, Laterality, Condition (nAMD, RVO, DMO). Patients were selected based upon having nAMD. Their case notes were then requested from the trust's external library, Once arrived, notes were reviewed, underwent data collection, and returned.

Results: 46 nAMD eyes included, 42 separate patients, with a mean age of 81.5. 91% starting visual acuity between 6/96 and 6/12. 50% of the patients included were not receiving Anti-VEGF prior to Vabysmo. At the end of the 2 year cohort, 63% of the patients remained on Vabysmo. Average number of injections in 12 months: 5.67, 21 Eyes had no new injections in the 2nd year. 25 eyes received injections in year 2. Average number of injections received in year 2: 3.5. At 12 and 24 months the mean difference in visual acuity showed no statistical difference. 9% (4 eyes) of the cohort were found to have poor visual acuity outcomes. Of these 75% stopped Vabysmo.

Conclusions: 9% of patients had a visual acuity outside of the range that NICE recommends starting Vabysmo. 91% of patients had either no change or an increase in Visual acuity 37% of patients were switched from Vabysmo. Of patients who remained on Vabysmo for 2 years the average number of injections was 9.17

Poster 6

David Owen

Managing Life-Threatening Giant Cell Arteritis with Ocular Involvement as a Foundation Doctor: A Clinical Case Report.

Background: Giant Cell Arteritis (GCA) is the most common cause of large vessel vasculitis in the UK [1]. Predisposing risk factors include female sex, advancing age (with peak incidence between 70 and 79 years), and Northern European ancestry [2][3]. Symptoms include visual loss, scalp tenderness, jaw claudication, diplopia, headache, and malaise. Reports of visual loss vary between 20 – 70% of those who present with GCA. This transformation is a recognised ophthalmological emergency [4].

Methods: We report a case of Giant cell arteritis with unilateral ocular involvement in Carlisle, United Kingdom. The patient was already on glucocorticoid treatment, developing new ocular symptoms and presented to the Emergency Department (ED). As the Non-resident Ophthalmology SHO on call, I was contacted by the triage team in the ED. I attended, took a history, examined and escalated to my consultant supervisor. The patient was started on IV (intravenous) methylprednisolone.

Results: Following review four days later, the patient had made a significant clinical improvement with a recovery of vision from "Hand Movements" to vision comparable with her other eye.

Conclusions: Upon reflection on the case, discussions raised include: the difficulties of managing non-resident on calls as a foundation doctor, GCA, as an ophthalmological emergency, vision improvements in response to glucocorticoids, and suggested improvements to the management of GCA in Carlisle.

Poster 3

Alex Prescott

Co-authors: Tom Chivers, Laura Duffy, Lynne Dickson

Rib fracture analgesia optimisation: A QI project aimed to align current practice with new national analgesia guidelines.

Background: Rib fractures are associated with significant morbidity and mortality. Patients who receive inadequate analgesia following rib fractures are at risk of impaired ventilation, pneumonia, and a prolonged hospital stay. Our local rib fracture pathway historically recommended modified-release (MR) oxycodone as part of stepwise analgesia. However recent changes in national guidance from NICE, the Faculty of Pain Medicine, and the Medicines and Healthcare products Regulatory Agency (MHRA) recommends that MR opioids are only used in the management of chronic pain due to concerns relating to drug accumulation, over sedation, and opioid-induced ventilatory impairment. This quality improvement (QI) project aimed to align our rib fracture analgesia pathway with current guidance by replacing MR oxycodone with instant-release (IR) oxycodone and evaluating the impact on prescribing practice and patient outcomes.

Methods: A multidisciplinary QI project was undertaken over a six-month period using Plan–Do–Study–Act (PDSA) cycles. Baseline data was collected retrospectively for adult patients admitted with rib fractures, assessing opioid prescribing patterns. The rib fracture pathway was revised to remove MR oxycodone and recommend IR oxycodone for acute pain, alongside regular non-opioid analgesia and early referral where appropriate. Education sessions were delivered to medical and nursing staff, and the updated pathway was embedded into electronic prescribing systems. Post-intervention data were collected and compared with baseline.

Results: Following implementation, the proportion of patients prescribed MR oxycodone decreased from 93% to 13%, while appropriate use of IR oxycodone remained unchanged.

Conclusions: Updating the rib fracture pathway to replace MR with IR oxycodone significantly improved guideline-concordant prescribing and was associated with improved pain management and clinical outcomes. This QI project demonstrates that small, evidence-based changes to analgesic pathways can enhance patient safety and care quality in acute trauma settings

Session 2b

Paul Russell

Co-authors: Mariyam Blessy Babu, Dave Dagnan

Evaluation of community rehabilitation service using Quality of Life (QoL) measure

Background: The World Health Organisation (WHO, 2010) defines quality of life (QoL) as the subjective perception of one's life "in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns". Specialised neurorehabilitation aims to optimise functional recovery and improve patient-reported outcomes. The present study examined changes in QoL following a period of rehabilitation using the Quality of Life after Brain Injury (QOLIBRI) questionnaire. The QOLIBRI is a 37-item self-report measure. Items measure satisfaction with six domains affected by ABI, cognition, self-perception, daily life/autonomy, social relationships, emotions, and physical problems, on a five-point scale. Higher T-scores indicate better QoL and T-scores ≥60 indicate satisfactory QoL (range: 0-100).

Methods: This study included 52 individuals with a diagnoses of mild - severe brain injury, undergoing rehabilitation. The sample comprised 23 females, 29 males, mean age of 57 years. Patients completed the QOLIBRI at admission and discharge from the service. Mean duration of rehabilitation was 327 days. Changes in QOLIBRI total scores between admission and discharge were analysed.

Results: The mean QOLIBRI score at admission was 52.2, indicating moderate impairment in perceived quality of life. At discharge, the mean score increased to 64.9, representing an improvement of 12.7 points over the rehabilitation period. A paired-samples t-test was used to analyse the findings, which show clinically meaningful enhancement in patient-reported QoL following comprehensive neuro-rehabilitation. We will present data on factors that mediate outcomes, including age, gender, site and nature of injury.

Conclusions: Participation in a rehabilitation programme for approximately 11 months was associated with substantial improvements in QoL as measured by the QOLIBRI. These results indicate the importance of stable, longer-term rehabilitation in addressing the multidimensional consequences of brain injury and highlight the value of patient-reported outcome measures in evaluating the effectiveness of the rehabilitation service.

Poster 7

Diane Schofield

Co-authors: Umair Butt, Claire Moynan, Lim Sum, Odhran Mallon

VIRTUALLY REDUCING ADMISSIONS AND IV ANTIBIOTICS IN DIVERTICULITIS

Background: The Surgical SDEC team identified diverticulitis as one of the top admission pathologies with a large number requiring IV antibiotics and conservative management. This is corroborated by NICE statistics showing only 12% of patients with diverticulitis present with complications. The team proposed that admissions could be reduced with more patients receiving oral antibiotics and virtual/hot clinic follow up or virtual ward based IV antibiotics.

Methods: A retrospective audit of patients diagnosed with diverticulitis over 6 month's in 2024 was undertaken, using NICE guideline NG147 as a standard.

Results: Audit identified 150 patients; 40 male, 90 female, All cases reviewed and Hinchey classification applied using 1a to identify possible virtual patients. 110 patients in the 1a classification.

The bed days for these patients totalled 356 All were managed with IV Antibiotics 89.1% had no complications, 10.9 had PR bleeding during admission. No deaths or ITU reviews in this group.

We proposed a CRP result less than 100 and NEWS2<3 in accordance to NICE would need no antibiotics or oral antibiotics. This would leave 11 patients needing IV antibiotics. None of the 99 who would have received oral/no antibiotics had complications.

Conclusions: If virtual wards supported IV antibiotics and surgical virtual clinics 356 bed days in 6 months could be saved with risk of complications being 10.9 % -12 patients (lower than 12% NICE benchmark). Virtual reviews would identify complications with regular reviews and patient safety net and escalation plans as they would if admitted.

Session 3c

Hannah Seaman

Co-authors: Karen Nicoll, Sylvia Atherton, Paul Harrington, Mohamed Aly, Denis Burke

The alcohol care team impactful and appreciated

Background: Alcohol Care Teams (ACTs) play a key role in the management of alcohol-related conditions in acute hospital settings. Staff feedback is essential to evaluate a service.

Methods: A Trust-wide questionnaire was distributed over a one-month period to evaluate perceptions of the ACT. Both quantitative and qualitative data were collected across domains including referral processes, availability, response time, clinical support, impact on patient flow, community referral, education, and overall effectiveness.

Results: Seventy-four responses were received from a multidisciplinary cohort including doctors, nurses, healthcare assistants, allied health professionals, and trainees. Referral to ACT was rated easy or very easy by 97%, with 70% reporting it as very easy. Availability during working hours was rated excellent or good by 97%. Although referral to ACT is available 24/7, out-of-hours availability of ACT was rated fair to very poor by 58%, highlighting a service limitation. Response time was rated excellent or good by 93%. Support for managing alcohol-related problems and medically assisted withdrawal was rated excellent or effective by 76% and 96% respectively. A perceived significant or moderate reduction in inpatient length of stay was reported by 83%, and 61% reported a significant or moderate impact on admission avoidance. Support for onward referral to community alcohol services was rated effective or very effective by 86%. Staff education was considered helpful or very helpful by 85%. Overall, 81% rated the ACT as excellent, with strong qualitative feedback describing the team as accessible, knowledgeable, non-judgemental, and essential to patient care.

Conclusions: The Alcohol Care Team is highly valued and perceived by frontline staff as an essential, effective service that improves patient care, supports safe alcohol withdrawal, reduces inpatient length of stay, and strengthens links between acute and community services. Our findings support continuation of the service. Consideration should be given to improving out-of-hours and weekend provision.

Poster 19

Rebecca Stanger

Co-author: Agnus Moorthiraj

Atypical presentation of migraine as pailloedema in pregnancy

Background: Headache during pregnancy presents a diagnostic challenge, particularly when accompanied by papilledema, which typically suggests raised intracranial pressure and warrants urgent evaluation. Common causes include idiopathic intracranial hypertension, intracranial mass lesions, cerebral venous sinus thrombosis, and hypertensive disorders of pregnancy such as preeclampsia. We report a rare case of migraine presenting with papilledema-like features in late pregnancy after exclusion of secondary causes.

Methods: Case Review

Results: A 29-year-old primigravida at 34 + 2 weeks' gestation presented with severe headache, intermittent loss of vision, and reduced foetal movements. Cardiotocography was normal. Clinical examination revealed normal vital signs and no focal neurological deficits. Ophthalmologic evaluation demonstrated bilateral optic disc swelling consistent with papilledema. Urgent neuroimaging, including magnetic resonance imaging (MRI) and magnetic resonance venography (MRV) of the brain, showed normal brain parenchyma with no evidence of intracranial mass, haemorrhage, venous sinus thrombosis, or optic nerve sheath dilatation. Lumbar puncture revealed a normal opening pressure of 24 cm H_2O, excluding raised intracranial pressure.

Based on clinical assessment and normal investigations, secondary causes such as preeclampsia, idiopathic intracranial hypertension, cerebral venous sinus thrombosis, and intracranial space-occupying lesions were excluded. A diagnosis of migraine was therefore made, and the patient was managed conservatively with analgesia, hydration, and observation, leading to symptomatic improvement.

The patient later developed pregnancy-induced hypertension at 38 weeks' gestation and underwent induction of labour at 38 + 6 weeks, delivering at 39 weeks without complications.

Conclusions: This case highlights the importance of thorough multidisciplinary evaluation of headache with papilledema during pregnancy. Although papilledema is classically associated with raised intracranial pressure, migraine may rarely present with similar findings once serious neurological and obstetric causes have been excluded.

Poster 25

Stella Stasiak

Co-author: Sarah Germain

Patient and Parent Inclusion in Consent and Correspondence for Children and Young People in Orthodontic and OMFS Clinics: A Dual-Service Clinical Audit

Background: Children and Young People (CYP) may lack competence to consent to treatment and require parental involvement, making robust documentation of accompanying adults, appropriate consent, and inclusive correspondence essential for safeguarding and patient centred care. This dual service audit evaluated how well orthodontic and OMFS clinics documented who attended with CYP, whether consent was obtained from an appropriate person and clearly documented, and whether CYP and their carers were included in clinical correspondence, against local and national standards.

Methods: Retrospective case note reviews were undertaken for 50 CYP (<18 years) attending orthodontic clinics and 37 CYP attending OMFS clinics. Recent clinics were selected to include a range of clinicians (therapists, core trainees, junior and senior registrars, consultants). Data extracted to spreadsheets included clinician grade, documentation of who accompanied the CYP, presence of written consent, documented status of the consenting person, and inclusion of CYP and/or carers in correspondence. Compliance with three predefined standards was calculated separately for each clinic.

Results: In the orthodontic clinic, documentation of who attended with the CYP was present in 76.0% (38/50) of records; written consent was present in 98.0% (49/50), and in 93.9% (46/49) it was clearly documented as given by an appropriate person; CYP and/or carers were included in correspondence in 98.0% (49/50) of cases. In the OMFS clinic, documentation of who attended with CYP was recorded in 37.8% (14/37) of records; written consent was present in 97.3% (36/37), and in 86.1% (31/36) it was clearly documented as given by an appropriate person; CYP or carers were included in 87.5% (28/32) of letters.

Conclusions: Across both services, the data show generally high rates of recorded consent and inclusion of CYP/carers in correspondence, with opportunities to strengthen documentation of who attends with CYP and to make their legal status on consent more explicit. Targeted education and circulation of local guidance are planned.

Session 3c

Professor Kaz Stuart

Co-author: Elaine Bidmead

How do rurality and income effect access to cancer care and outcomes for cancer patients in the UK? The RICCO study.

Background: North Cumbria contains rural and coastal areas and a distribution of socioeconomic deprivation; both are known barriers to accessing healthcare. A team of researchers from NCIC, NIHR HRDC Cumberland, University of Cumbria and Kaz Stuart Consultancy are undertaking research to examine how these factors effect access to cancer care and outcomes for cancer patients in North Cumbria. To support the study, we undertook a rapid literature review of UK evidence to understand what is already known; this conference paper reports the findings from the review.

Methods: Using rapid review methodology and the PEO framework (population, Exposure, outcome), we searched the databases Cinahl, Proquest and Medline for studies reporting on cancer care and outcomes for low-income rural populations. Studies were included if they were published in the English language in academic articles and literature reviews on peer-reviewed platforms since 2000. 70 studies proceeded to abstract screening and 23 proceeded to full text screening and data extraction.

Results: The literature showed that deprivation is associated with poor survival rates from cancer at a statistically significant rate. Socioeconomic deprivation is also associated with a higher likelihood of diagnosis at death, a lower level of receipt of active treatment and an increased likelihood of presenting for emergency cancer care. The evidence on rurality was more nuanced and whilst increased rurality is linked to earlier rates of mortality its impact on rates of diagnosis, active treatment and emergency presentation varied.

Conclusions: Socioeconomic deprivation and rurality impact negatively on survival from cancer. While anecdotal evidence suggests the same is true for North Cumbria research is needed to demonstrate this. Using quantitative and qualitative data the RICCO study will provide local, actionable evidence on barriers to care for rural, low-income cancer patients to inform local strategies for reducing cancer-related health inequalities in rural communities.

Poster 17

Muhammad Syafwan Bin Yahya

Co-authors: Obinna Ugwu, Wai Wai Win Mar

A Compliance Review on Early Management of Acute Upper Gastrointestinal Bleeding According to BSG Guidelines in the Northern Trust: Closed Loop Second Cycle "A 6Rs Care Bundle Approach"

Background: Acute Upper Gastrointestinal Bleeding (AUGIB) is a common medical emergency in the UK. The British Society of Gastroenterology (BSG) recommends a 6Rs care bundle: Recognition, Resuscitation, Risk Stratification, Treatment (Rx), Referral, and Review, to be delivered within 24 hours of presentation, aiming to improve outcomes in acute upper GI bleeding.

Methods: Total of 24 patients were included in the first cycle and 19 patients for the second cycle after meeting the inclusion criteria. Data were collected from patient records on Encompass and NIECR and analysed using Microsoft Excel spreadsheet.

Results: For both cycles, the main symptoms of upper GI bleed were melaena, haematemesis or both. A 100% compliance was noted for resuscitation for the second cycle compared to the first cycle. There was an increase in risk assessment documentation from 8/24(33%) to 9/19(47%). Referral for endoscopy within 24hours was 8/24(33%), within 48hours was 3/24(13%), within 72-120hours was 7/24(29%) and no endoscopy was 6/24 (25%) for the first cycle. For the second cycle it was 4/19(21%) for within 24hrs, 6/19 (32%) for within 24-72hours, and 4/19(21%) having delayed to between one and three weeks. 5/19 patients did not undergo endoscopy. 4 were deemed clinically unfit and 1 patient there was no documentation. Post-endoscopy review and treatment planning also remained consistently high at 100% and 95% covering key aspects such as PPI for high-risk ulcers, antithrombotic management, VTE, prophylaxis, discharge and follow-up.

Conclusions: The closed loop audit demonstrates clear improvement in the management of acute GI bleeding. Resuscitation achieved 100% compliance. Risk assessment showed better documentation compared to the first cycle. Post-endoscopy review and treatment planning also remained consistently high. There is still a delay in getting endoscopy within 24hours, but nearly all underwent the procedure. Overall, these findings highlight progress in guideline adherence, particularly in resuscitation and documentation.

Session 3c

Emma Turnbull

Co-authors: Jake Linnane, Anagha Ramesh, Caitlin Woodcock

Innovation in early diagnosis and detection of cancer

Background: The North East and Cumbria ICB has the highest level of non-attendances for all NHS appointments, nationally. The cost of "unkept appointments" is £1 billion per year (2021). North Cumbria has both rurality and deprivation. 5 to 7 % of patients referred under the 2WW, do not engage in investigations. This project aims to engage patients who do not attend fast track suspected cancer appointments. To find out the reasons why people do not attend (DNA) as well as offer personalised support, including psychological support if issues such as appointment anxiety are present. Further aims include creating a system within primary care that flags potential 'high risk' DNA's to allow for future early intervention.

Methods: Since September 2025, more than 250 patients have been identified through NCIC data and have been contacted. Of these, 2 patients have accepted psychological support, and many others have been offered personalised, tailored support. Data is collected on the reasons stated for non attendance, using a serious of questions.

Results: Preliminary findings indicate a potential reduction in none attendance in patients who DNA 1 + times, when patients are contacted following initial DNA. Findings also suggested that for many patients who do not attend, social needs are prevalent and have an impact on their ability to engage. For example, 40% have at least one diagnosed mental health condition and 58% have at least one physical health diagnosis. The average travel expectation for patients to attend their appointments in 15.7 miles from home (in a rural area like Cumbria with known poor transport links). A significant proportion of DNA's (around 30 %) are related to systemic issues (letters not sent/received on time, lack of standardisation across tumour teams) and lack of choice in location and times.

Conclusions: The rurality and social deprivation within Cumbria has a significant impacton patient's ability to attend planned investigations. Systematic issues within booking teams need to be addressed in order to increase patient attendance. Further clinical innovation is needed to proactively identify possible non-attenders and offer appropriate support to attend.

Session 2b

Sharon Louise Uhrig

From Awareness to Action: Implementing a Primary Care Pathway for Corneal Donation in North Cumbria

Background: Corneal transplantation is a highly effective treatment for restoring vision in individuals with corneal disease; however, a persistent shortage of donor corneas continues to limit access to this sight-restoring procedure across the United Kingdom. Nationally, more than 6,000 people are currently on the waiting list for corneal transplantation, with an average waiting time of approximately 18 months. Within community healthcare settings, corneal donation is rarely considered as part of advance care planning or end-of-life (EOL) care. Consequently, patients who die outside hospital environments may not be offered the opportunity to donate. This quality improvement (QI) project aims to develop and implement a simplified, sustainable process to support corneal donation discussions and referral within primary care across North Cumbria.

Methods: Using QI methodology, the project explored barriers to corneal donation in community settings and engaged key stakeholders including general practitioners, community nurses, and palliative care teams. A structured triage and referral pathway was developed to enable primary care teams to identify potential donors and facilitate timely referral to specialist donation services. In addition, an education programme was introduced for primary care professionals to increase awareness of corneal donation, eligibility criteria, and practical steps required to initiate referral. Supporting interventions included stakeholder engagement, collaboration with palliative care services, improved documentation of patient preferences and advance decisions within the EMIS clinical system.

Results: Early implementation has demonstrated increased awareness among PCT's, improved documentation of advance care planning discussions, and positive engagement with community staff. Further education and training sessions are planned to support continued adoption of the pathway.

Conclusions: By integrating corneal donation discussions into routine advance care planning and establishing a clear triage and referral process, this initiative aims to honor patients wishes & increase opportunities for donation in community settings. Contributing to reducing the national shortage and waiting times for corneal transplantation.

Session 3c

Claire Winthrop

Co-authors: Rachel Smith, Julia Wood, Emma Savage, Mr Jamjute

West Cumberland Hospital Optimal Cord Management (OCM)

Background: Optimal Cord Management (waiting at least 60 seconds before clamping the umbilical cord) reduces death in preterm babies by nearly a third. The number of babies needing to receive OCM to prevent a death is around 30-50 overall and may be as low as 20 in the least mature babies. In 2022/23 only 30% of babies were receiving optimal cord management.

Reasons for this intervention not taking place weren't always reported.

Preterm birth babies born at <34 weeks gestation by caesarean section were least likely to receive optimal cord management. Further investigation identified that this wasn't due to specific staff, but that a change in culture was needed

Methods: A questionnaire was circulated to 50 members of staff, with 49 responses being received.

Staff training in OCM was given, and there was a focus on raising awareness in the form of information on posters and noticeboards.

The optimisation leaflet and baby passport are given to and discussed with women who attend the preterm birth clinic, and there's also a preterm birth board in the clinic, which provides education about the optimisation measures, including OCM.

Results: An MDT debrief now occurs before each caesarean section, where the process is discussed including optimal cord management. A comprehensive preterm birth pack was developed for the delivery suite including medications, prompts, guidance and a clock to ensure accurate timing for OCM.

Data entry has improved, and when optimal cord management doesn’t happen this is reported on Ulysses, the incident reporting system. Cases are then discussed at the Perinatal Mortality Review Meetings, and any learning or changes in practice are discussed.

This Trust’s baseline data showed a starting point of 30% in 2022/3. In 2024/5 they had reached 63%.

They are now applying this quality improvement approach to other optimisation interventions, starting with maternal breast milk.

Conclusions:

•Data analysis is key to identifying areas for improvement.

•It's essential to involve the whole team because everyone brings different skills and perspectives.

The main reason the OCM rate has improved in our trust is due to performing a deep dive review and adopting a collaborative approach, by working together and supporting each other as a team to implement this intervention and improve the outcome for all babies who deliver in our Trust.

Poster 14

Michelle Wright

The Weekend Home First Service: A Service Evaluation

Background: The Home First service is a therapy-led team to prevent avoidable hospital admissions, support timely discharges, and ensure patients receive appropriate community-based support. This approach aligns with the NHS Long Term Plan's strategic shift from acute to community-based care.

In 2023, the acute therapy teams absorbed the Home First service with no additional weekend resources. This required the already stretched acute therapy workforce to provide the service, posing potential risks to patient flow, service delivery, and staff wellbeing.

Methods: The number of Home First weekend/bank holiday patient referrals was collected on 31 days between 1st March and 31st May 2025. Therapy contact time was also collected. Data was recorded on an Excel spreadsheet from weekend referral lists by a senior therapist.

A subsequent staff survey of those providing the weekend service was completed between 1st September and 31st of October 2025 using MS Forms. Staff survey responses were analysed using MS Form computer software.

Results: The service was referred 101 patients over the 31 days. The service provided 6089 minutes therapy contact time, an average of 60 minutes per patient referred.

Staff perceptions of working within the service via survey identified the following themes: 1) inappropriate referrals/lack of system awareness of Home First role. 2) Insufficient workforce availability. 3) Lack of experience to work within service. Overall staff satisfaction of working within the service was rated 2.87 on a Likert scale of 1 (dissatisfied) to 5 (highly satisfied).

Conclusions: There is a demand for a Home First weekend therapy service in CIC and this demand is currently met by existing services. The results from staff survey suggest future work should focus on 1) An increased system understanding of the service, 2) Further workforce data collection and business case development and 3) Home First induction, training and mentorship development for all staff.

Organising Committee

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