

Poster and oral session abstracts and additional exhibitor information

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Abstracts for oral presentations

The perceptions of hospital inpatients and healthcare staff on the management of patients' reported histories of adverse drug reactions, allergies and intolerances: an exploratory qualitative study

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Background and purpose

An adverse drug reaction (ADR) is a response to a medication that is noxious and unintended. ADRs pose a significant burden on patients and healthcare services. Little is known about how safety practices are carried out in the hospital setting when staff care for patients with reported histories of ADRs. We aimed to understand current practices used by healthcare staff when caring for such patients, and the associated expectations and experiences of both healthcare staff and patients.

Methods

A descriptive, qualitative study in a multi-site London NHS teaching hospital trust, involving semi-structured interviews with healthcare staff and patients. Healthcare staff involved in confirming and/or documenting patient ADRs were identified via volunteer and convenience sampling. Adult inpatients with a history of ADRs were identified by the ward pharmacy team. Interviews were analysed using reflexive thematic analysis informed by concepts of 'work as imagined' and 'work as done'.

Results

Fifteen participants were interviewed: ten staff and five patients, with variation in age (24-89 years), gender (9 females) and ethnicity. We identified five main themes: (1)

“policy in the background”; (2) complexity of terms and how they are understood; (3) different practices in recording and management of ADRs; (4) staff and patients’ perceptions of what should be done and how; (5) challenges and advantages of using electronic health records to document and manage ADRs.

Conclusion

This is the first qualitative study that explored practices associated with documenting ADRs, allergies and intolerances in a hospital setting; a further strength is the inclusion of patients’ perspectives. We identified variation in understanding of ADRs among patients and healthcare staff alike, with associated variations in practice. Findings highlight the need to increase understanding among staff and patients regarding terms associated with ADRs, and awareness and standardisation of documentation policies.

A Speech and Language Therapy Neonatal Outcome Measure (SLT-NOM): A United Kingdom based e-Delphi study

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Background

Neonatal speech and language therapists play an important role in the neonatal healthcare system, yet there is no consensus on how the feeding and early communication development outcomes of neonates should be evaluated. Outcome measurement is essential for delivering high-quality, family integrated neonatal care in the UK. Current national outcome tools are often based on impairment measures. They do not adequately capture the impact of speech and language therapy (SLT) interventions supporting developmental aspects of neonatal SLT, such as feeding, communication, and parent-infant interaction. This highlights the need for a specialized outcome measure for this increasingly complex patient group. The aim of this project was to develop a neonatal SLT outcome measure tool to measure the outcomes of SLT neonatal intervention delivery, supporting feeding, communication, and parent-infant interaction outcomes of neonates within a neurodevelopmental, family integrated care model.

Method

A three-round e-Delphi survey sought opinions from expert neonatal SLTs in the UK to determine the most appropriate content to include in an outcome measure tool.

Round 1 comprised 28 questions, Round 2 9 questions and in the final round, 10 questions were posed to the expert panel. The three rounds investigated the content and face validity of the SLT neonatal outcome wheel (SLT-NOW). The results were used to develop the final format of the tool. Descriptive statistics were used to analyse the data.

Results

Through the e-Delphi process, a consensus was reached of (>_75%) for each outcome measure and associated descriptor included in the SLT-NOW.

Conclusion

Consensus was achieved by an expert panel regarding the content and face validity of the SLT-NOW. The SLT-NOW offers a tool for neonatal SLTs to determine the feeding, early communication development, and early parent-infant interaction of neonates during their time on the neonatal unit. Neonatal outcome measures align closely with the NHS Long Term Plan and the Neonatal Service Specification emphasizing improving quality of life, enhancing service safety and effectiveness as well as continuous monitoring to improve services delivered by SLTs.

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(1) Smaller Margins, Evolving Challenges: Identifying Changing Demands in Nutritional Management for Head and Neck Cancer Patients Alongside Refinement in Radiotherapy Treatment Margins

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Background

In 2022, the Royal College of Radiologists refined intensity-modulated radiotherapy margins for head and neck cancer (HNC) to reduce toxicity. Smaller margins increase the importance of anatomical stability and weight maintenance during treatment. Despite implementation of this guidance, ongoing weight loss and reduced functional capacity were observed at Imperial College Healthcare NHS Trust. This service evaluation compared nutritional outcomes before and after margin refinement to identify opportunities to optimise nutritional care.

Methods

Two cohorts receiving primary radiotherapy for HNC were analysed: patients treated before margin refinement (2022) and after implementation (2024–2025). Dietetic support and enteral feeding tube (EFT) practices remained consistent and aligned with national guidance. Retrospective data included demographics, treatment characteristics, Functional Oral Intake Scale (FOIS) scores, weight change, and EFT insertion/removal dates. FOIS scores were categorised as ‘low’ (1–3), ‘moderate’ (4–5), or ‘high’ (6–7).

Results

Fifty-five patients were included (2022: n=25; 2024–2025: n=30). Mean EFT dwell time after treatment decreased from 146 to 102 days following margin refinement. Low FOIS scores at end of treatment were more common in 2022 (92% vs 63%); at 3 months, this cohort also had more low (40% vs 13%) and fewer high FOIS scores (36% vs 83%). However, weight loss >10% during treatment was higher in 2024–2025 (40% vs 28%), with poorer post-treatment weight recovery.

Conclusion

Margin refinement was associated with improved oral intake and shorter EFT dwell time, but not improved weight outcomes, highlighting the need for patient-specific nutritional guidance in this cohort.

(2) Optimising Nutritional Support in Ovarian Cancer Care and Malignant Bowel Obstruction: Insights from 4 Years of Patient and Public Involvement and Engagement (PPIE)

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Background

Malignant bowel obstruction (MBO) and nutritional challenges are commonplace in advanced ovarian cancer. Dietary guidance is inconsistent and robust evidence is lacking. PPIE is critical in ensuring that research meets the needs and priorities of women.

Aims

To explore patient and carer experiences of nutritional care and identify priorities to inform early-career research activities.

Methods

Transcripts from four PPIE activities (2023-26), including one patient-carer interview and three group discussions with people affected by ovarian cancer were reviewed. Using principles of reflexive thematic analysis, key themes were summarised.

Results

Key themes emergent throughout all PPIE activities included:

- People seek control through diet when faced with a cancer diagnosis.
- There was uncertainty and conflict in nutritional advice for MBO from clinicians and found online.
- Access to a Dietitian is limited and inequitable, or only available after MBO occurs.
- Nutritional care is fragmented and not integrated within the oncology care setting. There is a lack of anticipatory dietary guidance and open discussion of future risk of MBO, with missed opportunities for early management and prevention.
- The importance of trusted, integrated and personalised dietary advice was consistently highlighted.
- Participants unanimously called for early, proactive, and flexible access to nutritional advice.

Conclusion

Current nutritional care is reactive, inconsistent, and vast inequalities exist. PPIE strongly supports co-designed research to generate evidence and implementable guidelines to inform improvement in nutritional and clinical care.

Submitted with the consent of, and thanks to, the individuals who have contributed to this PPIE network.

(3) A Service Evaluation of a Physiotherapy-Led Breathing Pattern Disorder Treatment Program

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Introduction

Breathing Pattern Disorder (BrPD) is a key consideration in patients experiencing breathlessness. We have developed a structured physiotherapy program incorporating biomechanical training, sensory re-education, and breathing support during exertion. This program aims to standardise treatment delivery. We conducted a service evaluation to assess its effectiveness in patients referred for physiotherapy.

Methods

Clinical data including the Breathing Pattern Assessment Tool (BPAT), Nijmegen Questionnaire (NQ) and Dyspnoea-12 (D12) from adult patients (>16 years) who underwent assessment and treatment for BPD were analysed. All data were collected as part of routine care. Pre/post data are presented as mean (standard deviation) using STATA.

Results

239 patients were seen and discharged over a 12-month period (2024), with 89 patients having complete pre/post data. The cohort was predominantly female (69%) with a mean age of 50 (17) years. Patients completed a mean of 4.3 (1.9) treatments.

All outcome measures showed statistically significant improvement ($P < 0.001$):

BPAT improved from 5.89 to 1.11

NQ improved from 23.30 to 12.14

D12 improved from 16.97 to 7.17

Conclusion

Our physiotherapy-led BrPD treatment program demonstrated statistically significant improvement for those who completed pre/post assessments, suggesting potential clinical significance

(4) Abstract withdrawn

(5) Abstract withdrawn

(6) Evaluating Patient Experience of a Specialist Adult Congenital Heart Disease Clinical Nurse Specialist Helpline: A Service Evaluation

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Background

Adults with congenital heart disease (ACHD) frequently require timely specialist advice, reassurance, and care navigation between clinic appointments. The ACHD Clinical Nurse Specialist (CNS) helpline, supported by a dedicated pathway coordinator, provides an important multidisciplinary point of access to specialist care. Despite its integral role, patient experience had not previously been evaluated. This service evaluation aimed to assess patient experience, identify areas for improvement, and inform future quality improvement.

Methods

A nine-item patient experience questionnaire was developed to evaluate access, communication, responsiveness, care coordination, and the overall impact of the ACHD CNS helpline. Patients rated each statement using a five-point Likert scale (1 = strongly disagree to 5 = strongly agree) and were invited to provide free-text comments. Quantitative data were analysed descriptively, and qualitative responses underwent thematic analysis.

Results

Twenty-four patients completed the questionnaire. Overall patient experience was highly positive (mean overall score 4.37/5). The highest-rated domains were kindness, respect and professionalism (4.79/5), feeling listened to and understood (4.46/5), the helpline meeting patients' needs (4.42/5), and support provided by the pathway coordinator (4.42/5). Patients also reported clear communication (4.33/5), improved confidence in managing their condition (4.29/5), and good awareness of how to access the service (4.25/5). Free-text feedback highlighted rapid access to specialist advice, compassionate communication, and reassurance as key service strengths. Suggested improvements included faster responses for urgent concerns, increased opportunities for direct telephone contact, and clearer communication regarding ongoing treatment plans.

Conclusion

The ACHD CNS helpline provides a highly valued multidisciplinary service, combining specialist nursing expertise with effective pathway coordination to deliver accessible, patient-centred care. Patient feedback demonstrates excellent communication, professionalism, and care coordination while identifying opportunities to further improve responsiveness for urgent concerns. These findings will inform ongoing service development and may support the implementation of similar specialist nurse-led helpline models across other long-term conditions.

(7) Defining a diaphragm-focussed and patient-acceptable Inspiratory Muscle Training (IMT) load in difficult to wean, mechanically ventilated patients. A protocol for a prospective, mixed methods study

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Background and purpose

Diaphragm dysfunction is associated with failure to wean from mechanical ventilation. Inspiratory muscle training may help improve outcomes for difficult to wean patients, yet the optimal approach remains unknown. High load IMT causes a training effect on the extra-diaphragmatic inspiratory muscles, but does not improve weaning success, questioning the utility of frequently cited high intensity IMT loads. Additionally, patients may find IMT unpleasant and distressing due to dyspnoea experienced during IMT. The aim of this study is to define a diaphragm focussed IMT load which is acceptable to patients.

Methods

This study is designed as a prospective, mixed methods study. Forty, difficult to wean, tracheostomised patients on mechanical ventilation will perform IMT at 15, 30, 45 and 60% of their maximal inspiratory pressure (P_Imax) in a randomised order using a tapered flow resistive loading device (POWERBreathe KH2, POWERBreathe, UK). Electrical activity of the diaphragm will be measured using an oesophageal multipair catheter (NAVA, Getinge, Sweden); extra-diaphragmatic (parasternal, scalene and sternocleidomastoid) muscle activity will be measured using surface electromyography. Patient experience of each load will be explored by measuring perceived breathing difficulty and unpleasantness using 0-10 numeric rating scales, verbal or written communication techniques in line with the participants communication ability, and/or bespoke communication boards co-designed with the study patient and public involvement (PPI) group. Quantitative and qualitative data will be integrated to inform a diaphragm focussed, patient acceptable IMT load.

Ethics and recruitment

Ethical approval was obtained from Wales Research Ethics Committee 4 (Reference 25/WA/0242) on 30th October 2025. Enrolment into the study started on 23rd November 2025, and to date, 19 participants have been recruited

(8) Safety and Efficacy of a 12-Week Remote Cardiac Rehabilitation Programme in Adults with Fontan Circulation: A Service Evaluation

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Background

A Fontan circulation is a single ventricle circulation and passive return of blood flow to the lungs; this can be due to various morphologies result from a variety of surgical strategies¹.

A correlation exists between declining exercise capacity and increased morbidity in this population².

Cardiac rehabilitation (CR) is standard care for acquired heart disease³ its use in adult congenital heart disease (ACHD) is emerging.

Recent studies demonstrated the safety and efficacy of CR in paediatric Fontan patients⁴, we wanted to explore whether similar benefits could be achieved in an adult cohort through tailored remote intervention and so initiated a CR assessment and referral as part of our local Fontan pathway

Methods

Over four months, 62 patients from a specialized Fontan clinic were screened for inclusion for a 12-week, remote, physiotherapy-led CR programme (Fig. 1).

Outcomes were measured using the Self-Efficacy for Exercise (SEE) score and Sit-to-Stand (STS) test.

Safety was monitored via oxygen saturation (SpO₂) heart rate (HR) stability and noting any adverse events during CR sessions

Results

Six patients completed the programme. The mean age was 36 and 50% were female. Anatomically, 83% (n=5) had an extra-cardiac conduit and 50% (n=3) possessed a dominant left ventricle (Table 1).

Both objective and subjective measures showed improvement with likely clinical significance (Fig 2 and 3)

Efficacy: STS results increased by a mean of 10 ± 4.2 and SEE scores rose by a mean of 14.8 ± 6.8 Safety: No adverse events were reported. SpO₂ and HR remained stable during sessions, even in cyanotic participants.

Conclusion

Remote CR in our service was demonstrated to be a safe and effective method to improve functional outcomes and exercise confidence in some adults with a Fontan circulation.

Screening revealed that 39% (n=17) of excluded patients were NYHA Class I, suggesting high baseline capacity in a subset of this population (Fig 4)

Despite the specific physiological challenges of the Fontan circulation, significant gains are achievable. The service should continue to offer CR to suitable patients and look at ways to increase uptake in suitable patients.

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(9) The review of warfarin therapy in patients with mechanical heart valves

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Following the transition to the DAWN haematology software at Imperial College Healthcare NHS Trust, discrepancies were identified between recorded anticoagulation indications and patients' echocardiographic findings. These inconsistencies could lead to inappropriate warfarin international normalised ratio (INR) targets and bridging anticoagulation plans, potentially increasing the risk of adverse patient outcomes.

Data were collected from DAWN, echocardiogram reports (Cerner and London Care Records), and patient records. All 135 patients within the anticoagulation clinic with a prosthetic valve diagnosis were included. Three standards were assessed: (1) concordance between DAWN diagnoses and echocardiographic findings, (2) appropriateness of INR target ranges based on prosthetic valve diagnosis, and (3) evidence of cardiology follow-up.

Of 135 patients reviewed, 62% had diagnoses consistent with echocardiographic findings, while 3% could not be fully classified due to incomplete valve or prosthesis information. Only 43% had INR targets aligned with European Society of Cardiology recommendations. Additionally, 2% were prescribed acenocoumarol and 3% had bioprosthetic valves that may not require long-term anticoagulation. Overall, 63% of patients were under cardiology follow-up.

Most patients had valve indications recorded in DAWN that were consistent with echocardiographic findings, and those with incorrect indications were promptly corrected in the DAWN system. The majority of patients requiring cardiology review were appropriately followed up. However, INR target ranges were not consistently aligned with ESC recommendations.

These findings should be interpreted with caution, as the analysis did not account for patients complete medical histories, and some INR targets may have been established prior to the publication of current guidelines. Overall, the findings highlight the importance of regularly reviewing anticoagulation records and INR targets to ensure alignment with contemporary guidance and to optimise patient safety.

(10) Exploring the borderlands between home and therapy room; expanding collaborative music therapy practice with families

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Background and Purpose

This qualitative, practice-based project explored the ‘borderlands’ between families’ musical home lives and their experiences in the music therapy room within a children’s music therapy service. The service, based in an NHS Child Development Service, offers individual and group therapy for young children with a range of developmental needs. A collaborative approach underpins practice in the service, therapists working closely with families to understand the strengths, needs, and musical preferences of children.

Conversations with parents/carers suggested that therapists often have limited insight into families’ broader musical lives. This project examined how practice could be enriched if therapists were more alert to the borderlands of culture, community, and specifically, music, between home and therapy room. Drawing on Sennett’s (2008) concept of ‘active edges’ and systemic perspectives on families and culture, the study aimed to support a more inclusive and interconnected approach, valuing the existing strengths and resources of families.

Methods

Routine conversations with parents/carers were extended to explicitly explore family musical life. Data included musical genograms and verbal reflections on shared musical experiences, analysed using principles of thematic analysis.

Findings

Music emerged as a connecting thread, linking cultural heritage and parental identity, supporting child development, and enabling a dynamic flow between home and therapy. This flow appears to become more easily apparent when therapists are intentionally curious about a family’s musical life.

Discussion and Conclusion

Attention to families’ musical lives and identities deepened contextual understanding of the child and family, supporting more inclusive and collaborative practice. Further research is needed to develop robust practice guidelines and examine the value of music-focused systemic approaches.

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(11) Evaluating changes in health-related quality-of life in children/young people with food allergy following immunotherapy

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Background and purpose

Food allergy affects around 2-3% of children/young people in the UK, and is associated with a significant adverse impact on health-related quality-of-life (HRQL) in both patients and their primary caregivers. Oral immunotherapy (OIT) is becoming established as a therapeutic option for food allergy. However, generic assessments of HRQL may not be sensitive to the changes in quality-of-life seen with treatment. We therefore compared the change in HRQL following peanut-OIT using both generic and disease-specific measures.

Methods

Peanut-allergic children/young people (6-18 years) were recruited. Eligible participants were randomised (1:1) to receive peanut OIT using boiled peanut or roasted peanut flour for initial up dosing, followed by roasted peanut for maintenance. Efficacy was assessed after 12 months by DBPCFC. HRQL was evaluated prior to and after 12 months using both disease-specific (FAQLQ) and generic (EQ5D, CHU9D) assessments in both participants and their primary caregiver. Clinicaltrials.gov NCT03937726.

Findings and results

83 participants were recruited to the study (median age 11 years, IQR 9,14). The primary outcome (desensitisation to ≥ 1.44 g peanut protein, approximately 6-8 peanuts) was achieved by 27/41(66%) participants in the boiled peanut arm, vs 25/42 (60%) in the roasted arm ($p=0.65$, Fisher Exact test). HRQL assessed by FAQLQ improved significantly with treatment in both participants and by parent-proxy ($p<0.0001$, Wilcoxon), as well as in parents themselves ($p<0.0001$, Wilcoxon). However, no improvement in HRQL was observed when using EQ5D or CHU9D in either participants or their primary caregivers. For example, the median change in health utility with EQ5D in participants following OIT was 0 (IQR: -0.020, 0.074).

Discussion and conclusion

Current generic instruments assessing HRQL in children/young people are insensitive to the impact of food allergy on quality-of-life. Alternative measures are needed to evaluate the cost-effectiveness of treatments for food allergy.

(12) Maximum heart rate prediction in children: Are maximal heart rate prediction equations suitable for use in paediatric clinical practice?

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Background

Maximal heart rate (HR_{max}) is used in clinical practice to determine the efficacy of medication aimed at reducing HR_{max} during exercise and periods of adrenergic stress. When direct measurement of HR_{max} is not possible, indirect methods utilising heart rate prediction equations are commonly used. Indirect HR_{max} measurement is largely based on age regression formulas which predict a decline in HR_{max} with age. The most commonly used prediction equation in clinical and non-clinical settings is an age regression formula originally designed for use in adults (Fox-HR_{max} = 220-age). Alternative age prediction equations have been proposed, some of which have been tested in children, however their validity in children has been challenged.

Methods

Retrospective data on 109 healthy children (male 63, 58%; mean age 11.00 ± 3.09) undergoing routine exercise testing were analysed. Measured HR_{max} was compared with twenty-two age-regression prediction equations.

Results

All prediction equations overestimated HR_{max} in males. In females, two equations underpredicted, whilst the remaining equations overpredicted. The equations that predicted HR_{max} most accurately differed between males and females.

The prediction equation used in clinical practice Fox-HR_{max} (220-age) overestimated significantly in both males and females (mean difference 18.3 bpm and 14.6bpm respectively). A moderate positive correlation with age and HR_{max} was seen in males ($r = 0.3195^*$, $p = 0.0107$), whereas a negative correlation was seen in females ($r = -0.1692$, $p = 0.2610$) – figure 1.

Conclusions

This study shows that adult age regression equations do not accurately predict HR_{max} in children. In addition, gender differences in HR_{max} suggest different equations for predicting HR_{max} may be required. Alternative methods of predicting HR_{max} should be defined to ensure appropriate estimation in clinical practice which subsequently guide pharmacological therapy dose up-titration and with individualised exercise prescription.

(13) Pharmacy inpatient prioritisation in non-critical care settings: a SEIPS 2.0-informed qualitative study of clinical decision-making using digital health information systems

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Background and purpose

Clinical prioritisation directs finite pharmacy resources towards inpatients most at risk of medication-related problems, yet no studies have examined pharmacy prioritisation from a sociotechnical perspective. This study applies the Systems Engineering Initiative for Patient Safety (SEIPS 2.0) model to explore inpatient prioritisation by pharmacy staff in non-critical care settings.

Methods

Semi-structured interviews are being conducted with NHS pharmacists and pharmacy technicians working in non-critical care inpatient settings. A target sample of 20 participants is estimated to achieve satisfactory information power. Data are analysed using template analysis with a hybrid deductive-inductive approach. Coding is conducted collaboratively within the research team to ensure coherence and consistency of data interpretation.

Results

Preliminary findings from 16 interviews reveal substantial variation in prioritisation practice across NHS trusts. Some rely on digital dashboards, electronic prescribing and medicines administration (EPMA)-generated reports and electronic handovers; others depend primarily on manual record review. Physical presence and familiarity with ward staff and inter- and intra-professional communication appear as key enablers to effective prioritisation.

Patient comorbidity, communication capacity and specialist medicines were identified as important prioritisation criteria rarely accessible within EPMA. Participants compensated for such information gaps by triangulating across electronic notes, verbal

and digital handovers, and direct patient contact. Adaptations to working under resource constraints include upskilling technicians, limiting activity to essential tasks, and implementing digital handover tools.

Discussion

Pharmacy prioritisation is a complex sociotechnical process shaped by patient acuity, professional judgement, digital tools, organisational structures and the work environment. Current EPMAs do not provide a full clinical picture, prompting staff to triangulate information across multiple sources. Whilst pharmacy staff demonstrate workarounds for information and resource gaps, these are typically individual rather than systemically designed. Improving safety and consistency of pharmacy prioritisation likely requires system-level approaches to policy, design of digital tools and workforce development.

(14) Improving Participant Recruitment for Recurrent Gestational Diabetes Project Using a Digital Consent Pathway

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Background

Recruitment to the recurrent gestational diabetes mellitus (GDM) study at West Middlesex Hospital was initially very low due to language barriers, cultural differences, and limited access to technology for returning consent forms. Traditional consent methods, including phone and email, resulted in poor engagement and high attrition. This study aimed to improve recruitment by simplifying and streamlining the consent process through a digital approach.

Methods

Prior to the intervention, consent was obtained via phone and email, with participants required to print, sign, and return forms, leading to low recruitment (1–2 participants per month).

Following the introduction of the ISLA Care digital consent platform, participants received a secure SMS link to access the Patient Information Sheet and Consent Form. They could electronically review and provide consent by entering their names and the date of consent. Automated reminders were sent after 24 hours, and confirmation emails were generated upon completion.

Results

The implementation of digital consent resulted in a substantial improvement in recruitment:

- A total of 92 participants were recruited over 6 months
- Recruitment increased to a maximum of 12 participants per month (from 1–2)
- The site achieved 1st rank among 22 study sites

The use of SMS invitations and electronic consent reduced administrative burden and dropout rates, while enhancing participant engagement.

Conclusion

The introduction of a digital consent pathway effectively addressed key barriers to recruitment, including technological and accessibility challenges. The participant-centred design improved convenience and inclusivity, leading to significantly higher enrolment rates. These findings demonstrate that digital, SMS-based consent systems can transform recruitment processes in clinical research, particularly for populations facing communication and access barriers. The success of this approach highlights its scalability and potential for wider adoption across research studies.

(15) Turning Home Passive Sensor Data into Actionable Clinical Insights for Dementia Care

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People living with dementia experience progressive decline in Activities of Daily Living (ADL), requiring timely interventions to maintain safety and independence. Occupational therapists play a key role in identifying and addressing these changes, yet assessments are often episodic and may not capture fluctuations occurring between clinical contacts. Passive home sensor technologies offer continuous, objective monitoring of daily activities, but translating raw data into clinically meaningful information remains a challenge.

Methods

Within the Minder research study, we are developing digital tools to detect changes in activities and routines from home sensor data and a clinician-facing reporting framework. The Minder system uses passive infrared room sensors, under-mattress sensors, door sensors on front, back, and fridge doors, and smart plugs on kitchen appliances. The Activities & Routines algorithm stratifies sensor data into day and night periods and identifies deviations from baseline activity patterns. A Clinical Report was co-designed through three clinician workshops and integrated into the Minder platform. Anomalous Event Alerts use a rules-based approach to identify prolonged inactivity in key areas of the home. The Effects on Activity algorithm applies a statistical time-series analysis framework to quantify changes in activity associated with clinically relevant events and interventions.

Results

The Clinical Report provides individualised summaries of activity patterns using visual graphs, occupancy charts, including 90-day trends, baseline-versus-recent comparisons, room occupancy, door usage, bed occupancy, and kitchen appliance use. Anomalous Event Alerts flag prolonged absence of activity from the kitchen, bathroom, front door, or bed use. Individual patient-level Effects on Activity analyses demonstrate measurable changes in activity patterns following clinical, social or functional events and occupational therapy related interventions.

Conclusion

These digital tools transform continuous sensor data into clinically actionable insights, supporting early identification of functional change which could lead to personalised intervention planning and safer independent living for people with dementia.

(16) Abstract withdrawn

(17) Decaf as Default: A Quality Improvement Initiative to Reduce Falls

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Background

Falls are a leading and preventable patient safety concern in acute hospital settings, particularly among older adults and individuals living with frailty or dementia. They are associated with increased morbidity, prolonged hospital stays, reduced confidence, and higher healthcare costs. While multifactorial prevention strategies are widely implemented, modifiable lifestyle factors such as caffeine consumption are often overlooked. Caffeine may contribute to urinary frequency, urgency, nocturia, sleep disturbance, and agitation, all of which can increase fall risk.

Aim

To explore the feasibility, acceptability, and potential impact of implementing a “Decaf as Default” approach within inpatient wards as part of a wider fall prevention strategy.

Methods

A quality improvement methodology was implemented across selected inpatient wards following approval from the Nursing, Midwifery and Allied Health Professionals Board. The intervention included stakeholder engagement, staff education, patient awareness initiatives, and integration of decaffeinated beverages into routine drinks rounds while maintaining patient choice. Data collection focused on beverage uptake, patient and staff feedback, and monitoring falls-related outcomes, particularly those associated with toileting and overnight activity.

Results

Falls reduced by 26.4% during the baseline period; the positive trend was sustained in subsequent months, equating to a 23.6% reduction compared to baseline. The initiative was positively received by patients and staff, with increased uptake of decaffeinated beverages and improved understanding of the relationship between caffeine intake, sleep quality, urinary symptoms, and falls risk. Early observations indicated improvements in overnight rest and a reduction in unnecessary toileting episodes among older patient groups, suggesting good feasibility and acceptability.

Conclusion

“Decaf as Default” is a simple, low-cost intervention that complements existing falls prevention strategies. By targeting a modifiable risk factor, it has the potential to improve patient safety while supporting person-centred care. Further evaluation is required to assess its long-term impact on falls outcomes and cost-effectiveness.

(18) Abstract withdrawn

(19) Medicine Management Pharmacy Technicians in ICU: Transforming drug history collection & enhancing patient safety

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Background and Purpose

Accurate medicines reconciliation is essential in intensive care units (ICUs), where patients often have complex medical histories and high-risk medication regimens. Traditionally, pharmacists were responsible for obtaining and verifying medication histories; however, competing clinical priorities could limit opportunities to confirm medicines directly with patients or next of kin. Medicines Management Pharmacy Technicians (MMPTs) were introduced into the ICUs at Hammersmith Hospital and St Mary's Hospital to improve the timeliness, accuracy and completeness of medicines reconciliation. This project evaluated the impact of MMPTs on drug history collection and confirmation within critical care.

Methods

Data were collected from ICU teams at Hammersmith Hospital and St Mary's Hospital before and after the introduction of MMPTs. MMPTs obtained medication histories using multiple information sources, including patients, relatives, GP records and electronic prescribing systems. A drug history was considered complete only when confirmed directly with the patient, next of kin, or an equivalent reliable source. The number of drug histories completed and confirmation rates were compared before and after MMPT implementation.

Findings/Results

During a four-week period, MMPTs completed 199 drug histories across both ICUs, including 120 at Hammersmith Hospital and 79 at St Mary's Hospital. At Hammersmith Hospital, confirmed drug histories increased from 62% to 78% following MMPT introduction. At St Mary's Hospital, confirmation rates increased from 67% to 68%. Improved access to patients and relatives enabled more medication histories to be verified directly, reducing reliance on unconfirmed information sources and supporting more accurate medicines reconciliation.

Discussion/Conclusion

The introduction of MMPTs improved the quality and confirmation of medication histories within ICU, strengthening medicines reconciliation and supporting safer prescribing. By undertaking drug history collection, MMPTs enabled pharmacists to focus on clinical review, medicines optimisation and multidisciplinary team activities. These findings support continued investment in MMPT services and expansion of the role across critical care areas within the Trust.

(20) Improving the delivery of enhanced therapeutic observations and care in an acute general hospital setting - design, implementation, and evaluation of an innovative training programme

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Background and purpose

Enhanced Therapeutic Observations and Care (ETOC) are used in non-psychiatric hospitals to support patients at risk to self and/or others. Practice varies widely – most commonly around staff deployment, prior experience and appropriate training provision (Giandinoto and Edward, 2014). This lack of clarity can compromise patient safety (HSSIB, 2024) and practitioner wellbeing (Ivany et al., 2024) as staff feel under-equipped to therapeutically manage emotional distress and associated risks (Cook et al., 2020).

Methods

A 1-day ETOC training programme was designed and piloted over a 16-month period. ‘ENHANCED’ (Equipping the Nursing support workforce to Holistically Assess Needs and Care for Emotionally Distressed patients) consisted of brief didactic sessions, supplemented with interactive activities and group-based tasks to consolidate learning. An unfolding clinical scenario was used to scaffold taught content – supporting clinical reasoning and decision making.

Pre-post questionnaires, and post-course, open-ended feedback were collated. Descriptive and inferential analyses were used pragmatically to support local interpretation of change, and individual feedback statements were summarised thematically.

Findings/Results

Matched pre-post responses (n=194) demonstrated statistically significant improvements in confidence across all six learning domains ($p < 0.001$), including person-centred engagement and escalation processes. Post-course feedback highlighted increased staff empowerment to undertake ETOC. The collaborative learning approach and opportunities for reflection were also identified as strengths of the programme.

Discussion/Conclusion

This service evaluation demonstrates how locally developed educational programmes can support translation of ETOC policy into frontline practice within acute hospitals. 'ENHANCED' appeared to strengthen staff confidence through a combination of psychologically informed teaching, reflective discussion and scenario-based learning. However, findings should be interpreted cautiously as confidence ratings were self-reported and derived from a single-site, without long-term follow-up of behavioural or patient-level outcomes. As demand for ETOC continues to increase, sustainable approaches that prioritise therapeutic capability, reflective practice and workforce wellbeing are likely to become increasingly important.

(21) Evaluate the effect of repeat abobotulinumtoxinA treatment on quality of life in patients with leg spasticity

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Background and purpose

Evaluate the effect of repeat abobotulinumtoxinA treatment on quality of life in patients with leg spasticity.

Methods

Design: Prospective, longitudinal (16-month), observational study.

Setting: Specialist neurorehabilitation centers across 9 countries.

Participants: Ambulatory adults with unilateral lower limb spasticity (able to take ≥5 steps with or without assistance).

Interventions: Patients were treated with abobotulinumtoxinA (up to 6 cycles) in accordance with local prescribing guidelines to achieve individualized treatment goals.

Main Outcome Measures: Quality of life was assessed at the start of each cycle using the symptom specific Leg Activity measure (LegA) and the generic EQ-5D-5L scale.

Results

At the population level, relevant improvements in QoL were observed using both QoL scales across the first 4 treatment cycles; LegA Part C scores reduced with repeat treatment and EQ-5D-5L index values increased with repeat treatment indicating improved quality of life according to both measures. LegA Part C scores showed

moderate-to-strong inverse correlations with EQ-5D-5L index values at each cycle (Pearsons R: Cycle 1: -0.66; Cycle 2: -0.57; Cycle 3: -0.60; Cycle 4: -0.59; all $p < 0.0001$). LegA Part A scores were moderately-to-strongly correlated with EQ-5D-5L self-care domain scores across Cycles 1-3 (Pearsons R: Cycle 1: 0.60; Cycle 2: 0.58; Cycle 3: 0.50; Cycle 4: 0.34; all $p < 0.0001$). LegA Part B scores were moderately-to-strongly correlated with EQ-5D-5L mobility domain scores across all cycles (Pearsons R: Cycle 1: 0.58; Cycle 2: 0.57; Cycle 3: 0.57; Cycle 4: 0.59; all $p < 0.0001$).

Discussion/Conclusions

Repeat treatment with abobotulinumtoxinA improved quality of life as assessed by both symptom-specific and generic instruments. The significant correlations between LegA Part C and EQ-5D-5L support the validity of using the LegA to assess the impact of treatment on QoL in patients living with leg spasticity.

(22) Nutritional Risks, Catering Provision and Staff Support for Patients Prescribed GLP-1 Agonists in an Acute NHS Trust

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Background

GLP-1 receptor agonists are widely used to treat type 2 diabetes and obesity. In acute hospital care, they reduce appetite, slow stomach emptying, and commonly cause gastrointestinal side effects. This can lower oral intake, trigger electrolyte imbalances, and unmask micronutrient deficiencies. This review outlines the nutritional risks and practical support needed for these patients in NHS settings.

Purpose

To identify nutritional risks in patients prescribed GLP-1 agonists, evaluate dietary provision, and determine staff support and training requirements within an acute NHS Trust.

Methods

A structured literature review across four databases, PubMed, Google Scholar, SciSpace and grey literature, identified 97 relevant studies. Papers were included if they reported metabolic outcomes, adverse effects, or hospital-based care adjustments. Data was extracted on weight change, glycaemic control, nutrient status, and interventions such as dietetic input, catering changes, and staff training.

Results

Studies confirmed significant weight loss and improved HbA1c and lipid levels. However, reductions also affected lean muscle mass, raising risk of sarcopenia, Low potassium, thiamine and vitamin E deficiencies were recorded, occasionally requiring nutritional support or treatment pause. Risks around pre-operative aspiration was also noted. Proactive screening, early dietitian referral, modified meals and staff training all helped reduce these risks.

Conclusion

While GLP-1 agonists offer metabolic benefits, they carry clear nutritional risks during hospital admission. Acute NHS Trusts should use routine malnutrition screening, early dietetic referral, adapted meals and staff education to safely support these patients throughout their stay.

Keywords: Gastrointestinal, GLP-1, Micronutrient, Malnutrition, Agonists

(23) Abstract withdrawn

(24) Improving the effectiveness of the inpatient tobacco dependence treatment pathway on the Heart Assessment Centre at the Hammersmith Hospital, Imperial College Healthcare NHS Trust (ICHT)

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Background and purpose

Smoking is a major modifiable risk factor for cardiovascular disease and acute myocardial infarction. Admission to hospital provides an opportunity to initiate tobacco dependence treatment; however, baseline data from the Heart Assessment Centre (HAC) at Imperial College Healthcare NHS Trust showed poor documentation of smoking status and delayed nicotine replacement therapy (NRT) prescribing. Only 10% of patients had smoking status recorded using the ad hoc smoking status form within the EPMA system (Cerner), limiting automatic referral to smoking cessation services, and only 30% of eligible patients received NRT on admission.

Methods

A pharmacist-led quality improvement project was undertaken between June and August 2025 using the Institute for Healthcare Improvement Model for Improvement. Prospective baseline data were collected for all adult HAC admissions, assessing smoking status documentation, completion of the ad hoc smoking status form, and appropriate NRT prescribing. Two Plan–Do–Study–Act (PDSA) cycles were implemented. Cycle 1 standardised smoking status documentation when taking a drug history. Cycle 2 introduced pharmacist prompting prescribers during board rounds to support timely NRT initiation. Staff feedback was collected to assess acceptability and workflow impact.

Findings/Results

Following PDSA cycle 1, completion of the ad hoc smoking status form improved, with sustained data points above the baseline median. Monthly referrals to smoking cessation services increased, and 51% of referred patients achieved smoking cessation at 28 days post-discharge. Following cycle 2, NRT prescribing increased substantially, with several days achieving 100% prescribing among eligible patients. Pharmacy staff reported improved confidence in supporting tobacco dependence treatment. Sustainability challenges included reliance on verbal prompting and variation between shifts.

Discussion/Conclusion

Pharmacist-led interventions improved smoking status documentation and timely NRT prescribing. Embedding pharmacy teams within inpatient tobacco dependence pathways can drive rapid improvement, though long-term sustainability requires digital prompts, workflow integration, and ongoing multidisciplinary engagement. Figure 1.

Run chart showing percentage number of patients with NRT prescribed on admission

(25) Audit project: Care of dying adults in intensive care unit

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Background and purpose

An audit was conducted to review end-of-life (EoL) care for adult patients who died and were recognised as EoL in the intensive care unit (ICU) at Charing Cross Hospital, London. The audit aimed to identify practice gaps against NICE guidelines: Care of dying adults in the last days of life.

Methods

ICU case notes from July to August 2025 were reviewed retrospectively. ICU deaths and patients recognised as actively dying were included. Organ donation candidates and unexpected deaths were excluded. Data recognized as quality indicators of good EoL care were collected, namely, ICU-specific EoL care plans, symptom management, EoL communication, bereavement, and chaplaincy support.

Findings/Results

10 patients met the inclusion criteria.

100% of EoL discussions involved patients and families. 40% had no EoL care path initiated. 100% had anticipatory medications prescribed. 60% used CSCI pumps for symptoms management. The trust target for prescription-to-administration time is <2 hours; 17.7% did not meet it. One-third of these prescriptions contained errors.

60% had documented use of bereavement support materials, and 50% had evidence that chaplaincy support was offered.

Discussion/Conclusion

Timely EoL discussion with patients and their loved ones supports good EoL care. After discussion, initiating an ICU-specific EoL care plan helps staff explore individual wishes. Our data prompt further study of barriers to initiating patient-centered EoL care plans.

Patient comfort is prioritised through anticipatory medications and a CSCI syringe pump. Our findings suggest a high rate of CSCI prescription errors. Electronic prescribing with decision support may help reduce these errors and strengthen medication safety.

Holistic care includes emotional, psychological, and spiritual aspects. Bereavement support materials and chaplaincy support should be offered sensitively as part of EoL care.

(26) Implementing Regular Pre and Post -Operative Frailty Assessment for Emergency Laparotomy patients to aid for reduced post-operative hospital stay in a Secondary Care Hospital

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Background and Purpose

This quality improvement project (QIP) was conducted within Chelsea and Westminster NHS Trust in response to observed non-compliance with the Care Quality Commission (CQC) and National Emergency Laparotomy Audit (NELA) guidelines. Initial assessments indicated that frailty scoring, a key requirement for older surgical patients, was only performed in 2% of eligible cases which resulted in delayed Care of Elderly (COE) input referrals and further prolonged hospital stay.

Purpose of this project was hence early identification and recognition of patients undergoing emergency laparotomy, who required more support regarding management of frailty.

Methods

A structured QIP was implemented using Fishbone Analysis and Plan-Do-Study-Act (PDSA) cycles to identify barriers and drive changes in practice. Quantitative Data were obtained through NELA Audit tool.

Findings and Results

A significant improvement in compliance was noted. Frailty score documentation increased to 68%, and COE input into post-operative care improved notably. Although, consistent effort would require achieving the gold standards, a sustainable framework of action was achieved through implementation of this project.

Discussion/Conclusion

The project focused on embedding frailty assessment into routine post – operative surgical practice to facilitate early identification of vulnerable patients and ensure timely geriatric involvement. Baseline data were collected through retrospective review of NELA audit tool, which helped to identify gaps in compliance with national standards. Successive PDSA cycles enabled continuous evaluation of interventions and required modifications to the clinical pathway. Educational sessions increased staff awareness of frailty assessment tools and empowered team in further referral to COE team. Regular and transparent communication of audit findings to surgical and COE teams were significant for sustainability of this project. Beyond improving documentation, the project fostered multi-disciplinary collaboration in planning early discharges. The interventions implemented are readily transferable to other surgical departments and NHS organisations, demonstrating the potential for scalable

improvements in the quality and safety of care for older adults requiring emergency laparotomy.

(27) Dysphagia-Related Patient Reported Outcome Measures for People with Laryngectomy: Clinician Perspectives

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Background and purpose

Laryngectomy frequently results in dysphagia causing significant daily distress.

Research indicates that patient reported outcome measures (PROMs) are essential to symptom monitoring and targeted intervention in cancer populations. The swallowing outcomes after laryngectomy (SOAL) questionnaire is the only dysphagia-related PROM validated specifically for people with laryngectomy (PWL), however, its use in clinical practice remains limited. The aim of this study was to explore the perspectives of head and neck cancer (HNC) speech and language therapists (SLTs) on the use of dysphagia-related PROMs for PWL.

Methods

Ten HNC SLTs from England, Scotland, Northern Ireland and the Republic of Ireland were invited to participate in a 30-minute, online semi-structured interview. Interviews identified which dysphagia-related PROMs are used in clinical practice, how routinely they are used and barriers to use. Thematic and content analysis of interview transcripts was completed.

Findings/Results

Results indicated that 60% (n = 6) of clinicians used dysphagia-related PROMs for PWL, including the MD Anderson Dysphagia Inventory (MDADI) (n=2) and the SOAL (n=2) or a combination of both (n=2). However, use was not routine and timing of administration varied. Analysis of clinician perspectives identified themes including the importance of PROMs for monitoring swallow function, informing clinical-decisions and evaluating treatment outcomes. Clinicians perceived the SOAL to be the most relevant dysphagia-related PROM for PWL, but identified barriers including patient burden, potential for symptom over-reporting, time constraints, a lack of IT infrastructure and poor PROM integration into clinical workflows.

Discussions/Conclusion

While this is a small study sample, interviews demonstrated that the SOAL is not routinely used despite clinicians identifying that it is an appropriate and useful tool for PWL. Results will inform research focused on SOAL implementation in routine NHS HNC clinics.

(28) The management of closed proximal interphalangeal joint injuries; an online survey study in the UK

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Background

The proximal interphalangeal joint (PIPJ) is the most frequently injured joint in the hand. There is limited published evidence regarding conservative management of traumatic PIPJ injuries.

Purpose

To assess current management of closed PIPJ injuries across the UK NHS.

Study design

A cross-sectional survey administered electronically to NHS Trusts.

Methods

The survey was designed for completion by hand therapists and medics. The survey explored: 1) patient pathway, 2) initial appointment outcomes / referrals, 3) prevalence of hand therapists in clinic, 4) ongoing management strategies. We contacted 83 NHS Trusts and used descriptive statistics to analyse frequency and percentage of responses.

Results

The response rate was 63%. The results revealed significant variation in pathways. Most common was referral from ED (Emergency Department) into a fracture or hand clinic +/- a referral to hand therapy. However, a proportion of departments followed different pathways. Therapists tended to review patients for 1-2 sessions with more complex injuries typically requiring more. Medics preferred initial interventions included buddy taping (50%) and patient education (31%). Hand therapists were more likely to include swelling management. A hand therapist was in the clinic 52% of the time.

Discussion

This study highlights wide variations in practice relating to this patient group, likely reflecting the lack of evidence to guide treatment. The perceived benefit of having hand therapists in clinic was noted, but barriers were identified.

More research is needed to determine an optimal pathway, optimal time to see a hand therapist, and optimal initial management for improved patient outcomes.

(29) Therapeutic Engagement with Medically Fit for Discharge and Long Stay Patients

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Background

Medically Fit for Discharge (MFFD) and long-stay patients, particularly those living with dementia, often experience prolonged periods of inactivity during hospital admission. This can lead to boredom, low mood, reduced motivation, social isolation, and increased agitation, adversely affecting patient wellbeing and overall hospital experience.

Methods

A Quality Improvement (QI) project was undertaken using the Plan–Do–Study–Act (PDSA) methodology. Interventions included the introduction of weekly activity timetables, personalised one-to-one sessions based on individual interests and preferences recorded in Universal Care Plan, and a range of sensory, recreational, and cognitive stimulation activities. The programme was delivered through multidisciplinary collaboration involving nursing, therapy, nutrition support staff, and Dementia Services. Patient and staff feedback was used throughout the project to refine and improve delivery.

Results

The project demonstrated measurable improvements in patient participation, engagement, and satisfaction, alongside reductions in low mood and agitation. Aggregated survey findings showed consistently high scores across key domains, including overall satisfaction, appropriateness of activities, engagement, social interaction, and enjoyment, with mean scores from 4.3 to 4.4 out of 5. The initiative also strengthened multidisciplinary work, and increased staff understanding of the role of meaningful activity in promoting person-centred care.

Conclusion

Awarded as a High Impact Project last March 2026, this initiative provides a sustainable and scalable model for embedding therapeutic engagement into routine ward practice and improving outcomes for vulnerable patient groups. Ongoing recruitment of activity volunteers is being undertaken in partnership with the Enhanced Therapeutic Observation and Care Team, Volunteer Services. The project featured on the Royal College of Psychiatrists' Quality Improvement in Acute General Hospitals webpage and has been selected for presentation at the Royal College of Psychiatrists Quality Improvement Webinar on 24 July 2026.

(30) Abstract withdrawn

(31) A Service Evaluation Assessing the Utilisation and Consistency of Return to Sport Testing Following Anterior Cruciate Ligament Reconstruction within the Musculoskeletal Physiotherapy Department of a Central London Hospital

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Background and Purpose

Anterior cruciate ligament reconstruction (ACLR) requires objective multi-domain return to sport (RTS) testing to assess readiness to RTS and mitigate secondary injury rates. However, translating complex, often undefined test batteries into resource-constrained NHS practice remains challenging, risking premature discharge and clinical practice variation. This service evaluation (SE) will evaluate the utilisation and consistency of RTS testing following ACLR within the musculoskeletal physiotherapy department at Chelsea and Westminster Hospital (CWH), an established ACL-centre completing an average 107 ACLRs annually.

Objective

To identify the specific RTS assessment tools utilised by physiotherapists at CWH, evaluate rehabilitation timelines against time-based recommendations and explore inter-clinician testing variability across the workforce.

Methods

A three-year retrospective case-notes review (January 2022 - December 2024) evaluated post-ACLR physiotherapy pathways against contemporary literature. Extracted data included specific RTS tests utilised, minimum multi-domain RTS battery compliance, rehabilitation timelines, appointment volume and workforce distribution. Workforce was divided into two cohorts dependent on banding (Band 5/6 and Band 7/8).

Findings / Results

Of the 64 patients that met the inclusion criteria, isolated physical assessments were routine, multi-domain RTS battery compliance was substantially underutilised. Horizontal hop testing (single-leg hop distance and triple hop distance) and quadriceps strength assessments were most frequently implemented. Patient-Reported Outcome Measures were included in only 34.4% of pathways. Rehabilitation timelines demonstrated good adherence to evidence-based recommendations with 93.7% of patients discharged at or beyond nine-months. There was significant inter-clinician variability within RTS testing and discharge timelines.

Conclusion

CWH demonstrates good adherence to time-based healing recommendations, alongside consistent strength and hop testing assessment. The multi-domain assessment is inconsistent, with poor compliance within psychological testing and neuromuscular control and agility domains. There is variability within clinician testing, requiring pathway standardisation to optimise objective patient-centred discharge.

Key Words: Knee Rehabilitation, Physiotherapy, Multi-domain Assessment, Practice Variation, Objective Measures, Patient-Reported Outcome Measures.

(32) Feasibility Study Evaluating Acute Dysfunction in Posture and Balance Post Critical Illness: Pilot physiological data

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Background and purpose

Survivors of critical illness experience prolonged fatigue and balance disturbance. We hypothesised that alterations in postural control may contribute; however, there is a lack of data in this population. We collected pilot data on postural muscle activity during a feasibility study. Primary feasibility outcomes have previously been presented.

Methods

We recruited intensive care unit (ICU) survivors 2-3 months after discharge who required mechanical ventilation and an ICU stay for ≥ 4 days. Electromyographic (EMG) data of postural muscles was recorded during balance perturbation, induced by rapid upper limb movements at several angles of incline, using a tilt table.

Postural muscle onset times were compared with previously collected data from healthy participants. We assessed associations between postural muscle onsets with balance and clinical features.

Findings/Results

25 patients were recruited 3-4 months after ICU discharge, 68% were male, mean age of 57 years (standard deviation 14).

At 90 degrees of tilt (i.e. vertical), onsets of the postural muscles erector spinae (ES) and external oblique (EO) were slower in ICU survivors than in healthy participants (ES ICU 54ms (IQR: 40-98ms) vs healthy -12ms (IQR: -26 to -6ms), $p < 0.0001$; EO ICU 47ms (IQR 30-76ms) vs healthy 0ms (IQR -3 to 2ms), $p < 0.0001$) (Figure 1).

Patients with worse balance (Berg Balance Scale (median 55, IQR 51-55)) had a greater delays onset of activity of postural muscles (ES: Spearman's $\rho = -0.50$, $p = 0.01$; EO: $\rho = -0.40$, $p = 0.03$). Similarly, patients with worse critical illness severity (measured by baseline SOFA score at ICU admission (median 12, IQR 10-14)) had greater delays in postural muscle onset (ES: Spearman's $\rho = 0.40$, $p = 0.08$; EO: $\rho = 0.46$, $p = 0.02$).

Discussion/Conclusions

These pilot data support changes in neurophysiological control of postural muscles in ICU survivors, suggesting an association with balance and clinical features. Larger studies are required to confirm findings, which may have implications for post-ICU rehabilitation.

(33) Abstract withdrawn

(34) A Feasibility Randomised Controlled Trial of Electroacupuncture, Percutaneous Tibial Nerve Stimulation and Sham Electroacupuncture for Women with Refractory Overactive Bladder

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Background

Overactive bladder (OAB) is a common condition that significantly impacts quality of life. While first-line conservative management, including pelvic floor physiotherapy and behavioural interventions, benefits many women, a substantial proportion continue to experience persistent symptoms. Electroacupuncture (EA) and percutaneous tibial nerve stimulation (PTNS) have shown promise for managing OAB; however, evidence comparing these interventions and evaluating the feasibility of conducting a definitive randomised controlled trial (RCT) remains limited. Aim: To assess the feasibility and acceptability of conducting a three-arm pilot RCT comparing EA, PTNS, and sham EA in women with refractory OAB.

Methods

This single-centre, mixed-methods feasibility RCT will recruit 36 women with persistent OAB symptoms following standard pelvic health physiotherapy. Participants will be randomised equally to EA, PTNS, or sham EA and receive a 12-week treatment programme. Feasibility outcomes include recruitment rate, consent rate, retention, adherence, intervention fidelity, data completeness, blinding credibility, safety, and acceptability. Exploratory clinical outcomes will include the International Consultation on Incontinence Questionnaire Female Lower Urinary Tract Symptoms (ICIQ-FLUTS) and the International Consultation on Incontinence Questionnaire Lower Urinary Tract Symptoms Quality of Life (ICIQ-LUTSqol). Data will be collected at baseline, 6 weeks, 12 weeks, 6 months, and 12 months. Optional post-treatment interviews will explore participant experiences and trial acceptability.

Expected Impact

This study will provide critical information regarding trial processes, participant engagement, intervention delivery, and outcome measure suitability. Findings will inform the design, sample size estimation, and implementation of a future definitive multicentre RCT evaluating the effectiveness and cost-effectiveness of EA and PTNS for women with refractory OAB.

(35) Informed consent in antenatal screening for fetal abnormalities: What do midwives and sonographers understand?

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Background

Obtaining informed consent is an ethical and legal principle, which in antenatal screening is reported as being poorly understood by midwives and sonographers. This was highlighted by a legal ruling in England, ‘Mordel v Royal Berkshire NHS Trust’ (2019), where informed consent for ultrasound screening was deemed not to have been obtained, due to blurred responsibilities between midwives and sonographers.

Method

This qualitative study explores midwives’ and sonographers’ understanding and experience of informed consent during antenatal screening for fetal anomalies. It was carried out in a single NHS hospital Trust located in an English city, using a focused ethnography research design. The initial phase of the study was carried out between January and May 2023, drawing on observations of midwives and sonographers during antenatal appointments and ultrasound scans. A preliminary analysis of the fieldnotes informed a subsequent series of semi-structured interviews with six midwives and six sonographers. Using thematic analysis for both the fieldnotes and interviews collectively, six themes were identified.

Findings

This study is the first to explore the entire informed consent process from the initial booking appointment through to the 20-week scan with its two main healthcare professionals, midwives and sonographers. The six themes were: 1) Exchanging information versus informing; 2) Communication challenges and regulatory strategies; 3) Antenatal screening is a labyrinth of complexity; 4) The pregnancy “experience”; 5) Consent and medico-legal concerns and 6) Workforce barriers to training and interprofessional collaboration.

Conclusion

Informed consent is an extremely complex process, whereby midwives and sonographers face huge challenges associated with their roles. The Mordel legal ruling established that the informed consent process for antenatal screening needs reforming. This study reveals that the process of obtaining informed consent in practice continues to be inadequately executed by midwives and sonographers, whilst also outlining specific areas where improvements might be made.

(36) Progress report: Association between diet, gut and vaginal microbiome, and pregnancy outcomes — the DIVINE study

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Background

Miscarriage and preterm birth (PTB) are major health problems. Many cases remain unexplained, although infection and microbiome dysbiosis are implicated. Diet may influence gut and vaginal microbiota and pregnancy outcomes, but these relationships are underexplored.

Aim

To assess feasibility and explore associations between diet, microbiome and pregnancy outcomes.

Methods

First-trimester pregnant women attending Imperial College Healthcare NHS Trust clinics were invited. Data included demographics, clinical history, a full food-frequency questionnaire (FFQ) or short-form FFQ (SFFFQ), an online food diary, vaginal and rectal swabs, urine and stool samples.

Results

Of 78 women approached, 22 were recruited (28.2%), 49 declined (62.8%) and 7 were excluded (9.0%). Mean age was 34.1 years, gestation 11+2 weeks and BMI 26.5 kg/m²; 59.1% identified as non-White. Half had no history of miscarriage or spontaneous PTB; 27.3% had previous miscarriage and 22.7% previous spontaneous PTB. Most changed their diet after recognising pregnancy (90.9%), commonly reducing caffeine (68.2%), alcohol (31.8%) or fish (31.8%). Completion was high for vaginal and rectal swabs, urine samples and the SFFFQ, but low for stool return, the full FFQ and online food diary. Mean diet quality score was 10.7/15 (range 7–14); 9.1% met the healthier-diet threshold (>12). Fruit and vegetables were consumed most frequently, while fish intake was low. Mean PUQE-24 score indicated mild sickness (5.3/15). Vaginal cytokine analysis shows

higher inflammatory phenotype in the spontaneous PTB group, especially IL-8/IL-6. Microbiome and urinary biomarker analyses are ongoing.

Conclusion

Recruitment, swab and urine collection, and SFFFQ completion were feasible. Poor stool return and online food-diary completion reflected childcare demands, the narrow recruitment window and limited participant support. The SFFFQ was acceptable but limited by self-report, dietary detail and cultural relevance. Rectal swabs enabled gut microbiome sampling but were less suitable than stool. Findings will inform protocol refinement.

(37) Reducing the environmental impact of delivering clinical research in the NHS

Author: ICHT Sustainability in Research Working Group

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The NHS is responsible for approximately 4-5% of the UK's carbon emissions and around 3.5% of all road travel. At Imperial College Healthcare NHS Trust we are committed to reducing the environmental impact of delivering clinical research, supporting the NHS ambition to be net zero by 2045.

To demonstrate our strong organisational commitment to this aim we have signed the Concordat for the Environmental Sustainability of Research and ensured that sustainability features throughout our Trust research strategy. To support us in achieving our aim and realise ambitious, system wide impact, we established a Sustainability in Research Working Group in May 2025 with broad representation across professional groups and departments, overseeing the development of initiatives to:

- Evaluate the impact of delivering research and track our progress at reducing this
- Identify carbon hotspots and implement measures to address these
- Increase awareness of the impact of research on the environment

Our poster we will report on our achievements, progress and experiences to date.

(38) “I can write backwards on glass”. How do ICU nurses experience wearing PPE?

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Background and purpose

COVID-19 pandemic experiences highlighted a need to understand the physiological and psychological stress mechanisms associated with personal protective equipment (PPE) use. Nurses working in intensive and critical care units (ICU) are present with patients for up to 12 hours per shift, thus represent the professional group most exposed to adverse PPE sequelae.

This paper reports on a qualitative study, nested within a physiological study, which aimed to investigate the short- and long-term consequences of airborne PPE use on ICU nurses' physical and mental wellbeing.

Methods

30 ICU nurses working at 3 units across one hospital took part. Participants worked a shift in normal ICU attire (control shift), and a shift in aerosol PPE (intervention shift). A range of physiological, self-reported, biomarker and cognitive assessments were completed throughout the shift (these are reported elsewhere). A cohort from this (n = 15) were invited to participate in face-to-face or online semi-structured interviews. Questions explored participants' experience of and attitude towards wearing aerosol PPE, impact on performance and ability to carry out usual ICU nursing activities, impact on physical and mental wellbeing, and potential improvements to aerosol PPE equipment and usage.

Results

Three core themes with sub-themes were generated, indicating key areas of impact: Physical Impact of wearing PPE, Operational factors and Patient care delivery. Nurses reported that physical impact, and related emotional impact was a significant factor in how they felt wearing PPE, and that inadequate hydration and rest underpinned this, leading to physical and cognitive sequelae.

Conclusion

This study data provides unique insights around PPE considerations in real-world practice. Findings show how wearing PPE in ICU adversely impacted participants' physical and emotional health, even within study conditions, which contributed to perceptions of performance in practice. Lessons can inform future actions when PPE use is required.

(39) End of life care ambassadors

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Background

End of life care in the acute setting is central to compassionate, holistic care. However, ward-based healthcare professionals can feel underprepared when caring for dying patients and supporting families, particularly around recognising deterioration, identifying dying, and managing difficult conversations. To address this, a pilot End of Life Care Ambassador Programme was developed to support frontline staff to champion best practice on acute wards, aligned with Ambition 5: “All staff are prepared to care” (NHS England, 2021).

Methods

One registered nurse and one healthcare assistant were selected by the ward manager to become End of Life Care Ambassadors. Over six months, they received enhanced palliative care shadowing and attended one planned development day per month away from the ward. Placements included palliative care, bereavement, mortuary services and a local hospice, enabling ambassadors to understand the wider support available to patients and families. Workbooks with competencies, reflective practice, monthly teaching, peer support and visible leadership from the palliative care team supported their development. Pre- and post-pilot surveys were developed for ward managers, nurses and healthcare assistants to evaluate knowledge, confidence, communication and perceived quality of care. The project was registered EIC345.

Results

Early qualitative feedback suggests improved staff awareness of end of life care, increased confidence in recognising deteriorating and dying patients, greater use of specialist support services, improved teamwork and enhanced communication by the ambassadors. Staff survey feedback is currently being analysed.

Conclusion

This ward-based End of Life Care Ambassador model offers a sustainable and scalable approach to improving end of life care on acute hospital wards. Empowering frontline staff as ambassadors may enhance confidence, communication and consistency of care for dying patients and families. Ongoing evaluation will inform wider implementation.

Clinical Research Training Framework



Clinical Research Training Framework

“ I found the framework helpful and structured and used it to identify some learning needs when planning my research fellowship. Physiotherapist, ICHT

The Imperial College Academic Health Science Centre has developed the Clinical Research Training Framework to define and develop the skills that an academic clinician of any professional background requires in order to support clinical research.

The updated framework is easier to use and complete, focusing on core clinical research skills. Completing it shows the individual has strong research knowledge, which supports clinical research and improves patient care within the NHS.



Healthcare Professional Academic Group

The Healthcare Professional Academic Group (HPAG) represents a community of research excellence in healthcare science Imperial College London and serves as an academic hub in the Faculty of Medicine for clinical academics in NMAHPPs from across the Imperial College Academic Health Science Centre (AHSC). Today we have 208 registered members.

The HPAG provides a multidisciplinary network for a wide range of healthcare professionals who work to deliver clinical and health-related research projects undertaken at Imperial College AHSC. The HPAG aims to inspire more healthcare professionals to undertake research and become clinical academic leaders.

If you are a healthcare professional within the Imperial College AHSC who is leading research or aspiring to be a clinical academic and are interested in the work of the group, please sign up to become a member of HPAG.

[Visit HPAG website and learn more here.](#)



Imperial College London Library & Evidence Services supports the education, clinical practice, and research activities of NHS staff working in partner trusts. Our work has helped people get published, change practice, make clinical decisions, and develop professionally.

The NHS Support Librarians provide resources and services including:

- A growing collection of books, e-books and journals
- Online resources via OpenAthens and the Knowledge & Library Hub
- Document Delivery service for obtaining materials not held by the Library
- Regularly scheduled and bespoke information skills training sessions
- 1:1 support online or in person
- Evidence search request service
- Evidence updates via KnowledgeShare

You can find out more about Library & Evidence Services for NHS staff, including how to contact us, how to join and where we're located, by visiting our website.

Librarians will also be running a stall at the Research Symposium - so come along, say hello, and find out more!

[Visit the website to find out more...](#)



Imperial Health Charity is committed to supporting pioneering research and the training and development of staff at our hospitals. Together with our funding partner, the NIHR Imperial Biomedical Research Centre, we run an annual Research Fellowship programme.

Potential Research Fellows are asked to identify an important research question that will have an impact on patient care within the Trust, its surrounding communities and the wider NHS. We've funded fellows who've carried out research into new and novel diagnostic techniques and treatment, self-management and after care, research into service delivery, team dynamics and decision making, shift handover procedures and projects on the implementation of clinical guidelines.

PRE-DOCTORAL RESEARCH FELLOWSHIPS

The key aim of the Pre-doctoral Research Fellowship scheme is to enable Imperial College Healthcare NHS Trust staff have protected time out of their substantive job role to develop their research skills and by delivering their own research project make them strong candidates to apply for a PhD. This scheme is open to healthcare professionals NMAHPPs (including nurses, midwives, allied health professionals, pharmacists, research practitioners, psychologists and healthcare scientists) and doctors. Applicants must carry out their fellowship full-time (1WTE) for 12 months. As part of our charitable objectives, we are committed to supporting our hospitals to undertake pioneering research and invest in the training and development of hospital staff for the benefit of patients.

The funding covers the full cost of a fellow's salary and related research expenses up to a maximum of £85,000.

[Further details on Research Fellowships, including guidance notes and sample application forms can be found here.](#)

Patient Experience Research Centre (PERC)

PERC is a core facility of the NIHR Imperial Biomedical Research Centre (BRC), comprised of a multidisciplinary team of mixed-methods researchers, anthropologists, and public involvement practitioners. We undertake participatory research and research on research, while providing expert advice, support, and training on public involvement in research. Our mission is to advocate, promote, and support participatory approaches to improve health research.

Scan the QR code to visit our website.



perc@imperial.ac.uk

How we can support you:



Online Resource Hub

Guidance, templates & case studies on public involvement.



Public Involvement Training

Take our in-person 'Public Involvement in Health-Related Research Masterclass' for Imperial PhD students & staff or our online MOOC.



PPIEP Support

Public involvement, engagement & participation advice for researchers including research inclusion, mock interviews, review of core funding applications, impact



PERC Fellowships

Opportunity for Imperial healthcare professionals/researchers to join us (part-time) for 6-months to learn about public involvement and patient experience research



Community outreach & engagement

Building reciprocal relationships with communities underrepresented in research in North West London through health awareness with view to involvement & participation in research



Patient Experience Research

Research on research participation experience e.g., AIRWAVE, REACT, REACT Long COVID, TRED HF2 trial



Imperial College
Academic Health
Science Centre

Upcoming CATO events

Starting Out in Research Course 2027

CATO's popular Starting Out in Research (SOiR) course will be running again in spring 2027 on Imperial's White City campus. The dates will be:

- Tuesday 23 March 2027
- Tuesday 13 April 2027
- Tuesday 27 April 2027

This free course has been designed by NMAHPPs across the AHSC to provide the best introduction to clinical academic careers. It focuses on building confidence in research skills, discussing how to further your participation in research and clinical academia.

Booking opens soon. To be notified as soon as places become available, make sure you are signed up to the CATO newsletter.

Starting and Growing Your Research Career

Venue: Online via MS Teams
Date: Monday 23 November 2026
Time: 12:30-13:30

This free, virtual lunchtime session gives you the chance to ask your burning questions to our clinical academics. It is designed for NMAHPPs who are new to the world of research. In this open-ended discussion, you can find out answers to questions like:

- Who should I talk to about doing research?
- What steps can I take to develop my research CV?
- How do I get involved in research if I have no idea where to start?

Booking is open now. To book your place, [sign up at the form here](#).