DOCTORS' ROUTES AHEAD: INTERESTS & GROWTH

ALL WALES NATIONAL CONFERENCE FOR RESIDENT DOCTORS

Abstract Book

Doctors' Routes Ahead: Interests & Growth

Saturday 20 – Sunday 21 June 2026 · Parc y Scarlets, Llanelli

CROESO · WELCOME

Foreword

Rhagair

It is our great pleasure to welcome you to DRAIG 2026 — the All Wales National Conference for Resident Doctors — at Parc y Scarlets, Llanelli.

This abstract book brings together the research, audit, quality-improvement and case-report work presented by resident doctors from across Wales and beyond. The breadth and quality of this year's submissions is a testament to the curiosity and dedication of our colleagues in training.

It contains 26 oral and rapid-fire presentations and 90 poster presentations, alongside the conference programme and our keynote speakers. We hope it serves both as your guide during the weekend and as a lasting record of the work on display.

— The DRAIG 2026 Organising Committee

Abstracts are reproduced as submitted by the authors; the organisers are not responsible for any errors or omissions in the submitted text.

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WITH THANKS

DRAIG Planning Committee

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The DRAIG 2026 organising team

YOUR GUIDE

Programme

Rhaglen

Saturday 20 June 2026

08:00 – 08:45	Arrival & registration Quinell Lounge
08:45 – 09:00	Welcome address, fire safety & outline of the day — Mr Mark Henwood Quinell Lounge
09:00 – 09:40	**Keynote:** Mr Edward Brown — "Life at the Sharp End: Humanitarian Surgery in Conflict Zones" Quinell Lounge
09:40 – 10:25	3 × 15-min oral presentations Quinell Lounge
10:25 – 10:40	Refreshments Quinell Lounge
10:40 – 12:15	Morning workshops *(groups rotate)*: Leading Change — Principles of QI (Dr Gethin Pugh) · Leadership & Management (Prof. Rich Withnall) Quinell / Carwyn James Lounge
12:15 – 13:00	Lunch & networking Quinell Lounge
13:00 – 13:40	**Keynote:** Prof. Tracy Daszkiewicz — "An Ambulance or a Fence" Quinell Lounge
13:40 – 15:20	Afternoon workshop *(all groups)*: Interview Skills — Vox Coaching Quinell Lounge
15:20 – 15:35	Refreshments Quinell Lounge
15:35 – 16:15	**Keynote:** Prof. Philip Banfield — "Being a doctor: the battle for the future of our profession" Quinell Lounge
16:15 – 16:30	Closing remarks
19:00 – late	Formal evening event

Sunday 21 June 2026

09:00 – 09:30	Arrival & registration Quinell Lounge
09:30 – 10:30	**Keynote:** Dr Brendan Healy — “Benefits of International Work for the individual and the NHS” Quinell Lounge
10:30 – 11:15	3 × 15-min oral presentations Quinell Lounge
11:15 – 11:35	Refreshments Quinell Lounge
11:35 – 12:35	Morning workshops *(groups rotate)*: Alternative Routes · Research & Innovation Ready · Taking & Passing the MSRA · Rapid-Fire Presentations
12:35 – 13:35	Lunch & networking Quinell Lounge
13:35 – 14:35	Afternoon workshops *(groups rotate)*: as morning sessions
14:35 – 15:30	**Keynote:** Prof. Olwen Williams OBE — “From Physician to Farmer” Quinell Lounge
15:30 – 15:45	Prize giving Quinell Lounge

Please note: this programme may be subject to minor change.

OUR SPEAKERS

Keynote Speakers

Prif Siaradwyr

Mr Edward Brown

Vascular Surgeon · Swansea Bay University Health Board

"Life at the Sharp End: Humanitarian Surgery in Conflict Zones"

Consultant Vascular and General Surgeon at Morriston Hospital, Swansea. He has undertaken humanitarian surgical missions to Gaza, South Sudan, Yemen and Uganda with Médecins Sans Frontières, Medical Aid for Palestinians and Hernia International, and holds the UK Diploma in Mountain Medicine.

Professor Tracy Daszkiewicz

President of the Faculty of Public Health

"An Ambulance or a Fence"

President of the Faculty of Public Health and Executive Director of Public Health & Strategic Partnerships at Aneurin Bevan University Health Board. Her work spans tackling inequalities, the humanitarian aspects of major-incident recovery, and building resilient communities.

Dr Brendan Healy

Consultant in Microbiology & Infectious Diseases · Cardiff & Vale UHB

"Benefits of International Work for the individual and the NHS — a personal experience"

A Consultant in Infectious Diseases and Medical Microbiology. Alongside his UK practice he has worked in Lesotho and on the frontline of the Ebola response in Sierra Leone, and has extensive experience in the management of high-consequence infectious diseases.

Professor Philip Banfield

Consultant Obstetrician & Gynaecologist · Betsi Cadwaladr UHB

"Being a doctor: the battle for the future of our profession"

Consultant in Obstetrics and Gynaecology at Glan Clwyd Hospital for over 30 years and Honorary Professor at Cardiff University. A nationally recognised educator, he served as UK Chair of BMA Council (2022–2025), working tirelessly for patients and the profession.

Professor Olwen Williams OBE

Consultant in Sexual Health & HIV Medicine

"From Physician to Farmer"

A Welsh-speaking Consultant in Sexual Health and HIV Medicine in North Wales for over 30 years. She chairs the Academy of Medical Royal Colleges in Wales and is a former Vice President of the RCP in Wales and President of BASHH. She was awarded an OBE for services to Medicine in Wales.

CELEBRATING EXCELLENCE

Prize Winners

Enillwyr Gwobrau

Poster Prizes

Most Impactful Poster

"Effects on a centralised referral document on workflow, a proof of concept"

Dr Jonathan Hansford, Elen Phillips, Dr Eleanor Griffiths

Best Overall Poster

"Making Every Contact Count: Are we doing it?"

Anna Blayney, N. Williams, J. McCarthy

Most Innovative Poster

"Evaluating the need for an ENT mobile kit and its impact on emergency preparedness and patient safety"

Dr Eleri Borges, Dr Sheung Hang Mak, Dr Lucy Crimmons, Dr Reema Rasheed

Delegates' Choice Award

"Not just a goiter: uncovering primary thyroid lymphoma"

Venkata Kaumudi Ayaluri, Angel Jose, Harshitha Reddy, Arooba Khurram

Oral Presentations

First Place — Sven Kerneis

"A Cost-Effective Simulation Model for Teaching Ultrasound-Guided Intravenous Cannulation in Undergraduate Medical Education"

Second Place — Elizabeth Caisley

"Reducing Unnecessary Coagulation Screening at the A&E Front Door"

Third Place — Chloe Thomas & Caradog Hanna-Davies

"Eligibility for Extended Thrombolysis in a Rural District General Hospital, Wales"

Section One · Oral & Rapid-Fire Presentations

01

Escape the Neonatal Emergency

Wildman A; Al-Muzaffar I

Cwm Taf Morgannwg University Health Board

Background & Aim:
Escape rooms are an emerging gamified teaching strategy in medical education that promote active learning, teamwork, and problem-solving. (1) They have been successfully used across undergraduate and postgraduate medical education to reinforce clinical topics and improve learner satisfaction compared to didactic teaching. This project aimed to evaluate whether a neonatal-themed escape room could improve 4th year medical students' understanding and confidence in recognising and managing neonatal hypoglycaemia during their paediatric placement at Cardiff University.
Methods:
A neonatal hypoglycaemia–themed escape room was designed in line with NICE guidelines and the Cwm Taf Morgannwg Neonatal (WISDOM) health-board specific guidance. (2) The session aimed to improve recognition of maternal and neonatal risk factors, identification of clinical signs, and skills in communication, teamwork, and active recall. Prior to the session, students received a short introductory presentation outlining key concepts and completed a baseline questionnaire assessing self-reported confidence. Students then participated in a 15-minute small-group escape room activity applying knowledge through scenario-based puzzles aimed at "saving the patient" requiring collaborative problem-solving to progress. A post-session questionnaire evaluated changes in confidence and perceived educational value.
Results:
Four groups of students (n=13) completed the escape room. Confidence in the topic neonatal hypoglycaemia improved from 37% pre-session to 77% post-session. Students rated the session highly, with a mean score of 8.9/10 for its usefulness in improving overall confidence. Qualitative feedback highlighted enjoyment of the interactive and engaging format, with students describing the session as both fun and educational. All participants reported improved confidence in identifying risk factors, recognising signs and symptoms, and initiating management.
Conclusion:
Escape rooms are an effective, low-cost, and replicable educational approach that significantly improve medical students' confidence and engagement in managing neonatal hypoglycaemia. Gamified learning is a valuable adjunct to traditional teaching methods within paediatric undergraduate education, particularly for reinforcing clinical knowledge in an interactive and memorable way.

O2

Surgical Management of Children and Young People with Diabetes Mellitus in Noah's Ark Children's Hospital, Wales – A Review

Idowu A

Cardiff University, School of Medicine

Background:
Diabetes Mellitus (DM) is a prevalent condition affecting many children and young people (CYP) in the United Kingdom. As a result, the ACDC (Association of Children's Diabetes Clinicians) sets out guidelines on their surgical management. This clinical audit aims include:
• If present, where shortcomings in implementation of guidelines are made
• What could improve adherence
• Collect data from paediatric surgical patients with DM (elective and emergency) from 2024 in Noah's Ark hospital
Methods:
Reviewed ACDC guidelines
Identified appropriate patients and classified them into relevant categories
Attended National Paediatric Diabetes Audit conference
Data collection and analysis (including questionnaire)
Results:
As a result of the audit, numerous areas in need of improvement were identified. Lack of communication and disagreements on care were common. Further heightened by the fact many staff were unaware of the ACDC guidelines. Additionally, mistakes lead to adverse events (hypo/hyperglycaemic episodes). Furthermore, staff often struggled with the differences between pre, peri and post-operative care. On occasion, wrong fluids were given, prescriptions delayed, and surgery rescheduled. Hence, staff were often apprehensive when caring for CYP with diabetes with none being confident handling insulin pumps or multiple daily injections.
Conclusions:
In conclusion, much work is needed to improve adherence to ACDC guidelines. Education days on DM surgical management and signposting to guidelines will be crucial in improving surgical outcomes. Furthermore liaison between the ward, surgical and diabetes team would also prove beneficial. Ultimately, positively impacting CYP with diabetes surgical experience in Noah's Ark Hospital.

O3

Outcomes of Redo Transcatheter Aortic Valve Implantation: A Systematic Review and Pooled Analysis

1 Alexandra Aspinall, 2 Vanessa Chow, 3 Mashal Qureshi, 4 Jood Al Aghawani, 5 Tasneem Alqatta, 6 Iona Dixon, 7 Romilly Hughes, 8 Eyas Abuelgasim, 9 Amer Harky

Hywel Dda University Health Board

Background:
Transcatheter aortic valve implantation (TAVI) is increasingly performed in younger and lower-risk patients. As this population grows, the absolute number of late valve failures is projected to increase, and consequently, the need for redo intervention is expected to rise. While redo TAVI is technically feasible, the evidence base for its safety and durability remains fragmented.
Methods:
A narrative synthesis of 12 single-arm studies (n = 1,114 patients) reporting redo TAVI outcomes was performed. Weighted pooled estimates were calculated for early mortality, late mortality, stroke, major bleeding, pacemaker implantation, reoperation, and valve gradients.
Results:
Thirty-day or in-hospital mortality averaged 2.7 % (0-11%), with mortality at follow-up ≈ 14.4 % across variable durations (1-3 years). Stroke occurred in ~3.7 %, major bleeding in ~10 %, and new pacemaker implantation in ~8 %. Reoperation after redo TAVI was rare (≈ 1 %). Mean transvalvular gradients remained stable between post-procedure (~12.7 mm Hg) and follow-up (~12 mm Hg) values, suggesting preserved hemodynamic function.
Conclusions:
Redo TAVI demonstrates low early mortality and stroke rates with sustained valve performance and minimal reintervention. These results suggest the procedure is a feasible and relatively safe option in selected patients. Nevertheless, long-term outcomes remain heterogeneous, and further high-quality studies are needed to evaluate valve durability and identify predictors of late failure.

O4

Moral, practical and professional views: A survey of Welsh doctors on the proposed Terminally Ill Adults (End of life) Bill.

Brodrick C; Seaman S; Goss S

Cardiff and Vale University Health Board

BACKGROUND:
The Terminally Ill Adults (End Of Life) Bill represents a significant ethical, clinical and legal development in end-of-life care within the UK. The bill has passed its third reading in the House of Commons and is currently under scrutiny in the House of Lords. Legislative consent is still required for its adoption in Wales.
AIM:
To explore the ethical, practical and professional perspectives of doctors working in Wales regarding the proposed legislation.
DESIGN:
An anonymous cross-sectional online survey, distributed to doctors currently practicing in Wales via social networks, using open and closed questions to capture their views on the bill and their professional background. Quantitative data were analysed descriptively using SPSS; qualitative data were analysed thematically using NVivo.
RESULTS:
51 doctors from a range of different specialties completed the survey. Attitudes towards legislative change regarding assisted dying were mixed: 45.1% opposed, 33.3% supported, and 19.6% were unsure.
Support varied by clinical speciality. Doctors working in palliative care were more likely to oppose a change in the law (63.6%), compared to those in non-palliative specialties (40%). Notably, no respondents working in palliative care supported the current bill.
Only 6 respondents (11.8%) indicated willingness to undertake the role of coordinating and/or independent doctor, while 25 (49.0%) would conscientiously object, 19 (37.2%) were undecided and one (2.0%) preferred not to say. Willingness to undertake a clinical role was associated with support for the bill.
Free text responses highlighted concerns regarding ethical implications, professional responsibility, and the impact on doctor-patient relationship.
CONCLUSION:
This project highlights the ethical complexity and lack of consensus surrounding the Terminally Ill Adults Bill among doctors in Wales. The variation in responses indicates that it remains a challenging ethical issue. These findings highlight the need for ongoing research into the subject matter.

O5

ELIGIBILITY FOR EXTENDED THROMBOLYSIS IN A RURAL DISTRICT GENERAL HOSPITAL WALES

Thomas C, Hanna-Davies C

Hywel Dda University Health Board

Background and aims

Thrombolysis has transformed ischaemic stroke care. Early trials established maximal benefit within 4.5 hours, emerging evidence supports extending treatment up to 9 hours when using perfusion imaging, which is widely unavailable throughout Wales. The aims of this study were to identify the patient population eligible for extended

thrombolysis window presenting to Withybush General Hospital (WGH) in 2024.

Methods

A retrospective cross-sectional study was conducted using data from the SNAPP database for patients presenting

to WGH between 1 January and 31 December 2024. Cases presenting beyond the 4.5-hour thrombolysis window but

within 9 hours or wake-up strokes were identified.

Results

The study included 219 patients (mean age 73.7 ± 13.1 years; 39.7% female). Median onset-to-presentation time was

518.5 min (IQR 136.5–1180). 30 (13.7%) presented within the 9-hour thrombolysis window, 25 (11.4%) presented with wake-up stroke. Thrombolysed patients had significantly lower discharge mRS scores (2.3 (SD +/-1.9); vs non-thombolysed 3.44 (SD +/- 1.89); t(56) -2.40; p=0.001), and shorter hospital stays (16.3 (SD +/- 27.3); vs non-thrombolysed mean 29.6 (SD +/-33.9); t(47) -1.72; p=0.046).

Conclusions

Thrombolysis improves patients' degree of disability post stroke. Our cohort demonstrates most patients do not present to hospital within 4.5 hours of symptom onset. More evidence is emerging to suggest an extended thrombolysis window is effective in combination with clinician judgement and brain perfusion imaging. If implemented across Wales this could significantly increase the number of patients with positive outcomes.

O6

Breast Schwannomas Presenting as Palpable Breast Masses: A Case Series and Literature Review

C. Appleton; N. Javed; S. Khawaja

Hywel Dda University Health Board

Background

Schwannomas are benign tumours arising from Schwann cells of peripheral nerve sheaths. They most commonly occur in the head and neck region but rarely arise in the breast. Owing to their rarity and non-specific clinical and radiological features, breast schwannomas may mimic more common breast lesions, posing a diagnostic challenge. To our knowledge, only 46 cases have been reported in the literature to date. Reporting additional cases contributes to improved recognition and understanding of this uncommon entity.

Aim

To describe the clinical, radiological, and histopathological features of three cases of breast schwannoma and to contextualise these findings within the existing literature.

Methods

Written consent was gathered from all patients, and parental consent was obtained where applicable. A retrospective review was performed of three patients diagnosed with breast schwannomas at a single centre, aged 71, 37, and 13 years old. Clinical presentation, imaging findings, histopathological characteristics, management, and outcomes were obtained from patient records. A focused literature search was undertaken to compare these cases to previously reported examples.

Results

All three patients presented with palpable breast masses. Ultrasound imaging demonstrated well-circumscribed hypoechoic lesions in all cases. Histopathological examination confirmed schwannoma, demonstrating characteristic spindle cell proliferation with Antoni A and Antoni B areas and strong S100 immunohistochemical positivity. One patient was managed conservatively, while two underwent surgical excision. To our knowledge, the 13-year-old patient represents the youngest reported case of breast schwannoma described in the literature. With 46 cases previously described, the three cases presented in this series constitute 6% of currently published reports.

Conclusion

Breast schwannoma is a rare benign tumour that may mimic more common breast lesions on clinical assessment and imaging. Definitive diagnosis relies on histopathology following biopsy. An increased awareness of this rare but benign condition will assist clinicians in recognising atypical breast lesions in clinical practice.

07

An audit of tonsillitis and quinsy management in GGH to support the establishment of an ENT SDEC

Danny Crooker; Rhys Davies; Reema Rasheed

Hywel Dda University Health Board

Background

As common presentations to the emergency department, tonsillitis and quinsy cases necessitate significant hospital resources. Delays in intravenous treatment of these conditions may prolong symptoms and thus contribute to additional overnight admissions under ENT. Streamlining early treatment through an ENT SDEC could improve patient flow and reduce many unnecessary overnight admissions.

Aim/Objectives

Firstly, auditing the time taken from A&E presentation to administration of intravenous medications in patients with sore throat, tonsillitis and quinsy. Subsequently, the proportion of these patients that require overnight admission. The aim of this data is to support the development of an ENT SDEC model to reduce admissions.

Methods

A retrospective audit was conducted covering sore throat, tonsillitis and quinsy patients presenting to A&E in 2025. Data was collected for adult patients including; time of presentation, time of intravenous treatment, diagnosis, ENT expected status and admission status. Quantitative analysis was conducted to elucidate admission rates and average treatment times.

Results

Over 2025, 55 patients were included. The average time to intravenous dexamethasone treatment was 3hrs16mins with significant variation observed. Of the audited patients, 89% required overnight admission to ENT. Patients treated in under 3 hours were associated with an decreased likelihood of admission.

Conclusion

There is a measurable delay in the administration of intravenous medications for this patient subgroup presenting to GGH A&E. Establishing an ENT SDEC to enable rapid intravenous treatment could reduce admission rates and facilitate a streamline for these patients through A&E.

O8

Asking the Unasked Question: Improving Case-Finding of Ketamine-Induced Uropathy in the Emergency Department

Edward Emslie EE George Bailey GB Sami Hamid SH

Imperial Healthcare Trust

Background

Ketamine-induced uropathy is an escalating public health issue, frequently presenting to Emergency Departments (ED) as intractable abdominal pain or "culture-negative" cystitis. Data from the British Association of Urological Surgeons (BAUS) suggests a significant diagnostic lag, as young patients often do not volunteer ketamine use and clinicians frequently fail to screen for it. Parallels can be drawn to the Nitrous Oxide-induced subacute combined degeneration of the cord, where proactive clinical questioning became the diagnostic standard.

Problem / Aim

To identify the "hidden cohort" of ketamine users within Imperial College Healthcare NHS Trust and implement a low-cost, high-impact clinical prompt to reduce diagnostic delay and streamline referrals to Functional Urology.

Methodology (Proposed)

This QI project follows a three-stage "Identify, Intervene, Impact" model:

Baseline Audit: A retrospective review of known functional urology cases to quantify the number of ED attendances prior to formal diagnosis.

The Intervention: Implementation of a "Board-round Clinical Prompt." During the morning board-round, the lead clinician will prompt the team to specifically screen for ketamine use in patients aged 16–30 presenting with lower urinary tract symptoms (LUTS) or unexplained abdominal pain.

Sustainability: Creation of a streamlined referral pathway from ED to the specialist Functional Urology clinic.

Results (Work in Progress)

Conclusion

O9

Reducing Unnecessary Coagulation Screening at the A&E Front Door

Caisley E; Hughes R

Hywel Dda University Health Board

Background:
Coagulation screens are frequently requested at the Accident & Emergency (A&E) front door as part of routine blood panels, often without clear clinical indication. Unnecessary testing contributes to patient discomfort, downstream inefficiency, financial cost, and environmental impact. Reducing low-value investigations aligns with the Royal College of Emergency Medicine (RCEM) Green ED programme, which promotes environmentally sustainable, high-value emergency care. Baseline data at Withybush General Hospital demonstrated high rates of inappropriate coagulation requesting.
Aim/Objectives:
To reduce unnecessary front-door coagulation testing and increase the proportion of clinically indicated coagulation screens by ≥15% within five weeks.
Methods:
A five-week quality improvement project was conducted (two-week baseline, two intervention weeks, one sustainability week). Weekday A&E patients undergoing blood testing were reviewed, and appropriateness was assessed against agreed clinical criteria. Root cause analysis using stakeholder mapping, fishbone diagram, process mapping, and an ease–benefit matrix informed intervention design. Two sequential PDSA cycles were implemented: (1) removal of coagulation testing from the electronic chest pain blood panel combined with brief targeted education; (2) point-of-care visual prompts in triage and clinical workstations. Run charts were used to assess trends over time.
Results:
At baseline, 42.5% of patients undergoing blood tests received a coagulation screen; only 25.9% were clinically indicated. Following intervention, overall testing reduced to 14.8% in the sustainability week, equating to approximately 16 fewer tests per day. Appropriateness improved to 50–85.7%, exceeding the predefined 15% target. No safety incidents were identified, although some patients required repeat venepuncture. The reduction equates to an estimated annual saving of approximately £30,000 and 478 kg CO_2e.
Conclusion:
Simple system modification combined with targeted education significantly reduced low-value coagulation testing in A&E. This project demonstrates how quality improvement methodology can support RCEM Green ED principles by improving clinical value while reducing financial and environmental impact.

O10

Enhancing Respiratory Medicine Teaching for Medical Students and Foundation Doctors

1 Ewan Hicks John (EHJ)

Hywel Dda University Health Board

Background:
Respiratory medicine is a high-yield specialty with significant clinical relevance; however, exposure during undergraduate and early postgraduate training is often limited. This can result in gaps in essential clinical knowledge and practical skills, including ultrasound, pleural aspiration, non-invasive ventilation, and the management of respiratory infections. Targeted, effective teaching strategies are needed to better equip final-year medical students and foundation doctors, improving their confidence and competence in investigating and managing respiratory conditions.
Aims:
To enhance knowledge, confidence and practical skills in respiratory medicine among medical students and foundation doctors through a structured, interactive and interprofessional teaching series.
Methods:
Four structured sessions covering non-invasive ventilation (NIV), respiratory infections and malignancies, thoracic imaging in respiratory diseases, and ultrasound were delivered. Sessions initially incorporated didactic teaching, case-based discussions, practical skills, and pre/post quizzes. Pre- and post-session Likert scales assessed confidence, while quizzes evaluated knowledge acquisition. Practical sessions were delivered in collaboration with a respiratory specialist nurse, providing interprofessional input, supervision, and real-world clinical context. Following a “Teach the Teacher” course, additional interactive methods—including flipped classroom approaches, small group discussions, and active involvement in charting and clinical tasks—were introduced.
Results:
Initial cohorts demonstrated increased self-reported confidence across all session topics. Knowledge assessment via quizzes showed improvement in pre- to post-session scores. The model is currently being adapted and applied to additional cohorts to evaluate reproducibility and impact.
Conclusions:
Structured, interactive respiratory teaching sessions, supported by interprofessional involvement, improve knowledge, confidence, and practical skills among medical students and foundation doctors. This approach provides a reproducible model for enhancing respiratory education, emphasizing clinical applicability and patient safety.

O11

Investigative Care Bundle for Patients with Chronic Pancreatitis at Diagnosis and Follow-up

Georgina Green, Priya Babu, Millie Brown

Hywel Dda University Health Board

Background

Adherence to the British Society of Gastroenterology (BSG) guidelines for chronic pancreatitis was identified as lacking within the Hywel Dda Health Board. This gap was primarily driven by insufficient staff awareness and education, resulting in many patients failing to receive appropriate investigations at the time of diagnosis and during follow-up. This led to significant inconsistency and variability in investigations patients received.

Methods

To address these inconsistencies, a dedicated investigative blood bundle was developed on Welsh Clinical Portal based on BSG laboratory recommendations. The strategy for change included:

•Education: A structured presentation for the gastroenterology clinical team to address knowledge gaps regarding risk factors, test rationales, and long-term monitoring.

•Engagement: Alerting and engaging consultants and registrars to embed the bundle into routine clinic practice.

•Evaluation: A three-month post-implementation data collection period was conducted to assess the bundle's impact on the frequency of investigations requested compared to pre-intervention data.

Results

The implementation of the blood bundle resulted in a significant improvement in clinical compliance:

•At Initial Diagnosis: Prior to implementation, less than 50% of patients received 12 out of 18 recommended investigations. Following the intervention, 100% of patients received at least 12 out of 18 key investigations.

•At Follow-up: Baseline figures showed less than 50% of patients received 14 out of 18 investigations. Post-intervention, 100% of patients received at least 14 out of 18 investigations

Conclusion

The creation of a simplified investigative blood bundle ensures patients receive standardised, high-quality care within appropriate timeframes. This approach successfully prevented the neglect of crucial clinical assessments and has the potential to be applied to other specialties to enhance consistency across the health board.

O12

Developing an Acute Frailty Service at PPH: Early Outcomes, Challenges, and Next Steps

Flynn J, Bartley T, Marney Z

Hywel Dda University Health Board

Introduction

Before 2023, PPH had no acute frailty service, resulting in a 0% rate of Comprehensive Geriatric Assessment (CGA) completion for frail older inpatients. This limited systematic recognition of frailty, polypharmacy risk, and coordination with community services; which has been shown to delay discharge. With the introduction of a developing acute frailty service in February 2025, early outcomes could be evaluated. This abstract summarises findings from the 2025 frailty census and identifies priorities for service improvement.

Method

A retrospective analysis was undertaken of the 2025 PPH frailty census dataset, including 168 eligible older inpatients. Recorded CGA completion, Clinical Frailty Scale (CFS) scores, polypharmacy indicators, and anticholinergic burden (ACB) documentation were reviewed to assess early performance of the new frailty service.

Results

Of 168 eligible patients, 80 (47.6%) were documented as being admitted with a frailty syndrome and therefore eligible for CGA. 18 of these had a completed CGA, giving a CGA completion rate of 22.5%—an improvement from the previous 0% baseline. Consistent frailty scoring and recording of frailty-related admission reasons indicated improved recognition of geriatric syndromes. Polypharmacy and ACB scores were routinely documented, reflecting increased awareness of medication-related frailty risk. Challenges limiting CGA uptake included limited specialist workforce capacity, inconsistent ward-level integration of frailty pathways, and clinical pressures that deprioritised time-intensive assessment.

Conclusion

The introduction of an acute frailty service has led to demonstrable progress, including improved frailty recognition and a measurable rise in CGA completion from zero to 22.5%. Despite this early momentum, capacity constraints and variable integration continue to limit delivery. Priorities include expanding specialist staffing, embedding frailty assessment into admission workflows, and standardising CGA documentation. Future work will focus on evaluating the quality of CGA entries, discharge summary communication, and coordination with community services to ensure continuity of care for frail older adults.

O13

Reviewing the clinical utility of Sentinel Lymph Node sampling for axillary staging in guiding chemotherapy decisions in hormone receptor positive, HER-2 negative patients with early-stage breast cancer, a retrospective cohort study

1 Oliver J ; 2 Munir A

Hywel Dda University Health Board

Background: Sentinel Lymph Node Biopsies (SLNB) are commonly performed in early-stage, node-negative breast cancer to stage the axilla. This information aids adjuvant treatment decisions, particularly in hormone receptor (HR)-positive, Human Epidermal Growth Factor 2 (HER2)-negative disease. However, the role of axillary staging is increasingly being questioned following evolving research and recent guidelines updates, which favour tumour characteristics and patient-specific factors. This study aimed to determine whether SLNB influenced chemotherapy decision-making in patients aged 75 years and older.

Methods: A retrospective cohort study was conducted within Hywel Dda Health Board. Patients aged 75 years and older with HR-positive, HER-2-negative early-stage breast cancer who underwent axillary staging with SLNB between October 2010 and October 2020 were included. Data collected included tumour characteristics, SLNB results, further axillary surgery, chemotherapy received, and documented rationale for chemotherapy where available.

Results: 268 patients met the inclusion criteria. 59 were node-positive and 209 were node-negative. There was no statistically significant relationship between tumour grade and nodal status (p=0.866). Node-positive patients had larger tumours on average (p=0.001). Chemotherapy was received by 2/209 (1%) node-negative patients and 4/59 (6.8%) node-positive patients. The small number of patients receiving chemotherapy limited meaningful statistical inferences. Treatment decisions were based on individual patient factors and tumour biology, including ONCOTYPE scores.

Conclusion: SLNB had minimal impact on chemotherapy decision-making in this older patient population. These findings support an increasing emphasis on tumour biology and patient-specific factors when guiding treatment decisions.

O14

The Referral Handbook QIP

Dr E. Griffiths, PA E. Phillips, Dr J. Hansford

Hywel Dda University Health Board

Whether you're the referrer or referee, one fact is true: we all want fewer 4pm referrals. It leaves the accepting specialty with a dilemma and can impact on both clinician and patient experience.

Often the challenge with referrals amongst less experienced clinicians can be the how to refer rather than the what. This problem is only exacerbated by the rotational nature of staff and the lack of a single central database for referrals within Hywel Dda.

This can lead to delays in referrals as clinicians are left relying on word of mouth for referral information, or worse, outdated information leading to a referral going to the wrong email/team.

We set out to fill that gap and created an easy and accessible referral handbook with all the information on how to refer, reducing friction and delays in referrals.

Reviews from rotating resident doctors have shown it to make referrals easier and more accessible, and we are continuing to collect data after each cohort rotates and keep it up to date with crowdsourced information.

We hope to use this project as a springboard to streamline referrals within PPH to improve clinicians' experiences

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O15

Are We Following the Guidelines? An Audit of Severity Scoring Compliance in Acute Pancreatitis Admissions

Eales-Davies J. Salih N. Farahat S. Dermanis A

Hywel Dda University Health Board

Background:
Acute pancreatitis has mortality up to 20–30% in severe cases
UK guidance from:
British Society of Gastroenterology
National Institute for Health and Care Excellence
Recommends severity stratification within 48 hours
Early identification guides HDU/ICU referral
Failure to risk stratify may delay escalation and worsen outcomes
Method:
To identify Adults over 16 years of age that were admitted under the general surgical team with a diagnosis of acute pancreatitis from 6/11/25- 18/2/26.
Using the clerking Performa and clinical notes to collect data regarding the use of severity scoring on admission and after 48 hours of admission.
Evaluate this data and compare it to guidelines to conclude whether current practise is meeting the recommended target.
Result:
There was only a 2% compliance rate with guidelines;
Only 4% of patients had a severity score done on admission
0% of patients had a severity scoring done after 48hrs of admission to reassess severity
The scoring systems used in these cases were as followed:
Glasglow Imre 100%
Conclusion:
Severity scoring is not routinely performed in patients that are admitted to Glangwili hospital with acute pancreatitis under the general surgery team. The current practice does not align with national guidance and a system-level intervention is required to improve compliance and standardise care.

O16

Is management of Acute Calculous Cholecystitis (ACC) at a rural Welsh district general hospital in line with NICE guideline expectations?

Witts K

Hywel Dda University Health Board

Background

Gallstone disease is a common surgical presentation with 15% of the adult population affected by gallstones. Acute calculous cholecystitis (ACC) accounts for 20% of symptomatic gallstone presentations, with potentially significant complications: perforation, obstructive jaundice, and death. Management of ACC involves laparoscopic cholecystectomy (LC) & clearance of obstructing stones in the bile duct. Without surgery, 29% of patients will re-present with ACC by 1 year & 24% will develop obstructive jaundice. (1) Given the significant burden of ACC, it's vital to ensure management is in line with NICE guidelines: ultrasound abdomen as first-line imaging, liver function tests (LFTs) undertaken, and LC within 7 days of diagnosis (2).

Methods

Patients presenting with ACC at Withybush General Hospital during the first 6 months of 2025 were audited, identifying 33 patients (average age 62.6, average BMI 31.86).

Results

Of these, 39% received ultrasound abdomen during admission – 7 >48 hours from admission, 4 within 24-48 hours, and 2 within 24 hours, whilst 61% of patients underwent CT Abdomen & Pelvis as their index scan despite limited evidence of the efficacy of CT in cholecystitis. Additionally, only 31% of patients who qualified for MRCP to explore biliary obstruction received a scan. Positively, 100% of patients had LFTs tested on admission, of whom, 64% had abnormal results. Surgical management significantly deviated, with 0% of patients receiving LC within 7 days and only 44% of patients receiving LC by data collection (March 2026). 12 patients required re-admission totalling 143 inpatient days, whilst 21 patients experienced complications. Re-admission accounted for a cost of at least £64,064 for the health board (average £448/inpatient bed day) (3).

Conclusion

Overall, management of ACC in rural west Wales is sub-par & doesn't meet expectations of NICE guidelines, accounting for significant health inequity compared to less-rural areas as well as increased economic burden.

O17

Optimising Lipid Management Following Ischaemic Stroke and Transient Ischaemic Attack: A Clinical Audit of Guideline Compliance

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Hywel Dda University Health Board

Background

Aggressive lipid lowering is central to secondary prevention following ischaemic stroke and transient ischaemic attack (TIA). The 2023 National Clinical Guideline for Stroke recommends high-intensity statin therapy, lipid testing during admission, and repeat lipid measurement at 4–6 weeks with a target low-density lipoprotein cholesterol (LDL-C) <1.8 mmol/L (1). Guidance from the National Institute for Health and Care Excellence (NICE) and European cardiovascular guidelines similarly emphasises intensive lipid lowering in high-risk patients to reduce recurrent vascular events (2,3). This audit evaluated adherence to these recommendations in a district general hospital stroke service.

Methods

A retrospective audit of 60 consecutive patients admitted with ischaemic stroke or TIA was conducted. Data collected included demographics, vascular risk factors, inpatient lipid testing, statin therapy at discharge, follow-up lipid testing, LDL-C target achievement, and escalation of lipid-lowering therapy. Inclusion criteria were adults ≥18 years admitted with ischaemic stroke or TIA between June and December 2025. Exclusion criteria included haemorrhagic stroke, palliative care, and death before follow-up.

Results

The cohort was predominantly ischaemic stroke (97%) with substantial vascular risk factors: hypertension (~50%), diabetes (~25%), atrial fibrillation (~23%), and ischaemic heart disease (~17%). Lipid testing during admission occurred in ~73% of patients. Statins were prescribed at discharge in 95%, most at high intensity. However, only ~25% underwent repeat lipid testing at 4–6 weeks. Among those tested, ~60% achieved LDL-C <1.8 mmol/L. Escalation of lipid-lowering therapy in patients above target was rarely documented.

Intervention and Future Work

A discharge patient information leaflet will be introduced outlining lipid management, statin therapy, admission lipid results, and a recommended date to arrange repeat testing with the general practitioner. A re-audit will assess whether this improves follow-up testing and guideline adherence.

Conclusions

Statin prescribing was high, but gaps remain in follow-up lipid monitoring and treatment optimisation. A patient-focused intervention may improve adherence to recommended lipid monitoring and strengthen secondary prevention.

O18

“On-Call” Out of Hours Bleep Simulation Teaching Program for Medical Students at Bronglais General Hospital

Bernal K; Yarnell-Gafney L

Hywel Dda University Health Board

Background:
The transition from medical student to foundation doctor is known to be challenging. One key part of this is managing on-call duties which require clear communication, decision making and prioritisation under pressure. We developed the out of hours “Bleep-Simulation”, a two-hour immersive simulation session to equip final-year medical students with the skills and confidence for these responsibilities.
Methods:
In the “Bleep-Simulation” medical students were sent to different wards across Bronglais Hospital to find written patient scenarios they would need to manage, document, and refer to other specialties if required. During this session, students were concurrently contacted for other realistic interruptions such as reviewing laboratory test and imaging results, performing clinical procedures and addressing nursing concerns.
The students had 1:1 or 2:1 access to an SHO, who they could call for advice on management of the patient scenarios during the session. The SHOs then individually debriefed the students after the simulation. Pre- and post-event questionaries were undertaken by participating students. Post-simulation review and analysis of these questionnaires was performed to assess the impact of the “Bleep Simulation”. Confidence in ‘handling an on-call’ was assessed using a student-reported 5-point scale ranging from 1 (‘extremely not confident’) to 5 (‘extremely confident’).
Results:
Over 5 months, 36 students undertook the simulation, of whom 21 provided pre- and post-session questionnaires. Median confidence score was 3 (‘neutral’: Interquartile range 2-3)) before and 4 (‘Somewhat confident’; 4-4) after the simulation ($p<0.01$, Wilcoxon Rank Sum). Feedback from participating students was overwhelmingly positive, and all reported the session as ‘very helpful’.
Conclusion:
The “Bleep Simulation” teaching programme is a useful and supportive programme for final year medical students to practice on-call responsibilities. The improvement in student confidence is evidence for the effectiveness of this programme as a part of preparation for foundation year one.

O19

Cross Sectional study of Rockwood Clinical Frailty Score of the Inpatient Population within Hywel Dda Health Board

Noel Shaju; Alice Thankachan

Hywel Dda University Health Board

Background

It is estimated by the Office for National Statistics population forecast that by 2045 there will be 73% more people in England aged 85 years or more1 and the Chief Medical Officer in the National Audit Office report has expressed concern over increasing geographical concentration of older people in rural and coastal areas2.

Objectives

To support discussions on service requirements, we recognized the need for an accurate understanding of frailty prevalence. Subsequently, we conducted a trust-wide study to assess frailty levels among the inpatient cohort across various wards.

Methods

A cross-sectional study was planned across four hospitals in the Hywel Dda Health board. All inpatients aged 65 and over admitted on 9th December by 9am were assessed for frailty using Rockwood's Clinical Frailty score (CFS).

Results

Among the 652 inpatients enrolled in the study the prevalence of people living with frailty was 70.9% in age 65 and over (CFS ≥5) with inter-site variation ranging between 60% and 75%. Ambulance was the primary mode of transport in 70% of this cohort. Notably, this study identified that significant proportion of frail patients (CFS 7+) were being managed as outliers in non-medical wards with a striking 35.3% in one of the centres.

Conclusion

The prevalence of frailty in our trust is significantly higher than the UK average of 47%3 underscoring the critical nature of the issue. This study necessitates the need to standardize the documentation of Comprehensive Geriatric Assessment (CGA) to trigger early discussions and assist in planning assumptions. A substantial proportion of outliers reflect the service gap and the need to invest targeting specialist service provision appropriately. This study act as a baseline for upcoming quality improvement project on Comprehensive Geriatric Assessment.

O20

Improving Timeliness of Day-2 Blood Test Results in Medical Take Patients Using a Standardised Investigation Tracker (MIT form)

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Hywel Dda University Health Board

Background

Delays in obtaining blood test results for medical patients admitted via the acute take can impact clinical decision-making and patient flow. At Glangwili General Hospital and Prince Phillip Hospital, investigation requests and tracking rely largely on paper documentation and verbal communication, leading to unclear ownership of tasks and delays in completion of Day-2 blood tests.

Aim/Objectives

To reduce the median time from 09:00 to Day-2 blood result availability by 20% from a baseline of 2 hours 52 minutes within 6 weeks, for medical take patients admitted for more than 24 hours.

Methods

This quality improvement project was conducted across two hospital sites (GGH and PPH). Eligible patients were weekday medical admissions with length of stay >24 hours requiring Day-2 blood tests. The primary process measure was time from 09:00 to blood result availability. Baseline data were collected over a two-week period.

A paper-based Medical Investigations Tracker (MIT) form was designed and introduced to provide a standardised record of investigations requested, completed, and reviewed, aiming to improve communication and workflow efficiency. A driver diagram informed the intervention, and PDSA cycles are being used to refine implementation.

Results

The MIT form has been introduced as part of the first PDSA cycle. Data collection is ongoing to assess its impact on time to result availability. Results are pending at the time of submission.

Conclusion

This project introduces a low-cost, paper-based intervention aimed at improving reliability of investigation workflows in a predominantly paper-based clinical environment. Ongoing evaluation will determine its effectiveness and inform further cycles.

O21

Inpatient Sleep Quality Improvement Project

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Betsi Cadwaladr University Health Board

Background: Hospitals are well known to be places of poor quality sleep (1), with patients disrupted each night by observations, bright lights and noise. Sleep has been repeatedly linked to healing processes (2), therefore promoting good quality sleep in hospitals is both a challenge and an important aspect of patient recovery.
Methods: This was a pilot study performed with a small cohort of patients (18). 3 inpatient wards were selected and all eligible patients on the ward asked if they would like to take part in the study. Exclusion criteria were any confused patients and any acutely unwell patients requiring high levels of observation. The patients completed a survey to assess quality of sleep during their inpatient stay so far. They were provided with an eye mask and ear plugs, and completed the same survey the following day.
Results: Sleep quality was predictably bad, with 44% of participants rating it as poor or very poor. The most common reasons for this were noise, light, needing to go to the toilet and having unwell patients on the ward. After sleeping with the eye mask and ear plugs, 50% of participants reported their sleep quality as improved. 16 out of 18 participants found either the ear plugs/ eye mask/ both helpful, and advised they would use the product again.
Conclusion: The simple intervention of eye mask and ear plugs improved half of the participants' quality of sleep, with the majority of patients finding the products useful. If this study was expanded to more participants with similar results, the hospital could consider offering all patients an eye mask/ ear plug pack on admission, to improve patient experience and enhance recovery.

O22

Routine Postoperative Biochemical Tests in Primary Hip and Knee Arthroplasty Patients: Assessing Necessity and Clinical Outcomes

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Hywel Dda University Health Board

Introduction

Routine postoperative blood tests are common after primary hip and knee arthroplasty, but their value for every patient is uncertain in the era of enhanced recovery and routine tranexamic acid. In UK, this study sought to evaluate the clinical utility of first post operative days biochemical testing and to identify preoperative features that might permit selective testing.

Methods

A retrospective observational study was performed in 99 consecutive primary total hip (n=51) and knee (n=48) arthroplasties undertaken at DGH. Demographic and laboratory data (pre- and post-operative haemoglobin, white cell count, platelets, electrolytes and creatinine/estimated glomerular filtration rate (eGFR)) were collected. Normality was assessed, and paired comparisons used a paired t-test or Wilcoxon signed-rank test as appropriate. Outcomes included blood transfusion, and other interventions prompted by test results, delays to discharge and readmissions. Statistical significance was set at $p<0.05$, and 95% confidence intervals were reported for mean differences.

Results

The cohort had a mean age of 69.5±10.1 years. Mean haemoglobin fell from 136.33±12.83 g/L preoperatively to 115.81±13.03 g/L postoperatively. Mean haemoglobin change is 20.52 g/L (paired $t=18.59$; $p<0.001$), showing a mild fall in haemoglobin after surgery. Mean white cell count rose and mean platelet count fell, consistent with an expected postoperative response. A total of 93 (93.9%) patients had normal renal indices, and 91 (91.9%) had normal electrolytes postoperatively. No patient required blood transfusion. A total of 57 discharges (51.4%) were delayed while awaiting laboratory results.

Conclusion

Routine next-day blood tests after uncomplicated primary lower-limb arthroplasty produced predictable but infrequently actionable abnormalities and contributed to discharge delays. A selective, risk-based approach, directed at patients with low preoperative haemoglobin, impaired renal function, electrolyte derangement or other clinical concerns, appears safe and may reduce unnecessary testing, costs and length of stay.

O23

Adrenal insufficiency following systemic glucocorticoid therapy: a systematic review and meta-analysis

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Hywel Dda University Health Board

Background

Systemic glucocorticoid (GC) therapy is an effective treatment used commonly for a variety of diseases. It can lead to adrenal insufficiency (AI) due to effects on the hypothalamic-pituitary axis, yet it is unclear how to mitigate these known risks. We aim to address this with a systematic review and meta-analysis of several studies that have used precise reporting of glucocorticoid exposure.

Methods

We searched EMBASE, Web of Science, and MEDLINE for papers that had tested the effect of protocolised systemic glucocorticoid regimens for adrenal insufficiency and analysed the data. We included studies published since 2000, who had assessed adrenal insufficiency using the adrenocorticotrophic hormone (ACTH) stimulation test in adults using glucocorticoids. Articles were double-screened and risk of bias was assessed using an adapted Newcastle-Ottowa Scale. Extracted data include adrenal insufficiency prevalence, diagnosis, administration route, GC dose and tapering, treatment duration and timing of outcome assessment. We then did a meta-analysis using random effects models in R.

Results

The search identified 1340 studies, after a duplicate screening process of abstracts and subsequently full paper, 12 studies remained included in the meta-analysis. Of the 1170 participants included in the 12 studies, AI was reported in 423 people. The pooled prevalence of AI was 30% (95% CI: 19-45%), with a heterogeneity as reported prevalence ranged from 0- 70%. Subgroup analysis did not significantly explain the reason for this variability. Tapering regimens and delayed testing post-cessation reduced the observed prevalence ($p<0.01$). AI at treatment cessation was (48%, 95% CI: 35–62%) whereas when assessed >15 days after stopping was (15%, 95% CI: 8–26%).

Conclusion

The rate of AI following systemic glucocorticoid use was high in most studies. Given its high prevalence, AI should be considered a routine safety consideration rather than a rare complication. However, there was high heterogeneity which was left unexplained by subgroup analysis. The wide variability in AI prevalence suggests that it may be less predictable than previously assumed, supporting a shift from risk-based testing toward routine or protocolised assessment following systemic glucocorticoid cessation.

O24

A Cost-Effective Simulation Model for Teaching Ultrasound-Guided Intravenous Cannulation in Undergraduate Medical Education

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Swansea Bay University Health Board

Background:
Ultrasound-guided intravenous (US-guided IV) cannulation is an increasingly valuable clinical skill, particularly in patients with difficult venous access. Despite its relevance, structured teaching of this technique is not routinely incorporated into undergraduate medical curricula. Additionally, simulation-based education is often limited by the high cost of commercial training models and ultrasound equipment. This project aimed to design and deliver a cost-effective, high-yield teaching session for medical students, focusing on US-guided IV access while exploring innovative, low-cost simulation methods.
Methods:
We developed and implemented a practical teaching session for medical students from two UK medical schools (Cardiff and Swansea). The session utilised low-cost, homemade simulation models constructed from agar jelly, with a central lumen created using a removable metal straw to simulate a vein. Models were submerged in water to enhance sonographic realism. Teaching was delivered using two handheld ultrasound probes (~£5,000 each), significantly cheaper than conventional ultrasound systems. Students received supervised, hands-on practice in probe handling, vessel identification, and cannulation technique. Feedback was collected via post-session questionnaires.
Results:
Feedback was overwhelmingly positive, with students reporting high levels of engagement and perceived educational value. Participants highlighted the novelty of the session, particularly the opportunity to visualise real-time anatomy and practise a familiar clinical skill in a new context. Many reported increased confidence in attempting US-guided cannulation in clinical settings, especially in cases of difficult venous access. The low-cost agar models (~£0.50 per unit) compared favourably to commercial simulation arms (typically £300–£1,000+), without compromising perceived training quality.
Conclusion:
This project demonstrates that high-quality, engaging simulation-based teaching can be delivered in a highly cost-effective manner using simple materials and portable ultrasound devices. Such approaches may help expand access to novel clinical skills training in undergraduate medical education, with minimal resource burden and high learner satisfaction.

O25

The Impact of Admission Blood Tests on Patient Management

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Hywel Dda University Health Board

Background

We noticed a large volume of potentially irrelevant blood tests on admission of new patients into AMAU at our hospital. These 'irrelevant bloods' could incur cost and time (to do the test, assess results and deal with incidental findings). Clinically irrelevant blood tests could create a possibility of missing relevant abnormal results among a 'sea of red' abnormal blood tests. This defensive style of blood test requesting creates an over reliance on investigations over clinical judgement and is often done due to concern in missing potential diagnoses or senior criticism. Clinically irrelevant blood tests create potential for further unnecessary investigations, this knock-on effect has further implications on NHS resources, time and cost.

Method

We looked at full blood count, urea and electrolytes, CRP, liver function tests, bone profile, coagulation screen, troponin and d-dimer blood tests

Data collected to look at whether a test had been done, was it relevant to presenting complaint, were there unexpected findings and did the blood test change management.

Patients were identified from the AMAU admissions book

Data was collected from 52 patients, using the medical clerking proforma and Welsh Clinical Portal, and analysed using EXCEL

Aim

To improve relevance of blood tests to be above 80% and to therefore hopefully reduce unexpected findings and ensure more bloods changed management.

Intervention

To provide education to medical and nursing staff at medical meeting/grand round

Cycle 1 Results

Test Done Relevant To PC Unexpected Finding Change Management

FBC Yes 94.2 93.8 35.4 51.0

No 5.8 6.3 64.6 49.0

U&E Yes 94.2 91.7 27.1 37.5

No 5.8 8.3 72.9 62.5

CRP Yes 94.2 89.8 22.9 35.4

No 5.8 10.2 77.1 64.6

LFT Yes 88.5 42.2 26.7 15.6

No 11.5 57.8 73.3 84.4

Bone Yes 75.0 52.6 27.0 16.7

No 25.0 47.4 73.0 83.3

Coag Yes 71.2 42.9 33.3 0.0

No 28.8 57.1 66.7 100.0

Trop Yes 17.3 100.0 28.6 50.0

No 82.7 0.0 71.4 50.0

D-Dimer Yes 1.9 100.0 100.0 0.0

No 98.1 0.0 0.0 100.0

Cycle 2 Results

Test Done Relevant To PC Unexpected Finding Change Management

FBC Yes 100.0 98.1 42.3 42.3

No 0.0 1.9 57.7 57.7

U&E Yes 100.0 96.2 38.5 36.5

No 0.0 3.8 61.5 63.5

CRP Yes 96.2 98.0 46.0 48.0
No 3.8 2.0 54.0 52.0
LFT Yes 94.2 22.9 36.7 8.2
No 5.8 77.1 63.3 91.8
Bone Yes 82.7 34.9 32.6 9.3
No 17.3 65.1 67.4 90.7
Coag Yes 75.0 25.6 43.6 0.0
No 25.0 74.4 56.4 100.0
Trop Yes 21.2 90.9 54.5 54.5
No 78.8 9.1 45.5 45.5
D-Dimer Yes 3.9 100.0 50.0 100.0
No 96.1 0.0 50.0 0.0

Conclusion

The results show that despite education overall there was minimal improvement in relevant tests being organised, which is likely due to a defensive style of blood requesting at our hospital. We want to ensure relevant blood tests are still requested, but to encourage clinical thought behind each blood request done.

O26

Enhancing Preoperative Orthopaedic Communication: A Comparative Analysis of Large Language Model and Clinician-Generated Clinic Letters

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Background

Clear, effective communication is fundamental to orthopaedic practice, particularly when securing informed consent. Escalating NHS workforce and time constraints necessitate tools that streamline, yet enhance, patient-clinician dialogue. By analysing understandability, readability, and complication profile inclusion, this study aims to determine the feasibility of large language model (LLM)-assisted correspondence to support equitable, patient-centred consent and decision-making.

Methods

Six frequently performed orthopaedic operations were chosen. Standardised, clinic-friendly prompts were fed to four LLMs: OpenAI o1, DeepSeek, Gemini, and Copilot, each producing two letters per procedure. An identical prompt was provided to two clinicians to produce letters for the same operation, serving as a human benchmark. Understandability (Patient Education Materials Assessment Tool for Printable Materials (PEMAT-P)), readability (Flesch-Kincaid readability tests, Gunning Fog Index, and Simple Measure of Gobbledygook (SMOG) indices), and gold-standard complication inclusion were recorded.

Results

PEMAT-P understandability scores for each LLM were as follows: OpenAI o1 0.72 (±0.07), DeepSeek 0.81 (±0.09), Copilot 0.81 (±0.08), Gemini 0.83 (±0.05). Human letters scored 0.72 (±0.03). All LLMs produced text at a seventh-eighth grade level; Flesch-Kincaid 6.850-8.517, markedly simpler than human letters (10.6 ± 0.94). OpenAI o1's outputs were easiest to read according to the Gunning-Fog and SMOG scales (8.8833 ± 0.5702 and 9.9833 ± 0.4569), whereas clinician letters were harder (14.1333 ± 1.1 and 13.3333 ± 0.55). OpenAI o1 achieved the greatest complication profile compliance (0.923 ± 0.104, $P < 0.001$), followed by Gemini (0.860 ± 0.079).

Conclusion

LLMs can outperform traditional clinician correspondence in readability and understandability, while simultaneously incorporating gold-standard complication profiles into clinic letters. Embedding optimised, LLM workflows within outpatient practice could markedly reduce administrative burden, minimise transcription delays, and empower patients to make better-informed, shared decisions. Future research must refine LLM search capability, evaluate cost-effectiveness, ensure ethical and medico-legal oversight, integrate outputs with electronic health records, and establish rigorously validated pathways for safe clinical deployment.

Section Two · Poster Presentations

P1

Conservative Management of an Enterocutaneous fistula following a Sigmoid Mesenteric Cyst Excision : A Case Report

Dr Abhilash Mesh Mr Gayan Nanayakkara Ahmed Aly Mr Mohamed Elmorsy

Hywel Dda University Health Board

Background:
Mesenteric duplication cysts are rare congenital anomalies, most commonly arising in the ileum, with sigmoid involvement in adults being exceptionally uncommon. Surgical excision is the standard treatment; however, postoperative complications such as enterocutaneous fistula (ECF) are rare but associated with significant morbidity, including sepsis, malnutrition, and prolonged hospitalisation. Optimal management of ECF remains challenging and requires careful patient selection.
Methods:
We report a case of a 64-year-old woman who underwent elective laparotomy and excision of a large sigmoid mesenteric duplication cyst. Postoperatively, she developed a small bowel-cutaneous fistula confirmed on contrast-enhanced CT. Given her hemodynamic stability, absence of peritonitis, and low-to-moderate fistula output, a conservative management strategy was adopted. This included total parenteral nutrition (TPN), culture-guided antibiotic therapy, meticulous wound care, and close multidisciplinary monitoring.
Results:
The patient remained clinically stable throughout admission. Fistula output initially measured approximately 50–75 ml/day and progressively decreased with conservative management. Nutritional status improved with TPN, followed by gradual reintroduction of enteral feeding. By six weeks, the fistula had nearly completely closed, with significant wound healing and normalisation of inflammatory markers. At six-month follow-up, the patient demonstrated full recovery with no evidence of recurrence or complications.
Conclusion:
This case highlights that conservative management can be effective in selected patients with postoperative ECF. In the absence of uncontrolled sepsis, distal obstruction, or hemodynamic instability, a multidisciplinary approach focusing on sepsis control, nutritional optimisation, and wound care can achieve spontaneous fistula closure and avoid the morbidity associated with early surgical re-intervention.

P2

Conservative Management of a Ruptured Simple Hepatic Cyst: A Case Report

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Hywel Dda University Health Board

Background:
Simple hepatic cysts are common benign liver lesions that are usually asymptomatic and incidentally detected. Complications such as rupture are rare but may present with acute abdominal symptoms mimicking other intra-abdominal conditions. Due to the rarity of spontaneous rupture, optimal management remains unclear, with both conservative and surgical strategies described.
Methods:
We report the case of a 79-year-old woman presenting with acute right upper quadrant pain, nausea, and vomiting. Laboratory investigations showed an inflammatory response without hepatic dysfunction or sepsis. Contrast-enhanced computed tomography confirmed rupture of a large hepatic cyst with perihepatic fluid, without haemorrhage or biliary communication. Given haemodynamic stability, a multidisciplinary decision was made to pursue conservative management.
Results:
The patient was managed with intravenous fluids, analgesia, and close monitoring. Serial investigations demonstrated stable haemoglobin and improving inflammatory markers. No antibiotics or invasive procedures were required. Symptoms resolved, and the patient remained clinically stable. She was discharged and later underwent elective laparoscopic cyst deroofing, with an uneventful recovery and no recurrence.
Conclusion:
Conservative management is a safe and effective initial approach in selected patients with ruptured hepatic cysts who are stable and without infection or bleeding. This approach allows stabilisation and facilitates planned elective surgery, reducing the risks associated with emergency

P3

Sustained Clinical Improvement in Substance Misuse Outcomes Following Diagnosis and Treatment of Adult Attention-deficit/hyperactivity disorder (ADHD): A Case Report

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Hywel Dda University Health Board

Background:
Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by impulsivity, impaired attention, and hyperactivity, with associated adverse functional outcomes and an increased risk of substance use disorder (SUD). It affects approximately 5.9% of children and 3.1% of adults, with SUD occurring in nearly one in four individuals with ADHD. Evidence suggests that early identification and pharmacological treatment of ADHD may reduce substance misuse and improve other outcomes.
Methods:
A 34-year-old man with a longstanding history of polysubstance misuse presented to the Community Drugs and Alcohol Team (CDAT) in September 2021. He reported heroin as his primary substance, used daily, alongside secondary substances including cannabis and Suboxone. He was also prescribed Diazepam and Pregabalin, which he frequently misused, resulting in overdose and prior hospital admission. He had previously engaged in treatment for heroin use but experienced repeated relapses despite opioid substitution therapy (OST).
Clinical records were retrospectively reviewed. Substance use was assessed using a 7-day history and regular urine drug screening (UDS), with weekly monitoring following initiation of Methadone (OST). ADHD traits identified through self-report and clinician's observation prompted further evaluation. A comprehensive psychiatric assessment, including developmental history and DIVA-5 assessment confirmed severe combined-type ADHD. Symptom severity was monitored using the Adult ADHD Self-Report Scale (ASRS).
Results:
Following diagnosis in May 2022, Lisdexamfetamine was initiated and titrated to 70 mg daily alongside Methadone. This resulted in significant improvement in ADHD symptoms, sleep, and mood, reflected in ASRS scores. He achieved sustained abstinence from heroin and most illicit substances evidenced by regular UDS and has only had few stress-related lapses alongside minimal cannabis use.
Conclusion:
This case highlights the role of undiagnosed ADHD in perpetuating substance misuse and relapse. Early detection and integrated ADHD treatment within addiction services such as CDAT may significantly improve outcomes.

P4

Documentation, Review, and Compliance with MAP and SaO2 Targets in an Adult Intensive Care Unit

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Background

In the intensive care unit (ICU), clinical decision-making is guided by physiological targets, particularly oxygen saturation (SaO_2) and mean arterial pressure (MAP). Recent randomised trials have challenged traditional higher oxygenation and haemodynamic targets, suggesting potential harm from excessive oxygen delivery and overly aggressive MAP goals. Guidance now emphasises individualised targets, particularly in chronic respiratory disease or shock. However, translation into practice may be inconsistent. This audit evaluated compliance with clinician-defined SaO_2 and MAP targets and assessed whether these were explicitly reviewed and tailored during daily ward rounds.

Methods

This prospective audit was conducted in an adult ICU with weekly sampling. Data were anonymised prior to analysis. Patient characteristics, including ventilation status and vasopressor use, were recorded. SaO_2 and MAP were sampled at four predefined time points over 24 hours. Documented target ranges were extracted. MAP compliance analysis was restricted to observations with a defined target. Compliance was calculated as the proportion of readings within the documented target range. Ward-round documentation was reviewed for explicit target discussion or adjustments. Data were summarised descriptively.

Preliminary Results

Forty-four ICU observations were analysed.

SaO_2 targets were documented in 100%. Mean SaO_2 compliance was 57% (range 0–100%). Targets were reviewed during ward round in 55%.

MAP targets were documented in 57%. Vasopressors were in use in 30%, of whom 85% had a documented MAP target. Among observations with a defined MAP target, mean compliance was 96%. MAP targets were reviewed during ward round in 18%.

Conclusion

SaO_2 targets were consistently documented, but compliance and formal ward-round reassessment were variable. MAP targets were documented and reviewed less frequently, largely reflecting their selective use in patients receiving vasopressors. These findings highlight a gap between continuous monitoring and explicit documentation and review of targets. A cognitive prompt and targeted educational intervention, followed by re-audit, are planned.

P5

Improving Diagnostic Accuracy and Confidence in Chest X-Ray Interpretation Among Medical Students: A Quality Improvement Project

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Background: Chest radiography is the most performed medical imaging investigation and plays a central role in the assessment of acute respiratory pathology (1). However, undergraduate radiology teaching is often inconsistent, and medical students frequently demonstrate low confidence and limited diagnostic accuracy in chest X-ray (CXR) interpretation. This gap in radiological literacy may impact clinical decision-making in practice.

Methodology: A pre-intervention survey was administered via the Slido platform to assess self-reported confidence in chest X-ray (CXR) interpretation. This included a structured, image-based quiz evaluating identification of common pathologies.

The intervention took place in the form of a case-based online teaching session with award-winning international MedEd organisation OSCEazy, introducing a systematic approach to CXR interpretation using the ABCDE framework, alongside guidance on identifying normal anatomy from pathology.

A post-intervention survey and repeat image-based quiz were conducted to assess changes in confidence and diagnostic accuracy.

Results: The pre-session survey demonstrated low baseline confidence in chest X-ray (CXR) interpretation, with most students reporting neutral (58%) or low confidence (48%) in identifying common pathologies. Confidence in presenting CXR findings was also limited (84% rated low confidence). Baseline diagnostic accuracy from the CXR quiz was variable, with higher recognition of lung malignancy (69%) compared to pneumothorax (58%), pneumonia (45%), pleural effusion (54%), and COPD-related hyperinflation (31%).

Following the teaching session (n=24), self-reported confidence improved markedly across all domains, with 100% of participants reporting confidence in interpreting CXRs, identifying pathology, and presenting findings. Diagnostic accuracy improved overall, with 100% of participants correctly identifying pneumonia, pleural effusion, and lung malignancy post-session. Recognition of pneumothorax (57%) and COPD-related hyperinflation (17%) remained comparatively lower.

Conclusion: A structured, case-based teaching session significantly improved medical student confidence and diagnostic accuracy in CXR interpretation. Incorporating systematic approaches to radiological interpretation into undergraduate teaching may enhance early diagnostic skills and support safer clinical practice.

P6

Improving the Appropriateness and Quality of CT Abdomen & Pelvis Requests for Post-Operative Colorectal Patients

Cattaeh A

Cardiff and Vale University Health Board

Background: CT Abdomen and Pelvis is the most common requested scan in colorectal surgery at University Hospital of Wales, particularly for investigating suspected post-op complications such as anastomotic leak, bowel obstruction, or intraabdominal sepsis. The RCR iRefer guidelines and IR(ME)R regulations state imaging investigations should only be requested when the result is likely to contribute to diagnosis or management and that adequate clinical details must be provided (1,2). Poorly justified CT requests can lead to delays in scanning due to unclear clinical questions, inappropriate imaging protocols, or even rejection of requests despite clinical urgency.

Methodology: An 8-week analysis of CT request data from Cardiff & Vale University Health Board were retrospectively reviewed and a total of 31 eligible requests were identified for analysis. The quality of each request was assessed using a pre-defined scoring rubric, developed based on RCR iRefer guidelines, IRMER regulations, and recommendations from relevant peer-reviewed literature (1-3).

Results: 52% of requests had clear clinical indication/ question, 48% had sufficient clinical description of the patient's surgery and post-operative day, and 35% mentioned clinical features which clearly aligned with the suspected complication. 52% of requests had no mention of vital signs or relevant blood results, 39% did not justify timing of the scan which often led to rescheduling of the investigation and delays. However 65% appropriately identified the suitable contrast choice for investigating the complication.

Conclusion: Many requests lacked sufficient clinical information including the patient’s clinical status, relevant blood results, appropriate examination findings and justification for urgent scanning. Inadequate clinical information risks delayed imaging, suboptimal protocols, or rejection of clinically appropriate requests, in line with radiologists’ legal obligations under IR(ME)R. A targeted educational intervention and structured CT request checklist were therefore developed to support resident doctors in submitting clear, justified, and guideline-aligned imaging requests.

P7

Reducing the Time Taken between Death Verification and Completion of the Medical Certificate of Cause of Death (MCCD) on the Gastroenterology Unit by 25%.

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Hywel Dda University Health Board

Background

Timely completion of a Medical Certificate of Cause of Death (MCCD) is essential to allow the family to begin organising the funeral and estate,(1) with delays causing grieving families additional distress.(2) The local bereavement department targets certificate completion within seven days. However, the gastroenterology ward identified barriers to achieving this, such as lack of knowledge regarding MCCD completion and poor communication regarding outstanding certificates.

Methods

Data collection started in March 2025 via the bereavement office records and spanned one year. Three months were excluded due incomplete records and staff sickness. Patients referred to the coroner were also excluded. A quality improvement tool, "Plan-Do-Study-Act" (PDSA) was used to carry out two PDSA cycles. (2)

The first PDSA intervention was an "outstanding MCCDs" sheet in the gastroenterology ward aiming to improve continuity and accountability. The second cycle included a teaching session to the gastroenterology doctors on completing MCCD's, following feedback that doctors lacked confidence in MCCD completion.

Results

42 deaths were analysed over 12 months. At baseline, 50% of MCCD's met the local target of being completed within 7 days. This increased to 57% after PDSA cycle one, however decreased to 42.9% after cycle two. The overall mean time from death to MCCD completion improved by 5.5% after PDSA cycle two.

Conclusion

The "outstanding MCCD's" sheet is a simple, cost effective way of embedding MCCD completion into daily ward jobs, shown by the increase in MCCD completion within 7 days after PDSA cycle one. However, limited by its passive nature.

Teaching sessions aimed to improve confidence, but data may not reflect its effectiveness, as each data collection period involved a different cohort of rotating doctors with varying levels of experience and confidence. Highlighting the need for a sustainable resource for rotational doctors, such as a video teaching module.

P8

Comparative Outcomes and Haemodynamic Performance of Bio-Bentall and Freestyle Root Replacement: A Systematic Review and Meta-Analysis

1 Alexandra Aspinall, 2 Keagan Witts, 3 Zoe Davies, 4 Ashleigh Warner, 5 Iona Dixon

Hywel Dda University Health Board

Background

The optimal choice between stentless Freestyle and Bio-Bentall bioconduits for aortic root replacement remains uncertain. This meta-analysis compared peri-operative and mid-term outcomes between the two prosthesis types.

Methods

A systematic review identified four comparative studies (n = 521; Freestyle = 262, Bio-Bentall = 259). Outcomes analysed included early and late mortality, stroke, reoperation, mean gradient, and operative times. Random-effects Mantel-Haenszel and inverse-variance models were applied using RevMan 5.4.

Results

Early mortality did not differ significantly between groups (OR 0.94 (0.41-2.15), p = 0.89; I^2 = 0%). Late mortality was similar (OR 1.11 (0.33-3.72), p = 0.86). Incidence of stroke (OR 0.83 (0.34-2.03), p = 0.68) and reoperation (OR 1.37 (0.65-2.88), p = 0.41) were likewise comparable. Freestyle valves demonstrated a modestly lower postoperative mean gradient (standardised mean difference =-0.43 (-0.79 to -0.06, p = 0.02) Cross-clamp and bypass times showed no significant difference (SMD -0.78, 95% CI -2.31 to 0.75; p=0.32) and (SMD -1.07, 95% CI -3.37 to 1.22; p=0.36). Heterogeneity was low for clinical endpoints and moderate for operative times.

Conclusion

This analysis suggests no significant difference in peri-operative or late mortality, stroke, or reoperation rates between Freestyle and Bio-Bentall conduits. Freestyle devices showed slightly superior haemodynamic performance with lower mean gradients. Given the limited number and retrospective nature of available studies, these findings should be considered preliminary, pending confirmation in larger prospective cohorts.

P9

Outcomes of Redo Surgical Aortic Valve Replacement After Failed Transcatheter Aortic Valve Implantation: A Systematic Review and Pooled Analysis

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Background:
As transcatheter aortic valve implantation (TAVI) expands into younger and lower-risk populations, the incidence of TAVI failure requiring further intervention. Whilst redo TAVI has emerged as a potential management strategy, surgical aortic valve replacement (SAVR) remands an important treatment option in selected patients. However, outcomes following SAVR after prior TAVI remain incompletely characterised. This study aimed to evaluate the perioperative outcomes associated with SAVR following failed TAVI.
Methods:
A narrative synthesis of seven single-arm studies encompassing 4,402 patients undergoing redo SAVR after failed TAVI was performed. Weighted pooled estimates were calculated for peri-operative morbidity, mortality, and hemodynamic outcomes.
Results:
The weighted pooled estimate for operative mortality was 14.3% and the reported 30 day/in hospital mortality ranged from 11-45%, with a weighted pooled estimate of 13.8%. The pooled incident of stroke was 4.6%, whilst major bleeding occurred in ~11 %. Pacemaker implantation occurred in ~15 % of patients. Reoperation occurred in ~9 %, and new-onset atrial fibrillation in ~30 %. Median ICU stay was ~92 hours and hospital stay ~10 days (7-17). Post-procedural mean gradients averaged ~11 mm Hg, indicating satisfactory valve haemodynamics.
Conclusions:
SAVR following TAVI is associated with substantial operative risk and postoperative morbidity, reflecting both the technical complexity of the procedure and the comorbid profile of the affected patients. As the use of TAVI continues to expand, careful patient selection and long-term valve management strategies are essential when considering lifetime treatment pathways for aortic valve disease.

P10

Mastectomy Flap Thickness and Intraoperative Perfusion Assessment As Predictors of Complications in Breast Reconstruction: A Systematic Review

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Hywel Dda University Health Board

Background:
Mastectomy skin flap necrosis is a significant complication following breast reconstruction, associated with infection, implant loss and reoperation. Intraoperative assessment of flap viability remains largely subjective, although techniques such as Indocyanine Green Angiography (ICG) have been increasingly adopted to provide objective evaluation of tissue perfusion. Flap thickness represents an additional key variable, reflecting the balance between oncological safety and preservation of vascular supply. However, the relationship between mastectomy flap thickness, perfusion and postoperative outcomes remains incompletely defined.
Aim:
To systematically evaluate whether mastectomy flap thickness and intraoperative perfusion assessment predict postoperative complications following breast reconstruction.
Methods:
A systematic review was conducted in accordance with PRISMA guidelines. Studies involving patients undergoing mastectomy with breast reconstruction that report flap thickness and/or intraoperative perfusion assessment in relation to postoperative outcomes were included.
Primary outcomes include mastectomy skin flap necrosis, with secondary outcomes including infection, implant loss and reoperation. Risk of bias will be assessed using validated tools for observational studies. Where sufficient homogenous data are available, meta-analysis will be performed using a random-effects model to calculate pooled risk ratios.
Results:
A comprehensive search strategy has been developed, with preliminary searches identifying several hundred studies for screening. Study selection and data extraction are currently underway.
Conclusion:
This study will provide a comprehensive synthesis of current evidence on objective predictors of mastectomy flap viability. Improved understanding of these relationships may enable more objective intraoperative decision-making. Findings are expected to support the development of prospective studies integrating flap thickness and perfusion assessment to improve outcomes following reconstruction.

P11

Barriers to Sustainable Impact in Burns Capacity-Building Initiatives in Low- and Middle-Income Countries: A Systematic Review

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Background:
Burn injuries represent a major global health burden, disproportionately affecting low- and middle-income countries (LMICs), where access to specialist care and infrastructure is limited. Capacity-building initiatives, including training programmes, partnerships, and outreach missions, are widely implemented to improve burns care. However, the long-term impact and sustainability of these interventions remain variable and are often poorly evaluated.
Barriers to sustained impact are likely multifactorial and include structural, educational and context-specific domains; however, they remain poorly characterised. Understanding these barriers is essential to optimise future programme design and delivery.
Aim:
To systematically evaluate factors influencing the long-term impact and sustainability of burns capacity-building initiatives in LMICs.
Methods:
A systematic review will be conducted in accordance with PRISMA guidelines. Studies describing burns-related capacity-building initiatives in LMICs, defined according to World Bank classification, will be included.
Outcomes of interest will include measures of sustainability, system-level impact, workforce development, and patient-related outcomes where reported. Both quantitative and qualitative studies will be included. Risk of bias will be assessed using appropriate tools and findings will be synthesised using a narrative thematic approach to identify key barriers and facilitators to sustainable impact.
Results:
A comprehensive search strategy has been developed and preliminary searches suggest a diverse body of literature describing capacity-building interventions and their outcomes. Study selection and data extraction are currently underway.
Conclusion:
This review will provide a structured synthesis of barriers to sustainable impact in burns capacity-building initiatives in LMICs. Findings are expected to inform the design of future global surgery programmes and support more effective, context-specific interventions.

P12

A novel case report of unexplained disruption of liver function with Secukinumab (interleukin-17A inhibitor) to treat Ankylosing Spondylitis.

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Introduction:
Secukinumab inhibits interleukin-17A to dampen inflammation. Despite secukinumabs long term efficacy, mass trials reported common adverse events (AEs) such as upper respiratory tract infection symptoms, diarrhoea and arthralgia due to its immunosuppressive effects. However, overall, long term studies demonstrate minimal side effects with a commendable safe profile (1).
Case Report:
A 38-year-old Caucasian male has a background of ankylosing spondylitis, HLA-B27 negative, with sacroiliitis observed on MRI.
In May 2025, he demonstrated high active disease and was happy to switch to secukinumab. Prior to commencing secukinumab, he had an extensive full set of bloods including liver function tests (LFTs), virology and HIV screen which were all normal. In September 2025, he began secukinumab treatment.
In October 2025, his LFTs were significantly deranged which was sustained on further tests between November- December during treatment. On previous blood tests since August 2023 his LFTs were normal.
Extensive investigations were carried out to explore the unexplained LFT derangement. A virology screen, liver autoantibodies and leptospirosis tests were all negative. Further, an abdominal ultrasound (USS) presented no significant findings. All other causes were excluded which led to discontinuation of secukinumab in early December. His LFTs returned to normal in end of December and his most recent blood tests demonstrated the same.
Conclusion:
This is a significant finding as since secukinumabs approval, mass clinical trials documented no liver injury (2). Only one case report in the literature presented a similar case for a patient treated for psoriasis with unexpected LFT derangement and fatty liver changes which completely resolved following discontinuation of secukinumab (3).
Ultimately, given our patient refused to restart secukinumab, it is difficult to comment if it had specifically led to the hepatoxicity but demonstrates the need for close monitoring when beginning patients on new biologics.

P13

Too Burnt Out To Tackle Burnout – The Impact of Moral Injury on Wellbeing Initiatives

1 - Chowdhury, A; 2 - Carpenter, B ; 3 - Morris, J

Hywel Dda University Health Board

Background - Burnout in healthcare is one of many factors influencing the ever-growing exodus of doctors leaving the United Kingdom to work abroad, or indeed leaving the profession altogether. The issue is amplified in district general hospitals in rural areas of the UK, such as West Wales, where newly qualified doctors work in an underfunded healthcare system, away from their support networks, undervalued compared to their equally trained counterparts across the UK.

Summary of Work - This quality improvement project focussed on reducing burnout to improve physician retention, but prematurely closed when the lead clinician found themselves to have 'burnt out' following attempted wellbeing interventions. Adapted from the Oldenburg Burnout Inventory, a questionnaire was completed weekly for 10 weeks by resident doctors in a rural hospital, with the option to provide free text answers. Following preliminary data analyses, proposed interventions focussed on working conditions, staffing levels, induction programmes and team-building events.

Summary of Results - Analysis of 51 responses demonstrated 45% of participants were at a significant risk of experiencing burnout. Thematic analysis of the free text responses highlighted 4 key influences on individual risk of burnout; staffing levels, senior support, professional relationships and local teaching. However, data collection ceased after the lead clinician was met with multiple barriers to implementing interventions; including financial constraints, negative cultural practices, and the moral injury associated with multiple failed attempts to negate these influences. The only factor identified as having no barrier to improvement was that of education.

Discussion and Conclusion - This undertaking highlights the impact of burnout on postgraduate medical educators, who maintain responsibility for trainee wellbeing and development alongside the demands of their clinical roles. Moral injury accompanies servitude to the NHS, in the form of guilt towards patients who deserve better treatment, and now towards students and trainees who are entering a professional environment which promises to challenge them far beyond the limits their predecessors faced. While cultural and financial barriers to change remain, medical education initiatives are a promising avenue through which burnout can be reduced, ultimately hoping to improve retention of resident doctors.

Take Home Messages - Future wellbeing initiatives should take advantage of opportunities in medical education, with support for investigating and acting clinicians.

P14

Making Every Contact Count: Are we doing it?

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Background

In 2023, approximately 1 in 5 deaths in Wales were considered preventable (Office for National Statistics, 2023). Public Health Wales identifies four key health determinants of early mortality and morbidity: Smoking, Nutrition, Alcohol and Physical activity.

Smoking

Smoking remains a leading cause of death in Wales. The Welsh government aims to treat 5% of smokers via NHS cessation services.

Alcohol

Nearly half of all men and over a third of women exceed recommended drinking guidelines (Welsh Government 2016).

Nutrition

In 2020, 61% of Welsh adults were considered overweight or obese (PHW).

Aims/Objectives

This audit assesses whether screening questions are asked routinely in outpatient settings, forming a basis for further work within this area.

Methods

We conducted a two-week audit of outpatient appointments at Prince Philip Hospital. Using clinic letters, we assessed if clinicians documented patient weight, smoking status and alcohol consumption.

Results

Smoking

Only 13.7% of patients were asked about smoking status. 40% of smokers/vapers were offered advice from the clinician. 1 patient was referred to smoking cessation services.

Alcohol

Alcohol consumption was documented in a third of patients. 9% were drinking over recommended guidelines, and half of these were offered clinician advice. No referrals to alcohol misuse services were documented.

Weight

Of 371 patients included, 12.8% of clinical notes contained their weight. 9 patients were offered lifestyle advice, and 4 patients were informed of weight management services.

Conclusion

We are not currently meeting the target of asking about modifiable lifestyle factors. In the outpatient setting, there are barriers as to whether clinicians recognise these modifiable factors, initiate discussion and make referrals. Many of these services are self-referral and therefore it is difficult to influence upon and trace these referrals. Time and relevance were other limiting factors. It is imperative address these factors to improve on clinician engagement in modifiable lifestyle factors.

P15

Lower limb immobilisation for simple fractures and sprains: can a simple checklist improve compliance to risk assessment for VTE?

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Lower limb immobilisation (LLI) following trauma poses elevated risk of VTE. Prophylaxis is a cost-effective method in reducing risk, decreasing symptom severity and lowering incidence of post-thrombotic syndrome (1). Age, mechanism of injury, BMI and family history have the strongest evidence base for increased risk (1).

This was a two-cycle QIP conducted at BGH Emergency Department, aiming to increase VTE risk assessment for patients discharged home with LLI for minor orthopaedic injuries (fractures and sprains not requiring admission or surgery). The first intervention introduced a health board risk-assessment checklist via an ED teaching session. The second was to send reminders to ED staff and place forms in accessible areas within the department.

For each four-week cycle, 10 days were selected using a random number generator. Notes were manually reviewed and up to four cases selected for the study per day, eligibility permitting. Patients under 16 were excluded from the study.

88 notes were reviewed in total. Pre-intervention, compliance was 8%. 25% of patients without risk assessment were ‘high risk’ in retrospect. Compliance increased fourfold in cycle one (from 8% to 34%) & plateaued in the second (33%). The teaching session had more meaningful impact on improving compliance than the second intervention, suggesting gentle reminders have limited capacity in implementing permanent change. Patients under 35 in cycle 1 were risk assessed 25% of the time compared to 57% in people 65 or over - perhaps due to a presumption that young people likely don’t require thromboprophylaxis. This fails to account for certain demographics, such as young women on oral contraceptives. Crucially, the checklist proved effective in identifying which individuals were at highest risk; all, with the exception of one already on oral anticoagulants, received thromboprophylaxis. Future cycles should focus on incorporating the checklist into ED notes in light of this finding.

P16

A retrospective study to assess the Co-relation between D-Dimer levels and Pulmonary Embolism confirmed via Computed Tomography Pulmonary Angiogram

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Abstract

Background -

Pulmonary embolism (PE) is a life threatening emergency caused by obstruction of the pulmonary arteries by thrombi, mainly arising from deep veins in the lower limbs. PE compromises pulmonary gas exchange which increases right ventricular strain and may be fatal if not promptly treated. Measurement of D dimer in conjunction with computed tomography pulmonary angiography (CTPA), is widely used in the diagnostic evaluation of suspected PE. Early diagnosis and initiation of anticoagulant therapy are associated with significantly improved clinical outcomes and survival.

Aim -

This study aimed to evaluate the association between elevated D dimer levels and positive CTPA findings confirming PE in patients presenting with chest pain, dyspnoea, or clinical suspicion of PE during acute medical admissions.

Methods -

A retrospective review was conducted at the Acute Medical Unit of a district general hospital within West Wales NHS Trust, between January 2025 and December 2025. Patients presenting with chest pain, dyspnoea, or suspected PE who underwent D dimer testing and/or CTPA as part of their diagnostic work up were included. Data was analysed to assess correlation between D dimer results and confirmed PE diagnoses on CTPA.

Results -

Among the 120 patients analysed, 23.33% were diagnosed with PE based on CTPA findings. In the D dimer positive group, 17.5% were subsequently confirmed to have PE, while 5.83% of patients in the D dimer negative group were also diagnosed with PE. Notably, 43.33% of patients demonstrated elevated D dimer levels but did not have evidence of PE on CTPA. Statistical analysis did not demonstrate a significant association between elevated D dimer levels and confirmed PE ($\chi^2 = 3.0763$, $p = 0.0794$).

Conclusion -

This study did not demonstrate a statistically significant relationship between elevated D dimer levels and positive CTPA confirmation of pulmonary embolism. These findings highlight the limitations of D dimer testing as a standalone predictor of PE and suggest that current clinical decision rules may require refinement to reduce unnecessary CTPA referrals, particularly in acute medical settings.

P17

Improvement of Out-of-Hours (OOH) Shifts at Hywel Dda: A Quality Improvement Project

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Background:
Out-of-hours (OOH) hospital shifts are frequently characterised by high workload, inefficient task allocation, and frequent interruptions via bleeps. Many bleeps relate to non-urgent or procedural tasks that should have been completed 'in hours', potentially delaying response to clinically deteriorating patients and contributing to staff stress and inefficiency.
Aim:
To quantify the frequency and nature of bleeps received by OOH staff and evaluate whether targeted interventions can reduce unnecessary bleeps and improve task prioritisation.
Methods:
This quality improvement project is being conducted at Withybush Hospital within Hywel Dda University Health Board. Baseline data collection involves prospective recording of bleeps over 12-hour OOH shifts by junior doctors, clinical site managers, critical care outreach team (CCOT) nurses, and on-call medical and surgical teams. Bleeps are categorised by task type (e.g., venepuncture, cannulation, catheterisation, prescribing queries, and clinical deterioration).
Following baseline analysis, three interventions will be introduced: (1) a triage bleep system to filter and prioritise tasks, (2) an electronic/physical logbook to record and track OOH tasks and (3) mid-shift safety huddle. Post-intervention data will be collected and compared to baseline.
Results (Expected):
We hypothesise that the interventions will reduce the number of non-urgent bleeps, improve prioritisation of clinically urgent tasks, identify what jobs are unnecessarily being left for OOH and enhance team situational awareness through improved task tracking.
Conclusion:
This project aims to optimise OOH workflow, improve patient safety, enhance staff experience and reduce burnout of junior doctors. If successful, the interventions could be scalable across other hospital sites within the health board.

P18

DESCRIPTIVE ANALYSIS OF THE PEMBROKESHIRE STROKE POPULATION IN 2024

Hanna-Davies, Thomas C

Hywel Dda University Health Board

Background and aims
2.5% of the Hywel Dda health board population were on the stroke register in 2024 (1). The health board stroke prevalence was second highest for Wales and greater than the average stroke prevalence in Wales of 2.17% (1). Increased
risk factors such as an ageing population and lifestyle factors explain this. Our study aims to describe the ischaemic
stroke population in Pembrokeshire and identify the reasons behind prevalence.
Methods
This was a retrospective cross-sectional study with data collected from SNAPP database of patients presenting to Withybush General Hospital (WGH) between 1st January to 31st December 2024. Clinical records were used to identify patient demographics and treatment.
Results
The study included 219 participants. Mean age 73.7 (SD +/- 13.1, 39.7%) female. Mean NIHSS score on admission was
6.45 (SD +/- 6.35). Median MRS score pre-hospital admission was 1 (IQR 0-3). 43 participants received thrombolysis
and 14 people received thrombectomy. The median duration of stay was 6 days (IQR 2-21). 184 people had at least 1 or
more risk factors for ischaemic stroke. The most common risk factor was hypertension (n=167, 76.3%) followed by
diabetes (n=50, 22.8%). The median time between symptom onset and hospital presentation was 518.5 minutes (IQR
136.5-1180).
Conclusions
This study provides an overview of ischemic stroke patients presenting to WGH in 2024. The findings demonstrate a
high burden of modifiable risk factors and limited people receiving initial medical or surgical treatments for stroke.
This highlights the need for community level interventions focussed on primary prevention and timely hospital presentation.

P19

Patient Satisfaction of Peri-Operative Care Following Elective Surgery in UHW

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Objective: To evaluate patient satisfaction with peri-operative anaesthetic care at University Hospital Wales (UHW) and benchmark findings against national Royal College of Anaesthetists (RCOA) data (1,2).

Methods: A purpose-built questionnaire, informed by the validated 24-hour Bauer questionnaire, was administered to 100 patients within 24 hours of recovery from elective general anaesthesia (GA) (3). Data were collected across two domains: quality of service and anaesthesia-related discomfort.

Results: Overall care quality averaged 9.6/10, with 82% of patients awarding the maximum score. Communication satisfaction was strong — 95% reported a detailed explanation of their care and 87% were very satisfied with its content, exceeding a national benchmark of 83.4%. Pain management satisfaction reached 97%, with 72% being fully satisfied versus 61.6% nationally. However, only 50% of patients were aware of their post-operative analgesic regimen, and anaesthetist continuity of care was achieved in just 45% of cases. Anaesthesia-related discomfort broadly mirrored national data; moderate side effects were marginally more prevalent at UHW (33.4% vs. 30.0% nationally), while severe adverse effects were less common (8.5% vs. 11.1%). The most frequent severe discomforts were thirst, hoarseness, and nausea or vomiting (each 13%). Average fasting duration was 8.7 hours — considerably above a national audit mean of 4.9 hours — with a statistically significant association between prolonged fasting and severe thirst ($p < 0.0001$).

Conclusion: UHW delivers an exceptional standard of peri-operative care, outperforming national benchmarks in communication and pain management. Targeted improvements are warranted in three areas: reducing unnecessary fasting through better pre-operative communication, improving patient awareness of post-operative analgesia, and increasing the frequency of post-operative anaesthetist review. Alongside optimised anti-emetic and warming protocols, these changes would position UHW to exceed the RCOA's targets for minimising anaesthesia-related discomfort.

P20

Bowel symptoms and management practices in Parkinson's disease and related conditions: results from the PRIME-UK study

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Objective:
To describe bowel symptoms and constipation management practices in a large, representative cross-sectional study of Parkinson's and related disorders.
Background:
Bowel symptoms, particularly constipation, are common in patients with parkinsonism (1) and can have significant psychological and social implications, as well as affecting medication absorption (2). There remains a limited evidence base for what common treatments for constipation are effective in Parkinson's disease (3). Given clinical decision making is left to experience, current prescribing practices are unknown.
Methods:
Data was collected from the PRIME-UK single-centred cross-sectional study using self-reported participant questionnaire booklets. Bowel symptoms were collected using two scales: The Scale for Outcomes in Parkinson's disease – Autonomic dysfunction (SCOPA –AUT) and the neurogenic bowel dysfunction score (NBD). Current laxative use was determined from participants' self-reports.
Results:
The study included 445 participants (median age 75.5 (IQR 48.9-91.4), 34.4% female). Median duration of disease was 6.2 years (IQR 0-28). 249 (56.6%, 95% CI 51.8-61.3%) participants experienced <2 bowel movements per week. 187 participants took laxatives. The majority were taking 1 laxative (n=80, 76.9%) followed by 2 laxatives (n=16, 15.4%). The most commonly prescribed laxative group was osmotic (n=82, 78.9%) followed by stimulant (n=29, 27.9%) and softeners (n=14, 13.5%). There was very low use of therapies outside these categories.
Conclusions:
Bowel symptoms and therefore laxative prescribing were common in this representative cohort of people with Parkinsonism. There appears to be a trend towards prescribing osmotic laxatives although the evidence base and rationale is limited. Given the majority of participants continue to be constipated, despite being on a single agent, patients may be undertreated or have an inadequate response to current treatments. Research is needed to determine an evidence-based treatment algorithm for constipation management in PD including escalated treatment regimes, which may provide better symptom control.

P21

atypical neurologic deficits in a suspected case of leptomeningeal carcinomatosis in a patient with metastatic prostate cancer: a case study and review of the literature

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background and purpose:
This case report follows the atypical presentation of a suspected leptomeningeal carcinomatosis (LMC) in a patient with newly diagnosed metastatic prostate cancer and a pre-existing extensive neurological background. The work-up and diagnosis of LMC bears significant complexity given there is no gold-standard guideline to follow. Yet the prevalence of LMC in prostate cancer continues to increase given increasing survival rates for prostate cancer patients.
Methods:
A literature review of case studies of LMC in prostate cancer patients was conducted and used to reflect on the case of a 78-year-old previously fully independent patient with motor and sensory loss in his right leg 10 days before his hospital admission which was preceded by a gradual onset of ataxia multiple falls and an abnormal gait noted by his partner three weeks prior. He was admitted under urology for a high prostate-specific antigen (PSA) result which lead to his eventual diagnoses with a T4N1M1b metastatic prostate cancer. The patient has an extensive neurological background which further contributes to the complexity of this diagnosis.
Results:
Significant heterogeneity exists in present literature in the diagnostic approach leading up to the diagnosis of LMC in prostate cancer patients. One case report reported on the increased diagnostic yield of combining magnetic resonance imaging (MRI) to cerebrospinal fluid (CSF) analysis. Another case reported on the evaluation of CSF PSA in suspected LMC cases.
Conclusion:
A formal diagnosis has yet to be established for our patient. The patient will continue treatment with a gonadotropin receptor hormone antagonist pending consideration for more systemic therapies or palliative radiotherapy.

P22

Surgical Departmental Teaching QIP to increase post-teaching retention of knowledge among surgical trainees in Withybush General Hospital

Harrower D

Hywel Dda University Health Board

Departmental teaching is of vital importance not only to a trainees continued professional development but also for patient safety. It allows expert knowledge from specialists in their area of practice to impart vital knowledge on trainees who are currently rotating in that specialty. This in turn allows the trainees to deliver a higher standard of care. It is well documented in literature that we forget a large percentage of what we are taught soon after it has been delivered, especially if this information is imparted in a way where the knowledge is not recalled or repeated. This QIP aims to improve retention of knowledge through multiple methods.
Residents who attended departmental teaching had their retention of what was taught in each session tested by answering a series of short SBA style exam questions. This data was collected and used to inform PDSA cycles implementing changes such as ensuring slides were accessible after teaching sessions had been concluding, increasing interaction between teacher and learner and testing their knowledge and ensuring opportunity to recall/revise information that may otherwise be forgotten.
Data is still currently being collected to see if there is improvement after 2 PDSA cycles or if further cycles need to be planned. As such, conclusions cannot be drawn at present.

P23

“Evaluating the need for an ENT mobile kit and its impact on emergency preparedness and patient safety”

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Hywel Dda University Health Board

Background:
This Quality improvement project was designed to evaluate the need for and effectiveness of an ENT mobile kit containing all the necessary equipment for common ENT presentations and emergencies managed by the ENT Senior House Officers (SHOs) at Glangwili General hospital and its impact on patient safety and effectiveness of patient care.
Methods:
The methods used for this project involved 2 online surveys designed and analysed by myself, completed by the ENT SHOs, registrars and other members of the MDT such as nurses, in order to initially evaluate the need for an ENT mobile kit and what should be contained within the kit. Secondly, the effectiveness of this kit on efficiency of patient care, reduction in delays and patient safety.
Results:
Initial surveys among ENT SHO’s revealed that 100% of ENT SHOs searched unnecessarily for necessary equipment during emergency procedures, resulting in decreased efficiency and in turn a delay in patient care. 66% believed an on-call bag with appropriate emergency equipment, for SHO skills and airway emergencies would enhance efficiency and patient care.
As a result of this data we developed an ENT on call bag with equipment for essential ENT presentation and emergencies from epistaxis and Quinsy drainage to airway emergencies.
Conclusion:
The second cycle revealed that 100% of resident doctors found the ENT on call bag easy to use, saving them 5-10 mins of unnecessary searching for equipment and that it has somewhat to significantly improvement their confidence and effectiveness in management common ENT emergencies whilst on call. The survey also revealed that they believed patient trust in the department had also improved due to improved efficiency of care, organisation and decrease in patient delays, overall improving patient outcomes.

P24

From Feedback to Performance: A Structured Sequential Teaching Clinic Model in Obstetrics and Gynaecology

L, M, R

Hywel Dda University Health Board

Background

Clinical exposure in Obstetrics and Gynaecology (O&G) can be limited for medical students due to time pressures, sensitive consultations, intimate examinations and reduced opportunities for direct participation. While feedback is recognised as essential to learning, clinicians are often expected to provide feedback in time-pressured environments while managing significant clinical demands. Opportunities to apply feedback can be sporadic and students may lack the opportunity to do so immediately in real clinical settings. Structured teaching clinics provide a safe environment for deliberate practice and progressive skill development.

Summary of Work

A structured teaching clinic was developed in a district general hospital where medical students undertook sequential history-taking consultations with three patients during a single session. After each consultation, the clinical teaching fellow provided immediate, targeted feedback focused on communication, structure and clinical reasoning. Students then presented each case to a supervising consultant and observed the subsequent consultation, allowing comparison between student and clinician approaches and further discussion on clinical decision-making. Students were encouraged to apply feedback in subsequent consultations within the same session. Evaluation was conducted using pre- and post-session confidence questionnaires and qualitative feedback.

Summary of Results

Students reported increased confidence in history-taking, structuring consultations and discussing sensitive O&G topics. Qualitative feedback highlighted the value of immediate feedback and the opportunity to “act on feedback straight away,” with students describing noticeable improvement between their first and final consultations. Observation of consultant-led consultations reinforced learning, allowed for discussion of practical nuances and complexities and helped contextualise feedback within real clinical practice.

Discussion and Conclusion

This structured teaching clinic model facilitates deliberate practice through repeated patient encounters combined with immediate feedback and observation of expert practice. Embedding feedback within the same clinical session allows students to translate theory into practice, addressing common barriers to active participation in O&G placements.

P25

Enhancing Neutropenic Sepsis Management: Addressing Knowledge Gaps and Improving Guideline Adherence in Hywel Dda Health Board

Quarrey, E; Phillips, M

Hywel Dda University Health Board

BACKGROUND

Neutropenic sepsis is a life-threatening condition requiring prompt recognition and urgent management. It carries a high mortality rate, estimated up to 21%. 1

This project aimed to evaluate current management of neutropenic sepsis within Hywel Dda Health Board and improve the quality of care by enhancing awareness, knowledge and adherence to local guidelines amongst healthcare professionals.

METHODS

Data was collected for all patients treated for neutropenic sepsis within Hywel Dda Health Board between 2024 and 2025. Key metrics included antibiotic selection, time to first dose, and completion of recommended investigations.

A survey assessed baseline knowledge of local guidelines and provided immediate feedback and education. Teaching sessions were also delivered to medical and nursing staff.

Following these interventions, repeat data collection was undertaken to assess improvements in knowledge, guideline adherence and overall quality of care.

RESULTS

The survey identified significant knowledge gaps in neutropenic sepsis management. 27% of participants were unable to correctly define neutropenia, 17% incorrectly selected first-line antibiotic therapy, and 72% were unable to correctly identify appropriate timing for switching from intravenous to oral antibiotics. Additionally, 61% of participants incorrectly selected the first-line antibiotic for suspected line infections and 67% selected incorrect oral antibiotics when stepping down from IV treatment.

Clinical data collection highlighted key aspects requiring improvement, including delays in administering the first antibiotic dose, often exceeding the recommended one-hour window, and incorrect antibiotic prescribing.

CONCLUSION

This project identified key areas needing improvement in the management of neutropenic sepsis. Targeted educational interventions enhanced knowledge and adherence to local guidelines, contributing to improved quality of care and supporting better patient outcomes.

P26

Fear of Fatal Anaphylaxis triggered by TikTok: a Case Report

(Cross E; Fountain-Polley S [guarantor])

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Author contribution:

I clerked and performed the initial clinical assessment of the patient and identified the case as suitable for reporting. I conducted the literature review, synthesised the relevant evidence, and was responsible for drafting and preparing the case report for submission.

Background:

Children's exposure to social media has increased substantially, with platforms such as TikTok influencing both behaviour and perception of risk. Research has largely focused on social media's impact on diet, body image, and disordered eating, while acute anxiety or phobias triggered by online content remain underreported.

Case:

In this case, an 11-year-old boy with no prior eating difficulties or psychiatric history developed acute food refusal after watching a TikTok video depicting a child dying from an allergic reaction. He experienced nausea, panic, and a sensation of throat constriction when attempting to eat, leading to avoidance of all food and drink except water. Examination and investigations were largely unremarkable. Supportive care in hospital, alongside input from Child and Adolescent Mental Health Services, led to a gradual resumption of eating.

Discussion/conclusion:

This case illustrates that vicarious trauma from online content can precipitate a phobia, and outlines yet another implication of increasing social media exposure in children.

P27

Assessment of Treatment Escalation Plans for Patients at Risk of Clinical Deterioration at a rural General Hospital in Wales.

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Background

Treatment Escalation Plans (TEPs) outline the level of clinical intervention appropriate for patients at risk of deterioration, including decisions on invasive therapies, suitability for higher-level care, and cardiopulmonary resuscitation (CPR). Clear documentation of TEPs reduces non-beneficial interventions, inappropriate critical care referrals, and avoidable harms, while improving dignity at the end of life and supporting prompt decision-making by on-call teams. National guidance, including SIGN 167 and the All Wales Treatment Escalation Plan Policy, emphasises early identification of deteriorating patients and proactive documentation of ceilings of care. This audit evaluated compliance with these standards in a rural General Hospital, focusing on whether patients at risk of deterioration had timely and comprehensive TEPs in place.

Methodology

A retrospective review of 102 records of patients admitted under the medical team between 01/10/2025 and 31/01/2026 was conducted. Inclusion criteria defined “at-risk” patients using NEWS2 triggers: score ≥1 on admission, score ≥4 at any time, increase by ≥3, or any single red parameter. Data collected included the presence of TEP within 48 hours, documentation of DNACPR decisions, subsequent TEP reviews, and the occurrence of adverse events requiring urgent review from Critical Care Outreach or Medical Emergency Team.

Results

While 80% of patients met the "at-risk" criteria, only 30% had a documented TEP in their post-take review, and only 24% received a follow-up TEP review during admission. Although 67% of patients had a documented CPR decision, 35% of these lacked an accompanying escalation plan, creating ambiguity regarding ceilings of care (e.g., NIV or ITU transfer). Notably, 36% of patients with a high-risk admission NEWS2 (>4) had no TEP. Approximately 38% of audited patients experienced adverse events requiring urgent out-of-hours or Medical Emergency Team (MET) review; of these, nearly half lacked a clear escalation plan despite multiple senior reviews. Additionally, 35% of patients with a DNACPR decision had no TEP, highlighting a misconception that DNACPR equates to a full escalation plan.

Conclusion

This audit demonstrates substantial gaps in the documentation of Treatment Escalation Plans for patients at risk of clinical deterioration at WGH, with clear implications for patient safety and adherence to SIGN 167 and GMC standards. The absence of proactive escalation planning contributed to increased out-of-hours reviews, CCOT/MET involvement, and avoidable clinical risk. The findings highlight a persistent “documentation gap,” where clinical concern is recognised but not translated into clear, anticipatory management plans. Improving compliance with TEP documentation is essential to ensure safe, patient-centred care, reduce non-beneficial interventions, and support timely decision-making during deterioration

P28

Adherence to RCOG Green-top Guideline No. 17 in the Investigation of Recurrent Miscarriage: A Clinical Audit

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BACKGROUND: Recurrent miscarriage has significant physical and psychological consequences. The Royal College of Obstetricians and Gynaecologists (RCOG) Green-top Guideline No. 17 defines recurrent miscarriage as three or more first-trimester losses, while recognising that investigation may be appropriate after two miscarriages where there are clinical concerns. Recommended investigations include screening for antiphospholipid syndrome, assessment of uterine anatomy, consideration of cytogenetic analysis of pregnancy tissue, and targeted investigations based on individual risk factors. Timely investigation, clear communication of results, and appropriate follow-up are essential components of care.

AIM: To determine the proportion of women with recurrent miscarriage who complete recommended investigations within the agreed timeframe and receive appropriate follow-up in accordance with RCOG guidance.

METHODS: A retrospective audit of clinical records and clinic correspondence will be undertaken for patients meeting the definition of recurrent miscarriage who were seen within the service during the audit period (January 1st 2025-December 31st 2025). Data will be collected using a standardised pro forma. Standards are derived from RCOG Green-top Guideline No. 17 and include: eligibility and offer of investigations; completion of recommended investigations); documentation of communication of results; and recorded discussion of management options. Each patient will be included once in the analysis. Patients who decline investigations or are managed outside the service will be excluded.

RESULTS: Data collection and analysis are currently in progress

CONCLUSION: This audit will evaluate adherence to guideline-recommended investigation and follow-up pathways for recurrent miscarriage. Findings will help identify potential gaps in practice and inform quality improvement initiatives to support timely investigation, effective communication of results, and appropriate management for patients experiencing recurrent miscarriage.

P29

Audit of the Management and Outcomes of Early Pregnancy Patients (<14 weeks) Presenting to Picton Ward

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Hywel Dda University Health Board

BACKGROUND: Early pregnancy patients (<14 weeks gestation) frequently present with abdominal pain and/or vaginal bleeding. National guidance recommends that clinically stable patients are managed via Early Pregnancy Assessment Units (EPAU), where ultrasound should be performed within 24 hours. Variability in triage, unnecessary admissions, delays to imaging, and inconsistent documentation can affect patient safety, experience and ward flow. Evaluating current practice provides baseline data for quality improvement initiatives.

AIM: To assess whether early pregnancy patients presenting to the gynaecology ward are managed according to local and national best practice, including appropriate triage, timely ultrasound, clinically indicated admissions, complication monitoring and documentation quality.

METHODS: A retrospective audit of patients <14 weeks gestation presenting to the gynaecology ward between September 1st and November 30th 2025 will be conducted. Inclusion criteria are patients presenting via A&E, GP or EPAU referral with pain and/or bleeding. Data sources include electronic patient records, admission documentation, ultrasound reports and discharge summaries. Audit standards are based on NICE and RCOG guidance and include assessment of haemodynamic stability, documentation of risk factors, admission appropriateness, time to ultrasound, adherence to miscarriage and ectopic pregnancy pathways, safety-netting advice and follow-up arrangements. Data will be analysed using descriptive statistics and compared against defined standards.

RESULTS: Data collection and analysis are currently in progress.

CONCLUSION: This audit will evaluate compliance with best practice for early pregnancy management on the gynaecology ward. Findings will identify avoidable admissions, delays in imagine, documentation gaps, and areas for improvement. Outcomes will inform ongoing quality improvement initiatives to enhance patient safety, experience and efficient use of ward resources.

P30

Completion of Surgical Consent Forms at Bronglais General Hospital: A Two-Cycle Regional Audit

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Background

Surgical consent documentation is a critical medicolegal requirement governed by GMC, NMC and Welsh Government standards. Incomplete or illegible forms compromise patient safety, informed decision-making, and expose clinicians to litigation. This two-cycle audit evaluated consent form completion quality at Bronglais General Hospital.

Methods

Cycle 1 (May–August 2025) reviewed 50 and cycle 2 (September–November 2025) reviewed 40 general surgical consent forms, encompassing elective and emergency cases across all clinician grades; orthopaedics and obstetrics/gynaecology were excluded. Using the hospital's paper-based notes system, forms were retrieved from admission and day-of-surgery records, then cross-referenced against postoperative notes to confirm procedural concordance. Data were analysed in Microsoft Excel across eleven domains including patient identification, procedure legibility, anaesthetic section, capacity assessment, risks and benefits, abbreviation use, patient discussion, and error count. Following cycle 1, findings were presented at a departmental surgical meeting and individual feedback sessions were held with consultants and registrars.

Results

All eleven domains improved between cycles. Compared to previous Bronglais audits (2013–2015), where 78–80% of forms carried six or more errors, both cycles demonstrated substantial long-term improvement. After the targeted intervention, cycle 2 showed dramatic further gains: error-free forms rose from 4% to 17%, forms with six or more errors fell from 26% to 20%, and illegible risk and benefit entries were markedly reduced. Inappropriate abbreviation use was eliminated (18% to 0%), patient discussion scores improved across all sub-sections — procedure involvement from 94% to 98%, addressed concerns from 92% to 98% — the student section completion more than doubled (20% to 47.5%), and health professional details reached 100%.

Conclusion

Departmental presentation combined with targeted individual clinician feedback produced dramatic, measurable improvements across all domains. Longitudinal data spanning over a decade confirm the sustained value of iterative audit at this institution. Legibility, capacity assessment documentation, and the student section remain key priorities for future cycles.

P31

Peripheral Intravenous Cannula Care and Documentation Audit in Trauma and Orthopaedic Wards at a UK Tertiary Hospital (Southampton General Hospital)

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Background:
Peripheral intravenous cannulas are commonly used in hospital settings but are associated with avoidable complications if not regularly reviewed. NICE guidance recommends regular inspection and clear documentation. This audit assessed cannula care and documentation in Trauma and Orthopaedic wards.
Methods:
A cross-sectional audit was conducted across four T&O wards (F1–F4) at a UK tertiary hospital. A total of 40 adult inpatients were randomly selected (10 per ward). Data were collected from patient notes, drug charts, and cannula care charts. Parameters included presence of cannula, documentation quality, indication, active IV therapy, and dwell time.
Results:
31/40 patients (77.5%) had a cannula in situ. Documentation of insertion date, care plan, and indication was completed in 100% of cases. However, 30/31 indications were recorded as “medication” without further detail. 30/31 patients were receiving active IV therapy, with one cannula in place without documented indication. Prolonged dwell time was identified as the main issue, with 12/31 (38.7%) cannulas in place for more than 3 days and 7/31 (22.6%) for 5 days or more.
Conclusion:
While documentation standards were generally good, prolonged cannula dwell time and non-specific indication remain key patient safety concerns. Simple interventions such as daily review, clearer documentation, and timely removal of unnecessary cannulas are recommended. Re-audit is planned to assess improvement.

P32

A Developmental Case of Avoidant Restrictive Food Intake Disorder Driven by Sensory Sensitivity, Emetophobia, and Neurodevelopmental Traits

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— Background:
Avoidant Restrictive Food Intake Disorder (ARFID) is characterised by persistent nutritional inadequacy without weight or shape concerns and is frequently associated with anxiety, sensory sensitivities, and neurodevelopmental traits. Early feeding difficulties and fear-based avoidance are often overlooked, contributing to delayed diagnosis and prolonged physical risk.
— Aim/Objectives:
To illustrate the developmental trajectory, maintaining mechanisms, and multidisciplinary management of ARFID in an adolescent with lifelong feeding difficulties and emetophobia.
— Methods:
A detailed retrospective case analysis was conducted using clinical assessments, developmental history, physical monitoring, and multidisciplinary CAMHS records. Diagnostic formulation incorporated psychiatric, psychological, dietetic, and medical findings. Intervention included Cognitive Behavioural Therapy for ARFID (CBT-AR), dietetic input, interoceptive exposure, and pharmacological management of anxiety.
— Results:
The patient exhibited feeding difficulties from infancy, marked by sensory intolerance, hypersensitive gag reflex, and early weight faltering. Two traumatic vomiting episodes in middle childhood precipitated persistent emetophobia, leading to progressive eating avoidance in adolescence. Despite absence of body-image disturbance, she developed significant underweight (BMI ~15–16) with orthostatic intolerance, tachycardia, and presyncopal symptoms. A dual-mechanism ARFID formulation was established, driven by sensory sensitivity and conditioned fear of vomiting, within a context of autistic spectrum traits. Treatment resulted in improved food flexibility, reduced reassurance-seeking, increased social functioning, and enhanced independence, though full weight restoration remains ongoing.
— Conclusion:
This case highlights ARFID as a developmental disorder with early origins, emphasising the impact of emetophobia and neurodevelopmental traits. Early recognition and sustained, ASD-informed multidisciplinary intervention are crucial to mitigate long-term physical and functional risk.

P33

Improving Documentation of Nasogastric Tube Decision-Making on an Acute Stroke Unit: A Quality Improvement Project

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Background:
Dysphagia is common following acute stroke, and nasogastric (NG) tube feeding is frequently required to maintain adequate nutrition and hydration. Decisions regarding NG feeding often involve complex clinical and ethical considerations, including assessment of capacity, best-interest decision making, and advance directives. The National Clinical Guideline for Stroke emphasises clear documentation of decision-making processes and discussions with patients and families. Concerns raised by relatives on our acute stroke unit (ASU) highlighted uncertainty regarding the duration of NG feeding and whether appropriate decision-making discussions had been documented. This project aimed to assess and improve documentation of NG feeding decision-making.
Aim:
To improve the completeness of documentation of NG tube decision-making from a baseline of 50% to greater than 80%.
Methods:
Key documentation parameters were defined using the National Clinical Guideline for Stroke and local governance priorities. These included documentation of indication for NG insertion, consent (including capacity assessment or best-interest discussion), discussion with next of kin, presence of an Advance Decision to Refuse Treatment (ADRT), discussion of risks and benefits, and a documented review date. Documentation completeness was calculated as the proportion of predefined elements recorded per patient. A retrospective review of 14 ASU patients established baseline performance. Quality improvement methodology using iterative Plan–Do–Study–Act (PDSA) cycles was applied. A structured NG decision-making checklist was developed with input from the stroke multidisciplinary team and introduced on the ASU to prompt clinicians during ward reviews.
Results:
Baseline analysis demonstrated documentation completeness of 50%. Following checklist introduction, documentation was reassessed in 12 patients over several months. Completeness improved to 83%, exceeding the project target.
Conclusion:
A structured checklist significantly improved documentation of complex NG feeding decisions. Improved documentation supports safer, transparent decision-making and shared discussions with families. A second PDSA cycle is underway to evaluate sustainability and further optimise the intervention, with results anticipated for conference presentation.

P34

An analysis of response patterns across the Wales Major Trauma Network

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Background

Major trauma is a common cause of morbidity and mortality, defined as an Injury Severity Score (ISS) of >15. It is the most common cause of death in under 40-year-olds in the UK. The North Wales Trauma Network launched in 2013, followed by the South Wales Trauma Network in September 2020. Data from global trauma networks report increased odds of survival of 15-19% following the implementation of trauma networks reflecting faster response times, centralisation of expertise and systemic improvements.

Methods

Freedom of information requests were submitted to the Welsh Ambulance Service (WAST) and Emergency Medical Retrieval and Transfer Service (EMRTS) relating to patients over the age of 18 meeting major trauma triage criteria in 2024. Data were requested on the most advanced resource attending, time from 999 call to resource arrival, transport times and time to hospital arrival.

Results

In 2024, WAST data reported 778 patients met major trauma criteria whereas EMRTS reported 1088 meeting criteria. 24% of patients in WAST registry were transported directly to a Major Trauma Centre (MTC) vs 41% of EMRTS patients.

Time of arrival for an advanced care resource was 27mins vs 41mins for EMRTS arrival either via Helicopter Emergency Medical Service (HEMS), doctor led car or paramedic led car. Time from 999 call to arrival at hospital from WAST data 183.6 minutes (SD 42.9) vs EMRTS 93.2 minutes (SD 12.1). p=0.0001.

Discussion

Across both data sets, a significant proportion of patients are not attending an MTC or trauma unit as their initial hospital. The delays in reaching hospital potentially reflect rural populations, delays on scene and multi resource/multi agency attendance. The data described here do not give insight into patient outcomes after reaching hospital which would be required for evaluating the success of Welsh trauma networks.

P35

Fracture risk assessments for breast cancer patients initiated on aromatase inhibitors

1 B

Hywel Dda University Health Board

Background:

Aromatase inhibitors, used in the treatment of oestrogen receptor positive breast cancers, are recognised cause of secondary osteoporosis. Guidelines from the National Osteoporosis Guidelines Group recommends that all patients initiated on these medications should have a FRAX score calculated, while the National Institute for Care and Excellence recommends that a DEXA scan be performed.

Aims:

To evaluate compliance with guidelines on FRAX score calculation and DEXA referral in patients initiated on aromatase inhibitors.

Methods:

I collected data on a selected cohort of patients (T1M0N0, ER +ve, PR +ve, HER2 -ve) between 2020 and 2022 from the Hywel Dda breast surgery team's database. The database did not contain any data regarding FRAX score calculations or DEXA referrals.

I used Welsh Clinical Portal to review breast clinic letters to identify whether FRAX scores had been calculated or DEXA referrals had been made for each patient. For patients referred for DEXA scans, FRAX scores were retrospectively calculated using recorded clinical data to determine their theoretical risk category.

Results:

81 women were identified, of whom 72 were initiated on aromatase inhibitors. No FRAX scores were calculated. DEXA scans were requested for 58 patients; 14 patients did not have scans requested because they were receiving bisphosphonates as part of their cancer treatment or had a pre-existing diagnosis of osteoporosis. Retrospective FRAX calculation demonstrated that 14 patients would have met the threshold for osteoporosis treatment based on risk assessment alone.

Conclusion:

I demonstrated that FRAX scores were not being calculated, although DEXA referrals were being appropriately made for this group of patients between 2020 and 2022 in Hywel Dda.

This subsequently led to a targeted teaching session for the breast surgery team on FRAX score calculations and the implementation of a structured questionnaire to support routine FRAX assessments at the point of treatment initiation.

P36

When ALL is not what it seems: An atypical presentation of B-ALL

1 L 2 B

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Background:
Leukaemia is the most common childhood presentation of cancer in the United Kingdom, accounting for 31% of diagnosis between the ages of 0-14. (1) Leukaemia can be spilt into 2 main groups- acute lymphoblastic leukaemia and acute myeloid leukaemia. Typically, ALL is diagnosed between the ages of 0-4. (2) Children typically present with a history of pallor, bruising, petechiae, recurrent illness and fevers with clinical signs such as hepatomegaly and splenomegaly. (3)
Case Presentation:
A 2 year old presented with a history of repeat viral illness, 3 months of apparent developmental regression with refusal to weight-bear and weight loss. Initial blood films showed signs suggestive of infection and multi-vitamin deficiency. They continued to decline despite treatment. Further investigations were requested such as MRI spine, metabolic and rheumatological screens.
Outcome:
After extensive investigation the child was diagnosed with B-Cell Acute Lymphoblastic Leukaemia following a diagnostic blood film with lymphoblasts one month from presentation. The child was transferred to a tertiary centre for chemotherapy and is showing early rapid response to treatment suggesting remission on the latest bone marrow aspirate.
Follow up Discussion:
Whilst it is considered a hallmark of the disease, in fact B-Cell Acute Lymphoblastic Leukaemia does not always present initially or even at all with identifiable lymphoblasts on plain blood film (3). Clinical suspicion can play a key role in investigating such atypical presenting cases and bone marrow aspiration, although invasive, can provide clearer guidance on diagnosis.

P37

Diagnostic Challenges and Multidisciplinary Management of Advanced Abdominal Pregnancy: A Case Report

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Abdominal pregnancy is a highly infrequent variation of ectopic pregnancy, occurring in roughly one out of every 10,000 live births. This condition occurs when an embryo implants within the peritoneal cavity rather than the uterus. Due to its rarity and the potential for severe maternal and fetal complications, it remains one of the most difficult clinical conditions to diagnose and manage effectively.

P38

From Guidelines to Practice: Improving Tranexamic Acid Compliance Across Elective and Trauma Surgical Pathways

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Background: Tranexamic acid (TXA) significantly reduces perioperative bleeding and transfusion in major surgery and is recommended for procedures with expected blood loss >500 ml. Despite strong evidence and national mandates, real-world adherence across surgical pathways is unclear.

This quality-improvement programme evaluated TXA practice across elective and trauma surgery and assessed the impact of targeted education.

Methods: A multi-cycle audit was undertaken across two hospitals: elective orthopaedic and colorectal surgery (two cycles, n = 69) and orthopaedic trauma surgery (one cycle, n = 67). Four standards were assessed: (1) administration when indicated, (2) correct split-dose regimen (1 g before incision and 1 g after closure), (3) documentation of administration, and (4) documentation of omission. Between elective cycles, multidisciplinary education and point-of-care prompts were implemented.

Results: Administration when indicated was consistently high across pathways (elective 93.9–94.3%; trauma 92.5%). Educational intervention produced a >90% relative improvement in correct dosing in elective surgery (26.5% to 51.4%), whereas trauma dosing remained low (14.5%). Anaesthetic documentation was excellent (96.9–100%), but operative-note documentation was rare (1.6–3.1%). No omissions in either pathway included a documented reason (0%). Orthopaedics demonstrated higher administration and dosing adherence than general surgery.

Conclusion: TXA is widely administered in modern surgical practice; however, correct dosing and documentation remain the principal barriers to full compliance. A simple educational and systems-based intervention markedly improved dosing in elective surgery, identifying a scalable model for trauma pathways. This programme demonstrates how audit-driven, cross-specialty quality improvement can translate high-level evidence into safer perioperative care and reduced bleeding risk.

P39

Tirzepatide as Adjunct Therapy in Type 1 and LADA: Significant Improvements in Weight, HbA1c, and Time in Range

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Background: Glucagon like peptide-1 receptor agonists (GLP-1RA) are used off-label with insulin to improve metabolic control in type 1 diabetes (T1D) and latent autoimmune diabetes in adults (LADA). We evaluated the impact of tirzepatide on weight and glycaemic markers in this population.

Methods: We conducted a retrospective case review of 20 adults with T1D or LADA attending secondary care. Demographic data, weight, body mass index (BMI), HbA1c, continuous glucose monitoring (CGM) time in range (TIR), and total daily insulin dose were collected before and after tirzepatide initiation. Paired-sample t-tests were used for analysis.

Results: Participants (60% female) had a mean age of 42.8 ± 12.4 years and mean BMI of 39.5 ± 11.2 kg/m²; five used automated insulin delivery, and four had prior GLP-1RA exposure. Sixteen were included in the final analysis (two awaiting follow-up; two discontinued due to gastrointestinal side effects). Median follow-up was 6.2 ± 3.5 months. At follow-up, tirzepatide doses were: 2.5 mg (n=7), 5 mg (n=5), 7.5mg (n=1) and 10 mg (n=3). Significant reductions were observed in weight (−8.73 ± 10.0 kg, p=0.012), BMI (−3.25 ± 3.73 kg/m², p=0.012) and HbA1c (−14.94 ± 16.51 mmol/mol, p=0.003). TIR improved by 21.36 ± 28.69% (p=0.015). Total daily insulin dose decreased by −10.69 units/day (p=0.173).

Conclusion: Adjunctive tirzepatide use in T1D or LADA was associated with significant improvements in weight, BMI, HbA1c, and CGM-derived TIR. While these findings support the potential role of incretin-based therapy in this population, larger prospective studies are warranted to confirm efficacy and inform routine clinical use.

P40

Not just a goiter: Uncovering primary thyroid lymphoma

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Primary thyroid lymphoma (PTL) is a rare, aggressive neoplasm of the thyroid gland that occurs most frequently in older women.We describe a 60-year-old woman who presented to our hospital with a primarily painless, progressively enlarging neck swelling over the previous four months. Imaging showed an enlarged thyroid gland and mass effect in the surrounding neck soft tissue. Fine needle aspiration revealed a predominance of lymphoid cells to suggest that this hypothesized mass was a thyroid neoplasm. Biopsy of the thyroid gland confirmed non-Hodgkin lymphoma of the thyroid. She was treated with standard CHOP chemotherapy. This case highlights the conundrum of PTL in a rapidly enlarging mass of the thyroid gland and the need to address this early with better diagnosis and therapeutic plan.

P41

Evaluating the prevalence, diagnosis and treatment of Normal Pressure Hydrocephalus in South Wales: Service evaluation

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Background: Normal Pressure Hydrocephalus (NPH), first described by Hakim and Adams (1965), is characterised by gait disturbance, cognitive impairment, and urinary incontinence despite normal cerebrospinal fluid pressure. It predominantly affects older adults and is frequently misdiagnosed due to overlap with neurodegenerative conditions such as Parkinson's syndrome. Although ventriculoperitoneal shunting is an effective treatment, NPH remains under-recognised and undertreated. Recent high-quality evidence (2025 PENS trial), has confirmed significant gait
improvement following shunt insertion and emphasised the importance of timely intervention.

Purpose: To estimate the prevalence of NPH in South Wales, quantify the number of patients treated surgically, and analyse patient management pathways and timelines.

Methods: Epidemiological prevalence rates were applied to Welsh Government population data for South Wales. Patients aged ≥60 years who underwent CSF shunting (2018 - 2025) at Cardiff and Vale University Health Board (CVUHB) were identified via the CSF shunt registry, excluding secondary causes. Diagnoses were confirmed through patient clinical records (CAV and Welsh Clinical Portal) and patient pathways were reviewed to calculate average timelines.

Results: An estimated 17,987 - 19,429 individuals aged ≥65 years in South Wales are living with NPH. Between 2018 and 2025, 62 patients underwent shunt insertion for NPH at CVUHB. The average time from initial GP presentation to surgical treatment was 32 months and 19 days, with minimal improvement over time despite increased treatment numbers. Key delays were associated with misdiagnosis, particularly attribution to Parkinson's syndrome, and competing clinical priorities such as oncological care.

Conclusions: NPH remains significantly under-recognised and undertreated in South Wales, with substantial delays to definitive management. Establishing a dedicated NPH assessment clinic and follow-up clinics may improve diagnostic accuracy, reduce delays, and optimise patient outcomes.

P42

Improving Early Assessment and Management of Acute Asthma in the Emergency Department: From Audit to Quality Improvement

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Background

Asthma remains a common cause of emergency department (ED) and acute medicine attendance and preventable morbidity. The National Review of Asthma Deaths and the National Respiratory Audit Programme (NRAP) emphasise early assessment and treatment, including measurement of peak expiratory flow (PEF) and administration of systemic corticosteroids within one hour of presentation. Current NRAP standards aim for ≥80% of patients with acute asthma to receive both interventions within one hour.

Aim/Objectives

To assess Princess of Wales Hospital ED compliance with national standards for early peak flow measurement and administration of systemic corticosteroids in patients presenting with acute asthma.

Methods

A retrospective audit of ED asthma presentations between March and August 2025 was conducted. Cases with ED stays exceeding four hours were reviewed. Data collected included demographics, timing of PEF measurement, and timing of systemic corticosteroid administration. Performance was compared with NRAP targets of ≥80% compliance within one hour. The author designed the audit, collected the data, and performed the analysis.

Results

Thirty-one presentations were identified, with a mean age of 54 years (range 28–78). PEF was recorded within one hour in 23% of cases and systemic corticosteroids were administered within one hour in 32%. Contributing factors included limited availability of peak flow devices, as the department relied on single-use disposable peak flow meters, and a departmental asthma proforma that guided management but did not recommend systemic steroids for mild presentations.

Conclusion

Compliance with national standards was substantially below the NRAP target of 80%. Following this audit, reusable peak flow meters with disposable filters have been introduced and placed in triage trolleys to improve accessibility. The departmental asthma proforma is also being reviewed to include steroid therapy across severity categories. This work will form the first cycle of a quality improvement project aiming to increase compliance with national standards through iterative interventions and re-audit.

P43

The Left Field Shift: An expanding national platform providing near-peer developed resource guides and mentorship for Foundation Doctors relocating to remote and rural areas.

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Hywel Dda University Health Board

Background:
Difficulties recruiting doctors in rural areas persist. The Report on Health in Coastal communities (2021) notes 15% fewer consultants and foundation doctors (FDs) per patient in such areas. 16-25% of FDs are allocated somewhere they did not rank highly, away from their support networks. The value of mentoring to ease transitions into training is widely appreciated. Health Education England's 2018 Foundation Programme Review advised near-peer support networks should be implemented nationally.
Aims:
1. Assess the support needs of FDs in rural settings
2. Provide FDs early access to location specific, near-peer developed resources and mentors
3. Highlight the benefits of rural training to encourage post uptake
4. Develop a national platform through the UK Foundation Programme Office (UKFPO) to widen reach
Methods and results:
A retrospective survey (n=11, response rate 64.7%) at the pilot site revealed 8 FDs (72.8%) felt uninformed about the hospital when they started. Six (54.6%) felt uninformed generally about the location they were moving to. Ten FDs (90.1%) would have wanted a near-peer mentor who had experience of their upcoming role. To address this, a multidisciplinary development group collaboratively produced a "thrival" guide; a site-specific guide addressing the hospital, accommodation, amenities, outdoor pursuits, a "things we wish we'd known" section and contact details for near-peer mentors. This was circulated to incoming FDs before their arrival, receiving 100% positive feedback (N=6, 75% response rate.)
Commitment to participate has been secured from FDs at 33 sites across 15 UK Foundation Schools. The "thrival" guides are being published on the UKFPO website, and local near-peer mentoring schemes established.
Conclusions:
FDs in rural areas often lack support networks and knowledge about their new location
We demonstrated a need for accessible information, which "thrival guides" can address
Near-peer mentoring is an evidence-based intervention which can be implemented to support FDs

P44

Awareness and use of retrieval practice by undergraduate students in the UK – A comparative analysis.

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Background: Retrieval practice is a highly effective study strategy proven to enhance long-term knowledge retention. However, despite its efficacy students' awareness and perception of its effectiveness vary across educational contexts. Aims: This research paper presents a comparative analysis of the existing literature on students' usage of retrieval practice and presents new data acquired from undergraduate students in the UK specifically. Methods: The comparative analysis includes data from literature on students and our own survey acquired new data from 250 UK undergraduate students. Results: The findings reveal that UK students use retrieval practice with a similar frequency to their international peers, indicating a global recognition of its usefulness as a study strategy. However, in common with international studies, many UK students were found to lack awareness of the benefits of retrieval practice, with only 44.8% believing they learn more through retrieval practice than through rereading. These findings stress the vital need for targeted interventions to disseminate accurate information about the advantages of retrieval practice and dispel misconceptions that limit students' ability to take full advantage of its beneficial effects on learning.

P45

A pilot study investigating the effectiveness of Acceptance and Commitment therapy (ACT) based intervention in reducing symptom severity in obsessive compulsive disorder (OCD), anxiety and low mood amongst medical students

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Background

Obsessive compulsive disorder (OCD) is characterised by obsessive thoughts and compulsive, ritualistic behaviours and is estimated to affect 1-3% of the population (1). Research has also demonstrated evidence to suggest overlap between OCD, anxiety and low mood based on shared neurobiology and risk factors (2). The primary aim of this study was to investigate the effects of the ACT based online intervention on OCD symptoms (excluding hoarding). The secondary aim was to assess the effectiveness in anxiety and low mood.

Methods

The study was conducted using opportunistic sampling over a period of 3 weeks. Ethical approval was provided prior to conducting the study. Participants included male (n=4) and female (n=7) medical students in academic years 1-3 at Cardiff University (n = 11). Baseline screening was undertaken using the Obsessive-Compulsive Inventory Revised edition (OCI-R), the Beck Depression Inventory revised version (BDI-II) and the State Trait Anxiety Inventory (STAI). Participants completed a two-part ACT based online intervention followed by a post-intervention survey and a debrief.

Results

A total of 11 responses were analysed via non-parametric testing using a Wilcoxon's test which showed a non-significant reduction in symptom severity ($z = -1.203$, $p>0.05$). For the secondary aim, the test showed a significant reduction in symptom severity for anxiety ($z =-2.59$, $p<0.05$) and a non-significant difference in symptom severity for low mood ($z=-0.120$, $p>0.05$).

Conclusion

A significant reduction in anxiety symptoms were observed in this pilot study. However, there were several limitations including the small sample size, the short period of time the study was conducted over and not enough time left between the participants engaging in the intervention and completing the post-intervention survey. The findings for this study did yield a positive proof of concept however, I would recommend re-testing with a larger sample and encourage ACT-based interventions within university student services.

P46

Getting it right when it matters most: Improving recognition of the dying patient and anticipatory prescribing at the end-of-life

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Background:
National guidance (NICE NG31) and the All Wales Care Decisions Guidance (CDG) emphasise early recognition of dying, and proactive prescribing for common symptoms. It is important to do so in a timely matter, to prevent avoidable distress and provide holistic care in the last days of life.
Aim:
To improve recognition of dying (via CDG use) and compliance with guideline-recommended anticipatory prescribing for patients in the last days of life.
Methods:
A retrospective audit was conducted of adult inpatients in Prince Philip Hospital, who died between February–March 2026 and were recognised as being in the last days of life. Data was collected from anonymised records and drug charts, including: CDG use, anticipatory prescribing (pain, agitation, breathlessness, nausea, secretions), documentation of indications, route (oral and subcutaneous), and appropriate PRN opioid dosing for those on long-acting opioids.
Interventions included multidisciplinary teaching at a Medical Meeting and ward-based visual prompts. A re-audit is ongoing to assess impact of interventions, and results will be available following completion of cycle.
Results:
Preliminary data (n=29) demonstrated that 62.1% of patients had all appropriate anticipatory medications prescribed. However, no patients had a CDG in place (0%). Documentation of prescribing indications was also inconsistent. These findings identified an opportunity for improvement in both recognition and anticipatory prescribing. With interventions, we hope to optimise symptom control and dignity in the last days of life. Re-audit results following intervention will be presented.
Conclusion:
This project identified an opportunity for education of those caring for patients in the last days of life, and a gap in recognition of dying and associated anticipatory prescribing. Through our interventions, education and raising awareness, we hope to achieve better individualised care, while maintaining dignity. These moments matter, and we hope to embed these actions into everyday practice, so we can help make sustainable change.

P47

Time to analgesia: Improving pain management on the front line

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Background:

National guidance from the Royal College of Emergency Medicine (RCEM, 2024) emphasises timely administration of analgesia for patients presenting with pain, recommending delivery within 15 minutes for those with moderate to severe pain, alongside prompt reassessment. Timely pain management is essential to reduce patient distress, improve experience, and optimise clinical outcomes in the Emergency Department.

Aim:

To improve timely administration of analgesia and compliance with pain reassessment standards in the ED.

Methods:

A retrospective audit was conducted of adult patients presenting with pain to Glangwili Hospital ED between August–September 2025. Data was collected from electronic clerking records and drug charts, including pain severity at triage, time to first analgesia, appropriateness of analgesia, and timing of pain reassessment in line with RCEM and local guidelines.

Interventions included educational posters and clerking stickers prompting timely analgesia delivery and reassessment. A re-audit is ongoing to assess the impact of these interventions, with results to be presented following completion of the cycle.

Results:

Seventy-nine patients were included (median age 53, range 16–103; 54 female). Pain severity was categorized as mild (n=9), moderate (n=46), severe (n=11), and undocumented (n=13).

Of 57 patients triaged as moderate to severe pain, only 3 received analgesia within 15 minutes (5.3%, n=57), well below the ≥90% target. Among 11 patients with severe pain, none had documented pain reassessment within 15 minutes (0%, n=11). Although 3 patients received further analgesia, this occurred significantly later (mean 169.7 minutes). Pain reassessment was not documented for any patient.

These findings highlight a significant gap in both timely analgesia delivery and reassessment, identifying a clear opportunity for improvement in ED pain management.

Conclusion:

This project identified significant delays in analgesia and absence of documented evidence supporting re-evaluation of analgesia effectiveness in the ED. By implementing targeted interventions, including education and visual prompts, we aim to improve both the timeliness of pain relief and the consistency of documentation. Integrating these changes into routine practice has the potential to enhance patient comfort, minimise distress, and achieve sustainable improvements in Emergency Department care.

P48

Adult-onset Still's disease presenting as pyrexia of unknown origin with PET-avid lymphadenopathy mimicking lymphoma.

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Adult-onset Still's disease (AOSD) is a rare systemic inflammatory disorder characterised by non-specific clinical features and can closely mimic infection or malignancy, frequently leading to diagnostic delay.[1 2] We describe the case of a 59-year-old woman presenting with pyrexia of unknown origin, recurrent high-grade fevers, evanescent rash, arthralgia and markedly elevated inflammatory markers. Despite extensive investigation, including broad infectious, autoimmune and malignant screening, no clear diagnosis was identified during the initial phase of admission. She received prolonged courses of broad-spectrum antimicrobial therapy without clinical improvement.

Subsequent positron emission tomography imaging demonstrated widespread fluorodeoxyglucose-avid lymphadenopathy and splenic uptake, raising strong suspicion for lymphoma.[3] However, further radiological assessment confirmed reactive lymphadenopathy, and biopsy was deferred. Additional evaluation excluded haemophagocytic lymphohistiocytosis. Rheumatology review ultimately confirmed a diagnosis of late-onset AOSD based on clinical features and fulfilment of Yamaguchi criteria.

This case highlights the diagnostic challenges of AOSD presenting as pyrexia of unknown origin, particularly when imaging findings mimic advanced malignancy. It emphasises the importance of considering inflammatory conditions in patients with persistent systemic inflammation despite antimicrobial therapy, and the role of multidisciplinary assessment in reaching the correct diagnosis.[1 2]

P49

Metastatic adenocarcinoma of signet ring cell morphology five decades after bladder exstrophy surgery with ileocystoplasty

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Abstract

Background:

Bladder exstrophy (BE) is a rare congenital anomaly associated with a significantly increased lifetime risk of malignancy, most commonly adenocarcinoma. However, signet-ring cell morphology is exceptionally rare and presents significant diagnostic and therapeutic challenges, particularly in patients with complex urological reconstruction.

Case presentation:

A man in his early 60s with a history of BE repaired with ileocystoplasty in childhood presented with right flank and back pain. Initial investigations demonstrated microscopic haematuria, and ultrasound suggested a large bladder mass with bilateral hydronephrosis. However, CT urogram revealed severe right-sided hydronephrosis with near-complete renal atrophy and evidence of a markedly abnormal reconstructed bladder without a discrete mass. Flexible cystoscopy identified suspicious bladder lesions, but transurethral bladder biopsies revealed only villous adenoma without evidence of malignancy. Despite initially inconclusive findings, further imaging including MRI and nuclear medicine bone scan demonstrated widespread metastatic disease involving the spine, pelvis and scapula.

Investigations and diagnosis:

CT-guided bone biopsy confirmed metastatic adenocarcinoma with signet-ring cell morphology. Immunohistochemistry markers returned as CK20+, CDX2+, CK7−, GATA3−. These results indicate malignancy could be colorectal, gastrointestinal or pancreatic in origin. Although a urinary tract origin cannot be excluded given prior augmentation cystoplasty with the primary source of malignancy currently unknown.

Management and outcome:

The patient was referred for oncology input and has been commenced on systemic chemotherapy treatment with capecitabine and oxaliplatin (CAPOX) and denosumab. In the absence of a definitive primary site, the patient was treated for a presumed colorectal adenocarcinoma. He remains under ongoing multidisciplinary follow-up.

Discussion:

BE carries a high lifetime risk of adenocarcinoma. This case highlights the diagnostic challenge of discordant findings; benign bladder biopsies (villous adenoma) may mask widespread metastatic disease. Lifelong surveillance and critical immunoprofiling are essential when local pathology and metastatic presentations conflict, ensuring alternative primary sites are thoroughly investigated.

P50

Clinical Audit: Venous thromboembolism (VTE) risk assessment and compliance in the gynaecology department

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Background

Venous thromboembolism (VTE), encompassing deep vein thrombosis and pulmonary embolism, is a leading cause of preventable hospital-associated mortality. Patients admitted under gynaecology are particularly vulnerable due to risk factors such as reduced mobility post-operatively, malignancy and hormonal therapies. The National Institute for Health and Care Excellence (NICE) recommends universal VTE risk assessment at the point of admission and timely initiation of appropriate prophylaxis (1). Despite clear guidance, compliance with both documentation and prescribing standards remains variable, posing potential risks to patient safety.

Aims

To assess the compliance with NICE NG89 guidelines for VTE risk assessment, documentation, and prophylaxis prescribing in gynecology inpatients.

Methods

A retrospective clinical audit was conducted on 40 consecutive admissions to Picton Ward over a six-week period (17 December 2025 to 3 February 2026). Data were collected from clerking notes, VTE risk assessment proformas (“blue forms”), and drug charts. Audit standards were set at 100% compliance for completion of VTE risk assessment proformas, appropriate prophylaxis prescribing for high-risk patients, and documentation of contraindications.

Results

Only 2.5% (1/40) of patients had a completed VTE risk assessment proforma. However, VTE risk was informally identified in 87.5% (35/40) of patients through clinical documentation. Appropriate prophylaxis prescribing occurred in 77.5% (31/40) of cases. Notably, 12.5% (5/40) of patients had no documented risk assessment, resulting in missed prophylaxis. Documentation of contraindications was particularly poor, with only 5% (2/40) compliance. Overall, while clinical decision-making occurred in many cases, formal documentation was notably insufficient.

Conclusion

Despite relatively good rates of clinical risk recognition and prescribing, formal documentation of VTE assessment is critically inadequate, representing a significant patient safety and medicolegal risk. Targeted interventions, including mandatory proforma integration, visual prompts, and staff education, are required. Re-audit following implementation is planned to complete the audit cycle and assess improvement.

P51

Clinical audit of Escalation Plan Documentation in Acute Medical Admissions

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Background:
Escalation plans, including decisions regarding cardiopulmonary resuscitation (CPR) and ceiling of care, are essential components of safe clinical practice. Failure to document these decisions can lead to inappropriate interventions, delays in management, and adverse patient outcomes. Guidance from Resuscitation Council UK recommends early and clear documentation of escalation plans (1), with a gold standard of 100% compliance set for the purpose of this audit.
Aim:
To assess compliance with escalation plan documentation in acute medical admissions and identify areas for improvement.
Methods:
A retrospective audit was conducted on 100 acute medical patients admitted via the Emergency Department (ED) and Clinical Decision Unit (CDU) at Glangwili Hospital over a two-week period (1–14 April 2026). Data collected included documentation of DNACPR status, ceiling of care, timing of escalation plan completion, and clinician grade. The audit gold standard was based on 100% documentation of escalation plans in accordance with national guidance.
Results:
Overall, 60% of patients had a documented escalation plan. Among these, 29 patients were for CPR, 24 had DNACPR decisions, and 6 had no documented review. Notably, approximately 90% of patients without a documented escalation plan were retrospectively deemed unsuitable for CPR, often due to frailty and multiple comorbidities. Ceiling of care documentation was completed in 30% of cases, and 60% of escalation plans were completed during the post-take ward round, predominantly by consultants.
Conclusion:
Escalation plan documentation is below the 100% gold standard set for this audit. The absence of early documentation represents a significant patient safety risk, particularly in patients unlikely to benefit from CPR. Simple interventions, including clinicians prompts in the form of visual aids around department and teaching, will facilitate in improving compliance. Re-audit is planned following implementation to complete the audit cycle and evaluate improvement.

P52

Chorioretinal lacunae leading to diagnosis of Aicardi syndrome in an infant with infantile spasms: a paediatric ophthalmology case report

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Hywel Dda University Health Board

Background

Aicardi syndrome is a rare congenital condition characterised by the classical triad of chorioretinal lacunae, infantile spasms and agenesis of the corpus callosum. It is thought to arise from an X-linked dominant mutation and predominantly affects females (1, 2). Reported incidence varies geographically, ranging from approximately 0.63 per 100,000 female births in Norway to 1 in 100,000 live births in Northern Ireland, with an estimated 4,000 affected individuals worldwide. No clear ethnic predilection has been identified. Ophthalmic findings are frequently central to diagnosis (3, 4, 5).

Case presentation

We report the case of a 3-year-old girl with a history of neonatal seizures from 3 weeks of age, followed by infantile spasms from 2 months and ongoing focal seizures. Her medical background included a neuronal migration disorder and global developmental delay. Antenatal and perinatal histories were unremarkable. On examination, she was hypotonic with reduced visual engagement and poor fixation. There was no relevant family history.

Investigations and diagnosis

Neuroimaging demonstrated structural brain abnormalities consistent with a neuronal migration disorder, including features in keeping with agenesis of the corpus callosum. Ophthalmological assessment revealed characteristic chorioretinal lacunae, which, in conjunction with the clinical and radiological findings, supported the diagnosis of Aicardi syndrome. Genetic testing was undertaken as part of the diagnostic workup.

Management and outcome

The patient remains under multidisciplinary care involving paediatric neurology, ophthalmology and developmental services. Seizure management has been challenging, requiring ongoing optimisation of anti-epileptic therapy. Visual function remains limited.

Conclusion

This case underscores the diagnostic value of fundoscopic examination in children presenting with early-onset seizures. Recognition of characteristic ocular features can facilitate timely diagnosis of Aicardi syndrome and prompt coordinated multidisciplinary management.

P53

Does introducing a checklist improve the initial management of patients with acute diabetic foot ulcers on admission to hospital

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Background: Patients with amputations due to diabetic foot ulcers often have poor outcomes. Patients who have an amputation are 23 times more likely to have a second amputation compared with a non-diabetic patient. Mortality rates for patients who have diabetic foot ulceration and amputation are high, at around 70% after 5 years. These patients are complex and thus have multi-disciplinary input which is set out on the NICE guidelines. This QIP aimed to improve the initial management for these patients by on-call Orthopaedic Senior House Officers in accordance with NICE guidelines.

Methods: We compared the documentation of management of patients with acute diabetic ulcer admitted to hospital in a 3-month period with acute diabetic foot ulcers. This was scored according to NICE guidelines with points attributed for which recommendations had been carried out. A teaching session which focused on the principles behind the NICE guidelines and a checklist was introduced. The documentation of management was then compared again in the 3-month period after.

Results: Post teaching session and introduction of the checklist, the adherence to NICE guidelines was much stronger. The median adherence to guideline increased by over 100%. The mean adherence increased by 80%. The worst adherence score in the post teaching group was the same as the best adherence score in the pre teaching group showing a marked improvement.

Conclusion: Introducing a checklist can improve the initial management of patients who are admitted with diabetic foot ulcers.

P54

The Cost of Primary Hip and Knee Arthroplasty Components in BCUHB: An Audit of National Practice

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Title:
The Cost of Primary Hip and Knee Arthroplasty Components in BCUHB: An Audit of National Practice
Author:
L. Thomas, O. Blocker
Aims/ Objectives:
This retrospective audit aims to compare each Welsh health board's average cost for a fully cemented hip, fully uncemented hip, hybrid hip and knee arthroplasty against the NWSSP standard of £800.
Methodology:
Using Q1 & Q2 2024's total spend, the average cost was calculated, per health board, for each hip and knee component. These figures were used to calculate the cost for each prosthesis type and the number of each performed.
Results:
The standard of £800 was met by all health boards for fully cemented hips (average of £508.30) (excluding those not using fully cemented hips). From Welsh averages, hybrid hips were also under the national standard at £717.70. When compared to uncemented hips, fully cemented hips would save £41,109 per 100 primary hip arthroplasties. No health board met the national standard for knee arthroplasty costs.
Discussion/ Conclusion:
We recommend an all-Wales plan to standardise the supply of hip and knee arthroplasty components or rationalisation from each health board independently. Alternatively, fully cemented hips could be stated as the preferred prosthesis for hip arthroplasty in Wales.

P55

Ovarian dermoid cyst presenting as anti-NMDA receptor encephalitis with acute psychosis: A Multidisciplinary Diagnostic Challenge

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Background: Anti-N-methyl-D-aspartate receptor (anti-NMDAR) encephalitis is an autoimmune disorder characterised by neuropsychiatric symptoms, including acute psychosis, hallucinations, and cognitive dysfunction. It is strongly associated with ovarian teratomas in young women, and early diagnosis is critical to improve outcomes.

Methods: We report a case of a 31-year-old female presenting with acute psychosis following a lumbar puncture performed during evaluation of neurological symptoms. Clinical findings, cerebrospinal fluid (CSF) analysis, antibody testing, imaging, and treatment outcomes were reviewed. A focused literature review was conducted using peer-reviewed sources.

Results: The patient developed rapidly progressive psychiatric symptoms, including delusional beliefs, incoherent speech, and auditory hallucinations. Initial investigations excluded infectious and primary psychiatric causes. CSF and serum testing were positive for anti-NMDAR antibodies, confirming autoimmune encephalitis. Pelvic imaging revealed a right ovarian dermoid cyst. Surgical resection was performed, and histopathology confirmed a mature cystic teratoma. Immunotherapy was initiated, resulting in significant clinical improvement and resolution of symptoms.

Conclusion: This case highlights the importance of considering anti-NMDAR encephalitis in acute psychosis, particularly in young women. Early antibody testing and tumour screening are essential, as prompt immunotherapy and tumour removal significantly improve prognosis.

Discussion: Anti-NMDAR encephalitis commonly presents with psychiatric symptoms, often leading to diagnostic delay. The association with ovarian teratomas was first described by Dalmau et al., identifying an antibody-mediated process targeting NMDA receptors [1]. Subsequent studies demonstrate that early tumour removal and immunotherapy significantly improve outcomes [2].

Up to 50% of affected women have an underlying ovarian teratoma, supporting routine pelvic imaging in suspected cases [2,3]. Clinical red flags include rapid symptom progression, poor response to antipsychotics, and abnormal CSF findings. This case reinforces the importance of early recognition and multidisciplinary management.

P56

Identifying and assessing challenges of monitoring stimulant medication side-effects in children and young people with Attention Deficit Hyperactive Disorder (ADHD).

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Hywel Dda University Health Board

Background:
First line medical management of ADHD comprises stimulant medication - usually methylphenidate. Whilst effective, stimulant medication is associated with a range of side effects that may require cessation of therapy. NICE outlines a need to monitor side effects in children receiving stimulant medication for ADHD (NICE, 2018). These are: Insomnia/trouble sleeping, Nightmares, Staring/Daydreaming, Talking less with others, Being uninterested in others, Decreased appetite, Irritability, Stomach-aches, Headaches, Drowsiness, Sadness/Unhappiness, Being prone to crying, Anxiety, Biting fingernails, Being unusually happy, Dizziness, Tics/Nervous movements.
Method:
Patients (n=39) rated their side effects using a proforma listing the side effects and asking the subject to rate their experience of these side-effects on a 10 point Likert scale. We recorded whether these proformas were completed for each clinic attendance. The scores were then analysed using a student T-test to identify statistically significant side-effects. These scores were also compared to non-medicated ADHD patients and patients without ADHD.
Results:
All domains saw good patient response rates with fewer responses to questions regarding 'dizziness' (97% and 94%), being 'unusually happy' (94% and 92%), drowsiness (100% and 97%), and being 'irritable' (97% and 94%) for the general cohort and ADHD patients respectively. ADHD patients demonstrated increased levels of "talking less with others", being "irritable", "anxiety" and "tics/nervous movements" and decreased "stomach-aches".
Conclusion:
We identified limitations including that stimulant side-effects can mimic the symptoms of ADHD and therefore it is imperative to have a baseline measurement before initiating medication. Patients and their parents can also have different perspectives when completing the proforma impeding accuracy. We used the trends we identified to develop a local guideline for frequency of monitoring of ADHD side effects to standardise practice across multiple sites and are re-auditing as part of a QIP to assess and improve practice across the health-board.

P57

A retrospective audit of pain assessment and management in paediatric patients in the emergency department.

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Cwm Taf Morgannwg University Health Board

Title: A retrospective audit of pain assessment and management in paediatric patients in the emergency department

Background: Effective recognition and management of pain are essential in patient care. Uncontrolled pain can trigger stress responses, delaying recovery and worsening outcomes. Pain should therefore be assessed promptly at triage and managed throughout the patient's stay until discharge.

Aim: To evaluate the documentation of pain assessment and management in children with fractures at a district general hospital in Bridgend, South Wales.

Methods: A retrospective audit was conducted from 1 July to 30 September 2025, benchmarked against RCEM standards for acute pain management. Records from Zylab and WCP were reviewed for patients aged 5–15 with confirmed fractures presenting to the paediatric emergency department. Exclusion criteria included patients outside the age range, dislocations without fracture, and incomplete records. Variables assessed included time to first analgesia, type of analgesia, pain reassessment, non-pharmacological interventions, and discharge advice.

Results: Sixty records were analysed. Pain scores were documented in 58% of cases, with 47% assessed within 15 minutes of arrival. Among patients with moderate to severe pain (n=11), nearly 25% did not receive analgesia within 20 minutes. Only 10% had observation charts, limiting evidence of reassessment; 36% of moderate to severe cases included reassessment. Non-pharmacological management was poorly documented, though 95% had fracture clinic follow-up arranged. Discharge pain advice was recorded in 18% of cases.

Conclusion: Improvements are needed to meet RCEM standards. Introducing a pain assessment tick-box proforma for suspected fractures, followed by re-audit within 3–6 months, may enhance documentation and care quality.

P58

Documentation of the Clinical Frailty Scale in Bronglais General Hospital

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Background:
Frailty is a common clinical syndrome in older adults, associated with reduced physiological reserve and increased vulnerability to stressors. The Clinical Frailty Scale (CFS) supports safer, personalised, and timely care planning. Despite its value, CFS documentation in emergency settings is often inconsistent, leading to missed opportunities for early intervention. NHS Wales Planning Framework 2025/26 recommends completion of the CFS within 60 minutes of ambulance arrival, yet local compliance remained low at Bronglais General Hospital (BGH).
Aim:
To increase the documentation of the Clinical Frailty Scale for patients aged ≥65 in A&E CAS cards, medical proformas, and nursing records to at least 25% within one month (September 2025) through staff education and workflow prompts.
Methods:
A baseline review of CAS cards, nursing records, ambulance sheets, and medical proformas revealed inconsistencies and low accuracy of CFS documentation. Two Plan–Do–Study–Act (PDSA) cycles were implemented. PDSA 1 focused on staff education through group presentations and distribution of pocket-sized CFS scoring reference cards. PDSA 2 introduced one-to-one education and quizzes with staff to embed CFS into routine clerking. Improvement was measured by comparing correctly completed CFS entries with the frailty team's comprehensive geriatric assessment.
Results:
Both staff training and visual prompts improved documentation accuracy and frequency. Completion rates increased across all record types: ambulance sheets (+27%), medical proformas (+33%), and nursing records (+35%). CAS cards, previously showing no documentation, recorded entries post-intervention. Staff engagement was high, with >90% reporting improved confidence and understanding. Challenges included small sample size, limited project duration, staff turnover, and time constraints affecting the 60-minute target.
Conclusion:
Targeted multidisciplinary training and workflow prompts effectively improved the consistency and accuracy of CFS documentation in A&E. Sustaining improvement will require ongoing education, regular monitoring, and integration of CFS into electronic systems. Embedding frailty assessment into routine practice has the potential to enhance patient safety, streamline care planning, and align with national standards.

P59

My life is ruined! The impact of mode of delivery on pelvic floor dysfunction after anal sphincter injury

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Background:
The events during childbirth can have a long term impact on women's quality of life. Vaginal childbirth is the most common mode of delivery, and has been associated with increased incidence of obstetric anal sphincter injuries (OASI) which is a common cause of pelvic floor dysfunction (PFD)(1). Previous research has also identified increasing maternal age and body mass index (BMI) as risk factors for PFD (2). However, there is little research on the impact of operative deliveries on the development of PFD in women with OASI.
Methods:
This was a retrospective cohort study across two hospitals in The Leeds Teaching Hospitals NHS Trust (St James University Hospital and Leeds General Infirmary) of 202 women with OASI who had vaginal deliveries between July 1st, 2021, till June 30th, 2022. The data used was obtained by systematically searching electronic record review (PPM system) as well as an obstetric database (K2). We collected data on patient demographics of age, degree of tear, size of the baby, type of delivery, forceps or ventouse used and whether they were seen in perineal clinic. The objectives were to analyse the relationship between operative vaginal delivery, OASI and PFD and to identify whether different modes of delivery in women with OASI are more likely to cause symptomatic PFD.
Results:
On univariate analysis, we found that there was no significant association between symptomatic PFD and the mode of delivery (odds ratio 1.00, 95% confidence interval 0.99 – 1.001). Univariate analysis of the data found that the only variable significantly associated with the likelihood of experiencing symptomatic PFD was increasing maternal age (odds ratio 1.093, 95% confidence interval 1.014 – 1.178).
Conclusion:
Operative deliveries do not increase the risk of PFD in women with OASI. Further research is needed into factors that increase the risk of PFD and preventing the development of PFD in women with OASI.

P60

Structured Handover in the Emergency Department: Enhancing Patient Safety and Documentation Compliance Using the ED-VITALS Framework

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Background

Clinical handover in the Emergency Department (ED) is recognised as a high-risk process for communication errors and patient safety incidents. The ED is a high-turnover environment where multiple clinicians contribute to patient care, making clear transfer of information essential. Handover is often conducted verbally, which may result in incomplete transfer of clinical details and sub-optimal documentation quality. Ineffective handover can contribute to management delays, task duplication, and missed escalation of care.

The ED-VITALS framework (Entity, Diagnosis, Vitals, Investigations, Treatments, Actions, Logistics, Services) provides a structured approach to enhance the clarity of communication. At a district general hospital, interventions including staff teaching and introducing a handover pro-forma were implemented to support structured documentation.

Aim/Objectives

To evaluate compliance with the ED-VITALS framework in interdepartmental handover documentation and assess the impact of a structured handover tool. The audit aimed to:

- Assess current compliance with ED-VITALS
- Identify commonly omitted handover components
- Quantify documentation rates for each ED-VITALS element
- Evaluate the effectiveness of the structured handover tool

Methods

A retrospective audit of ED handover documentation was conducted, and patient records requiring handover were reviewed against ED-VITALS. Afterwards, targeted teaching sessions and a printed pro-forma were introduced. Post-intervention data were collected to evaluate changes in documentation and compliance with the ED-VITALS standard.

Results

Baseline analysis demonstrated documentation variability and incomplete capture of ED-VITALS components. Compliance with ED-VITALS following pro-forma intervention improved from 11.58% to 79.37%. Additionally, documented handovers increased from 57.5% to over 83%, highlighting improved engagement with structured handover practices.

Conclusion

Implementation of the ED-VITALS tool significantly improved the completeness and clarity of handover documentation. Introducing a structured pro-forma alongside teaching enhanced communication and supported safer transfer of clinical information. This low-cost, easily reproducible intervention demonstrates potential for wider adoption across emergency departments to improve patient safety and reduce communication-related errors.

P61

BI-RADS in Comparison to Histopathology to Stratify Breast Lesions: A Scoping Review

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Hywel Dda University Health Board

Background:
Breast cancer is the most common malignancy affecting women worldwide. A number of methods were devised to detect suspicious breast lesions and provide early intervention and management. BI-RADS or the Breast Imaging Reporting and Data System is a risk stratification tool that allows radiologists to classify lesions into 6 categories. Our study aims to map out current literature that compares BI-RADS with Histopathological findings of breast lesions. We will examine study designs, BI-RADS thresholds, imaging modalities, and diagnostic accuracy across the literature base.
Methods:
Our protocol is based on the PRISMA-SCR guidelines for scoping reviews. We will be gathering our studies from Cochrane, EMBASE, and Pubmed databases. Eligible studies were published between 2016 and 2026.
Results:
Our preliminary search strategy yielded 729 eligible studies. We aim to further filter relevant studies using the COVIDENCE system and then extract a final number of studies for analysis. Based on initial literature review, we anticipate to see a large number of studies examining BI-RADS levels 4-5 and their histopathological findings but a lower number examining BI-RADS level 3. Analysis is ongoing and expected to finish by conference date.
Conclusions:
As our research is ongoing, no official conclusions are devised yet. However, we aim to direct future research on the BI-RADS system and its diagnostic use for low-risk breast lesions.

P62

Faecal Immunochemical Test (FIT) Use for Suspected Colorectal Cancer in Primary Care: Adherence to NICE DG56

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Background:
Colorectal cancer (CRC) represents a significant cause of morbidity and mortality in the UK. The faecal immunochemical test (FIT) is a validated tool for detecting occult gastrointestinal bleeding and is recommended by NICE DG56 for all patients presenting with symptoms suggestive of CRC, irrespective of pre-test risk. Despite strong evidence supporting its diagnostic utility, variability in FIT use within primary care may reduce its effectiveness. This audit aimed to assess adherence to NICE DG56 guidance and evaluate the impact of targeted interventions on FIT utilisation.
Methods:
A retrospective two-cycle audit was conducted across two Lampeter GP practices over a 6–12-month period. Adult patients presenting with symptoms suggestive of CRC were identified using electronic health records. Data collected included patient demographics, presenting symptoms, FIT testing requests and results, referral decisions, timeliness of testing, and documentation of safety-netting. Following cycle one, targeted interventions were implemented, including an educational presentation to clinical staff and the distribution of FIT guideline summary leaflets. A re-audit was then undertaken to assess impact.
Results:
In the first audit cycle, compliance with NICE DG56 FIT testing recommendations was 62%. Identified issues included under-utilisation of FIT in eligible symptomatic patients and inconsistent documentation. Following the implementation of educational interventions, compliance improved to 74% in the second cycle. Improvements were particularly noted in appropriate FIT ordering and clearer safety-netting documentation. Positive FIT results continued to appropriately prompt urgent referrals.
Conclusion:
This two-cycle audit demonstrates that targeted educational interventions, including staff presentations and guideline leaflets, can significantly improve adherence to NICE DG56 FIT testing guidance. Sustained education and regular re-audits may further enhance compliance, support earlier CRC detection, and optimise referral pathways within primary care.

P63

Recurrent Aseptic Meningitis Unmasked: Mollaret's Meningitis as a Diagnostic Challenge – A Case Report and Literature Review

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Mollaret's meningitis is a rare (mean annual incidence 1.2/1,000,000 adults), benign form of recurrent aseptic meningitis, with a tendency to run in families, most commonly associated with herpes simplex virus type 2 (HSV-2) but not always the case. It is characterised by repeated, self-limiting episodes of meningitic symptoms with long symptom-free intervals, and is frequently under-recognised, leading to misdiagnosis and unnecessary antimicrobial therapy.

We present the case of a 35-year-old man admitted with headache, photophobia, fever, nausea, and generalised myalgia. He reported a similar episode eleven years earlier, diagnosed as viral meningitis. Many years earlier, his grandmother had had an episode of meningitis as an adult. Cerebrospinal fluid (CSF) analysis on this admission demonstrated lymphocytic pleocytosis, CSF protein of 0.57 g/L and a normal glucose indicating likely Infectious/ inflammation with negative bacterial cultures and viral PCR. Neuroimaging was unremarkable. Given the recurrence, typical clinical features, and exclusion of alternative causes, a diagnosis of likely Mollaret's meningitis was made and the patient informed for future reference.

Microscopy for the atypical lymphocytes called Mollaret cells pathognomonic of this condition was unfortunately not possible.

A review of the literature suggests that Mollaret's meningitis is strongly linked to HSV-2 reactivation, with polymerase chain reaction (PCR) testing of CSF improving diagnostic accuracy. Episodes typically resolve spontaneously within days, and while antiviral therapy such as acyclovir may be used, evidence for long-term prophylaxis remains limited and inconsistent. Importantly, failure to recognise this condition often results in repeated hospital admissions, extensive investigations, and prolonged courses of intravenous antibiotics.

This case underscores the importance of recognising the clinical pattern of recurrent aseptic meningitis and considering Mollaret's meningitis as a key differential diagnosis. Early clinical suspicion, supported by targeted viral PCR testing, can facilitate accurate diagnosis, reduce unnecessary treatments, and minimise both patient morbidity and healthcare burden. Greater awareness among clinicians is essential to improve diagnostic confidence and optimise management strategies.

P64

Ataxia With Ipsilateral Weakness: A Rare Case of Opalski Syndrome - Case Report and review of literature

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Lateral medullary (Wallenberg) syndrome classically presents without motor weakness. Opalski syndrome represents a rare variant in which ipsilateral hemiparesis occurs due to caudal extension of the infarct involving corticospinal fibers after pyramidal decussation. We report a case of a 79-year-old man presenting with predominantly ataxic left-sided weakness, highlighting the importance of recognizing this uncommon (less than a 30 cases Reported in the last 5 years) but clinically relevant presentation.

A 79-year-old man presented to the emergency department 6 hours after the sudden onset of unsteadiness and left-sided weakness. He was previously independent with no baseline neurological deficits. His medical history was significant for poorly controlled type 2 diabetes mellitus (HbA1c 112 mmol/mol) and long-standing uncontrolled hypertension. There was no history of atrial fibrillation, prior stroke, or smoking. On examination, he was alert, oriented, and hemodynamically stable. His National Institutes of Health Stroke Scale (NIHSS) score was 1, attributable to left upper limb drift. Cranial nerve examination was unremarkable with no dysarthria, dysphagia, or ocular movement abnormalities. Motor examination revealed left pronator drift with mild weakness in the left upper limb (Medical Research Council grade 4+/5). Tone was reduced on the left side, and coordination testing demonstrated prominent left-sided limb ataxia disproportionate to the degree of weakness. Sensory examination, including pain and temperature, was intact. Reflexes were brisk on the left, with an extensor plantar response. Magnetic resonance imaging of the brain revealed a focus of restricted diffusion in the posterolateral aspect of the medulla oblongata on the left, consistent with an acute ischemic infarct. No supratentorial lesions were identified. Routine blood tests were unremarkable aside from hyperglycemia.

Opalski syndrome is a rare extension of lateral medullary infarction characterized by ipsilateral hemiparesis due to involvement of corticospinal fibers caudal to the pyramidal decussation. Unlike classical Wallenberg syndrome, motor findings may be subtle and can be overshadowed by cerebellar ataxia. Previous literature suggests mechanisms including caudal infarct extension, compromised penetrating branches of the vertebral or anterior spinal artery, or border-zone ischemia affecting descending motor pathways. Recognition of pyramidal signs, even if mild, is crucial in differentiating Opalski syndrome from cerebellar hypotonic hemisyndrome.

This case underscores that lateral medullary infarction can present with ipsilateral motor weakness and marked ataxia, even with minimal NIHSS scores. Awareness of Opalski syndrome aids accurate localization, avoids diagnostic delay, and refines our understanding of medullary stroke presentations.

P65

Improving Penicillin Reaction Documentation and Deprescribing in Primary Care

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Backgrounds: Up to 10% of patients have a documentary penicillin allergy on their medical records. However, 90% demonstrated no true allergic reaction (no symptoms of true serious allergic reaction). Consequence of inappropriate labelling include; increased use of broad spectrum antibiotics, increased antimicrobial resistance, increase risk of C.diff, increased costs and increased risk of antibiotics toxicities.

Aim:

To improve the accuracy and completeness of penicillin allergy documentation and increase deprescribing practice to encourage safer and less restricted antibiotic prescribing.

Objectives:

To establish baseline quality of penicillin reaction compared with allergy documentation. To increase the proportion of completely and accurately documented penicillin reactions. To identify patients with low risk to allergy who are suitable for antibiotics review. To introduce a proforma for stratification of reaction and allergy risk and correctly document. To increase deprescribing of incorrectly documented penicillin allergy.

Method:

Inactive and deceased, children under the age of 5 were excluded from qualitative evaluation of current penicillin allergy documentation through EMIS records in Llandeilo GP surgery. A proforma was created and introduced to clinicians to highlight the risk of allergy, demonstrate allergy versus drug reaction including an algorithm to aid in deprescribing allergy alerts. New allergy documentation and cases of Deprescribing following the intervention were documented over the course of a month. Finally Clinician confidence in deprescribing penicillin allergies were assessed following introductions of the algorithm.

Results and Conclusions to follow.

P66

Pulmonary Actinomycosis Mimicking Cancer Metastasis

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Background

Actinomycosis is a slow-progressing bacterial infection caused by actinomyces species, though infections are often polymicrobial. In most cases this presents as cervicofacial infection in patients with poor dental hygiene or immunocompromise, but can cause pulmonary, abdominal or pelvic infections.

Haematogenous spread is rare - infections usually develop in areas where mucosal barriers are disrupted. There are also low rates of positive blood and tissue cultures in these infections. Pulmonary infection typically results from aspiration of secretions, and can subsequently cross tissue barriers into the pleura and mediastinum.

Method

Case information was collected and compared with literature on pulmonary actinomycosis. This included retrospective review of CT scans, cytology and MDT documentation. The patient remains in outpatient clinic follow up regarding the infection and underlying malignancy.

Results

Review of patient notes and investigations in this case suggests radiological restaging as metastatic disease was incorrect. This may have been as a result of actinomycosis, or other infective changes. Overlap of malignancy and infection in this case is difficult to distinguish – PET-CT has previously resulted in misdiagnosis in similar cases.

Radiotherapy delivered to this patient, in combination with underlying COPD are significant risk factors for invasive actinomyces infection due to destruction of mucosal barriers. It is difficult in retrospect to be sure at what point infection became a significant factor in changes visible on imaging, but it has certainly complicated cancer staging.

Conclusions

This case highlights a need for awareness of alternate diagnoses in lung cancer patients, especially when relying on radiological staging. Despite positive pleural cultures in this case, it is also important to be aware of such difficult to identify infections that may require long courses of antibiotics, in addition to drainage, to fully resolve.

P67

Peri-operative management of Diabetes – An audit of blood sugar monitoring throughout the patient journey.

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Background

The Perioperative Care for People with Diabetes Mellitus Undergoing Elective and Emergency Surgery guidance (Academy of Medical Royal Colleges, 2021) recommends blood glucose monitoring on admission, hourly intra-operatively, and postoperatively. Despite this, practice within Hywel Dda University Health Board remains variable. Following an episode of postoperative hypoglycaemia, this audit was undertaken to assess compliance with national standards and identify areas for improvement. National data continue to highlight safety concerns in inpatient diabetes management and perioperative glycaemic control, reinforcing the need for quality improvement initiatives.

Aim/Objectives

To achieve 100% compliance with Raising the Standards (Royal College of Anaesthetists, 2020), focusing on peri-operative capillary blood glucose (CBG) monitoring, prioritisation of diabetic patients on operating lists, and appropriate variable rate insulin infusion (VRII) management.

Methods

A prospective audit of 35 adult patients with diabetes undergoing elective surgery was conducted over one month using a standardised proforma. Blood glucose documentation was reviewed from pre-operative assessment tools, anaesthetic charts, and ward CBG charts. Data were analysed using the Audit Management and Tracking Tool and categorised into pre-, intra-, and postoperative phases for comparison with RCoA standards.

Results and Discussion

Of 11 peri-operative criteria, 7 met compliance. Compliance with intra- and postoperative CBG monitoring was 6%; however, all monitored patients remained within therapeutic ranges. Two patients required VRII, all appropriately managed. No complications or delayed discharges were observed. No association was identified between compliance and individual anaesthetists.

Key barriers included inconsistent prioritisation of diabetic patients, limited intra-operative monitoring, and suboptimal communication of postoperative plans across multidisciplinary teams. Although no adverse outcomes occurred, failure to meet standards presents avoidable risks, including hypoglycaemia, diabetic ketoacidosis, hyperosmolar hyperglycaemic state, impaired wound healing, and delayed discharge.

Conclusion

This audit identified clear gaps between national standards and local practice, providing a basis for targeted quality improvement. Interventions include redesign of the anaesthetic chart, improved multidisciplinary communication, and reinforcement of peri-operative monitoring responsibilities. A re-audit is planned to complete the audit cycle and assess sustained improvement.

P68

Pirfenidone-Induced Photosensitive Dermatitis in Idiopathic Pulmonary Fibrosis: A Case Report

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Background:
Idiopathic Pulmonary Fibrosis is a progressive interstitial lung disease commonly managed with anti-fibrotic agents such as Pirfenidone. While effective in slowing disease progression, pirfenidone is associated with adverse effects, including gastrointestinal disturbance and cutaneous reactions, notably photosensitivity.
Aim/Objectives:
To highlight the clinical presentation, management, and outcomes of pirfenidone-induced photosensitive dermatitis, and to emphasise the importance of patient counselling on sun protection.
Methods:
We report the case of a 63-year-old male with moderately severe IPF commenced on oral pirfenidone. Within four weeks, he developed a widespread erythematous rash, initially confined to sun-exposed areas before becoming generalised. Dermatological evaluation suggested a photosensitive drug reaction. The patient reported limited awareness of sun-protection measures. Management included immediate discontinuation of pirfenidone, initiation of topical and systemic corticosteroids, and reinforcement of strict photo-protection. Skin biopsy was performed to support diagnosis.
Results:
Histopathological findings were consistent with photosensitive dermatitis. Following treatment and drug cessation, the rash resolved gradually over 2–3 weeks without residual skin changes. At follow-up, there was no recurrence of cutaneous symptoms with continued adherence to sun-protection advice.
Conclusion:
Pirfenidone remains a key therapy in IPF but carries a risk of photosensitive cutaneous reactions. Early recognition and prompt management are essential. This case underscores the importance of proactive patient education regarding sun avoidance and protection to improve treatment tolerance and adherence.

P69

Drug-induced renal complications in a patient with Weber–Christian disease

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Background: Weber-Christian disease, also known as idiopathic febrile nodular nonsuppurative panniculitis, is a rare disorder characterized by recurrent subcutaneous nodules and systemic manifestations. It involves the hepatic, musculoskeletal, and renal systems. Although it was previously classified as idiopathic, current evidence suggests an autoimmune etiology. Specific medical considerations, such as the relapsing course of symptoms and the systemic nature of the flare-ups, further supported the diagnosis.
Case Presentation: A 65-year-old female with Weber-Christian disease presented with systemic symptoms and chronic bilateral leg ulcers on prophylactic cotrimoxazole. Lab tests showed severe hyperkalemia, and acute-on-chronic kidney disease. Management included correcting electrolyte imbalances, treating ulcers, administering IV fluids, discontinuing nephrotoxic medications, and involving internal medicine and nephrology specialists.
Discussion: This case report examines a drug-induced renal complication in a patient with Weber-Christian disease and the current pattern of management, balancing infection control and renal protection in a complex presentation. The multifactorial clinical presentation highlighted important diagnostic and management decisions relevant to similar cases, stressing the necessity for continuous monitoring, early recognition of complications, and multidisciplinary intervention.
Conclusions: This case underscores the complexities in managing drug-induced renal complications in Weber-Christian disease, emphasizing the need for comprehensive, individualized care.
This case report was prepared with the patient's informed, written consent.

P70

Pseudo-exacerbation in Primary Progressive Multiple Sclerosis: A Case Report

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Background:
Primary progressive multiple sclerosis (PPMS) accounts for ~15% of MS cases and is characterised by gradual neurological decline without relapses. Pseudo-exacerbations, triggered by systemic illness such as infection, are well described in MS but less commonly reported in PPMS, where they may be misinterpreted as disease progression.
Methods:
We report a 65-year-old woman with established PPMS presenting with acute bilateral lower limb weakness and sore throat. Clinical assessment and inflammatory markers identified infection as the likely trigger, with neurological review used to exclude true relapse.
Results:
The patient was diagnosed with infection-related pseudo-exacerbation secondary to pharyngitis. She was treated with antibiotics and supportive care without corticosteroids. Significant clinical improvement was observed, returning close to baseline function with rehabilitation input.
Conclusion:
This case highlights the importance of recognising pseudo-exacerbations in PPMS to avoid misdiagnosis as relapse, prevent unnecessary corticosteroid use, and ensure appropriate treatment of reversible triggers.

P71

Liquorice induced hypokalaemia

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Background: Hypokalaemia is a common electrolyte disturbance with a wide differential diagnosis. The presence of severe hypokalaemia with metabolic alkalosis and hypertension should raise suspicion for mineralocorticoid excess states, including rare but reversible causes such as liquorice toxicity.

Case Summary: We report the case of an 85-year-old man presenting with months of progressive confusion, recurrent falls and urinary symptoms. Initial investigations revealed profound hypokalaemia (K^+ 1.4 mmol/L), hypertension (BP 182/86 mmHg) and marked metabolic alkalosis on venous blood gas analysis (pH 7.53, bicarbonate 42 mmol/L). ECG demonstrated flattened T waves. Urinary potassium was inappropriately elevated (>20 mmol/L), indicating renal potassium loss. Cortisol levels were normal, and imaging excluded intracranial pathology and malignancy. Although plasma renin and aldosterone levels were not obtained, the classic triad of hypokalaemia, metabolic alkalosis and hypertension prompted further evaluation. A detailed dietary history subsequently revealed long-term excessive liquorice consumption 165g three times per week over many years, supporting a diagnosis of liquorice-induced pseudohyperaldosteronism [1,2].

Management and Outcome: Management included cessation of liquorice and indapamide, aggressive potassium and magnesium replacement, initiation of a potassium-sparing diuretic, and close cardiac and biochemical monitoring. Serum potassium normalised by day 11 of admission. The patient developed atrial fibrillation during admission but was stabilised and discharged after 16 days with planned outpatient follow-up.

Conclusion: This case highlights liquorice toxicity as an under-recognised but important cause of severe hypokalaemia. Even in the absence of renin and aldosterone measurements, the combination of hypokalaemia, metabolic alkalosis and hypertension should prompt consideration of liquorice-induced pseudohyperaldosteronism, underscoring the importance of a thorough dietary history.

P72

Do All Elective Arthroplasty Patients Require Routine Postoperative Blood Tests?

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Background: Routine day-one postoperative blood tests are widely used in elective arthroplasty to detect complications such as anaemia, electrolyte imbalances, or acute kidney injury (AKI). However, their clinical value in all patients remains debatable. This audit aimed to determine whether all patients benefit from routine postoperative blood tests and to identify risk factors associated with clinically actionable results.

Methods: We retrospectively analysed 770 consecutive patients who underwent elective total hip replacement (THR), or total knee replacement (TKR) at a single NHS centre. Data collected included ASA grade, BMI, comorbidity burden, anticoagulant use, and postoperative length of stay. The primary outcome was whether action was taken based on postoperative blood results (e.g., transfusion, IV fluids, electrolyte correction). Logistic regression and ROC curve analyses were conducted to identify significant predictors of positive results.

Results: All patients received day-one postoperative blood tests. Only 60 patients (7.8%) had results that led to clinical intervention. The remaining 710 patients (92.2%) had no actionable findings. Patients with ASA grade 3 or 4, higher BMI, multiple comorbidities, and those on preoperative anticoagulants (particularly DOAC and Warfarin) were significantly more likely to have clinically relevant abnormalities. Logistic regression showed ASA grade as the strongest independent predictor. ROC analysis yielded an area under the curve (AUC) of 0.76, suggesting fair discriminative capacity.

Conclusion: The majority of patients undergoing elective arthroplasty do not benefit from routine postoperative blood tests. A targeted, risk-stratified approach — focused on patients with ASA ≥ 3, BMI ≥ 30, and other high-risk features — may safely reduce unnecessary investigations and streamline perioperative care, this can additionally lead to better staff time utilisation and reducing costs. These findings support the development of a clinical risk score to guide selective postoperative testing. Further prospective validation is recommended.

P73

Audit on the Completion of Fascia Iliaca Block Proformas in Glangwili A&E

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Background

Fractured neck of femur is a common presentation to the emergency department. Timely and effective pain management has been shown to improve patient outcomes.

Fascia-iliaca blocks (FIB) are recommended by the Royal College of Emergency Medicine (RCEM) and NICE as key in pain management for patients admitted with fractured neck of femur (1).

RCEM guidelines recommend that FIB should be completed by competent clinicians, instituted as soon as possible, and be followed with a recorded monitoring period to monitor for local anaesthetic toxicity and other sedative effects.

Aim/Objectives

Audit documentation quality and completeness of all FIB proformas for all patients admitted with fractured neck of femur within the defined period.

Evaluate current practice against RCEM guidance document.

Implement interventions to improve proforma completeness and procedural good practice, followed by a re-audit.

Methods

Retrospective audit of all patients presenting to GGH A&E with fractured neck of femur in June to December 2025. Data obtained from WPAS theatre lists and A&E clinical records.

Results

Documentation of patient identity, clinician identity and consent discussions are generally good (over 80% completion). However, documentation of time and date of procedure and the volume and concentration of local anaesthetic used, was generally poor (40% completion).

Overall, documentation was significantly improved when clinicians used the documentation stickers supplied in the fascia iliaca block packs (90% completion), as opposed to paper proformas available in the department (65% completion).

Conclusion

In conclusion, this audit has found very good documentation in some areas, with other areas requiring more mindful documentation. This audit has also shown that of the two methods of documentation available, one offers significantly better results. The findings are significant to patient safety and are of moderate risk level. This audit has resulted in teaching sessions in A&E departmental teaching and an information poster in the department.

P74

Comparing Pre-operative and Intra-operative ASA Classification: A Retrospective Study

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Introduction

The American Society of Anesthesiologists (ASA) Physical Status Classification System is central to peri-operative risk stratification but is subject to inter-observer variability. (1) Accurate ASA grading informs anaesthetic planning and peri-operative risk assessment and discrepancies between pre-operative assessment and the day of surgery may impact communication of patient risk.

Aim

To compare ASA classification recorded at pre-operative assessment with intra-operative ASA grading in elective surgical patients within Swansea Bay UHB.

Methods

A retrospective cohort study was conducted using linked Theatre Operations Management System (TOMS) and electronic Pre-Operative Assessment (ePOA) data for elective procedures in June 2025. Cases without pre-operative ASA, duplicates, and non-elective procedures were excluded. Agreement between pre-operative and intra-operative ASA was assessed using percentage agreement, confusion matrices, and Cohen's kappa. A subset analysis (n=225) assigned a retrospective "true ASA" based on documented comorbidities. McNemar's test was used to assess directional bias in misclassification.

Results

Of 668 patients included, 34.3% had discordant ASA grades, with 59.0% reclassified to a higher ASA intra-operatively. Weighted κ indicated moderate agreement (0.53). The largest discrepancies occurred in patients initially classified as ASA I, with over 40% reclassified intra-operatively. In the subset analysis, ASA III was under-represented at pre-assessment (13.3% vs 32.4% "true ASA"). McNemar's test confirmed significant under-classification of ASA III ($\chi^2 = 39.3$, $p < 0.001$). Intra-operative ASA demonstrated slightly higher agreement with "true ASA" than pre-operative ASA, though the difference was found to be significant.

Conclusion

Pre-operative assessment systematically underestimates ASA grade, particularly in ASA III patients, which may lead to under-recognition of peri-operative risk. Improving consistency in ASA assignment through standardisation or structured guidance may enhance peri-operative planning, risk communication, and data reliability. (3)

P75

Readmission Rates Following Needle Aspiration Versus Incision and Drainage for Peritonsillar Abscess: A Retrospective Cohort Study

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Background:
Peritonsillar abscess (quinsy) is a common ENT emergency requiring prompt drainage and antibiotic therapy. Needle aspiration and incision and drainage (I&D) are both widely used management strategies; however, variation in practice persists, and their relative impact on outcomes such as readmission remains unclear. Recurrence of infection may lead to further hospital attendance and increased healthcare utilisation. This study aims to compare readmission rates in patients treated with needle aspiration versus incision and drainage.
Methods:
A retrospective study was conducted of adult patients presenting with peritonsillar abscess between January 2022 and January 2026. Data collected included patient demographics, initial management approach (needle aspiration or incision and drainage), procedural success (including volume aspirated), length of hospital stay, and readmission with ipsilateral recurrence. Comparative analysis was undertaken to evaluate differences in readmission rates between the two groups, with additional assessment of secondary outcomes including length of stay and procedural success.
Results:
Data collection is ongoing, with an anticipated cohort of approximately 100–110 patients. Preliminary analysis suggests a lower rate of readmission in patients managed with incision and drainage compared to needle aspiration, despite its lower utilisation within the cohort. Early findings also suggest a trend towards improved procedural success with incision and drainage. Full analysis, including statistical comparison between groups, is ongoing.
Conclusion:
Incision and drainage appears to be associated with lower readmission rates compared to needle aspiration in the management of peritonsillar abscess. These findings support consideration of incision and drainage as a preferred initial intervention. Further prospective studies are warranted to confirm these findings and guide standardisation of management.

P76

Improving Accessibility of Local Organ Donation Guidelines: A Two-Cycle Quality Improvement Project

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Background

Timely access to clinical guidelines is critical in the management of potential organ donors. While British Transplantation Society guidance provides a comprehensive framework, its length and complexity can limit practical use in emergency settings, particularly in centres where organ donation is infrequent. Local Cwm Taf Morgannwg University Health Board guidelines were developed to support clinicians, but post-case debriefs highlighted difficulties among theatre staff in locating this guidance rapidly.

Methods

A two-cycle quality improvement project was conducted in theatres at Prince Charles Hospital. Twenty-four theatre staff members (consultants, trainees, SAS doctors and operating department practitioners) were randomly selected in each cycle. Participants were asked about awareness of local organ donation guidelines and timed while locating the guideline on the hospital intranet. Following cycle one, QR codes linking directly to the guideline were introduced and displayed in theatre and intensive care areas. The same methodology was used in cycle two to assess the impact of this intervention.

Results

In the first cycle, 79.2% of staff were aware of the guideline's existence; however, 82.6% required more than five minutes to locate it. After introduction of QR codes, guideline awareness increased by 12.5%. In cycle two, 79.1% of participants were able to locate the guideline in under two minutes, compared with 8.7% in the first cycle. The majority reported the QR code as the fastest and most accessible method.

Conclusion

Simple digital interventions significantly improved accessibility of local organ donation guidelines. QR codes offer an effective, low-cost method to enhance guideline uptake in time-critical clinical environments. Wider adoption for other urgent clinical pathways is recommended.

P77

Compassionate Leadership in the NHS: Addressing the Hidden Burden of International Clinicians During Conflict

Tannous Sally

Hywel Dda University Health Board

Title: Compassionate Leadership in the NHS: Addressing the Hidden Burden of International Clinicians During Conflict

Background: The National Health Service (NHS) is sustained by a diverse international workforce. While this diversity enriches clinical practice, international medical graduates (IMGs) may face additional, often invisible challenges, particularly when experiencing personal crises or conflict in their home countries. These stressors may not be consistently acknowledged within workplace structures

Aim: To explore the lived experience of an international clinician working in the NHS during a period of war in their home country, and to highlight the role of compassionate leadership in supporting staff facing complex personal and global stressors.

Methods: This reflective study draws on personal experience as an IMG alongside principles of compassionate leadership, as proposed by Michael West. It explores the emotional and professional impact of managing clinical responsibilities while coping with bereavement, restricted travel, uncertainty and ongoing conflict affecting family abroad.

Results: Key themes include emotional dissonance, moral distress, and reduced psychological capacity, alongside feelings of isolation compared to colleagues not directly affected by such crises. Despite these challenges, compassionate leadership through attentive listening, empathy, flexibility, and supportive supervision played a critical role in enabling resilience, professional progression, and well-being.

Conclusion: Compassionate leadership must extend beyond visible workplace challenges to acknowledge the broader personal contexts affecting international staff. Recognizing and responding to these hidden burdens is essential in fostering inclusive, supportive, and sustainable healthcare environments within the NHS.

P78

Improving Detection of Incidental Vertebral Fractures on CT: A Closed-Loop Quality Improvement Audit

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Background

Vertebral fractures (VF) are the most common osteoporotic fracture, affecting up to 50% of individuals over 50, yet up to 70% remain undiagnosed. They are frequently missed on CT scans performed for unrelated indications, contributing to avoidable morbidity, mortality, and increased risk of subsequent fractures.

Methods

A retrospective audit of CT scans from 2017 was conducted in patients aged ≥50 with thoracic and/or lumbar spine imaging. Reports were reviewed for documentation of VF using predefined keywords (e.g. wedge compression, crush fracture). Following baseline analysis, a targeted educational intervention was delivered to the radiology department highlighting underreporting and its clinical implications. A re-audit was performed using CT scans from 2023 with the same methodology to assess changes in reporting rates.

Results

In 2017, 45 of 718 scans (6.3%) documented a vertebral fracture. Following intervention, 55 of 73 scans (75.3%) reported VF in 2023. This demonstrates a substantial improvement in detection and reporting rates after a simple educational intervention.

Conclusion

This closed-loop audit demonstrates that targeted education can significantly improve reporting of incidental vertebral fractures. Improved detection enables earlier diagnosis and initiation of osteoporosis management, reducing the risk of future fractures and associated complications. Ongoing audit and reinforcement of reporting standards are required to sustain improvements.

P79

FUTURE OF SURGICAL EDUCATION: NOVEL CONCEPT OF BLENDED LEARNING

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The COVID-19 pandemic brought about a major shift in the educational training of surgical trainees. As the Lockdown was implemented and the daily workforce reduced, an alternate method was employed to provide uninterrupted learning. Blended learning that includes virtual learning with face-to-face learning/teaching was utilized for the surgical trainees. MOODLE (Modular object-oriented dynamic learning environment), an open-source learning management system, was integrated as an Online Component of our Blended Learning Program. We aimed to evaluate the perception of postgraduate trainees of General Surgery regarding the benefits and limitations of Blended Learning, particularly its online component, i.e., Moodle LMS, for the betterment of surgical -education during the COVID-19 pandemic.

Methods:

Thirty-three postgraduate general surgery trainees were enrolled in a blended learning program, in which its online component, Moodle LMS, comprised four major topics on General Surgery. A questionnaire was provided to the trainees to obtain feedback on blended learning in general, and Moodle LMS was mainly themed on the Likert scale.

Results:

The approach of blended learning was positively received by the participants, the majority of whom were females (75%) and comprising of Year 1 residents (33.3%). Nearly half of the participants found Moodle LMS user-friendly, practical and a good platform for learning. However, nearly two thirds (60.6%) were uncertain if it ever helped in applying knowledge to interpret laboratory and radiological results for patient management. Even then, most of them found that the face-to-face component of blended learning helped them develop specific clinical and surgical skills (42.4%). Emphatically, 78.7% would recommend it for surgical training.

Conclusions:

Blended learning was found to beneficial in the training process of surgical postgraduates in the current COVID-19 pandemic situation. We recommend it for the training of doctors for optimized learning especially if the world unfortunately faces any more such pandemics or outbreaks

P80

Assessment for Analgesic Prescription on Discharge letters of Arthroplasty Patient: Novel Concept of Arthroplasty Pack

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AIM: Adequate postoperative analgesics are essential in the recovery and rehabilitation of large joint lower-limb arthroplasty patients as per ERAS Protocols. Optimal analgesics include combination of multimodal analgesics as per NICE Guidelines. In our department, Inadequate analgesic prescription for arthroplasty patients had increase in FU visit, post op stiffness and increased phone call enquiries. In this study, we will establish the effect on Strong Analgesics including Strong Opioids in Satisfactory Discharge of Lower Limb Arthroplasty patients as per Pain Score

Methods/Interventions: This study was conducted in the Arthroplasty Ward, T&O Department in a UK DGH. 100 patients were included in total. 50 patients operated in January 2024 were enrolled, out of which 25 had total hip replacement and 25 had total knee replacement. The patients were called on 28th day of operation to evaluate pain score. After Intervention, data Collection of 50 patients from July 2024 and pain evaluated again at 28 days to evaluate patient satisfaction after implementing interventional changes.

Results: During the first cycle, analgesic prescription efficiency was at 45 percent when benchmarked to NICE Guidelines and similar were the patient satisfaction percentages. Changes implemented to prevent prescribing errors were creation of electronic Arthroplasty Discharge pack that contained adequate analgesics, VTE Prophylaxis, Laxatives tailored as per patients' needs for 2 weeks, SHO teaching and counter checking TTO via Nurse in charge/Arthroplasty Nurse. When closing the loop, the efficiency was increased to 91 % with 89% patient satisfaction rate

Conclusion: We have proposed the step ladder pattern of analgesics for such patients, in which strong opioids should be given to aid in pain relief. Additionally, Arthroplasty discharge pack should be implemented to prevent prescribing errors, and a virtual consultation by an arthroplasty nurse within one week of operation for their pain assessment to ensure adequate pain management.

P81

Prediction of Mortality in Trauma Patients: RTS vs NTS Score

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Background

Trauma is a major public health issue, causing disease and death globally. Injuries can range from mild to severe, requiring different levels of medical attention from a skilled team.

Objectives

To predict the accuracy of the new trauma score (NTS) and the revised trauma score (RTS) for predicting the mortality of patients presenting in the emergency department of a tertiary care hospital in Karachi.

Methods

A descriptive cross-sectional study was conducted in the Emergency Department of Civil Hospital Karachi (CHK), Pakistan, for six months and included 366 patients. Patients with blunt, traumatic, crush, or penetration injuries were included in this study. All patients were given a score according to the NTS and RTS.

Results

The median age of the study's participants was 31.90 ± 7.46 years. A mortality rate of 4.64% was noted. The NTS demonstrated a diagnostic accuracy of 97.5%, a sensitivity of 88.2%, a specificity of 98%, a positive predictive value (PPV) of 68.2%, and a negative predictive value (NPV) of 99.4% for predicting mortality. The RTS exhibited a diagnostic accuracy of 99.1%, a sensitivity of 88.2%, a specificity of 99.7%, a PPV of 93.8%, and an NPV of 99.4%. When the NTS and RTS were combined, they exhibited a diagnostic accuracy of 97.5%, a sensitivity of 82.5%, a specificity of 98%, a PPV of 68.2%, and an NPV of 99.4% for predicting mortality.

Conclusion

As a result, we conclude that both RTS and NTS were equally useful in predicting hospitalization, morbidity, the need for mechanical ventilation, and mortality.

P82

Guiding Selective Neck Dissection: Pattern of Nodal Spread and Imaging Accuracy in Head and Neck SCC

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Background:
Selective neck dissection aims to reduce surgical complications and morbidity while maintaining oncological control of nodal disease in head and neck squamous cell carcinoma (HNSCC)(Teymoortash et al. 2010). However, its success depends on accurate prediction of level-specific nodal disease, typically guided by primary subsite and pre-operative imaging. This study evaluates the pattern of nodal spread and accuracy of pre-operative imaging within a contemporary Welsh cohort.
Methods:
A retrospective single-centre cohort study included patients undergoing neck dissection at a district general hospital (2018-2023). Of 110 dissections, 30 were excluded (no malignancy or non-SCC). Primary tumour sites were larynx (n=39), oropharynx (n=18), parotid (n=7), unknown primary (n=7), skin (n=3) and hypopharynx (n=2). Patterns of nodal spread was analysed by subsite, with pre-operative imaging (CT/MRI/PET/USS) and dissected levels correlated with histopathology to assess diagnostic accuracy and surgical selectivity.
Results:
Eighty neck dissections were analysed. Nodal metastases most frequently involved Levels II and III, particularly in oropharyngeal and laryngeal primaries, with lower rates of involvement at Levels I and V. Pre-operative imaging demonstrated limited level-specific nodal disease accuracy (sensitivity 50%, specificity 48%, accuracy 49%), with no significant difference between false positive and false negative rates ($p=0.35$). Levels I, IV and V were often dissected despite low pathological yield (4%, 11%, 5%), confirming over-dissection ($p<0.001$).
Conclusion:
Local pre-operative imaging demonstrates limited reliability for level-specific nodal disease in HNSCC and should not guide selective neck dissection in isolation. Surgical planning should remain primarily subsite driven, with imaging serving as an adjunct to identify high-risk or atypical disease. The observed discrepancy between imaging and pathological findings may contribute to a tendency towards over-dissection in current practice, highlighting an opportunity in the future to refine surgical selectivity with advancements in imaging and pathological risk stratification.

P83

Review and Withholding of Sick Day Rule Medications by Admitting Doctors in Acute Medical Admissions

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Background:
Sick day rules recommend temporary cessation of medications such as ACE inhibitors, ARBs, diuretics, SGLT2 inhibitors, Metformin, Sulfonylurea and NSAIDs during acute illness to reduce the risk of complications, including acute kidney injury, lactic acidosis, ketoacidosis and hypoglycaemia. Acute medical admission presents a key opportunity for medication review; however, adherence to these practices is variable.
Aim:
To assess compliance with the review and withholding of sick day rule medications by admitting doctors and implement interventions to improve practice.
Methods:
A retrospective audit was conducted over a three-week period in an acute medical unit. Data collected included documentation of medication reviews and appropriate withholding of medications requiring consideration under the sick day rule. Common admission diagnoses and medication classes were also recorded.
Results:
A total of 49 patients were included, comprising 24 males and 25 females. The most common admission diagnoses were acute kidney injury, infection, poor oral intake, falls, and sepsis. The most frequently prescribed high-risk medications were Diuretics, followed by ACE inhibitors, SGLT2 inhibitors and NSAIDs. Of the 49 patients, 35 (71%) had a documented medication review, 12 (24%) had no documented review, and 2 (4%) had an incomplete review. Documentation of appropriate medication withholding and provision of sick-day advice was inconsistent.
Intervention:
Based on baseline findings, targeted interventions were introduced, including structured medical teaching for admitting clinicians and improved accessibility of sick day rule medication review leaflets within the emergency department.
Conclusion:
Pre-intervention data demonstrate gaps in consistent medication review and application of sick day rules at the point of admission. Early interventions focused on clinician education and resource accessibility have been implemented, and a second data-collection cycle is currently underway to assess their impact.

P84

Development and validation of a risk stratification tool for identifying patients with facial scarring at risk of developing anxiety and depression

Sophie Whipp *; John A G Gibson *; Owen Bodger; Octavian Parke; Rowena Griffiths; Stephan Ali ; Ann John; Iain S Whitaker+; Tom D Dobbs +

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BACKGROUND

There is an established a link between a facial injury and subsequent deterioration in a person's mental health. Despite this, there is limited psychological support available, and clinicians struggle with identifying patients who require referral. Previous work has identified variables for the development of a tool to potentially identify patients at higher risk.

AIMS

The aim of this study was to use candidate variables to develop an easy to use tool to identify patients at high risk of anxiety or depression following a facial scar.

METHOD

Previous work established a matched cohort of patients, which was split into training and validation sets. Initial model building was conducted using with logistic regression, followed by inspection of individual candidate variables for use in a simplified model. The simplified model was then assessed in the validation set. Finally, this model was simplified further into a points based scoring system.

RESULTS

The full model performed well in both training and validation sets. The simplified model comprising age, previous mental health history, sex and aetiology of assault retained the predictive power of the full model. Further simplification to a points based system produced an easily interpretable scoring system for use by clinicians.

CONCLUSIONS

The simplified risk scoring system meets the acute need for a tool allowing for identification of high-risk patients following a facial scar. It would be accessible to clinicians not experienced in identifying at risk patients. Further work is needed to assess its real world benefit.

P85

A Case report on Orf Disease Complicated with Erythema Multiforme

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Background -

Orf is a zoonotic parapoxvirus infection acquired through contact with infected sheep or goats and typically presents as a solitary nodular lesion on the hands after occupational exposure. Although orf is typically self-limiting, uncommon immune-mediated cutaneous complications may occur, including erythema multiforme, bullous eruptions, or more widespread hypersensitivity reactions. These reactions may mimic drug allergy, autoimmune blistering disease, or disseminated infection, creating diagnostic uncertainty and management challenges. We present a severe multisite vesiculobullous eruption likely triggered by occupationally acquired orf infection in a young farmer.

Clinical case -

A 20-year-old male farmer developed a painful yellow blister-like nodular lesion on the dorsomedial distal interphalangeal joint of the left index finger 1.5 weeks before presentation in A & E. He had recent sheep blood sampling exposure and recalled a sheep bite to the hand four weeks earlier. Flucloxacillin was prescribed initially following pharmacist consultation. Subsequently, urticated lesions appeared on the hands and progressed to widespread erythematous plaques with vesicles and tense bullae involving both arms, neck, face, thighs, feet, and palms/soles, without fever, mucosal involvement, lymphadenopathy, or systemic symptoms.

On admission, inflammatory markers were mildly raised (WCC 11.8 $\times 10^9$/L, CRP 44 mg/L). Examination demonstrated a 1 cm violaceous finger nodule with central crusting and multiple targetoid plaques, vesicles, and bullae elsewhere. Orthopaedics excluded deep infection. Infectious diseases recommended microbiological sampling and empirical clindamycin. Extensive investigations were done including blood cultures, bacterial swabs, BBV and syphilis serology, HSV/VZV PCR, mpox PCR, Haemophilus ducreyi, lymphogranuloma venereum, and autoimmune pemphigoid/pemphigus antibodies(came back negative) . Orf PCR was negative, but sampling was taken from a blister rather than the primary finger lesion, limiting sensitivity. Dermatology performed biopsies and commenced prednisolone 40 mg daily with topical fusidic acid/betamethasone to limbs and fusidic acid/hydrocortisone to the face. Rapid clinical improvement followed. Antibiotics were discontinued after three days, and corticosteroids were tapered gradually with complete resolution by follow-up.

Conclusion -

This case highlights probable orf-associated erythema multiforme in a high-risk occupational setting. Negative PCR does not exclude orf when non-primary lesions are sampled. Careful exposure history, recognition of characteristic primary lesions, and multidisciplinary input are essential. Systemic corticosteroids may be highly effective in severe immune-mediated reactions once alternative infectious causes are excluded.

P86

Audit of SSRI Prescribing in Children and Young People in SCAHMS (Ceredigion, Carmarthenshire and Pembrokeshire)

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Background:
Selective serotonin reuptake inhibitors (SSRIs), particularly fluoxetine, are recommended by NICE for children and young people aged 12–18 years with moderate to severe depression when used alongside psychological therapy. This audit was undertaken to assess adherence to NICE guidance for SSRI prescribing within Specialist Child and Adolescent Mental Health Services (SCAHMS) across Ceredigion, Carmarthenshire and Pembrokeshire.
Methods:
A retrospective audit was conducted reviewing electronic health records of children and young people prescribed SSRIs between January and July 2025. A total of 248 eligible patients were identified. Data were collected using a structured audit tool assessing eight NICE-based criteria, including age appropriateness, documentation of illness severity, use of psychological therapy, combined treatment, informed consent, monitoring plans, follow-up arrangements and multidisciplinary team (MDT) involvement.
Results:
Overall compliance with NICE guidance was mixed, with 4 out of 8 criteria met. High compliance was observed for MDT involvement (100%), follow up documentation (97%), age appropriate prescribing (96%), monitoring plans (95%), and informed consent (92%). Lower compliance rates were identified for psychological therapy prior to medication initiation (78%) and combined therapy with ongoing psychological treatment (66%). Documentation of depression severity was critically low at 11%.
Conclusion:
While strengths were demonstrated in MDT involvement, age appropriate prescribing, monitoring, and follow up, significant gaps were identified in documentation of illness severity, psychological therapy provision, and combined treatment approaches. Targeted actions including a printed audit proforma, improved documentation of consent and illness severity, and reinforcement of NICE recommended psychological therapy prior to and alongside medication are required. A re audit is planned to evaluate improvement following these interventions.

P87

Paediatric Case Report - A Triad of Head, Neck & Chest Pain Causing a Diagnostic Dilemma

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Background:
Cerebral venous sinus thrombosis (CVST) occurs when a thrombus forms in the dural venous sinuses. (1)
CVST is a rare condition in paediatrics, with the Canadian incidence being reported as “0.67 cases per 100,000 children per year”. (2)
Aims and Objectives:
To discuss an unusual presentation of paediatric CVST and reflect on the lessons learnt.
Methods:
Signed consent was obtained from the patient’s parents prior to the commencement of the case report.
Results:
The patient was a 14-year-old male who presented to the paediatric assessment unit with a 2-week history of a central, frontal headache, lethargy and reduced oral intake. He also later developed right-sided pleuritic chest pain, generalised neck pain, and a fever.
A chest X-ray demonstrated right upper lobe cavitating pneumonia, and CT Head and Neck identified an extensive CVST. He was treated with broad-spectrum intravenous antibiotics and anticoagulation.
Conclusion:
The case highlighted the need to maintain a high index of suspicion for CVST in paediatric patients who present with a headache in the context of additional risk factors.
Venous sinus thrombosis can present in subtle or atypical ways, and its manifestations often deviate from the classic textbook descriptions we are taught. As clinicians, it is therefore essential to remain clinically curious, to continually reevaluate our working diagnosis and ask ourselves whether there may be an alternative explanation for the child's symptoms.
This case reiterated the importance of diagnostic challenges often seen in paediatrics. Children may not be able to tell us what is wrong, and early features of significant pathology may be non-specific. Investigations are therefore often crucial, but are not without consequences, as they may cause distress, require sedation or carry risks of radiation exposure and contrast use.

P88

Severe hypertension secondary to renal artery thrombus

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[Please note this is a case report so is not structured in the requested format]
A woman in her 40s with no significant medical history presented to the emergency department with left sided loin pain, rigors, severe hypertension and elevated inflammatory markers. She was treated with antibiotics for pyelonephritis and discharged. The following month she presented twice with persisting symptomatic hypertension (260/145 mmHg) though now in the absence of any obvious cause.
Investigation with CT angiography revealed a left renal artery occlusion due to thrombus and ischaemia of the left kidney, with notable atrophy when compared to previous imaging. She was subsequently found to have antiphospholipid syndrome with positive lupus anticoagulant on two occasions.
Her blood pressure is now well controlled through a combination of alpha blocker, calcium channel blocker and angiotensin II receptor blocker. Her antiphospholipid syndrome is managed with warfarin.
This case highlights the importance of thoroughly investigating new clinical signs in the absence of an underlying pathology to explain them, in this case unexplained hypertension.

P89

Diagnostic accuracy of artificial intelligence-assisted radiology assessment of cancer: a systematic review

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Objective
Perform a systematic review and meta-analysis of studies using multi-reader multi-case (MRMC) study designs for cancer diagnosis with artificial intelligence (AI). Review diagnostic accuracy, study design and reporting.
Methods
A search of several databases between January 1, 2014 and February 28, 2024 was performed. Diagnostic accuracy studies that compared radiologists with and without AI-assistance in cancer diagnostic tasks over all imaging modalities were included. Meta-analysis using Summary Receiver Operating Characteristics (SROC) curves were plotted for pooled sensitivity and specificity. Risk of bias was assessed by using the Quality Assessment of Diagnostic Accuracy Studies-Comparative (QUADAS-C) and the Checklist for Artificial intelligence in Medical Imaging (CLAIM).
Results
Thirty-four studies were included of which 23 were included in meta-analysis. Eight identified cancers on Chest X-rays, 17 on CT, 9 on MRI. Pooled sensitivity and specificity were 0.67 (95%CI 0.58-0.74) and 0.82 (95%CI 0.75-0.88), respectively, for clinicians and 0.79 (95%CI 0.71-0.88) and 0.87 (95%CI 0.82-0.91) for AI-assistance. 17 of 34 studies (50%) had concern of bias with QUADAS-C. CLAIM assessment highlighted reporting issues in several domains of methodology in a proportion of studies.
Conclusion
Artificial intelligence assistance tools may benefit clinician diagnostic performance in cancer diagnosis. Updated reporting guidelines may help to overcome potential methodological limitations to clarify AI's value in healthcare.

P90

Enhancing end-of-life care in critical care through improved palliative care integration

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Background

Within the UK, 15-20% of intensive care admissions result in in-hospital death, with approximately 60% occurring after a decision to withdraw active treatment. (1) Palliative care teams are often involved only after this decision, limiting opportunities to explore alternative, and potentially more appropriate settings for end-of-life care.

Aims

To increase awareness of the role palliative care in critical care. Particularly by facilitating transfers to more appropriate care environments and supporting complex symptom management.

Methods

We conducted a retrospective review of critical care patients referred to palliative care to identify opportunities for improvement. Ongoing data collection supports continuous evaluation. We then strengthened collaboration with ICU through attendance at 'spotlight' rounds (ITU's daily board round), development of end-of-life pathways and working closely with the hospice to facilitate timely transfers. As a Palliative Care Junior Clinical Fellow, the author supported with data collection, ongoing service evaluation, and supported the coordination of patient transfers in collaboration with intensive care and palliative care teams.

Results

Following increase in collaboration with Critical Care, palliative care referrals more than doubled, increasing from 17 in 2024 to 41 in 2025 (a 141% increase). Referral rates continue to rise, reflecting increased awareness of palliative care needs. Over the past year, three patients were successfully transferred to hospice for end-of-life care. Feedback from families indicated that both patients and families found the support and transfer valuable.

Conclusion

By improving the collaboration between palliative care and critical care it has improved timely identification of patients suitable for end-of-life care in alternative settings. This approach has not only improved patient and family experience but also reduces the burden of critical care beds. Ongoing efforts are needed to continue to increase palliative care input in critical care, ensuring patients receive appropriate, compassionate end-of life care.

FIND YOUR ABSTRACT

Author Index

Mynegai Awduron

Presenting (first) authors, by surname. Numbers refer to abstract numbers (O = oral/rapid-fire, P = poster).

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