subsequent urinary tract infection (UTI) (patient self-report, GP records or antibiotic prescription).

Results Management approved the study and received strong support from both staff and participants showing high levels of altruism. This was due to high levels of engagement, communication and a clear plan as to what was being done and why, how this was to be achieved and how success would be measured. Additionally, staff felt the sheathed cystoscope handled well.

Overall, 1091 endosheathed flexible cystoscopies were analysed. It was a very well tolerated procedure with 33.2% procedures causing no discomfort, 48.2% mild and only 3.1% severe discomfort.

The UTI rate was 13.3% and impressively there were no reports of urosepsis.

Conclusions This safe, well tolerated procedure provides both cost and time savings to the healthcare provider. This study paves the way for developments in endoscopic imaging techniques and can be used as a leading example for other hospitals to implement the new techniques. This is also translatable to other units performing diagnostic telescopic evaluations in other parts of the body (e.g. bronchoscopy).

34 IMPROVING PHYSICAL HEALTHCARE FOR INPATIENTS ON A PSYCHIATRIC UNIT

¹Emma Watura*, ²David Denton. ¹University Hospitals Sussex NHS Foundation Trust, UK. Lewisham and Greenwich NHS Foundation Trust, UK; ²Sussex Partnership Foundation Trust, UK. Oxleas NHS Foundation Trust, UK

10.1136/leader-2021-FMLM.34

Background Good quality physical healthcare provision for patients with a serious mental illness can be challenging. Healthcare staff may feel they lack the knowledge and support to manage their patients' physical healthcare needs. Patients, therefore, may receive reduced quality of care for their medical conditions whilst an inpatient on a psychiatric unit.

Aims To identify areas for improvement of physical healthcare provision for inpatients on a unit for patients with psychiatric disorders.

Method A closed-loop audit was conducted on an inpatient psychiatry unit in West Sussex, UK. Retrospective data was manually collected from patient information systems. All new admissions between 14th January – 15th May 2021 were included for the first audit cycle (21 patients). After educational intervention, a second audit cycle was completed including all new admissions between 23rd May – 23rd July 2021 (18 patients).

Results The first audit cycle showed that 86% of patients had a physical examination and 76% had a venous thromboembolism (VTE) assessment within 24 hours of admission. It took an average of 13 days for the admission blood tests to be taken and, on average, 19 days for completion of admission electrocardiogram (ECG). Five patients did not have an ECG throughout admission. A reason for this was documented for four of these patients.

Following educational intervention, the percentage of patients having a physical examination and VTE assessment within 24 hours of admission increased by 8% and 24% respectively. The average number of days for admission blood tests and ECG completion decreased by 12 days and 13 days, respectively.

Conclusion The improvements made during this audit process may hasten the detection and treatment of medical pathology. Overall, this improves patient care and aids avoidance of the complications of delayed diagnosis or treatment.

*Corresponding author and presenter.

35 INTEGRATED MEDICAL LEADERSHIP EXPERIENCE FOR JUNIOR DOCTORS

Nelomi Anandagoda*, Jennifer Tringham, Olushola Alonge. *Frimley Health NHS Foundation Trust, Portsmouth Road, Camberley, GU16 7UJ*

10.1136/leader-2021-FMLM.35

The surge in admissions during the COVID-19 pandemic necessitated implementation of an incident rota for >130 junior doctors (JD) including new/re-deployed doctors. Conscious of the risk of feeling underprepared, isolated or lost in a big re-shuffle, JD were allocated to 5 teams each with a varied skill mix. Five registrars and ten SHOs, were identified by senior clinical leaders as showing leadership potential and appointed as 'Team Leaders' (TL).

TL promoted psychological well-being, provided peer-support for their team and managed rotas to ensure safe staffing across 30 wards. The chief registrar met weekly with TL to support leadership challenges and maintain an oversight of the expanded multi-speciality workforce. Supporting new leaders to be accessible and creating a support network allowed a large-scale change in working patterns, whilst maintaining a localised, team-based feel.

Prior to nomination, 44.4% of TL had no leadership experience. Therefore, a self-assessment survey covering the five domains of the medical leadership framework (personal qualities, team working, managing services, improving services and setting direction) was carried out to assess the impact of this experience.

The majority of respondents felt that they had achieved leadership skills covering all five domains. 100% felt that their TL experience made them more likely to seek future leadership roles with 66.5% considering applying for a specific leadership training programme e.g. RCP Chief Registrar and Darzi Fellow programmes.

As a result of the positive impact of this unique leadership opportunity an allocated weekly session has been incorporated into IMT3 job plans, with the aim of continuing to support and empower junior doctors to pursue senior leadership roles. Equipping trainees with the requisite technical and leadership skills to directly influence change throughout their careers and develop into tomorrow's clinical leaders will undoubtedly improve patient outcomes.

36 INTRAOSSEOUS CONTRAST INJECTION SERVICE IN ABERDEEN ROYAL INFIRMARY

Yajur Narang*, Senthil Ragupathy. *Aberdeen Royal Infirmary, UK*

10.1136/leader-2021-FMLM.36

Background Establishing rapid intravenous (IV) access during initial resuscitation in trauma patients is vital for optimum quality CT scan examination. However, this can be challenging and at times futile. Reasons like severe haemorrhage, obesity,