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).

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**IMPROVING PHYSICAL HEALTHCARE FOR INPATIENTS ON A PSYCHIATRIC UNIT**

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**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.

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