**Conclusion.** This quality improvement project has shown that educational awareness through teaching sessions and written guidance can improve adherence to national legal guidance. However, further work is required to ensure all psychiatric patients receive adequate information regarding their fitness to drive.

## Time to Rectify the Neglect? Audit on Prescription Writing the Neglected skill. Audit Ref No: AU/006/01/2021

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**Aims.** Prescribing is a neglected skill amongst trainees. Prescription errors can harm patients. A recent Economic analysis published in BMJ Quality & Safety. Estimated that 237 million medication errors occur in England annually. Costing the NHS £98,462,582. Prescribing errors contributed to 21% of the total errors. It is important that all prescribers are aware of principles of safe prescribing. Our aim is to is to establish whether our practice is meeting standards of prescription writing in old age psychiatry ward setup.
**Methods.** We used prescription standards set by BMA, BNF and SABP (Surrey and Borders Partnership Foundation NHS Trust) to assess all prescriptions. The following parameters were checked: GMC number, Sign, Name of Doctor, Name of drug, Indication, Dose, Route, Frequency, Original start date, current Date, medication timings.
**Data collection and handling.** We performed a closed loop audit. A retrospective data of 228 prescriptions were collected from August 2020 to January 2021 from patients admitted in Victoria Ward. The data were analysed and presented at departmental meeting. Re-training on prescription writing conducted. New data was prospectively collected comprising of 230 prescriptions from March 2021 to June 2021 to complete the audit cycle.

Excel sheet was used to collect the data and to get the results. All Prescription charts were collected from SystmOne (clinical software system). Data from both the Audit's were analysed and compared.
**Results.** We found errors in all parameters, except for medication timings. Comparison of the data from the first audit and re-audit showed an increase in prescription errors.

There was an increased 20.33% error in writing GMC number, 16.87% error in writing name of the doctor, 12.94% error in indication and 5% error in original start date. There was improvement of 10.88% in one parameter, "Name of the drug".
**Conclusion.** A significant error was found in writing the GMC number and the Doctor's name, despite regular training during induction. There are no clear guidelines on the writing of GMC registration being compulsory on Drug chart. With one exception if online and you are not the patient's regular prescriber, then your GMC registration number is required.
**Recommendations.**
1. We recommended the trust to issue stamps with GMC number and doctor's name.
2. Re-audit in 6 months' time after introduction of the stamps.
3. Quarterly regular training of new Trainee doctors.

**Service improvements.** After the Audit was submitted locally, stamps were introduced and issued to junior doctors at Victoria Ward by the Trust.

## How Readable Are Consultant Psychiatrist Letters From the Mental Health Liaison Team?

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**Aims.** To assess whether consultant discharge letters from the mental health liaison team are: 1. Written to patients as advised by NICE shared decision making guidance. 2. Easy to read using the Flesch Reading Ease Test as advised by the Academy of Medical Royal Colleges, which equates to a score of 60 to 70.
**Methods.** 50 consultant discharge letters were collated from April to November 2021. Each letter was assessed whether they were written directly to a patient and scored according to their Flesch Reading Ease (FRE) and Flesch-Kincaid Grade Level (FKGL) via Microsoft Word.

FRE scores a text from 0 to 100 from the average length of sentences and the number of syllables in words to indicate its difficulty to read. The higher the score achieved, the easier it is to read the text. It is a recommended tool by The Academy of Medical Royal Colleges' guidance on outpatient clinic letters, however, does not specify a target level of readability. A score of 60 to 70 equates to plain English easily understood by students aged 13 to 15 years and was concluded to be the equivocal score expressed in the guidance.[4]

The FKGL presents a score as a U.S. grade level to indicate the level of education generally required to understand a text. Words per sentence and syllables per word are factored in to calculate the grade.[5]
**Results.** The median FRE was 50.9 ($n = 50$, IQR 8.9). Only one letter met the desired standard. The mean score was 50.6 (SD 6.4). This mean was significantly different from a hypothetical ideal mean of 65 ($t(df) = 15.9(49)$, $p < 0.0001$) so could not, unfortunately, be explained by chance. The median FKGL was 10.1.
**Conclusion.** Overall, the letters were of greater difficulty than the desired score of both FRE and FKGL. Lay language and patient-directed writing will aid in improving scores.

## Harmful Outcomes in Patients Admitted to Yeovil District Hospital in Acute Alcohol Withdrawal

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**Aims.** Our aim was to assess what proportion of patients in Acute Alcohol Withdrawal (AAW) experience harm during their admission to hospital. Our hypothesis was that patients who came to harm were likely to have had sub-optimal withdrawal management. Therefore, we also aimed to identify any underlying issues in the way AAW is currently managed which may be contributing to harmful outcomes.
**Methods.** Inclusion criteria for the audit was inpatients at Yeovil District Hospital over a three-month period from May to July 2021, clinically coded under the heading 'alcohol abuse', with a minimum two-day admission. Data were gathered from the patients' medical notes. An outcome was determined as harmful if firstly, it occurred during the withdrawal period, and secondly it was clinically feasible that it had occurred at least in part, as a result of poor AAW management. Notes from 15 patients