

implement the post-ligature assessment tool, for assessing patients who have tied a ligature, into trust guidance. 3. To support the incorporation of simulated induction teaching on post-ligature assessment into the standard induction timetable delivered to all new trainees in the trust, in order to complete the audit cycle.

#### Methods.

Audit Cycle 1 - Patient data collection November 2020 - January 2021

Action - Locality teaching presenting findings of audit and post-ligature assessment tool developed as part of audit. Concurrent trial of incorporation of post-ligature assessment tool into trust-wide simulation teaching for new trainees.

Audit Cycle 2 - Patient data collection August - October 2021

#### Results.

Audit Cycle 1:

15 incidents

2 involving anchor point/drop

Medic informed in 4 incidents

0 documented in ABCDE format

0 NEWS monitoring

3 follow-up plans documented

3 complications reported

Audit Cycle 2:

10 incidents

0 involving anchor point/drop

Medic informed in 4 incidents

0 documented in ABCDE format

NEWS monitored in 6 incidents

4 follow-up plans documented

3 complications reported

Overall, slight improvement in documentation of NEWS monitoring and follow-up.

**Conclusion.** Documentation continues to be highly variable. This may be because the teaching done was not trust-wide, simulation session involved only on new doctors in August, some incidents involved locum doctors, and small reach of assessment tool.

We aim to introduce the post-ligature assessment tool as part of trust practice through liaison with the resus teaching team, as well as incorporating it permanently into trust-wide simulation induction teaching.

### Audit Cycle on Medical Reviews of Seclusion in Medium and Low Secure Learning Disability Units

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**Aims.** Seclusion is defined as “the supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others”. Patients in seclusion require reviews at the frequency set out in the Mersey Care NHS Foundation Trust policy, “The use of seclusion and long-term segregation” (SD28). This is based on the requirements set out in the Chapter 26 of the Mental Health Act 1983 Code of Practice (2015). This audit will look at whether medical reviews for secluded patients in the secure learning disability wards meet with the expectations set out in the Trust Policy. In doing so, the audit will establish whether medical reviews of

seclusion meet and uphold the guiding principles of the Mental Health Act Code of Practice as highlighted in Chapter 26.110.

**Methods.** Retrospective audit that collected data from inpatients on secure learning disability wards in Mersey Care. After reviewing data, we actioned plans which involved educating colleagues working in secure services. This was re audited after three months. One month of seclusion reviews was audited in each cycle, which equated to 39 reviews in the first cycle and 100 reviews in the second.

**Results.** The re-audit data showed an improvement in most parameters.

Re-audit showed that 66% (34%) of the seclusion reviews had an initial medical review within the first hour. The on call consultant was informed in 60% (50%) of the situations and 4 hourly reviews took place in 66% (50%) of scenarios. All MDT reviews took place within 24 hours, Responsible Clinician was present in 100% (67%) of reviews.

34% (33%) of MDT reviews had only 2 MDT members.

There was 100% compliance with reviewing physical health in both audits. 100% (90%) of the reviews commented on mental health, 72% (20%) commented on medications used, 51% (39%) of reviews commented on level of observations and 89% (48%) included risk assessment. 95% (92%) of reviews assessed need for continuing seclusion. 84% (59%) of reviews commented on reducing restriction in seclusion.

**Conclusion.** This audit cycle has focused on the quality of medical reviews and not just the frequency. The improvement in practice will strengthen the safeguard provided by these reviews.

### An Audit on Driving Advice After Hospitalization in a Mental Health Unit

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**Aims.** To ensure driving status is confirmed on admission (Target 100%) and to confirm driving advice is given to all patients deemed unfit to drive (Target 100%) and to ensure adequate documentation is made in online clinical notes with regards to discussions about driving

**Methods.** The first cycle of data involved collecting retrospective data from two acute adult psychiatric units and one old age mental health ward. The first cycle of data consisted of inpatients admitted over a two month period in 2020 (36). Data were collected from OpenRio progress notes, OpenRio ward round notes and patient discharge summaries. Following the implementation of interventions the second cycle of data were collected over a 2 month period in 2021. 51 patients met the inclusion criteria for this.

**Results.** Following our interventions, 47% (24) of patients had their driving status confirmed on/during admission compared to 42% (15) in the first cycle. 15 current drivers were identified in the second cycle.

Of the confirmed drivers, there was a 6% improvement of patients informed they were unfit to drive. A 22% increase in patients given DVLA driving advice was also noted. DVLA notifications increased by 18% following the interventions.

**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 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 SystemOne (clinical software system). Data from both the Audits 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.<sup>4</sup>

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.<sup>5</sup>

**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