

admission, improving electronic health record functions (e.g. alerts for weekly weight checks and a drop-down to document weight check refusals), and enhancing coordination in monitoring patient weight following planned home leaves. A re-audit is ideal once the recommendations have been implemented.

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## Tower Hamlets Community Learning Disability Service: Sodium Valproate Audit for Male Patients With Learning Disabilities

Dr Huan Tan, Dr Sehrish Ali, Dr David Prior, Dr Kainat Khan and Dr Nicole Eady

East London NHS Foundation Trust, London, United Kingdom

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**Aims:** People with learning disabilities are at a higher risk of developing epilepsy and bipolar disorder. For decades, sodium valproate has been used to treat these conditions. However, recent evidence suggests an increased risk of testicular toxicity in men and neurodevelopmental disorders in children born to men who were treated with valproate in the three months prior to conception. Sodium valproate is not recommended for male patients under 55 years of age unless no other effective or tolerated treatment is available.

Aims were:

To compare our prescribing practices with the latest guidelines.

To review the indication for sodium valproate in male patients with learning disabilities.

To explain the potential risks of infertility and testicular toxicity.

**Methods:** We conducted a cross-sectional study within our service, collecting data on all male patients currently taking sodium valproate, focusing on their age, diagnosis, and dosage. We then contacted these patients to complete the 'Risk Acknowledgement Form' which involves three steps:

1. Documentation of the prescribing decision.
2. Explanation of the risks to the patient.
3. Countersignature by both the patient and clinician.

**Results:** A total of 25 male patients are taking sodium valproate under our service. Of these, 16 patients are aged under 40, 6 are aged 41–50, and 3 are over 50. Ten patients have bipolar disorder, 2 have schizoaffective disorder, and 12 have epilepsy, with one patient diagnosed with both epilepsy and bipolar disorder.

Regarding dosage, 5 patients are taking less than 1000 mg per day, 18 patients are taking between 1000–2000 mg per day, and 2 are taking more than 2000 mg per day. Of the 25 patients, 10 have completed the safety questionnaires. Additionally, 11 patients receive their sodium valproate from other services, such as GPs or neurologists, while 4 patients remain pending due to reasons such as inability to contact or lack of capacity.

**Conclusion:** This audit highlights the ongoing use of sodium valproate in male patients in our service. Despite concerns about its risks – particularly testicular toxicity and potential impacts on fertility – sodium valproate remains one of the most effective treatments available.

The results indicate that a small number of patients are receiving doses exceeding the recommended BNF thresholds due to clinical complexity.

Moving forward, further efforts should be made to reduce sodium valproate dosages and switch to alternative mood stabilizers when

possible. Additionally, services should prioritize enhancing communication and documentation of potential risks while continuing to monitor and mitigate any adverse effects.

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## Section 17 Leave Utilisation and Outcomes in Acute Adult Psychiatric Inpatients: A Closed-Loop Audit

Dr Tang Song Ling<sup>1</sup>, Dr Melanie Noad<sup>2</sup> and Dr Victor Asamoah<sup>1</sup>

<sup>1</sup>Hertfordshire Partnership University NHS Foundation Trust, Hertfordshire, United Kingdom and <sup>2</sup>East and North Hertfordshire NHS Trust, Hertfordshire, United Kingdom

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**Aims:** Evaluate the utilisation frequency and outcomes of Section 17 leave in an acute adult inpatient psychiatric unit.

Improve the quality of care through evidence-based and individualised treatment plans.

Inform ward resource allocation related to Section 17 leave.

**Methods:** Data collection: The audit included all seven patients admitted to New Victoria Court from April to May 2024. Data were collected from electronic patient records, documented discussions with patients and carers, and direct interviews with service users to capture experiences, benefits, and challenges of leave. Nursing colleagues were also interviewed about the long-term feasibility of this initiative.

Standard: HPFT Section 17 Leave of Absence Policy.

Intervention: A leave feedback template was designed and implemented to record leave outcomes daily, completed by the safety nurse at the end of each shift.

Data analysis: Quantitative measures included the percentage of compliance with documentation standards, incidents, and what went well during leave. Qualitative data enriched the understanding of leave's impact on recovery and ward staff capacity.

A re-audit was performed two weeks post-intervention using similar parameters.

**Results:** Quantitative findings: The total number of leave episodes decreased from 157 to 137, likely due to one fewer patient on the ward post-intervention.

There were no significant changes in the proportion of ground or community leave utilised.

Notably, the percentage of documented leave outcomes increased by 13.2%, and documentation of what went well during leave rose by 50.3%.

Incidents during leave decreased from 8.8% to 0%, though patient demographics and mental state changes might have confounded this.

Qualitative findings: Patient feedback revealed mixed experiences. Some patients valued leave for accessing the community, viewing it as beneficial for recovery. Others expressed frustration with restrictions, preferring discharge over limited leaves. One patient reported no need for leave at all.

Nursing colleagues supported documenting leave outcomes but highlighted concerns about additional workload. Some feedback forms were used to record general observations rather than leave-specific outcomes, requiring clarification during data analysis.

**Conclusion:** This audit demonstrated a significant improvement in the documentation of leave outcomes, supporting evidence-based and individualised patient care. Stable utilisation of ground and community leave aids ward resource allocation. The reduced incidents might reflect improved monitoring and risk management.

Action plan:

Implement a standardised leave feedback template for regular review during ward rounds.

Conduct training for staff on thorough documentation and utilising the template.

Ongoing discussion between the trust audit team and medical directors regarding trust-wide implementation of this initiative.

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## An Audit of the Use of a Ligature Assessment Tool in the Reporting of Ligature Incidents in a Regional Women's Medium Secure Unit

Dr Thomas Teall, Dr Bijal Arvind Sangoi and Dr Zakaria Saidani  
Birmingham and Solihull Mental Health Foundation Trust,  
Birmingham, United Kingdom

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**Aims:** Ligature incidents in inpatient psychiatric settings represent a high-risk form of self-harm behaviour. Of all deaths that occur on psychiatric wards, 75% are caused by hanging or strangulation with a ligature. Accurate assessment and documentation of ligature incidents is essential for a comprehensive understanding of these complex incidents. A Ligature Assessment Tool was developed (Panchal et al, 2022) to improve and standardise the reporting of these incidents. Use of the tool provides a detailed source of information for the multi-disciplinary team, many of whom won't have observed the incident first hand. These detailed reports can subsequently inform the care planning for individual patients.

The Ligature Assessment Tool was introduced in a regional women's medium secure unit in 2020 and three audit cycles were completed assessing its use. This, the fourth and most recent audit, was conducted to further assess use of the tool.

**Methods:** Reports from the Eclipse incident reporting system, relating to ligature incidents between January and June 2024 (n=54), were reviewed retrospectively. Each report was reviewed and data was collected as to whether each of the Ligature Assessment Tool criteria were recorded as part of the written report. Data were collected as either "recorded" or "not recorded" for each of the 15 criteria of the Ligature Assessment Tool.

**Results:** There was a total of 54 reports relating to ligature incidents during the six month audit period. This audit showed further improvement in the use of the Ligature Assessment Tool, with 37% of reports recording 11 or more criteria from the tool, compared with 19% in the previous audit. 19 (35%) of the reports recorded all 15 criteria of the Ligature Assessment Tool.

**Conclusion:** This audit, conducted two and a half years after the previous audit, showed not only that the Ligature Assessment Tool continued to be used in the reporting of ligature incidents, but that the frequency of its use had increased. This occurred despite the fact that in the intervening period there had been no specific interventions, such as education or promotion, to improve use of the tool. This demonstrates its acceptability to staff and its ease of use, suggesting that tools such as this one could be integrated as part of normal practice in any setting. Going forward, the plan is to integrate

the Ligature Assessment Tool into the incident reporting system within the Trust, meaning it will be used in all ligature incidents reports.

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## AUDIT<sup>^</sup>2 – A Clinical Audit of the Alcohol Assessment and Management in the Southern Gambling Service – First Round Results

Dr Filipa M.A.A. Teixeira<sup>1</sup>, Prof. Julia M.A. Sinclair<sup>2,3</sup>,  
Prof. Samuel R. Chamberlain<sup>2,1</sup> and Dr Konstantinos Ioannidis<sup>2,1</sup>

<sup>1</sup>Hampshire and Isle of Wight Healthcare NHS Foundation Trust, Southampton, United Kingdom; <sup>2</sup>Department of Psychiatry, Clinical and Experimental Sciences, Faculty of Medicine, University of Southampton, Southampton, United Kingdom and <sup>3</sup>University Hospital Southampton, Southampton, United Kingdom

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**Aims:** The audit aimed to evaluate assessment, intervention, and signposting for alcohol use problems in people with gambling disorder presenting to the Southern Gambling Service (SGS).

**Methods:** The study included ninety-eight patients referred to SGS between the 28 December 2023 to 2 April 2024, who completed initial assessments.

Baseline data were analysed to stratify patients' alcohol use risk based on their extended Alcohol Use Disorder Identification Test (AUDIT-C) and Estimated Weekly Alcohol Consumption (EWAC) scores, which were collected via a digital pre-assessment tool. Clinical assessment letters were also reviewed to assess documented compliance with National Institute for Health and Care Excellence (CG115) guidelines, the Department of Health and Social Care guidance and the Royal College of Physicians regarding appropriate management according to their risk brackets. Outcomes included: (1) determining if those scoring at least 5 on the extended AUDIT-C received a full AUDIT assessment; (2) if higher risk groups (scores of 5–10) received brief interventions and (3) if those with 11 or more received advice on safe alcohol reduction and signposting to alcohol services.

**Results:** Forty-four full records were examined: 26 [59%] patients scored <5 (AUDIT-C, lower risk), 14 [32%] patients scored 5–10 (higher risk) and 4 [9%] scored at least 11. In the latter category, 100% of patients received a formulation discussing their alcohol use and 75% of them an alcohol-related International Classification of Diseases 11 diagnosis as part of this formulation. While 100% completed the AUDIT-C and EWAC, none completed the full AUDIT. 7% of those in the higher risk category received documented brief interventions. Of the possibly dependent patients, 1 (25%) was signposted, based on documentation, to alcohol services and no patients received documented advice on avoiding an abrupt alcohol cessation.

**Conclusion:** The audit highlighted strengths (such as 100% of patients being screened for alcohol use problems using AUDIT-C and EWAC) but also areas for improvement (e.g. in conducting appropriate advice interventions and signposting to alcohol services,