



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[^]2 – A Clinical Audit of the Alcohol Assessment and Management in the Southern Gambling Service – First Round Results

Dr Filipa M.A.A. Teixeira¹, Prof. Julia M.A. Sinclair^{2,3},
Prof. Samuel R. Chamberlain^{2,1} and Dr Konstantinos Ioannidis^{2,1}

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