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.

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

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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.

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

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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: