

Methods: With support from pharmacy we retrieved a list of female patients prescribed valproate in our locality, which served as a central valproate register. We examined patient records to determine whether an ARA form was on their records and if the form was completed and up to date. We then produced a list of patients who required renewal/completion of the form.

The team met with Information technology system provider (RIO) to discuss creation of a digital central valproate register and using digital clinical reminders on patient's records to notify clinicians when the form was due for renewal.

Results: Reminders were sent to relevant clinicians/teams, requesting them to complete the required ARA form at earliest opportunity. The data from the central valproate register was shared with the RIO team who agreed to transfer this data to the electronic records intervention list in order to create digital version. They then agreed to create a valproate tab in patient's records, and link the ARA form to the tab. This link up will automatically act as trigger to warn clinicians that the ARA form is due for completion.

Conclusion: This project has created a central database for local service users who are on valproate. By doing so it has facilitated the tracking of ARA forms for the clinicians. Creation of automatic reminders will further help clinicians in completing the required form in timely manner.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Bridging the Gap: Improving Locum Rates at South West London and St George's Mental Health NHS Trust

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Aims: The 2023 GMC national trainee survey revealed that 33% of secondary care trainers reported that their trainees' education and training were adversely affected because rota gaps aren't always dealt with appropriately. This project aimed to improve locum rates within the South West London and St George's Mental Health NHS Trust (SWLSTG) to address these issues and enhance training conditions.

Methods: A Freedom of Information (FOI) request was sent to all London mental health trusts to gather data on locum rates at core trainee and registrar levels, escalation policies, and definitions of social and unsocial hours. The data was compiled and compared in a spreadsheet, then presented at the Medical Out of Hours Working Group (MOOHWG) meeting. A new policy was developed to amend out-of-hours pay for doctors based on the findings. This was presented in an executive meeting where it was approved, with changes implemented in August 2024. The process occurred from November 2023–July 2024.

Results: The FOI responses revealed that SWLSTG offered less favourable locum rates compared with other London mental health trusts. To bring SWLSTG in line with the local trusts, several key changes were made. The definition of unsocial hours was updated from 9pm–9:30am to the London consensus definition of 7pm–9:30 am on weekdays, as well as all day during weekends and bank holidays. An escalation policy was introduced for shifts first announced with less than 48 hours' notice, offering a 20% rate

increase. Locum rates were also revised: CT1/2 social rate was increased from £40 to £45 per hour, and the unsocial rate from £45 to £54 per hour. CT3 rates were differentiated from CT1/2, with the social rate rising from £40 to £49.25 per hour, and the unsocial rate from £45 to £59.10 per hour. Additionally, the ST4–6 social rate was raised from £45 to £49.25 per hour, and the unsocial rate from £55 to £59.10 per hour.

Conclusion: The changes to locum rates and the introduction of an escalation policy at SWLSTG have successfully brought the trust in line with other London mental health trusts. These improvements are expected to reduce the negative impact of rota gaps on trainee education and training, helping to maintain high-quality service delivery and ensure more favourable working conditions for resident doctors. Further evaluation is recommended to assess the long-term impact of these changes on both trainee satisfaction and patient care.

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Project 'BANGED' – A Bedside Tool to Aid Post Head Banging Reviews

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Aims: Project 'BANGED', a Quality Improvement Project (QIP) aimed to enhance confidence, consistency, and clarity, when completing post headbanging reviews (PHBR).

The world of psychiatry is often the first-time (and perhaps only time) resident doctors (RDs) are exposed to such behaviour thus request. This can be daunting, often inducing a 'CT head reflex reaction'.

A tool to strike balance between true neurology vs over medicalisation seemed pressing. Thus, the bedside tool 'BANGED' was created. A guiding acronym for RDs to use, designed for inpatient settings. Aimed at the general adult population, however, has relevance to other areas such as Intellectual Disability.

QIP carried out at Humber Teaching NHS Foundation Trust (HTNFT).

'BANGED'

Each letter represents key areas of focus for PHBRs and is as follows:

B – bruising, bumps (swelling), breakage of skin, bleeding (? active).

A – awareness – any LOC, GCS, awareness of triggers – reason for head banging if known (any ways of reducing this).

N – Neurological deficits – any red flags for head injury & Nausea/vomiting, are neurological observations required? Nursing engagements.

G – gross (motor) movements, gait.

E – eyes (pupils) equal and reactive to light, accommodation, any diplopia.

D – dizziness, drowsiness – don't forget glucose (if dizzy and oral intake concerns).

Methods: 2024 timeline.

August: Created the acronym 'BANGED' following brief narrative review, discussion amongst psychiatry trainees and own experience. Showcased tool via integration of 'BANGED' into poster and presentation.

September: Gathered baseline data via pre-intervention questionnaire – sent out to all HTNFT psychiatry RDs – initial confidence, understanding, applicability of tool. Presented tool in