healthcare funding, the Fast Track pathway, to facilitate discharge.2 This audit has led to a sticker which is added to the notes when Fast Track is invoked, as a reminder of the important aspects of discharge summaries for these patients. It has also led us to deliver education to foundation doctors about discharging patients at the end of their lives. Here, we present a re-audit evaluating the impact of these interventions.

Method The content of 181 discharge summaries written about patients receiving Fast Track funding produced at Royal Derby Hospital between 31/05/21 and 03/09/21 were reviewed against set criteria. Findings were compared to previous audits to identify trends and areas for improvement.

Results This re-audit had positive and negative findings. We found an increase in documented instructions to GP (62% from 46%), and in anticipatory medications prescribed on discharge (94% from 80%). However, we also found ongoing poor documentation of preferred place of care/death (36% from 38%) and fewer discharge summaries detailing a clear follow-up plan (47% from 61%). This may account for the increase in readmissions in this patient group (9% from 16%).

Conclusion The quality of discharge summaries written about patients who are approaching the end of their life remains variable. Disruptions to service provision and education due to COVID have led to a lack of guidance provided for writing discharge summaries. We recommend reinstating early teaching for junior doctors on this important topic. Re-audit following this is advised.

REFERENCES

IMPLEMENTING RESPECT DURING THE PANDEMIC – OUR EXPERIENCE AND LESSONS LEARNT

Hannah Jennens, Nicola Wise, Benoît Ritzenthaler, Mark Whitney. The Royal Wolverhampton NHS Trust
10.1136/spcare-2023-PCC.114

Introduction ReSPECT was implemented in The Royal Wolverhampton NHS Trust and across the wider Wolverhampton health economy on 1st September 2021. This was the culmination of a year’s planning and preparations during the first and second waves of the COVID pandemic.

Methods A ReSPECT implementation group was established across the organisation in September 2020 which focused on areas including writing a revised resuscitation policy, agreement for and design of one-off mandatory modules for awareness and authorship training and development of a trust wide communications campaign. Amendments to the policy have allowed expansion of authorship to selected groups of non-medical staff including senior specialist nurses and ACPs with appropriate expertise.

The group liaised with partners to ensure a successful city-wide launch including primary care and hospice colleagues. An organisation wide roll out was supported by ward ‘ReSPECT Champions’ in each area.

Results and Lessons Since Launch Mandatory training modules for ReSPECT authorship and awareness training were developed for approximately 7000 clinically facing staff with a target of 75% training compliance prior to launch. Training compliance was monitored weekly in preparation for launch and then subsequently, monitored monthly once target compliance was achieved. Over the last year ReSPECT has become embedded within the organisation and across the city. This has included a change in culture from the previously used DNACPR forms. Developments following launch include an addition to e-discharge document to include whether a ReSPECT form is in place and from this a monthly quantitative audit has begun across inpatient areas. Collaborative working has continued across the city to enable clear...
communication regarding ReSPECT and shared resources e.g., Top tips newsletters. Future ongoing work focusses on improving the quality of ReSPECT forms and education surrounding the ongoing review of ReSPECT forms during acute admissions and at significant milestones in a patient’s condition.

Aims To introduce a ward-based system for accessing and managing syringe drivers and to develop a tracking system to prevent syringe driver misplacement, improve timely availability and staff wellbeing through self-measured stress levels.

Introduction: Between September 2021-August 2022 ten clinical incidents were identified relating to syringe driver access across the trust, and inaccessibility had been cited as a significant source of stress for staff. This represents a large financial risk with the cumulative cost of syringe drivers in the trust reaching almost £100,000.

Method A pilot ward was given ownership of four syringe drivers to be kept on their ward. Ward staff kept a daily checklist of the location of the pumps and this was reviewed weekly, whilst also surveying how difficult access had been both in and out of hours and number of clinical incidents. Staff were also asked to self-report stress levels that they experienced while accessing syringe drivers. The outcomes each week were used to develop protocols for different scenarios, for example relocation of patients to hospices, or faulty pumps.

Results Compared to baseline figures after the first cycle there was a self-reported 66% reduction in both stress and difficulty levels accessing pumps for staff in-hours. Similarly, when reviewing out-of-hours data there was a 75% reduction. Comprehensive roll-out of the tracking system on the ward ensured that 100% of syringe driver locations were tracked through cycles 2–5 with no losses reported. Notably, after cycle 5 there was a significant increase in stress levels related to pumps being lent out to other wards not involved in the pilot, and the financial risk of this.

Conclusion A ward-based tracking system for syringe pumps can improve access, reduce stress and protect from financial loss. However, further adoption across the trust is awaited to ensure consistency and optimise ward-based tracking systems.

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**UNDERSTANDING THE BENEFITS AND LIMITATIONS OF A BLENDED APPROACH (MIXING VIRTUAL AND FACE-TO-FACE CONSULTATIONS) TO MEDICAL OUTPATIENT PALLIATIVE CARE SERVICES: A MIXED-METHODS STUDY**

Caradoc Morris, David Waterman, Lesley Anne Henson. St Ann’s Hospice

**Results** The online survey received 48 responses from professionals, and eight semi-structured patient interviews were conducted. Patients and physicians felt face-to-face consultations were necessary for clinical assessments and improved communication and relationship building. The main challenge was the physical burden from travel. Telephone consultations were useful for simple and finite problems such as medication reviews, but the physical separation introduced communication barriers.

**Conclusion** The use of a blended approach to palliative medicine outpatient clinics is acceptable to patients and physicians and has the potential to capitalise on the benefits of each modality.

**Introducing Ward-Based Access to Subcutaneous Syringe Drivers at a Tertiary Cancer Hospital**

Charles Middleton, Sabrina Vitello, Donna Bates, Emma Collard, Angela Halley. The Royal Marsden Hospital

**Background** The Covid-19 pandemic led to a rapid increase in the use of virtual technologies (telephone; video) across healthcare. For palliative care patients, further evidence is required to inform integration of virtual technologies with traditional face-to-face consultations.

**Aim** To understand the benefits and limitations of a blended approach (mixing virtual and face-to-face consultations) to medical outpatient palliative care consultations.

**Methods** A mixed-methods study with a concurrent triangulation design was conducted. Phase 1 comprised an anonymous online survey of palliative medicine physicians in the UK. Survey questions were derived following a review of the literature and explored physicians’ experiences and opinions of different consultation modalities. Phase 2 comprised qualitative semi-structured interviews with palliative medicine patients exploring their perspectives of virtual and face-to-face outpatient clinics. Patients were recruited from palliative medicine outpatient clinics and interviewed via Microsoft Teams. Results from both phases were integrated and recommendations for clinical practice developed.

**Results** The online survey received 48 responses from professionals, and eight semi-structured patient interviews were conducted. Patients and physicians felt face-to-face consultations were necessary for clinical assessments and improved communication and relationship building. The main challenge was the physical burden from travel. Telephone consultations were useful for simple and finite problems such as medication reviews, but the physical separation introduced communication barriers.

**Conclusion** The use of a blended approach to palliative medicine outpatient clinics is acceptable to patients and physicians and has the potential to capitalise on the benefits of each modality.

**Improving End of Life Care Decision Making Across North Wales**

Charlie Finlow, Alison Foster, Gemma Lewis-Williams, Marlise Poolman, Ben Thomas. Betsi Cadwaladr University Health Board

**Introduction** End of life (EoL) often involve decisions that are clinically complex and emotionally distressing. Patients’ decision-making needs to be supported by appropriate, individual, timely discussions with clinicians and those important to them. In North Wales, the support for end of life decision-making (EoLDM) is fragmented and uncoordinated.

**Aim** We undertook a detailed exploration of EoLDM in North Wales to inform a quality improvement (QI) strategy.

**Method(s):** We mapped components of EoLDM and examined those via individual and group interviews with stakeholders based on normalisation process theory constructs. We checked alignment with local and national guidance, contextualised findings utilising previous regional work, and prioritised QI topics.

**Results** Examination of EoLDM components (discussions, documentation, acting on decisions and governance) revealed well-known barriers (e.g. time constraints, lack of universal...