

cycle 1 (30%) to cycle 2 (55%). Additionally, there was a decrease in the mean length of time from recommendation to administration (213 minutes 1st cycle and 172 minutes 2nd cycle).

**Conclusion** Initial interventions including educating ward staff and palliative care link nurses, plus the introduction of syringe driver board magnets to highlight patients with CSCI may have had some impact on CSCI practice at LRI. Continued work is needed to maintain the momentum of this project and sustain change. Incorporating CSCI alerts and reminders into the hospital electronic system represents an important next step, along with empowering and supporting wards to monitor their own practice routinely. The work is due to be replicated at other UHL sites.

### 106 NOT ANOTHER BLOODY AUDIT

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**Background** Red blood cell transfusion has historically been used to treat the symptoms of anaemia in palliative care. However it has been demonstrated that investigation of anaemia and alternative treatments may improve symptoms without the risk of transfusion associated complications.<sup>1</sup>

**Aims** To evaluate blood transfusion practice in Marie Curie Hospice Bradford and compare this to National Institute for Health and Care Excellence Guidelines,<sup>2</sup> and Recommendations for Palliative Care Practice from a National Comparative Audit in red blood cell transfusion.<sup>1</sup>

**Method** A retrospective analysis of electronic notes for the period 2018–2020 was undertaken to identify all patients referred for red cell transfusion. Notes were reviewed in detail to establish the clinical information around each transfusion.

**Results** Out of a total of 38 patients referred for consideration of transfusion, 35 (92%) went on to receive red cells. Only 47% of patients had haematinics checked prior to transfusion. 74% of patients received 2 units of blood in one treatment episode but only 14% had their weight assessed. A TACO risk assessment was documented in 66%. Discussions with the medical team identified that patients referred to the service had the expectation of receiving a blood transfusion prior to the completion of a medical assessment at the hospice, and that these expectations impacted upon the decision to offer transfusion.

**Conclusions** An 'Anaemia Assessment Clinic' was developed. An electronic template now prompts clinicians to ensure patients have haematinics investigated and managed, a weight recorded and a discussion about the evidence based risks and benefits of transfusion. Guidance was written for both the outpatient and inpatient settings to ensure a restrictive transfusion threshold is used and to reduce the risks of transfusion associated circulatory overload.

### REFERENCES

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### 107 AMBITIONS FOR PALLIATIVE AND END OF LIFE CARE: FINDINGS FROM A MAPPING SURVEY ABOUT THE USE OF THE NATIONAL FRAMEWORK

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**Introduction** The Ambitions for Palliative and End of Life Care: a national framework for local action (2015) and relaunched in 2021 for an additional five years. Developed through partnership, the Framework provides a vision for action focused on six ambitions underpinned by eight foundations.

**Methods** An online survey to map usages of the Framework comprised of closed and open questions. Survey questions sought information on: primary Ambition(s) guiding the work; how the Framework was understood to enable this work; and, perceived challenges to use of the Framework. Responses were accepted between 30th November 2021 and 31st January 2022 via the JISC online survey platform; only full responses were recorded minimising missing data. Data for closed questions were analysed for frequency. Answers to the question about policy context were coded by content to produce a quantitative overview. Other qualitative free-text comments were analysed to identify recurring themes.

**Results** A total of 45 examples were collected covering all geographical areas. Most examples came from hospice and/or specialist palliative care settings. Each person is seen as an individual (Ambition 1) was most frequently identified as a primary focus for services. Each community is prepared to help (Ambition 6) was least frequently identified as a primary focus for services. The Framework is most frequently being used to provide guiding principles and to support education and training. Survey respondents perceive the Ambitions Framework to be providing a shared language about what matters in palliative and end of life care.

**Conclusion** Our findings suggest that there is appetite for further education and knowledge exchange about the Framework and how people have used it. We identified current gaps in the implementation of the Framework and suggestions on how to use the Ambitions document. A full report is available (Borgstrom et al. 2022).<sup>1</sup>

### REFERENCE

1. Borgstrom E, Jordan J, Henry C. (2022) Ambitions for Palliative and End of Life Care: Mapping Examples of Use in Practice. Milton Keynes: The Open University. <http://oro.open.ac.uk/82928/>

### 108 SERVICE EVALUATION REGARDING THE IMPLEMENTATION OF THE NATIONAL EARLY WARNING SCORE 2 (NEWS2) IN PALLIATIVE CARE

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**Introduction** NEWS2 has been shown to improve outcomes in areas including mortality and serious adverse events.<sup>1, 2</sup> Little is known about its use in palliative care. A CQC review recommended NEWS2 be implemented at Barnsley Hospice to aid identification of deteriorating patients. This raised concerns whether this would impact on individualised holistic hospice care. Our neighbouring hospice St Gemma's kindly shared