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.

NOT ANOTHER BLOODY AUDIT

Emma Hooson, Bhajneek Grewal, Rebecca Owen. Marie Curie Hospice Bradford

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.1

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

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 collection of a medical assessment at the hospice, and that 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

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

Erica Borgstrom, Claire Henry, Una St-Ledger, Joanne Jordan. The Open University

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).1

REFERENCE

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

Grace Webster, Clare Farranting, Rachel Vedder, David Stroud. Barnsley Hospice

Introduction NEWS2 has been shown to improve outcomes in areas including mortality and serious adverse events.1, 2 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

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their guidelines and escalation form regarding incorporating NEWS2. Following implementation all patients on admission would have an escalation form documenting discussions regarding frequency of routine observations, baseline NEWS2, escalation and resuscitation status. The purpose of this service evaluation was to assess whether the escalation tool and NEWS2 could be appropriately embedded within the hospice and enhance patient care.

Methods Data was collected weekly from 9.10.22 to 25.10.22 recording whether patients had an escalation form completed on admission. It also recorded whether they had a NEWS2 and whether this had been escalated appropriately, based upon their clinical status and agreed treatment plan.

Results A total of 51 data sets were collected. This included 26 patients, some of whom had multiple data sets due to admission length. All 51 data sets had an escalation form completed. 76% had a NEWS2 chart in place. The remaining 24% were all supported by a last days of life care plan. Out of the 111 observations recorded only one was not escalated appropriately. In this case twice daily observations had been part of the treatment plan but on one occasion they had only been done once daily. There was no clinical impact of this.

Conclusions The NEWS2 was appropriately implemented at Barnsley Hospice to support the recognition of patients who are clinically deteriorating and may benefit from escalation. In addition, rather than detract from delivering holistic care it has supported escalation discussions and advance care planning.

REFERENCES