

potentially causing distress as professionals are unable to react to cues. Family input remains important. However, in face-to-face communication, personal protective equipment can be a barrier for those with a hearing impairment.

Conclusion Participants identified that ACP discussions can be affected by methods of communication. Although no substitute for face-to-face discussions, this study shows the telephone may provide a viable alternative to begin ACP discussions. The author recommends a study looking at the patient lived experience of ACP discussions, comparing face-to-face to telephone discussions. The potential future development of an ACP information pathway e.g. an online information portal, could offer an enhanced and patient-centred approach to telephone ACP discussions between professionals, patients and relatives.

P-79 INTRODUCING RESPECT ACROSS AN INTEGRATED CARE SYSTEM

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Background ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is a national form developed by the Resuscitation Council to support care planning. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. A recommendation from the newly formed Banes, Swindon and Wiltshire (BSW) Palliative and End of Life Care Alliance, was to adopt ReSPECT across the BSW Integrated Care System (ICS). **Aim(s)** To successfully introduce and embed the ReSPECT process across the BSW ICS.

Methods A working group was established in May 2021 with representation from across health and social care in BSW, including three acute hospitals, three hospices, social care, commissioners, Academic Health Science Network, Ambulance Service and Mental Health Partnership. ReSPECT was rolled out across BSW in October 2021. The Academic Health Science Network took the lead on education, with individual organisations taking responsibility for education of their employees. Other work streams included engagement and communication and metrics/reporting. Transformational funding was secured for three 12 month fixed term ReSPECT specialist health professionals to work across BSW educating, supporting and embedding ReSPECT into practice.

Results Numbers of active ReSPECT forms have continued to increase (November 2022 – 2336 forms). A system-wide qualitative audit is being undertaken by Dorothy House to look at the quality of information on the form using audit markers as per the Resuscitation Council guidance. The results of this audit will inform the necessary next steps.

Conclusions The work has increased collaboration across the ICS, with a greater understanding of how organisations work, and the challenges they face. The results of the qualitative audit will inform how the work to date can be improved and will be presented at the conference.

P-80 AUDIT OF COMPLETION OF RESPECT FORMS BY HOSPICE STAFF

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Background ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is a process which creates 'personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices' (Resuscitation Council UK. ReSPECT for healthcare professionals. [internet]). It had been adopted by one of our ICSs (Integrated Care Systems) for two years and was then introduced in the other. At the same time, an extensive programme of education was undertaken by the hospice to upskill staff in advance care planning including ReSPECT conversations.

Aims To quantify the number of ReSPECT forms completed by hospice staff and the quality of information provided, with reference to standards developed from the 'ten top tips' document produced by the Resuscitation Council UK. To identify areas for improvement for sharing with clinical staff.

Methods Identification of patients with ReSPECT form coded on electronic records. Review of electronic records to view copy of ReSPECT form and analyse quality of data included on the form.

Process completed initially in 2021 and repeated in 2022 following staff education and wider introduction of the ReSPECT process. Data collated and presented at a clinical education session.

Results 2021. 7 forms completed by hospice staff – 100% compliance with standards other than: 86% recorded patient preferences, 14% signed by senior responsible clinician and 0 reviewed at change of care setting.

2022. 58 completed by hospice staff. 100% compliance except 97% had specific clinical recommendations recorded, 93% patient preferences, 69% signed by senior responsible clinician. Only 3/58 had evidence of review at change of care setting.

Conclusions High quality of information recorded on ReSPECT forms by hospice staff but scope to improve signing by senior responsible clinician and review at change of care setting. Education and awareness raising has been successful in improving quantity and quality of ReSPECT forms completed by staff.

P-81 TALK AS ACTION: ENHANCING CONFIDENCE BY EMBEDDING REALTALK EVIDENCE BASE INTO MULTIPROFESSIONAL ADVANCED COMMUNICATION SKILLS TRAINING

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Background Our adapted Advanced Communication Skills Training (ACST) now embeds impactful direct evidence base from Conversation Analysis (CA) of real-life conversations (RealTalk. Engaging people in end of life talk [internet]),