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 tele-
phone 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 tele-
phone ACP discussions between professionals, patients and
relatives.

**P-79 INTRODUCING RESPECT ACROSS AN INTEGRATED CARE
SYSTEM**

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10.1136/spcare-2023-HUNC.100

**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 recommenda-
tions for a person’s clinical care in a future emergency
in which they are unable to make or express choices. A recom-
mandation from the newly formed Banes, Swindon and Wilt-
shire (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 educa-
tion, 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 quali-
tative 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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10.1136/spcare-2023-HUNC.101

**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 hos-
pite 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’ docu-
ment 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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10.1136/spcare-2023-HUNC.102

**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]).