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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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 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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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 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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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]),
improving the specialist needs for Tier 3 competencies (Health Education England & Skills For Health. Common core principles and competences for social care and health workers working with adults at the end of life. 2017), aimed at enhancing confidence. Assumptions lead to lack of confidence and barriers in effective communication (Royal College Physicians. Talking about dying: how to begin honest conversations about what lies ahead. 2021; General Medical Council. Understanding communication failures involving doctors. 2019). The impact of using CA to embed the learning of micro skills within ACST was explored and evaluated.

Aims To evaluate our ACST courses, delivered over a 12 month period to multiprofessional groups, via a blended approach with RealTalk and authentic clinical scenarios, using the adapted EMET (Whittaker, Parry, Bird, et al. BMJ Support Palliat Care. 2018; 8(4):439-446) capturing (a) pre and post evaluation of confidence/competence, and (b) the impact of CA evidence base RealTalk on learning.

Methods Addition of CA evidence base to ACST April 2022-March 2023: pre and post evaluation using EMET (Whittaker, Parry, Bird, et al., 2018); adaption of pre course preparation based on stakeholder feedback; data collected from EMET and goal setting returning to practice; data on impact of RealTalk on learning; data collected on professional demographics.

Results EMET has shown increases in confidence of the nuances and tacit skills that can be taught (Land, Parry, Pino, et al. Patient Educ Couns. 2019; 102(4): 670-679), enhancing professional behaviours. Post learning questionnaire showed 97.3% of delegates feel confident to listen to and talk with a dying person about issues surrounding their death. 100% feel competent in recognising a person’s cues. Demographics: Doctor, 53%; EOLC facilitator, 4%; ACP, 14%; Therapist, 3%; CNS, 25%; Other, 1%.

100% agreed that they felt safe in the learning environment, the course met their needs and they would recommend the course to colleagues.

Conclusion Having adapted ACST, RealTalk has added the next step in widening the dissemination of talk as action in clinical practice, confidence has increased following the embedding of basic principles that underpin a range of complex communication skills. Practitioners can draw on these to facilitate compassionate conversations role modelling into clinical practice.

P-82 IMPROVING CONFIDENCE AMONGST COMMUNITY-BASED HEALTH-CARE PROFESSIONALS IN HAVING CONVERSATIONS REGARDING RESUSCITATION STATUS

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Aim To deliver a training programme to enable senior practitioners from the wider community team to complete DNACPR ('Do Not Attempt Cardio-Pulmonary Resuscitation') forms.

Background It is well documented that practitioners find initiating DNACPR discussions with patients difficult due to fear of causing distress, time constraints, as well as fear of complaints (Perkins, Griffiths, Slowther. NIHR Journals Library. 2016). The Institute of Medicine recommends that improved education around end-of-life care planning will help communication between the patient, family and care provider allowing for a more dignified death and limiting unnecessary suffering (Dobbins. Nurse Pract. 2016; 41(9):26-34). A systematic review of advance care plan training facilitation showed that role play is an effective pedagogy to help enhance practitioner confidence when initiating these conversations (Chan, Ng, Chan, et al. BMC Health Serv Res. 2019; 19(1):362).

Method A half-day training programme was developed by the palliative care team which incorporated advanced communication skills, legal and professional accountability, mental capacity assessment, discussion and role play to explore the complexities and importance of advance care planning conversations. A total of 16 senior practitioners including community nurses, physiotherapists and paramedics attended. The sessions were interactive and used a range of materials including recordings, presentations and simulation training. The practitioners were given the opportunity to practice complex scenarios in a safe environment to help develop their confidence within this area. Following the course, a competency document was completed, and an Observed Structured Clinical Examination performed to determine safety and expertise. Once successfully completed, this then allowed for the senior practitioners to complete DNACPR forms in the community.

Results This training session gained excellent feedback and was highly recommended by all the participants.

Conclusion By sharing expertise with community-based colleagues, trusting relationships between teams were built, enhancing patient care to be delivered within the wider community.

P-83 WHAT MATTERS TO YOU TODAY? DOCUMENTING PATIENTS’ GOALS IN THE LAST DAYS OF LIFE

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Aim Documentation in the patient record did not accurately reflect the person-centred care carried out. An initiative was launched by a team member to improve practice – specifically regarding documentation of patients’ goals. The aim being that 95% of Respite and Response patients will have up-to-date person-centred goals documented by June 2023.

Methods The project lead presented to colleagues on the importance of discussing and documenting goals (Boa, Wyke, Duncan et al. BMJ Support Palliat Care. 2012;2:A9-A10) during a team development day. The team also linked with a local representative from The Care Inspectorate, responsible for regulating the service. A baseline audit was completed, looking at the level of personalisation and frequency with which goal setting was recorded. A run chart was displayed within the team office, with percentage compliance plotted at fortnightly intervals.