IMPROVING RESPECT PLAN QUALITY IN PALLIATIVE INPATIENT CARE

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Introduction

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) documentation informs clinicians about a patient's health status, priorities and appropriate treatments, supporting personalised emergency care based on individual priorities. As ReSPECT is used nationally, consistent and accurate completion is essential for safe, person-centred decision making and for enabling clinicians to act confidently during time-critical situations.[1] Digitalising forms is crucial for improving accessibility and standardisation across the healthcare community.[2]

Objective

To assess compliance with national ReSPECT standards within the Nightingale Macmillan Unit (NMU) at the Royal Derby Hospital, including completion of digital plans.

Standard was the trust policy based off the ReSPECT national guidelines (expected standard of 100%)

Methodology

1. Design: 2 cycle retrospective audit in November 2025 and January 2026 (18 and 22 patients).
2. Data collection: all patients in Nightingale Macmillan Unit, RDH submitted via trust wide audit.
3. Intervention: brief ReSPECT guidance during junior doctors' induction on 3rd December 2025.
4. Analysis: assessed changes in compliance and quality of documentation.

ReSPECT

What stayed strong		
	Cycle 1	**Cycle 2**
Relevant clinical information	100%	100%
Realistic interventions	100%	100%
DNACPR decision	100%	100%

What improved		
	Cycle 1	**Cycle 2**
Digital form completion	66.7%	68.2%
Fears documentation	44.4%	50%
Senior clinician signatures	61.1%	81.8%

What declined		
	Cycle 1	**Cycle 2**
Plan in placed in purple pocket	100%	86.7%
Prioritisation scale	61.1%	53.4%
Values documentation	77.8%	63.6%

Results

Completion of digital forms was similar across cycles (66.7% vs 68.2%). Placement in the purple-bordered pocket decreased from 100% to 86.7%. **Clinical information remained consistently documented (100%).** Use of the prioritisation scale decreased (61.1% to 53.9%). Documentation of patient values decreased (77.8% to 63.6%), while fears increased (44.4% to 50%). Realistic interventions and DNACPR decisions were recorded in all cases. **Senior clinician signatures improved** from 61.1% to 81.8%.

Conclusion

Compliance with core ReSPECT standards stayed high in both cycles, especially for clinical summaries, DNACPR decisions and intervention planning. Digital completion and person-centred elements, such as priorities, values and fears, remained suboptimal. Senior clinician signatures improved after the induction session. **Overall, structural elements were reliable, but reflective, person-centred documentation requires improvement.**

Recommendations

1. Regular ReSPECT sessions in cancer business unit teaching sessions
2. Continue monthly audit alongside the trust wide audit
3. Improve junior doctors' access to shared care records for digitalisation of forms

When clerking:

- Replace handwritten form with digital form
- Put on call palliative medicine consultant as senior clinician



On discharge:



- Update form to reflect values and fears when they are discussed
- Review form whilst completing discharge letter

References

[1] Fritz Z, Slowther AM, Perkins GD. Resuscitation policy should focus on the patient, not the decision. Bmj. 2017 Feb 28;356.

[2] Fielden L, Lynch D, O'Hare P, Campbell S, Petrie K. Quantitative and qualitative evaluation of the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) process in Forth Valley 2019[Internet]. NHS Forth Valley; 2019 .