- The themes from qualitative analysis included the benefit of common language and sense of urgency that came across from describing the changes in PPS and POI over a period of time.

Conclusions Palliative Care Performance Status and Phase of Illness can be implemented across an acute hospital and can aid transitions to discharges. It improves communication of the patients needs, health and carer status. As communication underpins all we do the need for accurate, reproducible, evidence based descriptors is important to keep patients safe and to advocate for their needs.

127 IMPROVEMENT OF MDT MEETINGS IN A PALLIATIVE CARE INPATIENT SETTING – A SERVICE IMPROVEMENT PROJECT

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Background Multidisciplinary team (MDT) meetings are central to the management of chronic disease and they have become widely established across the NHS (Department of Health, 2004). MDT meetings are believed to ensure higher quality decision-making and improved outcomes however the evidence to support this is limited.

Despite MDT care being found in many secondary care settings throughout the UK, there is no national standard for an MDT (NICE, 2017). NICE suggests that indeed some of the MDT's success may be in the flexibility to suit each particular clinical area; however, good planning and communication are common themes throughout.

The Macmillan Palliative Care Unit (MPCU) holds a weekly MDT to discuss all current inpatients. There is opportunity to review the effectiveness of documentation during these meetings to ensure they are fit for purpose.

Methods Data was collected retrospectively looking at various aspects of good record keeping prior to a MDT proforma being implemented. A proforma was then introduced and changes made each week on 3 separate weeks. Data was collected after each change to monitor if record keeping improved. Changes made were based on suggestions by members of the MDT.

Results Number of patients' notes reviewed ranged from 14–18 depending on the number of patients on the inpatient unit that week. A deterioration or poor documentation in specific areas prompted changes to be made to the proforma. As a result, the overall documentation of discussions and decisions greatly improved.

Conclusion Overall documentation of discussions and decisions made at MDT meetings has improved following the implementation of the proforma and ensures all MDT members are included in discussions about patients.

128 TRANSFORMING INTERPROFESSIONAL WORKING IN AN ACUTE PALLIATIVE CARE SERVICE

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Background Since 2016 NHS Fife acute palliative care team has been developing models of interprofessional working

within the acute hospital. The NHS Fife Specialist Palliative Care Service is a single NHS service which includes 2 hospice units, a community and acute team. Although the Specialist Palliative Care service provides medical and nursing input into the acute hospital, the hospital provides occupational therapy, dietetic, chaplaincy and pharmacy support. To ensure we were providing effective and efficient service we have undertaken multiple assurance measures about the service

Methods

1. Footprint of mortality across our hospital-this was to inform which areas we needed to focus opportunities to develop to benefit most patients;
2. Setting up a structured acute palliative care MDT with all groups that obligates commitment to the service defines the activities of the professionals that attend the group. The MDT also includes learning from complaints, comments and compliments;
3. Using Palliative Performance Score (PPS) and Phase of Illness (POI) to describe our patient group to provide re-assurance that we are seeing patients of appropriate complexity;
4. Developing governance reporting mechanisms from our MDT activity.

Results By understanding where the highest mortality is within our hospital we have been able to increase the focus of resource and education into that area. The MDT has resulted in increase in the confidence of the professionals to overcome organisational boundaries results in co-ordination and efficiency of our approach to patients. PPS and POI has shown that we see mostly unstable patients across the range of PPS and POI. We have annual audit activity that reports to the acute operating divisions governance structure.

Conclusions Sharing a structured MDT and using a system for discussing patients has resulted in sufficient improvements in co-ordination of our acute palliative care team. The change in interprofessional monitoring and reporting has raised the profile and impact of acute palliative care.

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129 EXPLORATION OF VOLUNTEERS AND SUPPORT WORKERS INITIATION OF QUALITY OF LIFE CONVERSATIONS IN HOSPICE PALLIATIVE DAY CARE

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Background Treetops Hospice, in partnership with University of Derby have commenced a research project exploring the outcomes of developing volunteers, in initiating conversations around quality of life. As a pilot site work for NHS England for Personal Health Budgets (PHB's), Treetops discovered that the 'conversations' around what's important right now to the patient/carer can be just as important, than the outcome of the PHB. This is a vital piece of work which directly could impact on improving individual's wellbeing, the new approach focuses around the mnemonic L.I.S.T.E.N (developed by Treetops Hospice). Policy drivers have acknowledged that there is a much greater need and demand for person centred care than professionals in health and social care can meet, the barriers around developing these conversations, possibly relate to lack of time and clarity to