Background There has been a rise in safeguarding cases within the hospice, reflecting the trend seen nationally. Recorded incidents rose from 9 in 2018/2019 to 499 in 2022/2023. The jump in numbers can be attributed to the following:

- Introduction of Safeguarding Advocates across all teams.
- Increasing safeguarding training for all staff and volunteers.
- Introducing an incident reporting platform across the organisation.
- COVID-19. Nationally, we saw a jump in safeguarding incidents which was mirrored within our organisation.

The exponential increase in reported cases since the programme was introduced is reassuring as it indicates the measures introduced have had an impact.

Aims To improve the identification and handling of safeguarding cases across the organisation and ensure continued compliance with Care Quality Commission (CQC) standards.

Methods Safeguarding Advocates were introduced in 2018 and now represent all departments. A new handbook, role descriptor, and training programme were created and piloted by seven staff from across departments. Impact has been monitored through an ongoing review, quarterly workshops and performance indicators reported annually to governors and CQC. Safeguarding introduced as a standing agenda item for team meetings, where staff have the opportunity to raise concerns and Advocates attend quarterly workshops, reporting back areas for development.

Results and conclusions Feedback suggest that quarterly workshops are beneficial and that training has raised awareness: this is reflected in staff bringing more cases forward. A Safeguarding Audit undertaken in 2016 was repeated in 2023 to measure the impact of the programme. This found:

- Slight increase in the proportion who had received some training and felt reasonably confident about dealing with safeguarding situations from 54% to 56%.
- Increase in awareness of who the Safeguarding Leads are from 67% to 91%.
- Increase in proportion of people feeling that they would benefit from training from 67% to 70%.

But a reduction in the proportion who felt confident in dealing with any safeguarding situation from 17% to 12%.

Training improvements are required to increase staff confidence, including tailored training for individual departments. This innovative scheme is ongoing. Training and support for Advocates continues to evolve and develop.

Background The Family Support Team became aware of an increase in safeguarding and complexity in client referrals. In many cases these complexities were not picked up at referral stage but identified at subsequent assessment or provision of support. This resulted in some clients being initially directed to the wrong service, having to repeat their story in order to access the correct support and unnecessary time delays.

Aim Develop a screening tool to identify risk and safeguarding concerns at referral and ensure clients are then directed to the correct support.

Method Phase one: Steering group set up of various family support professionals to research different screening and assessment tools. Phase two: Development of draft screening tool to be trialed for three months in Gateway Team. Phase three: Gather evaluations from Gateway team and make amendments to screening tool. Phase four: Re-evaluate.

Result Screening tool evaluated after three months and 12 months using a questionnaire. Feedback from the questionnaire was used to adapt and improve screening tool. Screening tool scoring was replaced by a traffic light system to highlight risk. Questions were adapted and re-worded to ensure they collated relevant information.

Conclusion Evaluations of the Family Screening Tool shows a positive impact on identifying safeguarding risk at the point of referral. It had a positive impact on ensuring referrals are allocated effectively and in a timelier manner. Evaluations also highlighted it enabled staff to explore safeguarding issues and risk in more depth at referral stage. A challenge of the screening tool was that some staff lacked confidence and were daunted/nervous about asking some of the questions. Additional training is required to build experience and confidence in this area.

Background Multidisciplinary (MDT) meetings are particularly important in palliative care (O’Connor, Fisher, Guilfoyle. Int J Palliative Nurs. 2006;12(3): 132–7). These meetings should help to deliver personalised care to the patient (NHS England. Personalised care.[internet]) through psychologically safe team discussion (Wisdom, Wei. NEJM Catalyst. 2017;3,1). There was dissatisfaction with the MDT meeting in our hospice thus a working group was established to rejuvenate the meetings.

Aim To evaluate the problems with existing MDT meetings, review the literature, gather ideas from other hospices then re-invent the meeting based on the findings.


Results Problems with the MDT meetings included (but were not limited to): a feeling of hierarchy, few team members contributing to discussion, insufficient emphasis on community or hospital patients, presenting patients in a medicalised way, and a lack of team cohesiveness exacerbated by virtual meetings. Particular inspiration for future direction was taken from Forrest Holme Hospice (Dorset) which developed ‘Results Through Relationships’ (Dorman. Results through relationships – part 1. Next Stage Radicals [internet] 2020 Nov 19).