The Development of the Safeguarding Advocate Role in a Hospice Environment

Sarah Popplestone-Helm, Rebecka Sparks. St Richard’s Hospice, Worcester, UK

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 a:

- 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.

Rethinking the Purpose and Format of the Palliative Care Multidisciplinary Meeting

1Rachel McDonald, 2Beverley Evans. 1St Michael’s Hospice, Basingstoke, Basingstoke, UK; 2Basingstoke and North Hampshire Hospital, Basingstoke, UK

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 (Wisdorn, 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.

Aims 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 Forest Holme Hospice (Dorset) which developed ‘Results Through Relationships’ (Dorman. Results through relationships – part 1. Next Stage Radicals [internet] 2020 Nov 19).
EVERY DAY
HOW DO PALLIATIVE CARE SOCIAL WORKERS APPLY

Conclusions Feedback from the team shows that team members prefer to meet in person rather than virtually, more team members contribute to discussions and there is shared learning. The majority feel that we are now prioritising ‘what matters most’.

Abstracts

Background Morbidity and Mortality Meetings (MMMs) are an opportunity to review patient cases by reflecting on practice, identifying learning points, enhancing quality of care and ultimately improving patient safety. The story so far

Aim To create an opportunity for all staff to discuss the ethics underpinning complex decisions and enable greater understanding of the decision-making process.

Format The Forum is held every 6 weeks, online, enabling staff at different sites to attend. The discussion topic is decided beforehand, to allow for preparation. We invite suggestions for discussion from all staff. The topics range from anonymised cases to themes such as ‘truth telling’ or current news topics. All staff groups, including non-clinical staff, are welcome. The Forum is advertised widely within the hospice. Each Forum begins with an introduction outlining the ground rules of respect, confidentiality, and tolerance of different viewpoints. The case or topic is then presented, identifying the difficulty, with some explanation as to the ethical approaches that could be considered. The discussion is open to all participants, facilitated by a Chair.

The story so far All respondents to a feedback survey found the Forum to be interesting and useful. A core group of staff attend regularly, including non-clinical staff. We have developed an enhanced understanding that ethics is for everyone. The Forums provide an open platform for deepening understanding and debate. The discussions encompass broader ideas than strict moral theories, although these are used to start the conversation.

P-140 ETHICS FORUM: AN OPEN DISCUSSION SESSION FOR ALL HOSPICE STAFF
Rebecca Payne, Samantha Lund. Royal Trinity Hospice, Clapham, UK
10.1136/spcare-2023-HUNC.161

Background In our clinical work in the hospice, we are confronted frequently with difficult decisions. Although most clinical staff have had teaching in ethics, it often does not cover the breadth of scenarios encountered in day-to-day practice.

Aim To evaluate hospice staff experience of MMMs and to assess the benefit of regular case based reflective forums.

Methods Criteria was set for case inclusion by the medical team. Retrospective data was collected monthly on all hospice inpatient unit deaths from December 2022, including patient initials, date of death and life-limiting diagnosis. Monthly MMMs were held and included selected anonymised patients from one month time period. An overview of each patient was presented with PaCe model (patient, activity and environment) case analysis, relevant literature review and clinical practice recommendations. Action points were identified at each meeting. Multimodal feedback was then collected.

Results To date, four MMMs have been held. They have been attended by doctors, community and inpatient nurses, nurse managers and wellbeing support workers. Six participants provided online feedback and three participants provided verbal feedback. Preliminary results indicated that MMMs have helped to identify a personal learning need, improve individual clinical practice and improve patient care. All respondents stated they would attend future MMMs.

Conclusion Further data will be collected, however, hospice MMMs play an integral part in reflective practice and improving patient care whilst also identifying learning needs and improving clinical practice. Further directions: we will continue MMMs and include community patients in the case mix.

P-139 EVERY DAY'S A SCHOOL DAY: EVALUATING HOSPICE STAFF EXPERIENCES OF MORBIDITY AND MORTALITY MEETINGS
Rachel Flinn, Namadha Kali Vanan, Holly McGuigan. Argyllian Hospice, Greenock, UK
10.1136/spcare-2023-HUNC.160

Background Morbidity and Mortality Meetings (MMMs) are an opportunity to review patient cases by reflecting on practice, identifying learning points, enhancing quality of care and ultimately improving patient safety. The majority feel that we are now prioritising ‘what matters most’.

Conclusions Feedback from the team shows that team members prefer to meet in person rather than virtually, more team members contribute to discussions and there is shared learning. The majority feel that we are now prioritising ‘what matters most’.

Abstracts


P-141 HOW DO PALLIATIVE CARE SOCIAL WORKERS APPLY AND MODEL THE CONCEPT OF 'SAFE UNCERTAINTY'?
Rebecca Salama, Sarah Dowd, Sophie Hanley, Lorraine Carter. Princess Alice Hospice, Esher, UK
10.1136/spcare-2023-HUNC.162

Background Research suggests that the poor management of uncertainty in palliative care can significantly impact patient outcomes (Ellis-Smith, Tinnard, Dawkins, et al. BMC Palliat Care. 2021; 20:168), as well as the experience of bereaved families (Robinson, Pilbeam, Goodwin, et al. BMC Palliat Care. 2021; 20(60)). Interestingly, it has also been argued that the ability to tolerate and work with uncertainty is a defining feature of the social work role (Fook. Social work: a critical approach to practice. 3rd ed., 2016). In some therapeutic and social work settings, the concept of ‘safe uncertainty’ is used as a simple framework for better supporting service users and their families (Mason. Human Systems. 1993; 4(3–4): 189–200).