The new in-person meeting was relaunched under the name: 'interprofessional meeting' which reflects the aim to share decision making amongst the team (Kesonen, Salminen, Kero, et al. Omega. 2022 Apr 19:302228221085468). Just three patients are discussed in depth each week with discussion centred around 'what matters most' to the patient. There is an emphasis on team learning, holistic care for the patient and family and relevant information is disseminated.

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'.

P-139 EVERY DAY'S A SCHOOL DAY: EVALUATING HOSPICE STAFF EXPERIENCES OF MORBIDITY AND MORTALITY MEETINGS

Rachel Flinn, Narmadha Kali Vanan, Holly McGuigan. *Ardgowan 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 (Sinitsky, Gowda, Dawas, et al. Patient Saf Surg. 2019; 13:27; Healthcare Improvement Scotland. Morbidity and mortality reviews: practice guide – working version. 2018). Some hospital palliative care teams have implemented the use of MMMs to improve end of life care (Lockwood, Pal, Strutinsky-Mason. BMJ Support Palliat Care. 2020; 10(S.1): A56–A56), however, there is limited evidence on hospice MMMs and related staff experiences.

Aims 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 a 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 staff found it beneficial to reflect on previous cases and to discuss decision making rationale. It was highlighted that nursing staff involvement and representation could be improved. Five respondents stated 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-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 (Schofield, Dittborn, Huxtable, et al Palliat Med. 2021; 35 (2):315–334). Non-clinical staff with no ethics training, or staff rotating from other specialties may find some decisions worrying or hard to understand. These staff are often in close contact with patients and therefore aware of the issues affecting them and may be distressed or confused by the clinical decisions made by the multidisciplinary team (Jors, Tietgen, Xander, et al. Palliat Med. 2017; 31(1): 63–71).

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-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, Tunnard, 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).