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**Palliative and End of Life Care Raising Awareness Session Script**

Please note this script is also included in the notes section on each of the slides in the PowerPoint presentation.

**Slide 1**

Welcome and introductions around the room. If you haven’t already, you may wish to try a simple ‘check in’ with people – ie ask people to say their name, where they come from and say something about a piece of clothing they are wearing today.

This helps bring everyone’s voice to the room.

**Slide 2**

Intended outcomes for the session – you may wish to add or alter them.

**Slide 3**

Perhaps what differentiates ‘palliative care’ from ‘just good care’ is the awareness that a person’s mortality has started to influence clinical and/or personal decision making.

**Slide 4**

This phase could vary between months, weeks, days or hours in the context of different disease trajectories. There can be uncertainty involved in identifying when someone might be expected to die – illness can be unpredictable and changes can occur suddenly and unexpectedly.

**Slide 5**

Using the gingerbread person outline, ask attendees to identify the skills and knowledge they need to deliver quality care on a day-to-day basis – ONE colour pen – answers could include; compassion, patience, personality, empathy, listening skills, flexible, adaptable, good communication skills, positive attitude, observation skills, time management skills, ability to understand the needs of each individual, team work etc.

The SECOND part is around the skills and knowledge they would need if they are delivering PEOLC – there may be some additions but the core skills and knowledge will be the same.

The purpose of this activity is to highlight and reflect with the attendees, the skills and knowledge they have already and need to deliver high quality care on a day-to-day basis, are similar (or the same) as the skills and knowledge required to deliver care with someone who is palliative. This activity aims to increase individual’s awareness and confidence around the delivery of palliative and end of life care.

**Slide 6**

The figures in this slide are from 2016. Did you know that 57,000 people die each year in Scotland but 11,000 of them do not receive the palliative care needed.

**Slide 7**

The Scottish Government developed the Strategic Framework for Action on Palliative and End of Life Care – their vision is by 2021, everyone in Scotland who needs palliative care will have access to it. It was in Commitment 3 of the Strategic Framework which asked the Scottish Social Services Council (SSSC) and NHS Education Scotland (NES) to develop a new PEOLC EducationalFramework.

**Slide 8**

**Background purpose**

The Strategic Framework for Action on Palliative and End of Life Care (2015), 10 commitments towards a national vision by 2021 – Scotland has a compassionate and committed health and social service workforce and the PEOLC framework seeks to build on the considerable capacity and expertise that already exists.

The framework sets out the knowledge and skills required by all workers who might come into contact with palliative and end of life care, their families and carers. It builds on and supports the learning and development needs of all health and social service worker in Scotland.

Health and social care in Scotland is changing. Integration means that more than ever teams from different workplaces are coming together to provide care and support, focused on people’s needs.

It is recognised that this framework does not sit in isolation but is closely linked to other work that is going on within health and social services (Linking with to other strategic developments) ie Promoting Excellence Framework (PE people living with Dementia) and Equal Partners in Care (EPiC – Carers).

Recognising and building links at local, regional and national level is key to successful implementation.

**Slide 9**

The framework is all about people’s experience, everyone’s experience.

**Slide 10**

Each of the domains reflect the core knowledge and skills considered integral to the delivery of high quality palliative and end of life care.

**Fundamentals of palliative care:** underpinning principles of palliative care approach incorporates elements essential to improving and developing PEOLC service provision eg principles, approaches, MDT working, professional, legal, ethical frameworks, values.

**Communication and conversation:** effective communication and conversations are integral to the provision of PEOLC. Essential skills for supporting people with uncertainty, distress, decision making and for effective teamwork.

**Loss, grief and bereavement:** acknowledgement given to potential impact of living and working with loss and recognises the importance of appropriate support for self and others.

**Planning and delivery:** outlines the importance of working in partnership with the person, family and carers to promote participation, choice and control and address person outcomes and holistic needs.

**Care in the last days of life:** care in the last days of life, death is expected, naturally occurring and all possible reversible causes have been considered.

**Slide 11**

Each domain outlines four levels of knowledge and skills (K&S) that outline what workers need to know and do, depending on their degree of involvement in PEOLC and level of responsibilities in providing care for PEOLC needs.

Some of the K&S integral to H&SC but are applied in context of PEOLC

**Informed**: K&S required by all HSC workers in relation to HSCP.

**Skilled**: K&S required by HSC workers by virtue of role and level of responsibilities regularly provide PEOLC and support.

**Enhanced:** K&S required by HSC workers by virtue of role and level of responsibilities provide, co-ordinate and manage and support care.

**Expert**: K&S required by HSC workers by virtue of role and level of responsibilities provide an expert role in care and support.

**Slide 12**

This is the visual graphic of the framework structure. The link to interactive pdf is embedded in text framework structure, click on mouse right button and open hyperlink. To demonstrate usage.

Within the interactive PDF you can move between the domain and levels by click on the hexagon and then going back to the main menu to change domains

The hexagon graphic tries to represent how people can movethrough the framework. Each domain has a specified ICON and has four levels of knowledge and skills.

The knowledge and skills required by workers may differ across the five domains depending on their degree of involvement and role responsibilities. This is a generic framework in that it is not role or profession specific.

K&S at each level are incremental in depth and breadth within the domain as it increase at each level.

The enables framework to be used flexibly, supports workers to develop their K&S at different levels.

Link to interactive PDF: <http://elearning.scot.nhs.uk:8080/intralibrary/open_virtual_file_path/i2564n4083939t/Palliative%20framework%20interactive_p2.pdf>

**Slide 13**

It is really important to comprehend these key messages. The framework offers:

* the flexibility for all workers to engage at the level most appropriate for them
* everyone should be able to get something out of the framework.

It may be that it affirms their K&S at one level or indeed identifies gaps or recognise that workers may sit at different levels of K&S depending of the role responsibilities and engagement with people requiring PEOLC and support.

The framework also facilitates a benchmark for the K&S required to provide, care and support to meet PEOLC needs. This is helpful to individuals, organisations and education providers**.**

**Slide 14**

Who can use the framework?

The frameworks flexibility enables it to be used in different ways to support learning and development at individual, service provider and organisational level.

**Slide 15**

Organisational level plus examples of how.

**Slide 16**

Individual level plus examples of how.

**Slide 17**

Line manager or supervisor – why and how.

**Slide 18**

Spider graph activity

The next section brings the skills and knowledge (behaviours) discussed and makes links to the new Health and Social Care Standards (HSCS), other frameworks and pieces of legislation. Please use the slides you feel comfortable talking to.

**Slide 19**

<https://www.youtube.com/watch?v=xXd2kbmKZwc> If you have time - Henry Mathias from the Care Inspectorate – It’s all about experiences.

**Slide 20**

Difficult conversations picture

**Slide 21**

Examples of mapping HSCS with the PEOLC Framework at Informed level

**Slide 22**

Talking is time well spent picture

**Slide 23**

Further examples of mapping HSCS with the PEOLC Framework at informed level

**Slide 24**

The time to share means so much…. picture

**Slide 25**

Mapping self-directed support (SDS) with PEOLC Framework

The core PEOLC values and principles align really well with SDS which is not just about the four options, it is about the person and what is important to them. Personalisation / individuals own outcomes!

**Slide 26**

Mapping Promoting Excellence Framework with PEOLC Framework - Promoting Excellence Framework is used to support delivery of the Standards of Care for Dementia in Scotland

**Slide 27**

Care and compassion picture

**Slide 28**

Opportunity to have a whole group discussion

**Slide 29**

Link to Palliative and end of life care awareness open badge

<https://www.badges.sssc.uk.com/badges/palliative-and-end-of-life-care-awareness-session/>

**Slide 30**

Open badge information – before delivering this presentation, please watch the video on the SSSC Learning Zone page <https://www.badges.sssc.uk.com/>

**Slide 31**

Proposed evaluation questions

**Slide 32**

Thank you slide and SSSC email address for any further questions