



Person Centred Health and Care Framework 2018- 2021



November 2017 - Version 3 Denise Symington

Contents	Page
Acknowledgments	3
Foreword	4
Executive Summary	6
Vision	7
Introduction	10
Strategic Elements	11
Strategic Aims, Actions & Outcomes	12
Implementation and Delivery of Framework	28
Appendix 1 - Governance Structure	
Appendix 2 - Engagement Methods	

Acknowledgements

This Framework has set out NHS Western Isle's vision for the future of Person Centred Health and Care, building on what we have already achieved enabling NHS Western Isles to progress towards a programme of continuous development and improvement.

The Framework was developed in consultation with the Patient Focus Public Involvement Committee including lay members, staff from across the organisation, representatives of the third sector, and also staff from the local office of the Scottish Health Council and Patient Advice and Support Service. We would like to thank all those involved in the development of the Framework for their continued support.

NHS Forth Valley's Person Centred health and Care Strategy was the foundation used in drafting this Framework and we acknowledge their assistance in this process.

Foreword from the Nurse Director

NHS Western Isles understands that we are here to ensure that we provide the care that you need, when you need it and are cared for in a way that we would wish for our own family.

We are determined to provide the highest standards of care, treatment and facilities for patients, relatives and carers who need our services. We have made listening to our patients, families, carers, partners and wider communities our highest priority. Seeking feedback and listening to people through many routes whilst reaching out to those who we need to hear from the most, will continue to be at the centre of the way we care and design the services. It is only by acting on these stories and experiences, showing people the changes and improvements we make from them, that we will continue to create a health service where people feel they can be involved. We know it is important to those who share their stories and concerns and that by doing so make a difference to those in our care and who will need health and social care in the future.

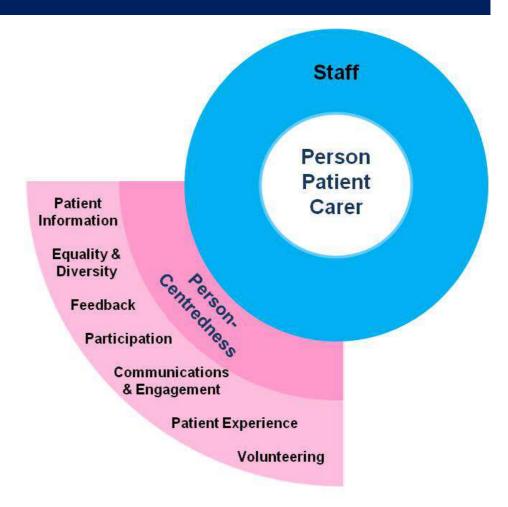
The involvement of patients and the public in how we give care, design services and facilities has already made such a difference it has become just the way we do things in NHS Western Isles. We can never see a time where this is not so.

This strong history of improving patient care and experience and being determined to get right the most fundamental aspects of care and caring has laid the foundations for moving this work forward. This has always been about what matters to people and giving strong voices to those who need care and equally to those who give care. We have therefore always ensured that staff are supported, developed and listened to in equal measure and that they, with those in their care, will have the answers needed to improve care. This aspect of our person centred approach is vital, as we have heard from both patients and families that, having confident and caring staff, gives them the trust that is vital to aiding healing, recovery, rehabilitation or to a peaceful and dignified end of life

This new Framework which has been designed and developed with patients, public, partners and stakeholders including our staff, reaffirms our vision, commitments and the actions we will take to deliver and show that the promises within are realised. Simply, we aim to have care and services just the way we would wish for our family, friends, colleagues and neighbours

Chris Anne Campbell Nurse Director NHS Western Isles

Executive Summary



This Framework sets out:

- Our vision for Person Centred Health and Care for NHS Western Isles
- Our drivers for developing the Framework
- Builds on the principles for achieving our vision from Patient Focus Public Involvement (PFPI) laid out in our PFPI - Involving People Framework
- Our priorities and how we will achieve these commitments contained within the Person Centred Health and Care delivery plan

This Framework, its content and priorities has been developed by people representing patients, public, volunteers, community groups and staff through a rigorous and robust process of engagement.

NHS Western Isles, by approving this Framework, supports the vision and priorities developed in partnership with people representing patients, public and community stakeholders and staff. It further allows us to address two key areas:

- 1. By listening to people we will continue to develop capacity for improvement
- 2. Embed Person Centred Care as we look forward to achieving the 2020 vision and in particular the ongoing integration of health and social care

It also lets us set out how we respond to key Scottish Government policies and developments, including a 'mutual' NHS, where people have a much greater say in what the NHS does and the rights and responsibilities, which forms part of the Patient Rights (Scotland) Act 2011.

A plan for delivery has been developed to support this Framework and will be monitored and reviewed by the Patient Focus Public Involvement Committee, which is a subgroup of the Board of NHS Western Isles.

The Framework also sets out that every patient will:

- receive a person centred experience in NHS Western Isles
- be treated with care, compassion, dignity and respect
- with their families and carers be able to say what and who matters to them and this will be used in all care and treatment
- receive care from staff who can demonstrate knowledge, skills and competencies necessary within their roles for the delivery of safe and effective care

NHS Western Isles Vision

NHS Western Isles vision is that by 2020 everyone is able to live longer healthier lives at home or in a homely setting:

- We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management
- When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the patient at the centre of all decisions
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

Vision for Person Centred Health and Care

NHS Western Isles vision is to be leaders in developing person centred care for people, not only to meet their needs but exceed their expectations of healthcare in NHS Western Isles. Our ambition in person centred care is to embed the principles outlined in the Healthcare Quality Strategy, the 2020 Vision for Health and Social Care and to meet the Health and Social Care Standards My Support My Life.



Introduction

The Healthcare Quality Strategy for NHS Scotland and the 2020 Vision launched in 2013, sets out a clear direction, to ensure the NHS in Scotland provides the best care to patients and supports the workforce. The national approach to Person Centred Health and Care further reinforces that commitment to quality.

NHS Western Isles has had a long and sustained focus on improving the care and experience of patients, families and carers. The commitment has been single system wide, involving care for all patients and families regardless of care setting or diagnosis.

We continue to develop the workforce, to ensure that staff have the right skills, values and competences, to deliver both excellent clinical outcomes together with Person Centred Health and Care. Communication is a key element of Person Centred Health Care, the way in which staff speak, behave and engage with patients, families and carers, will be crucial to achieving our person centred commitments.

The launch of the NHS Scotland Quality Strategy, presented NHS Western Isles with an opportunity to review and refresh our local approach to Person Centred Health Care with a focus on what matters to patients, families, carers and the wider public.

The 2020 Vision for Health and Social Care is that "by 2020 everyone is able to live longer, healthier lives at home or in a homely setting. We will have integrated health and social care, with a focus on prevention, anticipation and supported self management. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions."

What is Person Centred Care?

Person centred care is providing care that is responsive to individual personal preferences, needs and values while assuring that patient values guide all clinical decisions.

The aim of the Framework

The aim of the Framework is to develop a culture that places the quality of patient care and experience at the centre of all that we do.

The Person Centred Health and Care agenda is supported by a number of key Framework and policy documents to ensure there is consistency of messages and vision, these include:

- Workforce Plan
- Bereavement Support Policy
- Recruitment and Selection Policy
- Spiritual Care Policy
- Equality and Human Rights Policy
- Volunteering Strategy

This provides a framework for changes, which will cover the Person Centred Health and Care agenda; this is supported by a delivery plan to fulfil our Person Centred Health and Care commitment.

Our Values

The PCHC Framework will ensure a person centred, sustainable healthcare service provided within the Western Isles.

The **Aim** of the framework is to:

- provide a shared vision within NHS Western Isles and to develop and deliver quality and person centred improvement priorities;
- outline the organisational structures and lines of accountability that support patient focus and public involvement;
- provide the Board and other agencies with assurance about the quality of person centred activity
- contribute to the achievement of relevant corporate objectives, as outlined below;

Corporate Objectives:

- To provide person-centred care, focusing on the evidence based health needs of our population, identifying and taking every opportunity to improve our patients' health and outcomes
- To protect individuals from avoidable harm by continually learning and improving the reliability and safety in everything we do
- To pro-actively stimulate and intensify our search and application of effective innovation to improve how we care for patients today and into the future
- To promote and support people to live longer healthier lives
- To specifically target early years, health inequalities, vulnerable and hard to reach groups
- To continually improve and modernise our integrated healthcare services and assurance systems
- To value, support, develop and sustain a compassionate, confident, competent, flexible and responsive workforce
- To deliver our commitment to partnership working to deliver national standards, targets and guarantees
- To have sustained focus on prevention, anticipation and support self-management and care at home
- To ensure that all resources are deployed to the best effect, achieving desired outcomes and value for money

NHS Western Isles vision is to be leaders in developing person centred care for people, not only to meet their needs but exceed their expectations of healthcare in NHS Western Isles. Our ambition in person centred care is to embed the principles outlined in the Healthcare Quality Strategy, the 2020 Vision for Health and Social Care and to meet the Health and Social Care Standards My Support My Life

NHS Western Isles recognises the importance of values in the work that we do and has adopted the core values of NHS Scotland:

- Care and Compassion
- Dignity and Respect
- Openness, honesty and responsibility
- Quality and teamwork

Staff Involvement - iMatters

How we work together is important, staff across the organisation have been involved in creating, defining and delivering our values and behaviours that will contribute to the organisation these include:

- Participation in the iMatter Continuous Improvement Model (<u>iMatter</u>)
- Dignity at Work Survey' which focuses on bullying and harassment, discrimination, abuse and violence from patients and public, resourcing, and whistleblowing.

iMatter results together with the 'Dignity at Work Survey' results will provide a full overview of staff experience in the areas of the Staff Governance Standard previously covered by the national Staff Survey.

Our Staff

NHS Western Isles is committed to meeting the changing health and wellbeing needs of the population of the Western Isles. Our ambition is to deliver services that are person centred, safe, delivered in partnership and delivered as close to home as appropriate. NHS Western Isles works in partnership to develop a culture that supports staff and teams across the Western Isles to deliver and embed continuous service improvement.

In NHS Western Isles our staff are our biggest asset and we have given an ongoing commitment to provide ongoing training, to further enhance knowledge and skills. We understand that in order to deliver Person Centred Health and Care we must ensure positive staff experience. NHS Western Isles Workforce Plan developed in partnership with staff, public partners and key stakeholders, details the workforce aims: - To develop a modern, sustainable workforce

- To become a model employer
- To create and maintain a healthy and modern culture

It is important that we are listening to staff experience, empowering staff to receive feedback and recognising that they are not only providing care, but can be in receipt of care or are carers. All staff, no matter what role they play will have person centred objectives.

Strategic Elements

In developing the Framework NHS Western Isles has identified 8 key strategic elements that collectively inform Person Centred Health and Care. These are:



Strategic Aims, Actions and Outcomes

1. Communication & Positive First Impressions

Our Commitment: Is to provide a welcoming, safe, clean, well organised and maintained environment, where staff makes the patient and their carers feel like guests. Providing support as and when patients require it.

Our Strategic Aims

NHS Western Isles has 4 strategic aims relating to Communication & Positive First Impressions:-



Expected Outcomes/Actions

- Implementation and launch of the #Hello my name is campaign across NHS Western Isles
- A co-ordinated programme to deliver communication, training and support
- Provision of Positive First Impressions Training included as part of induction training
- Delivery of Effective Communication Training for Health for Senior Nursing and Medical Staff
- Incorporation of importance of ensuring confidentiality in all communications and induction training

- We will monitor through care assurance and other visits, with support from our public partners on how staff treat patients, or visitors to their areas
- Reduction in the number of complaints received around staff attitude and behaviours

2. Excellence in Care

(Incorporating Care of Older People in hospitals)

Our Commitment: We will ensure everyone will receive appropriate care and that the principles and standards of care, respect and dignity have been implemented across all healthcare settings in NHS Western Isles.

Our Strategic Aims

NHS Western Isles has 4 strategic aims relating to care and standards

Patients in any healthcare setting have the opportunity and are enabled to discuss their needs and preferences including the people they wish to be involved in their care

1

Patients in any healthcare setting will be treated with dignity and privacy, particularly during communication, physical examination and activities of daily living

2

 Patients in any healthcare setting are involved in decisions about their care and treatment

3

Patients in any healthcare setting are cared for by knowledgeable and skilled staff, with care provided at a safe staffing level

Expected Outcomes/Actions

- Throughout their journey, patients (including people with Cognitive Impairment, Learning Disabilities, Children, Mental Health) will be given the opportunity to:-
 - Say what and who matters to them
 - Are supported to ensure this is achieved
 - Have this regularly reviewed
- Patients in healthcare settings are assessed to ensure their communication and sensory needs are met
- The patients family/carer, is involved where the patient has difficulties in communicating what and who matters to them
- Information about what and who matter to the patient is used in all care and treatment plans
- Patient preferences around dignity and privacy during sensitive conversations and activities of their daily life are sought, documented and shared with the appropriate staff.
- Staff are competent in providing and supporting effective communication, and demonstrate a dignified person-centred approach

- The patient is cared for by staff who are knowledgeable, competent and accountable for the care they deliver
- Patients (and carers/family) are involved in all discussion and decision-making relating to their care and treatment, and healthcare records clearly document:-
 - Who the patient has consented to being involved in discussions and decision making
 - Who has been involved in the decision making process
 - What information has been provided to the patient (and/or carer)
 - The treatment options and alternatives available to the patient
 - The patients decision
- Staff who care for people with cognitive impairment or dementia are trained in line with the Promoting Excellence framework
- There are clear processes in place to demonstrate safe staffing levels with the appropriate skills mix
- Training in the knowledge and skills to care for older people in hospitals is available to all staff, including support staff
- Staff demonstrate the knowledge, skills and competencies necessary within their role for the delivery of safe and effective care for older people, including awareness of carer involvement

- Comprehensive actions and measures are detailed in the Older People in Acute Hospital (OPAH) improvement plan which will be monitored and reviewed via the governance and management arrangements of the Board
- This will be monitored through regular patient experience

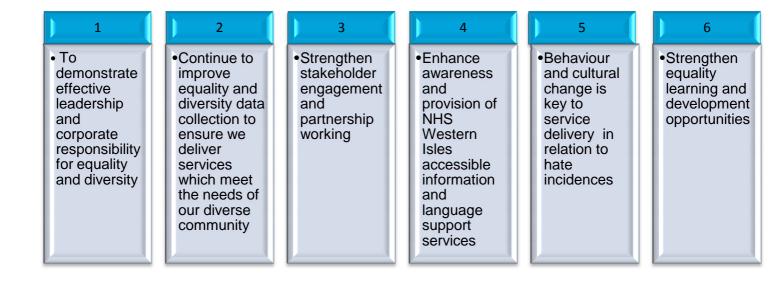
3. Equality and Diversity

Our Commitment: Equality and Diversity will be embedded into our practice and procedure's thereby ensuring that the work we do is fair, equitable, accessible and person centred. All actions are reflected in the NHS Western Isles Equality and Diversity Strategy 2013-17

NHS Western Isles has 6 strategic aims relating to Equality & Diversity

Our Strategic Aims

Expected Outcomes/Actions



- Managers can demonstrate that services have been evaluated to ensure that they meet the needs of our diverse community and that any barriers to access have been addressed
- Reports will demonstrate improved collection, analysis and reporting of data in relation to age, ethnicity, gender, disability and religion/belief in order to provide a sound basis for ensuring person centred needs of service users are considered when planning or delivering services in the context of local delivery and national developments
- All mortuary cards reflect patient's religion and belief (if appropriate), as per Bereavement Policy to
 ensure patients respective religious and spiritual beliefs are maintained where identified
- Agreeing and monitoring the key improvement activities and tests of change identified for each of the Person Centred Health and Care work streams, ensuring equality and diversity is mainstreamed within work programmes
- Effective arrangements are in place to work in partnership with all stakeholders, including:
 - 1.Patients/service users
 - 2. Carers
 - 3. Staff
 - 4. Community groups
 - 5. Partner agencies
- We can evidence actions taken to engage, involve and consult with local communities including

- minority and potentially disadvantaged communities
- All patients in NHS Western Isles services have equal access to interpreter/translation support when required
- NHS Western Isles has a Zero Tolerance approach to hate incidents Enhance the levels of equalities training delivered to NHS Western Isles staff, and volunteers

- Report available from services which reflects actions taken to ensure equity of access to services and service provision. The report should also reflect gaps found and actions taken to address these. Action plans are in place to monitor progress in relation to equality and diversity
- NHS Western Isles to be on par or above NHS Scotland ISD national average for recording ethnicity
 - Patients complaints will be able to evidence via reports if complaint/concerns is in relation to a protected characteristic
 - 5 must do's will also consider/respond to patients equality needs
 - To support NHS Western Isles meeting patients Spiritual Care needs the data collected re the patient will reflect if they have been asked their religion/belief, if the patients preferred not to answer or it has not been asked
- Audit to be completed twice per year to ensure information is contained in cards
- Work streams are able to evidence in individual reports actions taken to mainstream equality and diversity
- Where relevant, any involvement activities will be able to evaluate how they have taken the profile of the population into account when completing surveys, forums, focus groups etc. Where gaps have been identified i.e. involvement of younger people the appointed lead or report will be able to evidence what action has been taken to try to take account the views of all section s of the community
- Policy in place which provides a framework to support communication with service users and carers, who are Non-English speakers, people for whom English is a second language, British Sign Language users, people with hearing or visual impairment or who have learning disabilities
- Protocol in place to support staff to address and respond to hate incidences either from a service user or staff perspective
- All equalities training will include Person Centred Health and Care. This will also include 5 must do's as part of the training programme
 - Infrastructure to be put in place where all attendees will be contacted to identify how they have used the knowledge gained and what else they may require to enhance skills

Our Commitment: We will meet the care needs of patients, families, carers and staff across NHS Western Isles

1

 Volunteering supports the delivery of person centred health and care and patient experience, by complimenting the roles of staff 2

 The infrastructure that supports volunteering is developed, sustainable and inclusive 3

 Volunteering and the positive contribution that volunteers make, is widely recognised and celebrated

Expected Outcomes/Actions

- Establish a robust infrastructure to support the continuous development of volunteering across NHS Western Isles
- Map directly and indirectly engaged volunteers and lay representatives across NHS Western Isles
- · Achieving and maintaining Investing in Volunteers (IiV) Quality Standard
- Develop internal and external communications plans
- Develop a process for systematically identifying and securing the means to support volunteering from within our existing resources and partner funding
- Implement a programme of continuous development for volunteering which will take us beyond achieving the Investing in Volunteers standards
- Adopt a systematic approach to building capacity, increasing the number of opportunities for volunteering within NHS Western Isles
- Establish Advisory Group and monitoring framework

- Revision of NHS Western Isles Volunteering Strategy with associated policy and guidance for staff and volunteers
- Performance monitoring the continuous development of volunteering by the steering group
- Implementation of a volunteering information system to capture data of directly engaged volunteers will report to the Volunteering Steering Group
- Re-accreditation of Investing in Volunteers in 2017, preparation of portfolio to support this in January 2017
- Communication plan monitored by the Volunteering Steering Group
- Existing and partner funding monitored by the Volunteering Steering Group
- A volunteering development plan and associated action plan will be monitored by the Volunteering Steering Group

5. Patient & Public Involvement and Feedback

Our Commitment: We will have effective engagement with our patients and public in designing, developing and improving services using a wide range of methods.

Our Strategic Aims

NHS Western Isles has 4 strategic aims relating to Patient and Public Involvement:-

2

•To ensure that there are robust reporting mechanisms in place to capture feedback, comments, concerns,

compliments and

complaints

1

•To provide NHS
Board assurance that
learning from
complaints and
feedback is
measurable and also
fed back to patients
and public how we
have learned and
used the learning to

influence change

•Supporting and developing staff to receive feedback in a positive way and to work with those in their care to improve the services they provide

3

•Involve patients and the public using wide and varied methods of capturing feedback so they are involved in service change, redesign and improvement of care and health and wellbeing

4

Expected Outcomes/Actions

- Achieve implementation of the local system so that staff can capture and record local feedback, encourage local response, resolution and reduction in instances where patients feel the need to make a formal complaint
- Introduce a system of monitoring that draws together all aspects of our patient and public feedback, ensuring actions are taken, feedback can be given to staff and public, and emerging themes can be addressed in real time
- Work with practice education to design and deliver a programme of training for staff across all sectors but initially focussing on nurses and midwives
- Raise the profile of the multiple ways in which patient feedback is gathered, including the use of National and Local surveys
- During 2017/18 we will increase the amount of opportunities using external and internal feedback mechanisms, including greater utilisation of Care Opinion, patient stories and surveys within all areas of care

- Through completion of the Participation Standard self assessment tool we will be able to assess our progress
- Having a system that shows in real time a patient's experience, through gathering more feedback. An
 increased number in patient feedback will help drive improvement using internal and external
 feedback
- Increased number of patient stories presented throughout the organisation, with action plans, to show the difference and how the story has influenced change



6. Palliative and End of Life Care

Our Commitment: To ensure that end of life care is of the highest standard and that staff will endeavour to get it right every time for every individual.

NHS Western Isles has 4 strategic aims relating to End of Life Care:-

Our Strategic Aims

Providing compassionate care at the end of life is of high priority in NHS Western Isles. End of life care embraces the care of patients who are expected to be in the last year of life and those important to them, acknowledging the complexity of establishing prognosis.

Communication -There is timely. sensitive, and honest communication with patients inthe last year of life and those important to them. Communication between teams is efficient to ensure seamless care. Organisational systems are established to support good communication between care settings

Care Planning -Assessment of need and care planning on an individual basis is integral to the provision of excellent end of life care. Patients and those important to them are involved in the goal setting process of care planning. Care plans are accessible for all involved in the patients care.

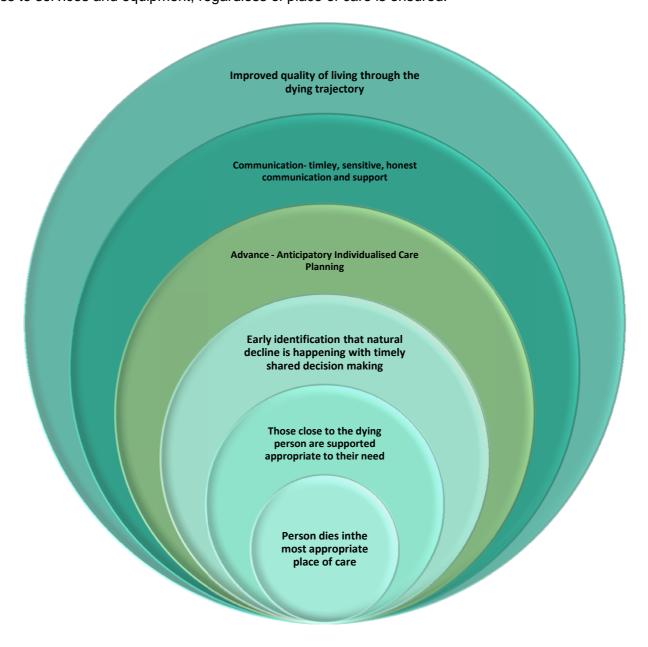
Coordination -Care is coordinated in a timely manner and all involved in the patients care are included in the planning of any care package. Transition of place of care must not be delayed due to service inefficiencies. Training and education must be available for all care for people in the last year of life

•Co-production -Collaborative working with all partners in social services and the third sector is vital in the provision of excellent end of life care. Agreed standards and competencies for all levels of staff regardless of organisation to facilitate a clinical governance structure across organisations

These strategic aims are in accordance with the key themes identified in the recent Clinical Services Review of Palliative and End of Life Care:

- Holistic and person centred care
- Effective and honest but sensitive communication
- Joined-up services for people
- The provision of 24/7 services
- Care provided in the community whenever possible and in a hospital setting only when appropriate
- Optimising the use of technology
- Workforce development
- Developing staff through education

They will also support compliance with recommendations from the Scottish Government in the Strategic Framework for Palliative and End of Life Care, due for publication in December 2015 and meet the requirements to comply with the four key principles, as advocated in the Guidance for Caring for people in the last few days and hours of life (Scottish Government 2014) It is important that common language is used across all care settings and teams so that communication is clearly understood by all. Clear communication is pivotal to the provision of safe and effective person centred end of life care. Equitable access to services and equipment, regardless of place of care is ensured.



Expected Outcomes/Actions

- Develop an action plan to report to the Scottish Government, that will be informed by the outputs of the Clinical Services Review and the recommendations in the new Strategic Framework for Palliative and End of Life Care, due for publication in December 2015
- Identify gaps in education for end of life care and work with colleagues in health and social care as well as the third sector to ensure education available for all staff involved in end of life care
- Build on current leadership structure of adopting a shared approach to clinical leadership, to take forward key actions across Health and Social Care
- Staff and managers are aware of where to access education
- Responsibility of providing end of life care will be for everyone involved in caring for dying people Carer information will be developed in accordance with national guidance
 - Improved collaborative working with partners
- Provide opportunities for succession planning

- Collecting feedback in a sensitive manner from patients and carers regarding their experiences
- Evaluation of education delivered and identifying what other training is available
- Learning from complaints, feedback and comments
- Questionnaires to staff
- Auditing the number of patients who die in their preferred place of care
- Auditing of time patients spend in their own home in the last 6 months of life

7. Spiritual Care

Our Commitment: We will meet the spiritual needs of patients, families, carers and staff across NHS Western Isles

Our Strategic Aims

NHS Western Isles has 4 strategic aims relating to Spiritual Care:-

•To ensure that patients, families, carers and staff are offered access to

offered access to spiritual care support, including, where appropriate representatives of their faith /belief group 2

 Continue to promote and implement values based reflective practice for staff across NHS Western Isles 3

 Patients along with families and carers will be given opportunities for thier spiritual needs to be assessed at various points in the patient pathway 4

• Embrace health and social care integration by promoting and expanding the Community Chaplaincy listening service in GP surgeries across NHS Western Isles

Expected Outcomes/Actions

- Ensure all services have access to spiritual care for patients, families, carers and staff
- Promote the Sanctuary as a quiet room as a facility for all
- Update the Spiritual Care Policy every 2 to 3 years to reflect changes/improvements
- Ensure that spiritual needs, including religion/belief, are recorded on admission
- Through good communication raise the profile of the spiritual care service across NHS Western Isles Support staff to assess patients', families and carers spiritual needs, making necessary referrals to the Spiritual Care team
- Implement clear monitoring arrangements to assess the provision of spiritual care for patients, families, carers and staff
- Demonstrate the use of values based reflective practice in the management of complaints
- Increase staff support through further implementation of values based reflective practice
- Promote the availability of the spiritual care service for staff counselling

- Collecting appropriate data to evaluate the spiritual care service
- Monitor the impact of values based reflective practice and the learning from complaints to demonstrate service quality and improvement
- Patient Reported Outcome Measures Reporting on the Community Chaplaincy Listening service

8. Bereavement

Our Commitment: To recognise the importance of good bereavement care and to provide the most appropriate care for each individual experience of loss.

NHS Western Isles has 4 strategic aims pertaining to Bereavement:-

Our Strategic Aims:

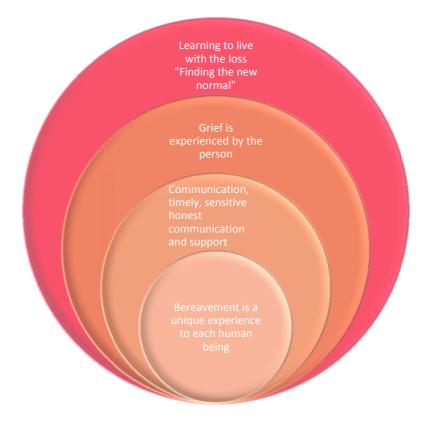
•Develop a solid structure to support continual delivery of a bereavement care model that is person centred and respects spiritual, cultural and religious requirements

 Work with partners to develop education programmes in bereavement

•Work with partners to develop a framework for a support system ,that is responsive to the needs of the bereaved

•Ensure local policies comply with any guidance from the scottish Government regarding the provision of bereavement care

Person Centred Bereavement Care Model



Expected Outcomes/Actions

- The Palliative Care Committee continue to take the lead and provide direction regarding developments in bereavement care
- Agree an action plan
- Identify gaps in education for bereavement and work with colleagues in health and social care as well as the third sector to ensure education is available for all staff involved in any bereavement care
- Identify gaps in counselling support services and work with colleagues in health and social care, as well as the third sector, to ensure appropriate levels of support are available for the bereaved dependent, upon need
- Provide 1st Aid Bereavement Support
- Bereaved people are not left feeling completely isolated following the experience of bereavement
- Staff are aware of where to access support for the bereaved, information to be made widely available to staff on dedicated intranet resource
- Staff and managers are aware of where to access education
- Responsibility of providing bereavement care will be recognised by everyone
- Carer information will be developed in accordance with national guidance

- Collecting feedback in a sensitive manner from the bereaved Feedback from the National Bereavement Hub
- Evaluation of education delivered
- Learning from complaints
- Carer information will be developed in accordance with national guidance

Implementation and Delivery of the Framework

To ensure we deliver our Framework and its action/delivery plans, we have robust governance arrangements, which include efficient internal and external monitoring.

The designated director for Person Centred Health and Care is Chris Anne Campbell, Nurse Director. The Framework is driven by the Patient Focus Public Involvement (PFPI) Committee which is chaired by a Non Executive Director. The group is a subcommittee and reports to the Board of NHS Western Isles.

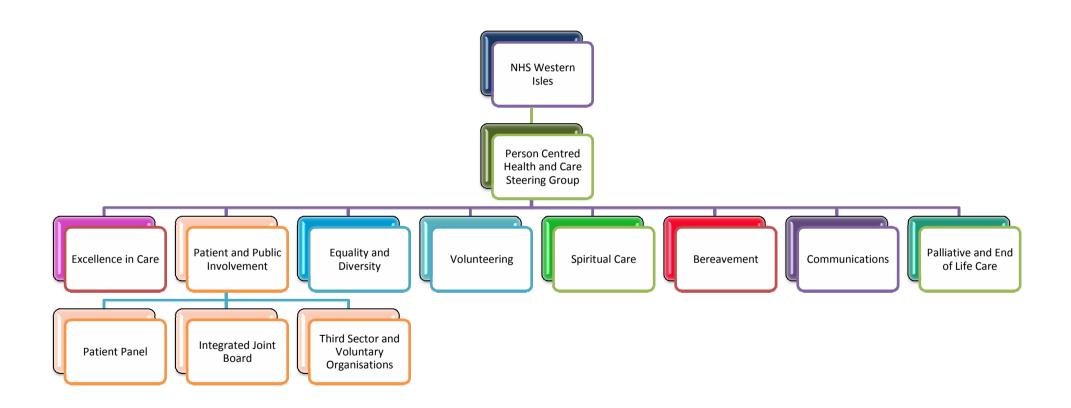
A work plan for delivery has been developed, which will ensure continuous development and improvement, this will be monitored and reviewed by the Single Operating Division. A report will be presented to the Single Operating Division on a quarterly basis which will show the overall progress of the delivery plan; this report will also be supported by a progress report produced on a quarterly basis by each of the workstreams.

This Framework shows that NHS Western Isles is committed to building on what has already been successfully achieved. There will be ongoing feedback to patient's, public and staff and regular monitoring.

Externally we are monitored by the Scottish Health Council and NHS Healthcare Improvement Scotland using the Participation Standard as guidance for improvement.

Appendix 1

Governance Assurance Structure for Person Centred Health and Care



Appendix 2

Engagement, Information and Involvement Methods

Groups and	Lay representatives contribute to the work of the Board by being
Committees	involved in various groups e.g. PFPI Committee, Infection Control,
	Maternity Services Liaison Committee
Projects	Lay representatives provide a public perspective to projects e.g.
	involvement in planning projects such as Mental Health service
	Redesign
Walkrounds	Lay representatives provide a unique perspective of lived experience in being members of the public using premises, they have participated in particular projects such as disabled access through Lewis and Harris access Panel and also through Infection Control
Public Partnership	The development of Patient Participation Groups in Uist led to the
Forums	development of the Patient Participation Forum which morphed naturally into the Uist Locality Planning Group this is the only geographic area which had developed its own PPG although there are other individual GP practices with Patient Participation Groups
Evaluation of	Individuals contribute to evaluation of services e.g. patient
Services	satisfaction survey of individual services. Feedback from individual
	patients through care Opinion being collated and fed into the
	Learning Review Group
Focus Groups and	Individuals contribute to the review of services which they have
Public	used, review of process to identify where any improvements can be
Consultations	made



NHS Western Isles 37 South Beach Stornoway Isle of Lewis HS1 2BB

Tel: (01851) 702997 (local rate) www.wihb.scot.nhs.uk







