Action	Expected Outcome	Current situation	Actions Required
Prepare structure for identifying patients in the palliative stage of illness and communicate between care settings (eTOC, clinic letters, OOH GP/paramedics)	Clear and agreed understanding of palliative stage of illness.	Not consistant understanding for adults and Children	Communicate and share an agreed understanding of Palliative stage of illness across the Health and Care system recognising the complexity and uncertainty.
	Guidance available and accessible for clinicians to identify last year of life or the palliative stage of illness	SIGN, GSF, NICE, Together for Short Lives	Communicate and share the best practive and guidance on identifying palliative stage of illness across Health and Care system
	Clinicians need access to, understand and to make use of guidance to identify last year of life	*Neonatal Care - Embedded in practice *Paediatrics - Expert resource available and understanding being embedded *Adult Care - implemented sometimes but patchy *Primary Care Clusters working on Management of Chronic conditions	Communicate via clinical leads the importance of completeing the new 'surprise question' on eTOC alongside issue/link to appropriate guidance
			Share and discuss the data collected alongside the guidance and best practice on GP palliative care registers in SBUHB with Primary Care Clusters to determine way forward
	Palliative stage documented in consistent, shared and accessible way across all care settings (primary, secondary, WAST, OOH, tertiary and social)	*GP practice Palliative Care Register in place - but not clear how well used and not always shared with HB or other care providers *In Secondary Care requests to add to GP register from clinic sometimes *Data sometimes entered onto eTOC (not necessarily clear) *Logged on All Wales Clinical Portal via specialist palliative care cancer patients	Include mandatory 'surprise question' on eTOC
			Undertake audit on use and completion of 'surprise question' on eTOC
			Ensure contribution of data to the All Wales Managed Clinical Network for Paediatric Palliative Care and use review of data to inform future service delivery
			Primary Care Clusters and secondary care structures (following from initial communication around data collected)to work with the End of Life Care Clinical Advisor to develop a plan for documenting and sharing palliative patient identification.
Plan for identifying & achieving preferred place of death for more patients (including embedding rapid discharge process in secondary and tertiary care)	Patients need to be able to express their preferred place of death to those caring for them	This is often asked by specialist palliative care service but unaware if this is captured by any other service	Education around the importance of asking re preferred place of death as part of ACP (ACP team in Swansea Bay could be accessed for this) and CDT
	Preferred Place of death needs to be recorded in a way that is accessible for all clinicians involved with care	Unaware where non-SPC document or if they do.SPC document on CaNISC - for cancer patients this is available of WCP but not always easy to identifi	Discussion with IT re use of WCP for this - alert box?/part of eTOC and clinic letters. Primary care??
	Mechanisms to be in place to meet the patients preferred place of death where possible	Rapid discharge process available on COIN. Not widely known about. It's use is not currently audited	Education and training around resources available to support preferred place of death including Continuing Health care. Robust health board systems need to be in place if CHC care can not be provided
	Audit of how often preferred place of death is achieved for patients receiving care via Swansea Bay clinicians/teams	Not currently undertaken (adults)	
Embed All Wales Care Decision Tool in clinical practice in all adult care settings in Swansea Bay.	Clinicians are identifying patients in last days of life	Data not available - anecdotally patchy and late	Communicate and share the best practive and guidance on identifying person in last days of guidance (All Wales CDT)
	Clinicians using the All Wales Care Decisions Tool to guide patient care	*Funding made available to provide HB wide education and training in use of the tool - however, tool not used much in practice or not at all in some setting. *When CDT used Review Sheet not always completed	Communicate and share the best practive and guidance on using the tool to identify persons in last days of life and in using the CDT across the Health and Care system
	Case Review Sheet is completed to moitor use of the Care Decision Tool		Use the in-built CDT Audit to improve use of CDT and Case Review Sheet

Action	Expected Outcome	Current situation	Actions Required
Establish a Health Board wide bereavement support structure (include voluntary sector)	A clear agreed bereavement support strategy in place (details princiles, approach and equity of service)	*No bereavement support strategy	Develop a Bereavement support strategy
	Clear register of services (including core and specialist NHS, Thrid and Voluntary sectors setting out available services, SLAs, referral criteria and processes)	*Ciss, Maggie's Centre, Cruise *Health Board Chaplaincy *Wish upon a star and Ty Hafan, Latch, Kids Cancer Charity for children, Teenage Cancer Trust *Not totally clear what serviecs available for use adults/children	Develop and share a register of bereavement support services available and identify ongoing managemnt of the register
	A bereavement serivce in place to meet the needs of the population (across voluntry, third sector and NHS)	*Volunteer service disjointed for end of life care *Health Board bereavement Pilot not provided with ongoing funding	Identify need and the gaps in bereavement services by analysing data from HB bereavement services pilot and the services available across including the availability and accessibility of play and psychological therapy
			Scope and develop a Business Case for Bereavement Services
We will embedd PREMs and PROMs across the Health Board as agreed nationally	National approved suite of Measures of Outcomes and Experience is in place and is in use across the Health Board	*National measures are to be agreed in early 2020 for roll out during 2020/21 *HB represented on End of Life Care Board *Expecting Staged implementation across Wales	To develop an appropriate action plan for the PROMS and PREMs rollout once nationally issued.