The End of Life Care Implementation Board decides its priority areas annually. Our main priority in 2016 was to build capacity in Hospice at Home provision. This will be maintained going forward. Additional priorities for 2017-2020 will be:

1. **Advance Care Planning**: Empowering patients through the understanding that a healthy approach to dying, planning ahead and informing family and friends of their wishes can result in improved person centred, tailored care at the end of life. This is judicious, prudent health and social care at its best. Early identification of patients to improve quality of life during the final stage of an illness regardless of diagnosis.

2. **Reducing admissions to Acute Hospitals at the End of Life and supporting patients to remain in their place of residence**:
   It is unsustainable in the long term to continue to move patients reaching the end of their lives to hospital for interventions and serious consideration must be given to ways of delivering more interventions in the community for patients of all ages.

3. **Measuring Success**: We will consider how we can better engage with patients and gain an insight into their experience, both nationally and locally, to ensure services are genuinely co-produced with structured and broad input. We will develop outcome measures that more accurately reflect the experience of the patient and those close to them. Measuring success better through improving patient care processes and evaluating the outcomes and experiences of patients and their families.

4. **Bereavement Care**: Improved access to Bereavement care and appropriate facilities to support the bereaved. We know that good bereavement care facilitates a healthy grieving process for the bereaved. Appropriate bereavement care is important and we will continue to work to promote services for those who need ongoing support after a death.

5. **Extending the Reach through Education** will be a key priority: Facilitating ‘Serious Illness’ conversations to equip staff with ways to open, pursue and close such difficult conversations, particularly early in a disease trajectory to support advance care planning. Providing professionals with training to best support patients by understanding the legal framework around decision-making on behalf of those who lack mental capacity for that decision at that time, and exploring ways to communicate such decisions across all sectors.

6. **Digital Technology**: working with NWIS to ensure end of life care information is captured in a way that supports the delivery of better care, cost-effectively and to provide data to measure performance.

7. **Research**: using research and audit to effect change and enable Palliative Care in Wales to be at the forefront internationally.