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Dear Russell

Thank you for the opportunity to give our views on the Welsh Government's response to the Committee's report, Unheard: Women's journey through gynaecological cancer.

We are grateful to the Committee for including palliative care in its report and pleased in principle that the Welsh Government has accepted both related recommendations. However, we hold concerns about an emerging implementation gap within palliative and end of life care policy, which has real implications for meeting patients' needs and is reflected in the Welsh Government's responses to both recommendations.

In Recommendation 26, the Committee requested an update on progress implementing the Quality Statement for Palliative and End of Life Care (PEOLC). The Welsh Government response says that the NHS Executive's National PEOLC Programme Board is advising on its implementation and has made recommendations aligning 'with the aims of the Quality Statement' and 'actions set out in the Quality Statement' through successive phases of the End of Life Care Funding Review. While this is positive, it remains the case that 18 months on from the publication of the Quality Statement, there is no implementation plan or 'health board enabling plans' (which are referenced in the Quality Statement), and apparently no routine monitoring or reporting of deliverables.

In response to Recommendation 25, the Welsh Government state that the National PEOLC Programme Board is responsible for overseeing health board efforts to deliver the Welsh Government's vision for improving PEOLC. We would question whether the Programme Board is sufficiently resourced or strategically situated to effectively perform this role.

Health boards and other providers should be focused on delivering the vision in the Quality Statement for all women who have a diagnosis of gynaecological cancer that could lead to their death, as well as everyone else who needs palliative and end of life care. The lack

of clarity about which aspects of the Quality Statement should be prioritised for delivery and the absence of a plan for or routine monitoring of implementation inhibits progress towards achieving this vision. As such, it is unclear what is being done to improve palliative and end of life care for women who have gynaecological cancers.

We recognise that implementation of the Quality Statement model across conditions and priorities has been challenging for the Welsh Government, while the development of the NHS Executive has been underway. This has been further exacerbated by the extreme pressures facing the NHS across Wales. However, we feel there remains an unacceptable gap between the policy intentions of the Welsh Government and the day-to-day delivery of these priorities at a local level.

We would therefore be grateful if the Committee could seek further clarity on how exactly the National PEOLC Programme Board will be empowered to oversee health board delivery of the Quality Statement, whether an Implementation Plan or Enabling Plans for health boards will be forthcoming, and whether there will be routine reporting of progress towards delivering the vision set out in the Quality Statement.

Yours sincerely,



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