

Grŵp Trawsbleidiol y Senedd ar Ofal Hosbis a Gofal Lliniarol Cyfarfod Cyffredinol BlynyddolCofnodion

9 Gorffennaf 2025

Yn bresennol:

Mark Isherwood AS (Cadeirydd)	Mabon ap Gwynfor AS
Ryland Doyle (ar ran Mike Hedges AS)	Jane Dodds AS
Matthew Brindley, Hospice UK (Ysgrifennydd)	Liz Booyse, Hosbis y Ddinas
Grant Usmar, Hosbis y Cymoedd	Andy Goldsmith, Tŷ Gobaith
Andrea Powell, Gofal Galar Cruse	Carol Davies, HDA
Huw Owen, Tŷ Gobaith/Tŷ Hafan	Darren Rutland, HDA
Gareth Jones, Hosbis Dewi Sant	Jacqueline Pottle, Perfformiad GIG Cymru & Gwelliant
Jen Mills, Cymdeithas MND	Jodie Beck, Hosbis y DU
Laura Hugman, Hosbis yn y Cartref Paul Sartori	Lee Barnett, Sandy Bear
Oscar Din, Canser y Pancreas y DU	Thea Brain, Fforwm Gofal Cymru
Lynda Kenway, Perfformiad GIG Cymru & Gwelliant	Lauren Emberton, Hosbis Tŷ'r Eos
Tracy Jones, Tŷ Hafan	Steven Crane-Jenkins, BASW Cymru
Zoe Greer, Hosbis y DU	Dr Sarah Davies, Meddyg Ymgynghorol, BIPBC
Dr Victoria Wheatley, Ymgynghorydd Gofal Lliniarol, BIP Hywel Dda	Tomos Evans, Marie Curie
Natasha Davies, Marie Curie	

Ymddiheuriadau:

Darren Millar AS	Janet Finch-Saunders AS
Peredur Owen Griffiths AS	Rhun ap Iorwerth AS
Heather Ferguson, Age Cymru	Jon Antoniazzi
Peter Fox AS	

Croeso, cyflwyniadau, ac ymddiheuriadau

Croesawodd Mark Isherwood yr aelodau a'r siaradwyr i gyfarfod y Grŵp Trawsbleidiol a oedd yn edrych ar fynediad at ofal lliniarol mewn ardaloedd anghysbell a gwledig, a rhoddodd y wybodaeth ddiweddaraf am waith y Rhaglen Genedlaethol Gofal Lliniarol a Diwedd Oes.

Hysbysodd yr aelodau na allai Peter Fox, Cadeirydd Pwyllgor Iechyd a Gofal Cymdeithasol y Senedd, fod yn bresennol gan ei fod yn gwella ar ôl llawdriniaeth, ond bydd ei eitem ar y Memorandwm Cydsyniad Deddfwriaethol ar gyfer y Bil Oedolion â Salwch Terfynol (Diwedd Oes) yn cael ei hail-drefnu ar gyfer cyfarfod yn y dyfodol.

Cofnodion y cyfarfod blaenorol; materion yn codi

Cadarnhawyd cofnodion y cyfarfod blaenorol gan Tracy Jones ac eiliwyd gan Liz Booyse.

Cyfarfod Cyffredinol Blynyddol

Ymddiswyddodd Mark Isherwood AS fel Cadeirydd.

Enwebodd AS Rhun ap Iorwerth Mark Isherwood i gael ei ail-ethol yn Gadeirydd (pleidlais drwy ddirprwy) ac fe'i heiliwyd gan AS Jane Dodds.

Etholwyd Mark Isherwood yn Gadeirydd y Grŵp Trawsbleidiol ar Ofal Hosbis a Gofal Lliniarol ar gyfer 2025/26.

Ymddiswyddodd Matthew Brindley fel Ysgrifennydd. Bu i Mark Isherwood enwebu Matthew Brindley ar ran Hospice UK i ddarparu Ysgrifenyddiaeth ac fe'i eiliwyd gan Mabon ap Gwynfor AS, Liz Booyse a Tracy Jones.

Etholwyd Matthew Brindley yn Ysgrifennydd ar gyfer 2025/26.

Gwella gofal lliniarol mewn cymunedau anghysbell, gwledig ac ynysol

Croesawodd Mark Isherwood Zoe Greer o Hospice UK i'r Grŵp Trafnidiaeth Clinigol i siarad am eu hadroddiad ar wella gofal lliniarol mewn cymunedau anghysbell, gwledig ac ynysol.

Gweler isod sleidiau Zoe yn crynhoi'r adroddiad [Dod â gofal yn agosach at adref | Hosbis y DU:](#)

Bringing Care Closer to Home: Improving palliative care in remote, rural and island communities

Zoe Geer, Hospice UK



Aims of report

- Capture people's experiences
- Share learning
- Make recommendations



Diolchodd Mark Isherwood i Zoe am ei chyflwyniad a chroesawodd Andy Goldsmith i siarad am brofiad Tŷ Gobaith o ddarparu gofal i blant mewn rhannau anghysbell a gwledig o Ogledd a Chanolbarth Cymru:

Why is this important?

- Patchy access to palliative care
- Palliative care need is rising



- Families of children with life-limiting conditions living rurally face significant additional barriers to accessing care and support.

"Honestly, we said to our local team a lot that it felt like they were hoping young children with severe disabilities either moved away or died before teenage years or adulthood because **they were so under equipped to deal with them**. It's sad but we seemed to pave the way every step at a time when we really couldn't have done with a system to have taught us what to do for the best."

- People face a double financial burden: the higher cost of living in rural communities, combined with the added financial strain of caring for someone at home at the end of life.

"We deserve the services as much as **people in cities**, who within a 4 hour drive couldn't have reached maybe half a dozen hospices."



Key findings

- Nearly two thirds of people said that they or the person they cared for with a life-limiting condition **did not** receive the care and support they needed.
- Two thirds of rural health and care staff surveyed said there are not enough staff with the right skills to support people with life-limiting conditions.
- People are being forced to choose between where they live and the care they receive.

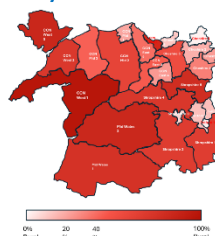
"I can remember an occasion when I went to pick up his medication and **none of the chemists in our nearest town had the oxycodone**, so I ended up driving all round [the area] trying to find a chemist that had some stock. **It's little things like that that make it so hard**. I wish on that day there had been somebody or someone I could have got in touch with to say this is the situation."

"In one of my teams there is often **only one nurse on duty** to cover a large rural area, meaning it is sometimes **impossible to visit our palliative patients**."



Gweler isod sleidiau Andy:

Rurality in our catchment area



15 July 2025



- Each split presents an area of comparable population size across our catchment. These 26 areas average at 67,000 people.
- 80.2% of postcode districts in our Welsh catchment are classified as majority rural areas. These areas are estimated to hold around 46.6% of the potential children with LTCs in our Welsh catchment.

hope house ty gobaith
children's hospices

Key recommendations

- Fund a shift to more community-based palliative care
- National workforce planning to recruit and retain skilled staff
- Sustainable funding that reflects higher costs
- 'Rural proof' national policies and strategies



Thank you

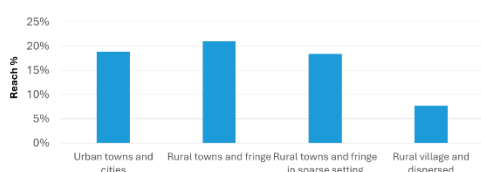
policy@hospiceuk.org



Diolchodd Mark Isherwood i Zoe am ei chyflwyniad a chroesawodd Andy Goldsmith i siarad am

The impact of rurality in Wales on reach

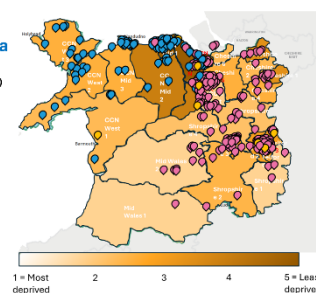
While our reach is comparable in urban and rural towns, our reach in rural villages is only 7.7%.



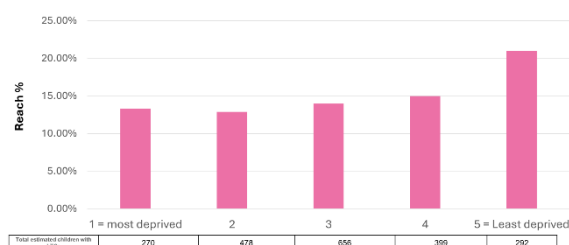
Access to services by area

Welsh Index of Multiple Deprivation (WIMD) 2019 - Access to Services

- Average of public and private travel times to
 - Food shops
 - GP surgeries
 - Primary schools
 - Secondary schools
 - Post office
 - Public library
 - Pharmacies
 - Sports Facilities
- Private travel times to Petrol stations (private transport only)
- % Unavailability of broadband at 30Mb/s

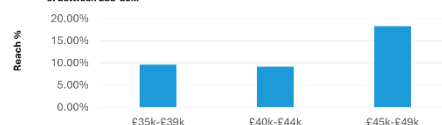


Access to services and our reach



Average total household income and reach in Welsh rural villages.

- In areas classified as rural villages and dispersed, our reach was significantly higher in postcode districts where the average household income was in the higher band.
- A reach of 18.3% was found in rural villages where the average household income was between £40-45k, compared to only 9.6% in rural villages with an average household income of between £35-39k.



What we have found and what are we doing?

The most significant bad combination of qualities are living in a community with high deprivation on the index of access to services and on low income with distance from the hospice have a much smaller impact.

Taking action.

- Local teams embedded and working in the local community
- Using information technology
- Exploring AI to extend reach - 24hour access to advice and information
- Hubs and drop in support
- Fuel vouchers and transport services

brofiad Tŷ Gobaith o ddarparu gofal i blant mewn rhannau anghysbell a gwledig o Ogledd a Chanolbarth Cymru:

Gweler isod sleidiau Andy:

15 July 2025

hope house ty gobaith children's hospices

• Mae cyrhaeddiad gwasanaethau plant yn gostwng llawer mwy ar gyfer ardaloedd gwledig Gogledd a Chanolbarth Cymru, gan godi cwestiynau ynghylch rhwystrau i gael mynediad at wasanaethau yn yr ardaloedd hyn.

- Mae MALIC yn dangos bod gwasanaethau eisoes yn cefnogi mwy o blant mewn ardaloedd sydd eisoes â mynediad gwell at wasanaethau, gydag incwm aelwydydd yn ymddangos fel y rhwystr mwyaf i gyrraedd plant a theuluoedd, gan dynnu sylw at broblem ehangach tlodi gwledig.

- Mae Tŷ Gobaith wedi ymgorffori NGS cymunedol ym Mwrdd Iechyd Betsi Cadwaladr ond mae darpariaeth gyfyngedig yng Nghanolbarth Cymru/Powys. Mae cyrhaeddiad wedi cynyddu dros 200% yng Ngogledd Cymru trwy ddefnyddio timau cymunedol.

Diolchodd Mark Isherwood i Andy am ei gyflwyniad a chroesawodd Laura Hugman i siarad am brofiad Hosbis Paul Sartori yn y Cartref o ddarparu gofal ar draws cefn gwlad Sir Benfro.

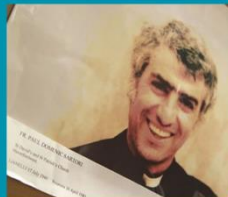
Sleidiau Laura isod:

CPG Hospice and Palliative Care
Improving palliative care in remote, rural and island communities

9th July 2025
Laura Hugman, Clinical Team Manager
Paul Sartori Foundation

paulsartori
HOSPICE AT HOME

Who was Father Paul Sartori?



paulsartori
HOSPICE AT HOME

Clinical activity April 2024 to March 2025

- 50 - Active team members across 7 Clinical services
- 14,681 - Hours of Care provided through day or night respite
- 301 - Referrals to the Hospice at home service
- 1767 - Items of equipment delivered
- 188 - Clients received Complementary Therapy support
- 305 - Adults accessed the Counselling and Bereavement service
- 1 - Under 18 year old accessed the Anticipatory grief and Bereavement service
- 8 - Patients were supported through the Physiotherapy service
- 237 - People were referred to the Advance Care Planning service
- 1123 - Patients accessed 1 or more of PSF Clinical services

77% of patients died in their preferred place of care

paulsartori
HOSPICE AT HOME

Office of National statistics data

1,581 deaths in Pembrokeshire in 12 months. Paul Sartori recorded 349 deaths during the period.
Therefore Paul Sartori were involved in 22% of deaths in Pembrokeshire.

paulsartori
HOSPICE AT HOME

What would help?

- Costs are increasing
£51,900 on Clinical travel in last 12 months
- Demand will increase
25% over the next 25 years
- Without sustainable funding core Clinical activity could be in jeopardy and service development remains challenging

paulsartori
HOSPICE AT HOME

Dying matters events 2025




paulsartori
HOSPICE AT HOME

Future Care Planning

- People and Places National Lottery grant 3 years funding
- Dying matters National campaign weeks
- 2024 Theatre productions and an Escape room
- 2025 Dead good quiz, Choir event and an Activity day

paulsartori
HOSPICE AT HOME

Workforce and well being

- Training is accessible and extensive
- Well being initiatives include Complementary therapy, Counselling, World chocolate day and a Paul Sartori beach take over.



paulsartori
HOSPICE AT HOME

- Disgrifiodd Laura y cymunedau gwledig iawn y mae Paul Sartori yn eu gwasanaethu yn Sir Benfro a rhai o'r heriau o ran darparu gwasanaethau, gan gynnwys yr adnoddau ychwanegol sydd eu hangen i deithio pellteroedd maith i gleifion a theuluoedd.

Trafodaeth a chwestiynau

Gofynnodd Mabon ap Gwynfor AS a ddylai Llywodraeth Cymru ystyried sefydlu cronfa arbennig i helpu pobl gyda chostau trafndiaeth mewn ardaloedd gwledig a gofynnodd Mark Isherwood sut y gellid/a ddylid dosbarthu cronfa o'r fath?

Dywedodd Andy Goldsmith y bydd costau teithio bob amser yn gysylltiedig â phobl sy'n cael mynediad at ofal lliniarol arbenigol mewn ardaloedd gwledig, yn enwedig cyrraedd Unedau Cleifion Mewnol a lleoliadau tebyg. Mae'r Cynllun Symudedd presennol yn helpu ond mae rhwystrau sylweddol o hyd a byddai cronfa deithio bwrpasol yn bendant o gymorth ond sut fyddai'n cael ei dosbarthu?

Gofynnodd Mark Isherwood a allai'r Gronfa Cymorth Dewisol (DAF) lywio meini prawf cymhwysedd posibl ar gyfer cronfa deithio newydd, ac ychwanegodd Natasha Davies o Marie Curie fod y gronfa wedi'i gor-danysgrifio ar hyn o bryd.

Gofynnodd Carol Davies o HDA i Laura a oedd gan Paul Sartori unrhyw gynlluniau i ehangu eu gwasanaethau i Geredigion a Sir Gaerfyrddin, a dywedodd Laura nad oeddent wedi gwneud hynny ar hyn o bryd.

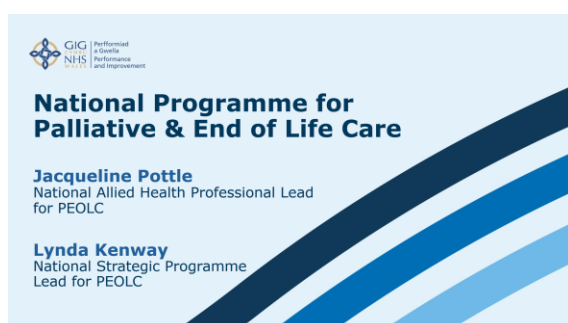
Awgrymodd Thea Brain o Fforwm Gofal Cymru y gallai Cyngor ar Bopeth chwarae rhan o bosibl wrth ddarparu cyngor ar gymorth teithio sy'n gysylltiedig â'r gronfa.

CAM I'W GYMRYD: Cytunodd Mark Isherwood â'r aelodau y byddai'r Grŵp Trawsbleidiol yn ysgrifennu at Ysgrifennydd y Cabinet yn cyflwyno adroddiad Hospice UK a'r materion allweddol a godwyd gan y siaradwyr. Awgrymodd hefyd y dylid anfon y llythyr at bob un o arweinwyr maniffesto'r blaid gan gydnabod agosrwydd etholiadau'r Senedd.

Y wybodaeth ddiweddaraf am gyllid hosbis a'r Rhaglen Genedlaethol ar gyfer Gofal Lliniarol a Gofal Diwedd Oes

Croesawodd Mark Isherwood Jackie Pottle a Lynda Kenway o'r Rhaglen Genedlaethol Gofal Lliniarol a Diwedd Oes i roi'r wybodaeth ddiweddaraf am waith y Rhaglenni, gan gynnwys cynnydd wrth ddatblygu Manyleb Gwasanaeth ar gyfer Gofal Lliniarol a Diwedd Oes a Fframwaith Comisiynu Cenedlaethol a Setliad Ariannu Cynaliadwy ar gyfer Hosbisau.

Sleidiau Jackie a Lynda:



National Service Specification for PEoLC – Aim & Scope

- Establishes clear standards providing a roadmap for achieving a consistent & accessible standard of care across all regions and care settings in Wales
- This specification serves as a comprehensive guideline for managers, providers, and leaders within Health Boards, Trusts, and independent organisations
- Setting clear expectations for the delivery of care, informed by the Welsh Government's Quality Statement for PEoLC and aligned with our broader vision for a healthier Wales.

Co-Design in Action



Over a two-year period, a series of meetings & events took place to identify & clarify what a good PEoLC service for patients & those close to them would look like.

6 Week Engagement period closed 27th June 2025



- Paediatric Specialist Palliative Care Advisory Group
- Adult Specialist Palliative Care Advisory Group
- National Bereavement Steering Group
- National PEoLC Advisory Groups
 - Policy & 3rd Sector
 - Community
 - Support Organisations
 - Children & Young People
- Professional Advisory Groups
 - Allied Health Professionals
 - Nurses
 - Consultants
 - Pharmacy
 - Health Board PEoLC Managers
 - Academic Hubs

Overview & Purpose of the Characteristics

Workforce Standards with examples and Key Performance Indicators

Characteristic 1 Timely Identification and Assessment	Characteristic 2 Timely Action and Referral	Characteristic 3 Personalised and Holistic Care	Characteristic 4 Specialist Palliative Care Adult
Characteristic 5 Integrated and Coordinated Care	Characteristic 6 Leadership and Governance	Characteristic 7 Outcome and Experience Measurement	Characteristic 8 Coordination and Partnership
Characteristic 9 Bereavement and Family Support	Characteristic 10 Education and Research, Training and Workforce	Characteristic 11 Support for Unpaid Carers	Characteristic 12 Access to Urgent and Emergency Palliative Care
Characteristic 13 End of Life Management and First Days of Care	Characteristic 14 Transition	Characteristic 15 Specialist Paediatric Palliative Care	Characteristic 16 Supporting Functions

Next Steps

- Ratify the document
- Baselining where we are currently against the service specification
- Co-designing implementation plans with providers etc.
- Ongoing review and incorporation of this work



Investment in PEoLC Services & Future Considerations

- Community based PEoLC expansion
- Expansion of specialist PEoLC
- Out of hours service strengthening
- Commissioning Framework for Specialist Palliative Care including hospices
- Enhanced access to Allied Health Professionals

Competency Framework for PEoLC

- Commissioned & Funded by the National Programme
- Project Manager embedded in Health Education & Improvement Wales
- Co-produced in partnership with the National Programme

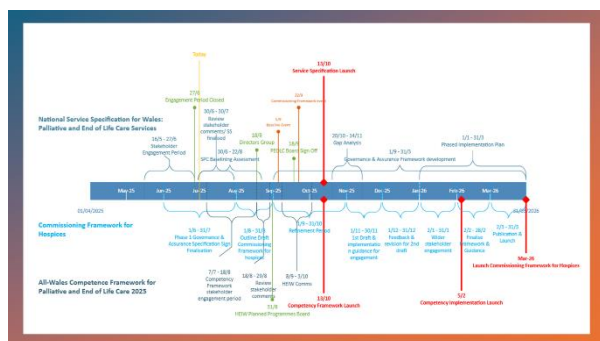
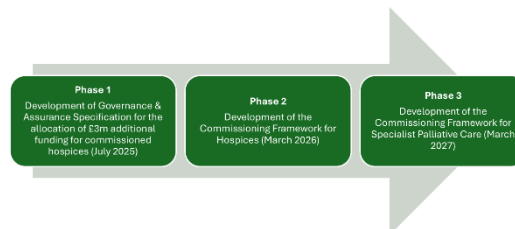
Scope

- Develop a foundational multi-disciplinary Palliative End of Life Care competency framework for Wales that is aligned with 2024/2025 priorities for Wales
- The competency framework will set out generic core PEoLC competencies that are required of our workforce across all roles and settings.
- The identification and mapping of specific education and training needed to deliver the core competencies.
- An assessment of the current education and training provision across Wales with recommendations on future resources/programmes

Next Steps



Commissioning Framework for Specialist Palliative Care



- Rhoddodd Jackie a Lynda y wybodaeth ddiweddaraf i'r aelodau am waith y Rhaglen Genedlaethol sy'n datblygu:
 - Manyleb Gwasanaeth ar gyfer PEOLC
 - Fframwaith Cymhwysedd ar gyfer PEOLC
 - Manyleb Llywodraethu a Sicrwydd ar gyfer £3m mewn cyllid cylchol ar gyfer hosbisau (GAS)
 - Fframwaith Comisiynu Cenedlaethol ar gyfer hosbisau (NCF)
 - Fframwaith Comisiynu Cenedlaethol ar gyfer Gofal Lliniarol Arbenigol
- Dywedodd Lynda fod y gwaith hwn yn flaenoriaeth uniongyrchol i Lywodraeth Cymru ond ei fod wedi cael ei effeithio gan broblemau capasiti a newidiadau o fewn y Bwrdd Rhaglen Genedlaethol (NPB) a Phwyllgor Comisiynu ar y Cyd y GIG. Roedd hi'n cydnabod bod hosbisau mewn gwahanol sefyllfaoedd o ran gofynion adrodd at ddibenion y Gwasanaeth Cyffredinol a'r Gronfa Ariannol Genedlaethol a'u bod yn canolbwyntio ar ymgysylltu wyneb yn wyneb â hosbisau a rhanddeiliaid eraill drwy gydol y broses.

- Disgrifiodd Jackie a Lynda hefyd waith NPB ar Gynllunio Gofal yn y Dyfodol a gwella pensaernïaeth ddigidol ar gyfer PEOLC, ochr yn ochr â symud gofal a chyllid i'r gymuned ac allan o ofal eilaidd.

Trafodaeth a chwestiynau

Diolchodd Liz Booyse o City Hospice/Hosbisau Cymru i Lynda a Jackie am eu gwaith yn ystod cyfnod anodd i hosbisau a thanlinellodd bwysigrwydd ymgorffori ymrwymiad Llywodraeth Cymru i ddatblygu Setliad Ariannu Cynaliadwy yn y Gronfa Gyfyngedig Genedlaethol.

Disgrifiodd Dr Sarah Davies yr heriau sydd ganddyn nhw gyda gofal eilaidd yn methu â chyfathrebu'n effeithiol â gofal cymunedol a phobl yn methu â chael mynediad at wasanaethau i'w cefnogi'n iawn yn y gymuned. Cydnabu Lynda fod llawer o dderbyniadau i ofal eilaidd yn osgoiadwy a dywedodd fod y Fanyleb Gwasanaeth newydd yn rhoi mwy o bwyslais ar adnabod pobl ag angen PEOLC yn amserol a datblygu llwybrau newydd ar gyfer cymorth anadlol.

Gofynnodd Mark Isherwood beth mae'r NPB yn ei wneud i sicrhau bod yr 1 o bob 4 o bobl nad oes ganddynt fynediad at PEOLC yn cael eu cyrraedd?

Dywedodd Lynda eu bod yn ceisio gwella'r defnydd o dechnoleg, addysg ar lythrennedd marwolaeth, cynllunio gofal yn y dyfodol a hyrwyddo cymunedau tosturiol i geisio cyrraedd mwy o bobl.

Gofynnodd Matthew Brindley sut y bydd cynllun gwaith ac amserlenni'r Bwrdd Cenedlaethol Cenedlaethol yn rhyngweithio â newid Llywodraeth yn dilyn Etholiad Senedd 2026.

Dywedodd Lynda eu bod yn gweithio tuag at barhau â'r cynllun gwaith a'r amserlenni presennol yn dilyn etholiad 2026.

Unrhyw fater arall

Dywedodd Mark Isherwood ei fod yn bwriadu ymweld â Hosbis Dewi Sant yn Llandudno. Nododd hefyd fod sesiwn yn y Senedd o'r Pwyllgor Craffu ar Waith y Prif Weinidog eisiau clywed am effaith y gyllideb ar hosbisau. Gofynnodd i aelodau anfon unrhyw wybodaeth berthnasol ato erbyn bore Gwener.

Dyddiad y cyfarfod nesaf a chloi'r cyfarfod

Diolchodd Mark Isherwood i bawb am ymuno â chyfarfod y Grŵp Trawsbleidiol a dywedodd y byddai dyddiad ar gyfer y cyfarfod nesaf yn cael ei ddosbarthu.