

Evaluation report for charitable-funded requests over £10,000

Please complete this form to tell us about the impact that your charitable funded application has had. We're keen to understand how this funding has made a difference to our patients and service users, their families, carers and Hywel Dda staff.

Please read the guidelines available at [Charities - Home \(sharepoint.com\)](https://sharepoint.com).

Please direct any questions to CharitableFundsFinance.HDd@wales.nhs.uk / 01267 283055 / 01827 1655.

Section 1: Applicant

Lead applicant:

Contact name:	Gina Beard
Job title:	Lead Cancer Nurse
Department/Service:	Cancer Services
Directorate:	Cancer Services

Lead director:

Contact name:	Andrew Carruthers
Job title:	Chief Operating Officer

Section 2: Application summary

2.1 Title of application:	Phase 2 of the Cancer Psychological Support (CaPS) Project: Psychological Support for People Affected by Cancer and the Cancer workforce
2.2 Application reference:	n/a
2.3 Date approved by CFSC/CFC:	30 th November 2021
2.4 Value of funding approved:	2022-23 £114,000 2023-24 £76,000 2024-25 £38,000 Total: £228,000
2.5 Project start date:	1 st April 2022
2.6 Project end date/ estimated completion date:	31 st March 2025

Reporting period:

2.7 Please indicate the period this evaluation report relates to?

Mid-term:		End of funding:	✓
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2.8 Brief description of your application:

In no more than 50 words please tell us what you received approval of charitable funds for. The Charitable Funds Committee approved the release of cancer charitable monies to support the second phase of Cancer Psychological Support (CaPS), following an initial two year pilot service, fully funded by cancer charitable funds, delivering psychological support to people affected by cancer within the Health Board population, and the associated cancer workforce

Section 3: Evaluation report

3.1 Key achievements:

Please tell us about what has been achieved as a result of the funding awarded and to what extent the aims and objectives (as set out in the application form) have been achieved.

In March 2018, the Charitable Funds Committee approved the initial application from Cancer Services charitable funds for a two-year psychological support pilot project, which became known as the CaPS project. The aim of the CaPS project was to pilot a service for people affected by cancer and the cancer workforce. The pilot ran alongside a scoping exercise of service needs, based on real world data, to measure the existing need and the effectiveness of the interventions, to inform future service design and provision, and to support any commitment made by the Hywel Dda University Health Board (HDdUHB) towards an ongoing sustainable service. CaPS was initially launched in September 2019 and has had three main objectives running through all service activities over the past five years embedding health board values at the heart of the service provision:

- **Supporting people with cancer and improving the patient experience by providing a robust counselling service to support the psychological needs of people with a cancer diagnosis – *putting people at the heart of everything we do.***
- **Educating cancer professionals through training and support, enhancing psychological skills in daily encounters with cancer patients – *striving to deliver and develop excellent services.***
- **Empowering local cancer teams by supporting the emotional burden of the cancer workforce through supportive supervision, one to one support, teamwork and innovative approaches that support resilience – *working together to be the best that we can be.***

In November 2021, the Cancer Services Team submitted a further application to the Charitable Funds Committee for Phase two funding for the service, seeing phased mainstream funding introduced over the three years that followed up to the end of the charitable funding period at the end of March 2024.

Over the past three years CaPS has continued to meet the service objectives in the following ways:

Objective 1: Supporting people with cancer

CaPS provides a specialist level three counselling support service available to people affected by cancer:

- Band 5 Specialist Cancer Counsellors employed across the three counties.
- CaPS receives a current average of **23 referrals per month** (based on 2024/25 activity).
- No waiting list – referrals are received, assessed and contacted within two weeks.
- CaPS offers a range of virtual or face-to-face options.
- Service extends to carers (cancer related) offering psychological support to carers as part of the core service, this was introduced following patient feedback.
- Carer support extended to include parents of children with cancer – referrals received from health board Paediatric Oncology Outreach Nurse Specialists (POONS), Latch (Welsh Children's Cancer Charity), and CLIC Sargent Cancer Care for Children (Young Lives Vs Cancer).
- Counselling extended to young people with cancer from age 16.

Objective 2: Educating Cancer Professionals

The CaPS team continues to provide a resource of specialist knowledge, advice and education in psychological aspects of care for the cancer workforce.

The Team provide and participate in the organisation and delivery of appropriate education and training programmes for the cancer workforce, linked to psychological support (enhancing levels 1-2 psychological support) to equip cancer professionals with strong skills in psychological support in their daily interventions with patients. Examples of this include:

- Breaking Bad News and managing difficult conversations training was delivered to Doctors during HDUHB Grand Round in July 2024. This was well received and resulted in doctors seeking clinical supervision and support around difficult cases they had or were currently managing.
- Advance Care Planning educational sessions for cancer professionals.
- CaPS is currently developing an education programme for healthcare professionals to enhance their skills and knowledge. This aims to develop a robust educational programme that enhances self-reflection in practice, and identifies key areas for continuing professional development; bringing together key professionals to share their knowledge and skills relating to their own profession/ practice.

The CaPS Senior Co-ordinator, Katie Barrett, was approached to contribute to a chapter and publish her research project in a further education research book that identifies good practice: *Reducing barriers to learning opportunities for healthcare professionals to improve attendance*. This research was undertaken to identify the challenges and potential support mechanisms healthcare professionals face when engaging in learning / continuous professional development (CPD) opportunities, this research formed part of her Post Graduate Certificate in Education (Post-compulsory PGCE) Research project.

<https://www.routledge.com/Exploring-Practitioner-Research-in-Further-Education-Sharing-Good-Practice/Scattergood-Jones/p/book/9781032824734>

Objective 3: Empowering local Cancer Teams

CaPs continues to provide collegial, peer based psychological support in the everyday, and promote innovations that build reflective practice, clinical supervision and support into clinical practice.

- Clinical supervision is available to members of the cancer workforce.
- CaPS also provides higher level clinical supervision to members of the cancer workforce who have encountered clinical events that have been particularly distressing.
- The CaPS Team have established a formal process of recording the support that is being provided to healthcare professionals, and implementing feedback processes so formal feedback can be gathered to improve on the support being provided, and alongside capturing its impact on cancer workforce.
- Two of the CaPS counsellors have undergone supervision training to provide clinical supervision to healthcare professionals. Further counsellors have identified an interest in undertaking this training also, supporting the model where counsellors within the service can provide healthcare professionals this level of support. This will allow the offer of Clinical Supervision to be further developed without impacting the availability of support for patients and carers.

3.2 Impact:

Please focus on the positive changes or effects that have taken place as a result of the funding awarded and to what extent the anticipated benefits (as set out in the application form) have been achieved.

Through the CaPS Service, HDdUHB have led the way in Wales and are the first health board in Wales to provide Level three psychological support for people affected by cancer as part of core services with mainstream NHS funding from April 2025. This would not have happened if the funding from charitable funds had not been released in 2019 for the initial project that scoped out

the needs of patients and the impact of providing a service that met those needs. Meeting the psychological needs of people affected by cancer has positive impact not only on individual patient experience (see feedback below) but also has an impact on individual patient outcomes.

In February 2025, HDUHB recruited a Consultant Clinical Psychologist, funded for the first two years from Macmillan Cancer Support. This means that HDUHB can now provide psychological support for cancer patients at all levels.

3.3 Beneficiaries:

Please tell us how many people have benefited as a result of the funding awarded and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

April 1 2024 - February 28 2025, the service received on average 23 referrals per month for cancer patients and/or carers referred for counselling. Each referral receives an initial assessment within the first two weeks post referral and is then allocated to a counsellor who will deliver 6-8 counselling sessions depending on need. This will result in around 2000 counselling sessions delivered in the service over the past 12 months (April 2024 - March 2025)

3.4 Evaluation methods:

Please tell us what methods you have used to measure the effectiveness of the funding awarded.

The CaPS Service has collected feedback from service users since the pilot began in 2019. Initially this was received as paper feedback forms from both patients receiving counselling/support and any healthcare professional accessing education and training. This feedback helped shape the way forward for the service. For example, the service expanded to include support for carers following patient feedback that this was an area of need.

Feedback is now collected using the health board CIVICA software system. This provides in-depth data on service users' experiences and provides the service an opportunity to capture patient stories. The feedback supports reflective practice, with direct patient feedback used to support learning from practice within the team. One of the benefits is that the service is able to capture the experiences more clearly of patients vs carers, to identify if there are themes or challenges these cohorts face.

CaPS contributed to an All-Wales, Macmillan funded scoping project (report available in early 2025). The feedback confirmed that carers were often in greater need of psychological support, but less likely to access it.

Feedback is also available requested bilingually and, where required, paper versions can be sent out via email or freepost.

Feedback is reviewed regularly, and the team collaboratively utilise feedback to drive and improve service user experience. For example, feedback was received that our contact details were not clear, and it was challenging to know how to contact the service (not all patients/carers receive the service leaflet by referrers). The service now routinely offers text/ email confirmation for appointment bookings; this provides the relevant information on how to contact the service and service hours, which helps us manage client expectations. Furthermore, the service therapy agreement paperwork was updated to clearly reference information on how to contact the service.

Examples of Patient Feedback

"I feel like a transformed person from the one that came to the first session. I'd been in freeze mode, just getting by. Now I feel I have more energy, agency and a sense of humour back. I am ready to more fully participate in society and give back again."

"I was able to speak my mind to someone who was not involved in my life and so I could not upset them personally, but at the same time they were empathetic to my situation. Access to the

service was impressively quick and the whole service was efficient.”

“It gave me back confidence to face the future with a positive outlook and analysis situations to ensure a positive rather than a negative outcome.”

“They provide much needed emotional support at an unsettling and unsteady time in your life.”

“Excellent support, quick to respond to arrange the counselling I needed. Very attentive and supportive throughout the process.”

“It helped me come to terms with a hard diagnosis of terminal cancer. Improved my mental health wellbeing.”

“The knowledge that there was someone there to support and advice away from family and friends. That gives a much more balanced reaction in my opinion.”

“It helped me deal with my fear and emotions. I felt comfortable and listened to”

“When I fought the disease and even when I defeated it and the cancer retreated, underwent treatment and operations, I was afraid that it would return. It is very difficult to cope without a specialist. So I am very happy that I had such help.”

“For myself it was set away from the main hospital and in a setting that was relaxing and calming. Helen (my councillor) was extremely professional and approachable - thank you.”

“It is difficult to suggest improvements to a service that gave excellent care and counselling.”

“No, the service was very supportive and excellently delivered.”

Where feedback has identified some key areas, e.g. recognition for referrals sooner, availability of appointments and appropriateness of venues, the service has started looking at ways to improve. This has included improving engagement with cancer professionals to ensure awareness of the service at all points on the cancer pathway. The service has also started working with the Waiting List Support Service, to identify opportunities for early intervention following an urgent suspected cancer referral, particularly where there is a high suspicion of cancer.

Finding suitable venues for face-to-face counselling is a challenge, and has resulted in the service hiring venues out in the community to offer service users the option of counselling that is not in the treatment units. The Service has also reached out within the HDdUHB to be able to access spaces within the Health and Wellbeing Hwbs being developed. CaPS Service specification reports have been submitted and the Senior Co-ordinator continues to drive this. Currently, due to high demand from other services requesting allocated space within the hwbs this has been challenging. CaPS has not been identified as a vital service. The CaPS team will continue to advocate for provision and presence for the service in these areas. This not only improves patient access and experience, but will reduce venue hire costs, providing an opportunity for better use of resources. A CaPS presence in the Health and Wellbeing Hwbs would enable service users to access other services available within the hwbs that will support their ongoing cancer journey.

“I would like to of been offered your services when diagnosed because that is when I needed you most. You have been a great help since but I would have liked to have seen you earlier.”

“Counselling should be offered to all patients when being given a cancer diagnosis as this was not offered to me before starting chemo and I had to therefore reach out for support”

“It would depend upon the person receiving the counselling, but perhaps a room could be used that is not on the cancer ward - but just somewhere less distressing”

“I found out about it by accident so not sure how widely it is advertised ...”

“Be able to have sessions closer to home”

4. If a friend or a member of your family needed CaPS support, how likely are you to recommend this service to others?

[More Details](#)

[Insights](#)

Highly likely	93
Likely	8
Neutral	2
Unlikely	0
Not at all	2

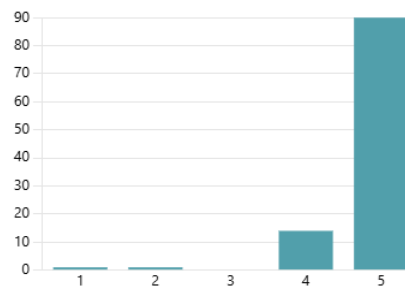


5. Please rate your overall experience with us.

[More Details](#)

[Insights](#)

4.80
Average Rating



3.5 Lessons learnt:

Please tell us what lessons have been learnt from the delivery of your funded project in terms of what went well and not so well. Did you have to adapt your delivery, or did you face any unforeseen challenges? If so, how did you adapt or overcome any challenges? Will any lessons be shared with colleagues across the organisation?

The delivery of CaPS began as an initial concept in 2018 when counselling from a national cancer charity, provided to the HDdUHB cancer population, was withdrawn with little notice. The impact of this was felt amongst the cancer workforce immediately, the psychological impact of cancer being well documented.

COVID-19 Pandemic

The project was impacted in March 2020 by the global COVID-19 pandemic and had to adapt overnight to continue to support patients. The pandemic resulted in specific stressors for cancer patients associated with higher rates of anxiety, depression and insomnia. Access to Primary Care, delays and disruption of diagnostics, paused cancer screening, cancer surgery and cancer surveillance procedures in the first wave of COVID-19, and disruptions to Oncology services all added to higher levels of anxiety. Loneliness and isolation related to the requirement to shield increased the anxiety levels in many people affected by cancer through the pandemic. Fear of disease progression or recurrence, fear around a weakened immune system during chemotherapy, fear of delay or interruption of treatment schedules, fear of infection, fears around supporting family or others and receiving support from others. Between March 31 2020 and April 1 2021, 2311 people were diagnosed with cancer within the population of HDdUHB. There was significant value in providing an adaptable psychological support service to patients during these challenging times. Counselling was offered remotely through video and telephone sessions and these have become part of a toolkit of approaches in delivering a service that meets peoples' needs.

Digitalised CaPS Service

The CaPS Service started out with physical notes stored in paper form. Counselling notes are not held as part of the main medical notes due to confidentiality and are always held separately, supported by the usual information governance regulations. CaPS is now operating with digital notes, with all notes and information stored securely on a service shared drive. This has reduced use of resources such as ink, paper, envelopes, post, etc. as well as a safer system for storage of notes, with more control over accessibility etc.

Following input from the HDdUHB Information Governance Team an application has been submitted to adopt CITO (IT programme) to further develop and secure service information systems.

Development of Group work - CaPS/ CISS (Cancer Information and Support Service) collaboration

A pilot CaPS group collaborating with the third sector organisation HAHAV (Aberystwyth) was undertaken in 2023. The pilot was positive and received an “excellent” rating in feedback, with comments that it was “very supportive,” “very helpful” and “good to share experience with others”. Further development of CaPS and CISS support Groups is underway- aiming to provide high quality therapeutic support, integrated with access to support around common practical concerns such as financial and work issues, relationship, childcare concerns etc.

Further groups planned for June/ July 2025. Initial pilot site: Carmarthen with patient group, with an appetite to implement across the other two counties within Pembrokeshire and Ceredigion.

There is also an opportunity for the CaPS Service to work in partnership with *Arts in Health* to develop a group that utilises the arts for expression; this intervention could be particularly powerful with identified cohorts, such as head and neck cancer patients that experience communication challenges. This lends itself to a potential opportunity to conduct some research in this area.

Integration of CaPS within Cancer Services, and other stakeholders

CaPS has established itself well amongst other services within the HDdUHB, continuing to strengthen strong working relationships with the CISS, Cancer Therapies Team, HDdUHB tumour site teams, and other healthcare professionals within regional cancer teams hosted by other health boards (e.g. Teenage and Young Adults and the Hepatocellular Cancer regional teams both hosted by Cardiff and Vale University Health Board. The service strives for partnership working to ensure best supportive, individualised care that optimises health and wellbeing for our patients (alongside their carers).

3.6 Exit strategy (for revenue expenditure requests):

Please tell us if, and how, the funded project will continue or has continued beyond the end of the time-limited period of charitable funding. If this project will not continue, please tell us how the project will or has been brought to a close.

This service was included in the 2024 Annual Plan submission for Cancer Services and as of April 2025 will be part of core services and 100% mainstream funded.

3.7 Other:

Please provide any other relevant information about your funding award and its delivery that you would like to share with us.

December 2024 CaPS Service successfully achieved Investors in Carers Bronze Award.

The Lead Cancer Nurse, Gina Beard was awarded an MBE in the 2024 Kings New Honours list for services to cancer nursing with heavy reference in the submission to the establishment of CaPS within HDdUHB.

Section 4: Expenditure

4.1 Expenditure breakdown:

Please provide a breakdown of all expenditure associated with the funding awarded that has been incurred to date.			
Item/Category	Budget (£)	Actual (£)	% Variance <i>budget vs actual</i>
Pay	220,000	220,000	0%
Non- pay	8,000	8,000	
Totals	228,000 over three year period	228,000 over three year period	0%

4.2 Outstanding expenditure:
For mid-term evaluation reports, please provide a summary of outstanding expenditure and discuss whether predicted future expenditure is on track:
N/A

Section 5: Authorisation

5.1 Evaluation report prepared by:		
Contact name:	Job title:	Date:
Gina Beard	Lead Cancer Nurse	3 March 2025
5.2 Evaluation report authorised by:		
Contact name:	Job title:	Date authorised:
Gareth Cottrell	Deputy Chief Operating Officer	4 March 2025

For Charitable Funds Finance Department

Finance review:		
I confirm that I have reviewed this report and that the expenditure incurred to date is an accurate reflection of the project spend.		
Contact name:	Job title:	Date reviewed:
Tracy Davies	Deputy Head of Financial Accounting & Statutory Reporting	6 March 2025

Please return completed form via email to:

CharitableFundsFinance.HDd@wales.nhs.uk

or via internal mail to:

Charitable Funds Support Officer
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