

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:	"Heads Up!" Initiative – Cancer Services Hair Loss Support
2.2 Application reference:	n/a
2.3 Date approved by CFSC/CFC:	26 September 2023
2.4 Value of funding approved:	£115,500
2.5 Project start date:	1 January 2024
2.6 Project end date/ estimated completion date:	31 December 2025

Reporting period:

2.7 Please indicate the period this evaluation report relates to?

Mid-term:	<input checked="" type="checkbox"/>	End of funding:	<input type="checkbox"/>
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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 £165,000 of cancer services charitable funds to provide an expert, person centred, holistic hair loss service for patients. This service brings together healthcare professionals and haircare professionals from our local communities to empower patients with the knowledge and products they need to manage their hair loss journey with dignity and choice

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.

Patient Services

Patients have accessed services within hospital settings, at salons, in their own homes (via outreach) and within the community. Services have included:

- **In - hospital hair loss services:** consultations, hairdressing services, practical sessions (e.g. wearing wig well, headwear), trolley service of free hair loss items (e.g. headwear, eyelashes). On average three in-hospital sessions are provided every week. In person services are available at Withybush Hospital (WGH), Glangwili Hospital (GGH) and Prince Philip Hospital (PPH). (Remote services are available to patients from Bronglais Hospital (BGH) while new cancer unit under construction).
- **In salons** – Heads Up specially trained local hairdressers have been providing cuts, colours, wig trims and consultations (e.g. scalp cooling hair care adjustment)
- **At home** - outreach services including online sessions, telephone consultations, free packs sent to home and E-consultations, have served those who are not available for an in-hospital service.
- **Signposting** - one key element of the services is being able to signpost patients to appropriate, local support. For example, explaining to them how the wig referral system works and what to expect is a key part of many consultations. Patients who use scalp cooling have access to scalp cooling booklets and relevant online support. Patients appreciate reliable and trustworthy signposting.
- **Patient packs** - nurses have reported how supported patients feel to be provided with FREE, good quality, appropriate hair loss item such as a scarf, eyelashes, wig cap etc

Photos: Patients attend hair loss workshops (patient consent gained for photographs) and the 'Heads Up' hair loss trolley makes its way round hospitals every week. Supplying patients with practical ideas, a trained expert hairdresser to talk to and free hair loss packs.



Cultivating the hairdressing community to deliver supportive free hairdressing services

Hairdressers have joined us at community events, in-hospitals and at education sessions to upscale their knowledge in Chemotherapy Induced Alopecia and related hairdressing services. Cultivating the local hairdressing community is an essential part of making sure that patients can access free, specialist services. The project is building a community of 'Head's Up' hairdressers.



Photo: Some of the hairdressers who have attended training at an education event at John Burns Centre, Kidwelly

"Now when a patient comes to me I know that I am providing them with the best advice. I've always wanted to give something back to the community and I am very proud to be a hairdresser involved with Head's Up" (hairdresser feedback)

Healthcare Professional Training

Nurses and healthcare professionals have received training and education around chemo related hair loss



"I didn't know what I didn't know!" (Nurse feedback following education event)

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.

The following key themes are seen through patient feedback

- Increased self-esteem - patients feel better able to cope with hair loss after a consultation.
- Being heard - patients value having a trained professional to hear their concerns.
- Learning new skills and ideas - learning how to tie a scarf, put on false lashes or adjust hair due to hair thinning are all part of the patient experience.

- Feeling supported - on a regular basis patients praise the hospital (Hywel Dda University Health Board) for providing a holistic service that they did not expect.
- Patients not limited by personal, financial restraints - patients are delighted and surprised to receive free headwear items and hairdressing services.

Impacting the local community

- Local hairdressers have received training and education, improving the availability of good evidence based support for patients in high street businesses.
- Two local hairdressers (Rhiannon and Amanda) employed by the service (via host charity “Cancer Haircare”) to provide local expertise and training, supporting the local economy.
- Local community has caught the vision and raised the awareness of ‘Heads Up’.
- Local Knit and Natter Group knit hair loss dolls to provide to patients who need to have conversations about hair loss with children
"These dolls are such a good idea. I could not believe it when the hairdresser gave me one. She also told me that some local ladies had knitted them. Heartwarming moments during hair loss and chemo where not expected" (patient feedback)

Photos:

- Local hairdressers wear fun wigs to work to raise awareness of ‘Heads Up’ Service
- Local volunteers from Knit and Natter Group
- Amanda and Rhiannon – two local core ‘Heads Up’ Hairdressers



Impacting Hair Loss support across the nation

HDdUHB is currently the only health board in Wales to provide holistic hair loss support to people experiencing hair loss due to cancer treatment. During 2024, there was an all Wales working group to support a new tender for NHS wig provision. HDdUHB Lead Cancer Nurse, being part of this working group, introduced the group to the wider patient quality and experience aspects of wig selection and patient support that the ‘Heads Up’ service highlights and there is now a mandatory training and education session for all Welsh businesses seeking to achieve the tender for NHS wig supply, impacting the quality of care for patients across the nation.

Inclusion

Reaching individuals who may have specific needs around hair loss support has been a vital part of the project. Nurses, hairdressers and patients are educated and made aware of inclusive approaches. For example:

- Free afro fringes, handmade by volunteers.
- Availability of Afro wig suppliers.
- Education regarding the specific needs of people with afro hair who experience hair loss, use scalp cooling etc.
- Education around cultural issues around hair loss, bespoke hijabs suitable for women who have lost their hair.
- Specific support and education around the issues men may have regarding hair loss, facial hair loss etc.

Photos:

- Two of the project hairdressers discuss afro hair wigs and men's services
- Hairdressers learning about afro hair wig supply in Wales
- Modest headwear such as Hijab's suitable for hair loss



“ I hadn’t ever thought about how people with afro hair might feel if a wig wasn’t offered that included their hair type. I think every hairdresser should do this training.” (Hairdresser feedback)

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.

Total number of patients (or number of services) receiving specialist hair loss services. Including hairdressing, wig services, consultations, information, support, attending any service related to hair loss. Services might be in person or remote (virtual workshop or consultation) e.g. via help desk (phone call) – 639

Breakdown

- Co-create & support group sessions (group/ patient input online and in person for co-creation) – 97.
- Outreach and face to face hair loss support packs provided including headwear, lashes,

etc. sent via post and distributed by nurses and allocated support network – **689**.

- Patients receiving printed support resources (including sign posting to support network) – **1600**.

Total number of patient touchpoints: 3025

- Number of nurses and health care professionals reached with education and training to further support patient– **58**.
- Number of hairdressers reached with education and training to offer local hair loss support - **50**.

3.4 Evaluation methods:

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

The service has been evaluated in the following ways:

- Activity and services are logged onto a weekly log sheet.
- Patients, health care professionals, hairdressers give feedback via feedback forms and consultations.
- Regular review meetings are held with Oncology Senior Nurse Manager and Oncology Coordinator to ensure there are no operational issues, concerns or feedback.
- Workshops and engagement events have been held involving patients, healthcare professionals and local hairdressers, to ensure that as the service is co-created it is responsive to the needs of those it seeks to serve.
- Patients have helped to select new items of headwear for their free packs, given feedback on services and shared their experiences and insights.

“You have helped me so much this year, especially Rhiannon on her visits to the chemo unit at Glangwili Hospital and provided me with headwear. Also Valerie, who phoned me and gave me lots of valuable information about hair care, skin care and nutrition.” (Patient feedback)

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 value of user involvement

‘Heads Up’ began with a sense of “we could do this better” from the nursing teams in the Cancer Treatment units in HDdUHB. It was important to ensure that our senses were, however, in line with the patients’ thoughts and needs and therefore a baseline patient experience survey was shared with patients, resulting in 66 responses received. The results confirmed that patients did not feel supported with good information during their hair loss journey.

Examples of baseline patient feedback:

“It is very distressing to lose your hair because you stop looking like you, yet another part of you has to let go of. My kids did not want me to cut my hair off. I had no information about how to cover up lashes and eyebrow loss and that has been quite distressing too.”

“I used my own hairdresser and made my own decision to cut my hair shorter. No information was provided. Who would have provided this?”

Throughout the first year of the ‘Heads Up’ Project there has been a continued focus on ensuring we are delivering a service that is in line with what patients need, in addition to the support healthcare professionals and the local hairdressing community need, to best support people experiencing cancer treatment related hair loss. The service remains responsive and

seeks to co-create as it evolves, based on the continued feedback from those who access the services available.

Opportunities to spread and scale

The detail and impact of the 'Heads Up' service has been shared with other cancer teams through the clinical networks that exist across the nation. It has also had an impact on the procurement process across Wales, improving the quality of service provided to people accessing wig provision through local businesses who have gone through the NHS tender process.

The value of partnership

The HDdUHB team knew they wanted to provide a better service but did not have the knowledge or expertise to make the change or deliver what was needed. Finding an existing charity that provides this led to the partnership where Hywel Dda Health Charity (HDHC) was able to fund the local service, with support from the national charity, Cancer Haircare, who were able to deliver the service, expert knowledge base and also an element of match funding. We have also partnered with a local Pembrokeshire charity, Withybush Cancer Day Unit Appeal, who fund the Pembrokeshire element of the service.

Project challenges

The first year of any project brings about challenges. The project team have been creative and dedicated at tackling any issues as and when they arise.

Procurement issues - this was a unique service that required specific procurement management in keeping with NHS contracts, auditing etc. and there was learning for both the cancer team and the procurement team in getting this right.

Staff sickness - as with all services navigating staff sickness has caused issues. However, whenever we have had to cancel a service we have swiftly replaced services with other options. Any missed hospital sessions are re-booked into the schedule.

Patients booking and cancelling - providing a hairdressing service in hospital has proved to be complex. The combination of room availability and hairdresser and patients being well enough to attend is problematic. However, we continue to adapt the services and expand the in community hairdressing services that can be more flexible, at a time and location that best works for the patient.

Staffing - recruiting hairdressers has been more complicated than expected. Hairdressers are initially very interested but upon completing their training and onboarding process some have proved to be unreliable and so we have had to put in clear expectations to ensure patients are not let down and receive the best possible service.

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 initiative is above and beyond what the NHS is funded to provide and due to the current financial climate it is not envisaged that the service could be mainstreamed into NHS exchequer funds following the initial two-year funding period. Cancer services are fortunate to receive significant support from patients, their families and our local communities on an annual basis. The Project Team are keen to develop a fundraising strategy for cancer services across HDdUHB, to ensure that the service can continue to be charitable funded following the initial funding period.

3.7 Other:

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

Not applicable

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>
Q1(including set up costs)		27,360.73	
Q2		13,680.37	
Q3		13,680.37	
Q4		15,058.58	
Totals	115,500	69,780.05	40% budget remaining for year two

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:

Year one spending included set up costs in the first quarter. Therefore, the first year spent 60% of the full two year budget. Quarterly spend for year two will be capped at £16,000 per quarter to remain in budget at the end of the project. This will involve managing activity, number of free packs offered to patients etc. within this budget and will be managed by the project team.

Section 5: Authorisation

5.1 Evaluation report prepared by:

Contact name:	Job title:	Date:
Gina Beard	Lead Cancer Nurse	March 3 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
Finance Department
Ty Gorwel, Building 14
St David's Park, Job's Well Road
Carmarthen SA31 3BB