



The Sara Lee Trust
Charity Number: 1055048

The Sara Lee Trust Service Evaluation Report 2015-16

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The Sara Lee Trust

The Sara Lee Trust is an established charity that aims to significantly improve the quality of life of people living with cancer and other life threatening illnesses (and their carers and family members) in Hastings and Rother (East Sussex), through the provision of free psychological and counselling support, complementary therapies, and therapeutic group support and activities. The Trust directly supports over 600 people a year, providing over 4,000 hours of therapy care.

The Trust is the only provider of this combined range of specialised services in the region, and is also the dedicated provider of these services for St Michael's Hospice (St Leonards on Sea) and The Rye, Winchelsea and District Memorial Hospital (Rye).

The Evaluation Process

The Trust is committed to developing the services it provides to best meet its users' needs. Essential to achieving this core aim is effective and ongoing monitoring and evaluation.

Monitoring is how the Trust measures progress, identifies problems, and makes modifications and interventions accordingly. This is enabled by a number of tools and mechanisms including: bi-monthly performance reports covering referral and appointment activity; significant event monitoring; regular attendance at multidisciplinary team meetings; and the holding of regular meetings of the therapy team, service user group, operational team and Board of Trustees.

Whilst monitoring is an ongoing process, the aim of our annual **evaluation** is to step back, reflect on the year, and learn from our experiences and the information obtained, to make our services more effective and efficient in the longer term. The aim of this report is to summarise the evaluation process for 2015-16, highlight key findings, and communicate the resulting action plan for 2016-17. The action plan will serve as a road map in the ongoing monitoring process for the year ahead, and a benchmark against which to evaluate our progress at the end of the year.

All stakeholders including staff, service users (including family members and carers), volunteers, local partners and the wider local community are actively involved in the monitoring and evaluation processes through a variety of forums, regular events and feedback mechanisms which include:

- Service User Group
- Annual Service User Survey
- Focus group reviews
- Annual Evaluation workshops
- Feedback forms and case studies

Data collected

This report takes account of a wide range of feedback and information from key stakeholders, including patients, their carers and family members, staff, referrers, volunteers, community partners, and regional and national organisations to help evaluate and contextualise our service.



TRUST SERVICE USERS

- Quantitative data on service provision
- Results of annual service user survey
- Feedback from Service User Group (pictured above)
- Complaints/suggestions forms and other feedback
- Individual outcome and monitoring tools (CORE and MYCaW)



THE SARA LEE TRUST

- Referral and appointment activity data
- Therapy team meetings
- Therapy team personal development plans
- Operational and strategic meetings



LOCAL HEALTH AND SOCIAL CARE PROFESSIONALS

- Survey of local referrers
- Multidisciplinary team meetings
- Letters of support from local referrers
- GP and Secondary care activity data
- Local partner service feedback



THE WIDER COMMUNITY

- Feedback back from volunteers, local community groups and organisations including 1066 Pink Ladies, The Pelham, The Heart of Sidley, Sidley Surgery, local church organisations and traders
- Open forums at visioning events (inc. the Trust AGM)



REGIONAL & NATIONAL DATA

- Learning from South East Counsellors in Palliative Care Group and the National Association of Complementary Therapists in Hospice and Palliative Care (NACTHPC)
- ONS Data
- Public Health Statistics (Local area indices of deprivation)

How this information was evaluated and used

Quantitative data on service provision was compared to that of previous years to measure growth year-on-year, and track themes and patterns relating to seasonal and other variations. Data from the service user survey and the referrers' survey, along with other feedback from service users, stake holders and community groups, was analysed to highlight key areas of achievement and areas for improvement.

These findings were shared with the Service User Group, Trust therapy and operational teams, and Board of Trustees. Recommendations for improvement and development were collated through these discussions by the Trust CEO and Lead Therapist, resulting in a Trust Action Plan which identifies the areas of learning and plans for improvement, and also highlights areas of best practice to support internal development and recognise good performance.

The Trust Action Plan was ultimately presented at the Trust's AGM and made publicly available via our website. Where appropriate, specific highlights and action points were shared with service partners and colleagues, in the interests of promoting best practice and improving partnership working. This included sharing findings and developing plans through the following forums, initiatives and channels:

- 2016 Meeting of the Forum for South East Counsellors in Palliative Care, which the Trust hosted and chaired
- The Trust's bi-monthly newsletter, sent to various stakeholders including local healthcare professionals and Trust volunteers
- Regular meetings with the Hospice multidisciplinary team to explore ways of working in partnership to develop group activities and other opportunities
- Local Reference Group meeting for the University of Birmingham's research study on community hospitals
- Planning of the Rye Hospital Day Care Centre

Limitations of the evaluation

Our evaluation is conducted internally, using the limited resources of the existing team, and the limited reporting capabilities of our in-house clinical database. We have improved our ability to capture meaningful feedback by introducing comprehensive, anonymous online surveys (paper copies are available to those without internet access). The results of these, combined with letters of support and feedback from service users and other stakeholders, provide a wealth of information indicating where we are performing well and where there is room for improvement.

However, there are significant barriers to obtaining additional feedback that would further detail our service user experience. Foremost is the fact that many of the people we support have a terminal prognosis and are therefore receiving our support very close to the point of death, making evaluating their experience inappropriate or impossible. Participant mistrust regarding data collection, and literacy levels are also factors limiting the effectiveness of our current evaluation methods.

Aspirations for enhanced evaluation

Funding permitting, our evaluation process would be further improved by:

- An external evaluation process (conducted by an independent expert in health and wellbeing project evaluation) incorporating a Cost Benefit Analysis and in depth interviews with a representative range of service users and other stake holders
- Improved clinical software
- Full analysis of individual outcome evaluations (CORE 34 and MYCaW) with reference to the results of comparable organisations

The Year in Review

2015-16 was an exceptionally challenging year for the Trust, but one of great learning. Early in the financial year we started work on refurbishing our therapy rooms. Feedback from the previous year had confirmed that they needed a complete overhaul. We reopened them at the beginning of June and at around the same time, introduced two new volunteer therapists to the team, increasing our capacity, with a particular emphasis on providing therapy in the home for the growing number of patients unable to travel to us for their appointments.

After this positive start we were struck by disaster. St. Michael's Hospice, where our offices and two of our therapy rooms are based, was hit by a devastating and fatal fire. Patients were evacuated in the middle of the night, and the Trust, along with other services, worked to support patients and family members in the aftermath. Temporary hospice services were set up in a local nursing home and run there for the next 14 months while rebuilding work took place. Despite having minimal control over our environment, we worked to provide our full range of services from various temporary locations and increased our home visit service. Referrals continued to increase and despite the challenges faced, we increased our overall provision by 13% on the previous year. During this time, we also extended our evening and weekend support.

Despite the demanding nature of their work, and the personal impact of the trauma, we did not lose a single member of the 14-strong team of therapists during this time. They worked flexibly and tirelessly to ensure that psychological and complementary therapies were provided to local people in need wherever they were. This reinforced the importance of using fully qualified and experienced therapists, and providing them with regular clinical supervision, training and support.

Providing therapy in different locations resulted in some people accessing our services who said they would not have been comfortable going to the hospice for their appointments. As we increased our home visit service we also found that we were getting more referrals for residents in the Bexhill/Sidley area, confirming feedback from previous service user reviews and community consultations that having to travel to St Leonards or Rye for services was a barrier to accessing care for many potential beneficiaries in Bexhill and West Rother.

We conducted a targeted survey to further substantiate this finding, asking referrers and service users from the Bexhill/Sidley area how the location of our services impacted on their accessibility. The response was unequivocal: they said that travelling to access services exacerbated pain and suffering, was prohibitively expensive, and for many it compromised independence, as it resulted in their needing to be accompanied by a carer/s. 100% of the referrers who completed a survey said that some of their patients did not access our services because it was too upsetting to visit a hospice for therapy. The overwhelming majority of respondents felt that a dedicated therapy centre in Sidley would not only be beneficial for people living with life-threatening illness but also for the wider community. These findings galvanised our intention to expand our services to provide more local support to people in West Rother, through the development of a dedicated therapy centre in Sidley.

Speaking to local community groups and funders, the need for these services became more and more pronounced, and was recognised by the local CCG who funded a one-off 12-month post to develop referral pathways for psychological support for Sidley residents, as part of their wider initiative to address severe health inequalities in the area. This role is now undertaking the initial work needed to develop successful long term local psychological support services.

Our experiences of working across temporary locations over the last year, and the research that we undertook, combined with previous researching findings, have helped refine our priorities. These are to provide local services delivered by a team of fully qualified and experienced therapists, who can work flexibly to meet individual need, in the right place, at the right time. These priorities inform and guide us as we move into the new financial year.

Other significant achievements during the year

Awareness and promotion. The provision of information on Trust services has been significantly improved over the last financial year with dedicated service-based leaflets and information boards now widely available across all Trust and Trading operations. Improved local awareness of our services has been supported by a series of events and talks held throughout the year.

Access to services. Referral to our services is now possible through the local Clinical Commissioning Group (CCG) clinical referral portal called DXS which is used by local GPs and other Health Professionals, and is integrated with various clinical systems

Development of local services. The freehold to premises in Sidley, Bexhill was secured for the development of a Trust therapy centre. Subject to funding, the centre will provide a full range of services to local people.

Scope of Services. In partnership with St Michael's Hospice, the following new services have been developed:

- Cognitive Behavioural Therapy (CBT)
- Breathlessness and Fatigue Clinic
- Volunteer hand massage supported by Trust training

Team Training, Support and Improved Awareness. A regular Staff Development Day has been introduced to help team members and supporters improve their knowledge of the history and vision of The Sara Lee Trust; to understand how people may be impacted by a life-threatening illness and how the Trust can support them. The Development Day also aims to build confidence in talking about illness and dying when dealing with the people we support.

A Day In The Life of The Sara Lee Trust Services 2015-16

A typical day of services provided by the Sara Lee Trust:

08.00-12.00	<p>Kerry, counsellor and Lead Therapist, sees a young woman who is struggling to come to terms with the news that her husband's cancerous tumour is inoperable. As she is working full-time to support their young family, an early appointment that fits around her work is essential.</p> <p>Afterwards Kerry attends the weekly hospice multidisciplinary team meeting where she learns about a patient who has just been admitted to the hospice for end-of-life care. The team are particularly concerned about the patient's psychological anguish. Kerry introduces herself to the patient after the meeting and provides counselling at the bedside.</p>
09.30-15.30	<p>Gaynor, an aromatherapist, sees patients for aromatherapy massage. Three of these are patients who are well enough to attend appointments in our therapy room, one is a hospice inpatient who she sees in their room. Gaynor helps these patients with a range of side effects and symptoms including nausea, insomnia, constipation and pain. The daughter of a man who is in the last days of his life comes to the therapy room for some respite. She says that for the first time in weeks she is able to relax.</p>
10.30-12.30	<p>The weekly drop-in group for patients takes place in Powdermill Woods, Battle, facilitated by psychotherapist, Deborah. In the summer the group takes place in a yurt, but in the colder months the log cabin is used. Today the group discusses the impact of their illness on close relationships. They take comfort from sharing and offer tips for coping with the various stages of the treatment they are going through. At the end of the group session they take a short walk in the woods, reflecting on the changing seasons.</p>
13.00-17.00	<p>Amanda, a community complementary therapist, visits three patients in their homes. Two of them have chosen to die at home and the reflexology that Amanda provides helps them to relax and cope with symptoms and the side effects of their medication. The third patient has restricted mobility, no family and is very isolated; she says that the visit from Amanda is her highlight of the week.</p>
15.00-19.00	<p>Joe, a counsellor, sees three clients today, two of whom require home visits. His last appointment of the day is with the father of a recently diagnosed patient. He appreciates being able to see Joe after he finishes his working day, and says he would not get the support he needs if it wasn't available out of hours.</p>
18.00-20.00	<p>Annette, a volunteer massage therapist, provides therapy on the hospice wards. Patients particularly appreciate receiving a relaxing massage in the evening to help with insomnia and other sleep problems.</p>

Services Delivered

In the 2015-16 financial year the Trust provided 3,382 hours of therapy and activities, a 13% increase on the last financial year. St Michael's Hospice inpatient numbers decreased dramatically in the months immediately after the fire, and thereafter were limited by the reduced number of beds at the temporary inpatient unit. This is reflected in the reduced provision of therapy on the ward, and in the increase in home visits.

Current range of therapies and activities provided

Counselling, Psychotherapy and Cognitive Behavioural Therapy (CBT)

A life-threatening illness can affect a person's life in many ways, including how they relate to others, feel about life, and think about the future. One-to-one counselling and psychotherapy can help support patients with the psychological and emotional impact of their illness and treatment. Cognitive behavioural therapy (CBT) can be particularly effective for those experiencing symptoms with a psychological component, such as breathlessness or insomnia. Family members and carers can also benefit from support, helping them cope with the mental and psychological impact when a loved one has a life-threatening diagnosis, and come to terms with the prospect of bereavement when their prognosis is palliative.

Complementary Therapies

Our range of therapies can help with pain, stress and sleeplessness, and reduce some of the side effects of medical treatment. Therapies provided include:

- **Aromatherapy** - a therapy that uses essential oils extracted from plants for their therapeutic effect. The oils are carefully blended for each individual, and used in gentle massage.
- **Reflexology** - a therapy based on the principle that reflexes on the feet and the hands correspond to different parts of the body. Massaging these reflexes in a special way can help reduce some side effects and symptoms.
- **Shiatsu** - during a Shiatsu massage the body is gently manipulated using palm and fingertip pressure in flowing movements. This therapy is performed through clothing.
- **Acupuncture** - a traditional Chinese practice using very thin needles inserted through the skin at certain points on the body.
- **Craniosacral therapy** - a highly developed sense of touch is used, mainly on the head and tailbone, to gently sense and respond to the movement of cerebrospinal fluid in the body, to encourage healing.

Therapeutic Group Activities

- Our weekly group, **Natural Rhythms**, combines group support and creative therapy in a natural setting. The group is sensitively facilitated to encourage sharing and group work.
- Once a month, a small group of people with life-threatening illnesses join facilitators and therapists for a **Sanctuary Day**. These days are designed to create a safe space within natural settings for individual and group support. Complementary therapies are available during the day, and transport and lunch are provided.

Hours of therapy and activities provided

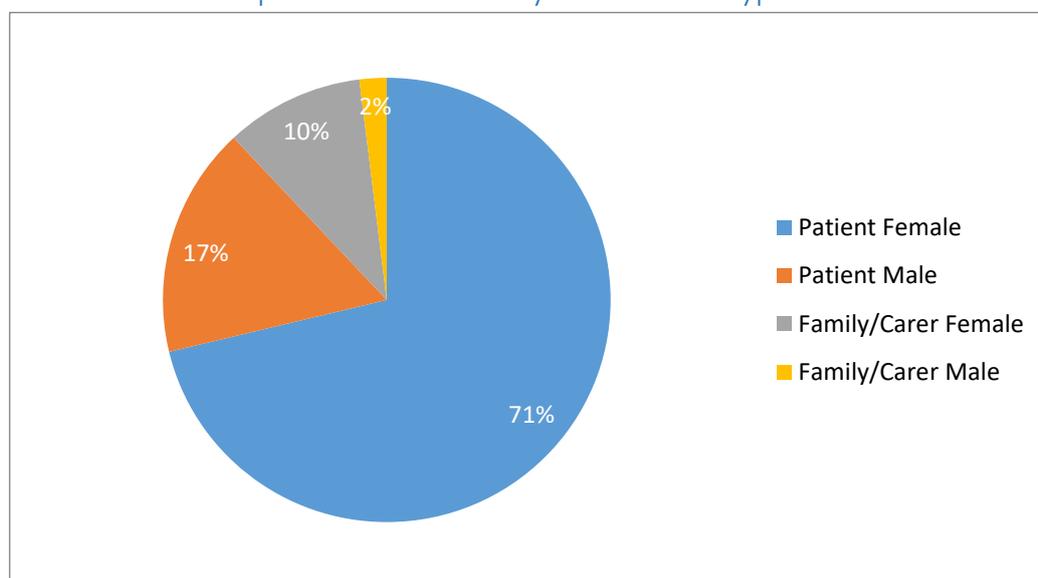
Therapy/activity	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Total
Counselling	61	72	81	49	74	66	75	63	85	77	65	79	847
Aromatherapy	58	64	44	66	81	56	78	68	69	27	68	69	749
Reflexology	42	53	53	27	46	49	66	44	55	55	63	41	594
Monthly group day	48	36	48		60	36	36	42	30	48	42	30	456
Weekly drop in group	10	62	58	10	44	26	28	38	26	18	44	48	412
Shiatsu	21	9	22	5	9	24	6	9	8	16	13	9	151
Craniosacral		3	9	11	3	13	12	10	16	24			101
Acupuncture	5	5	3		3	6	9	4	7	5	9	2	58
Cognitive Behavioural Therapy*								5		5	2	2	13
Relax & Visualisation	2												2
Total	247	303	318	168	320	275	310	283	296	275	306	279	3382

*The CBT service was introduced in December 2015

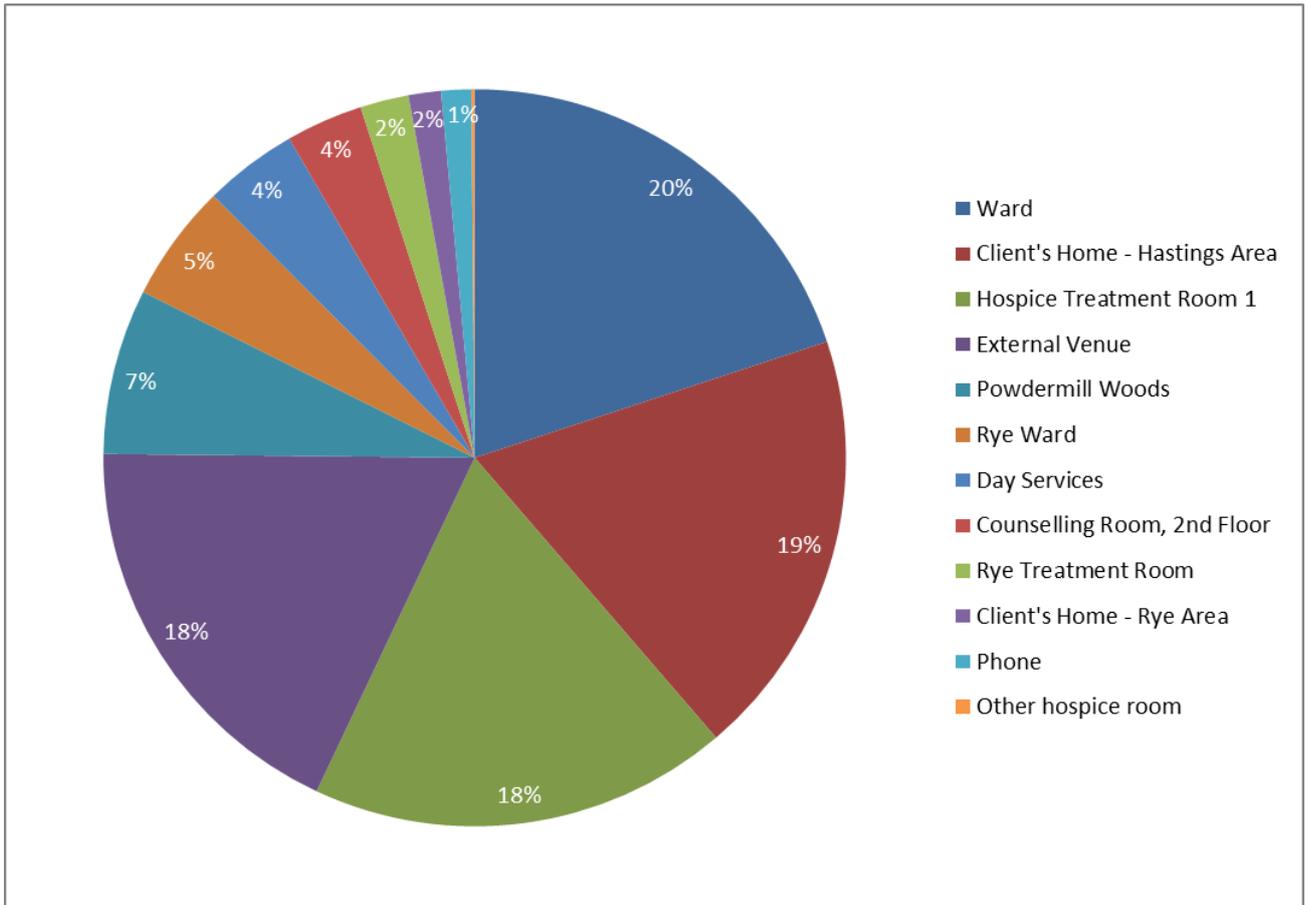
Referrals received

Referrer	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Total
Inpatient unit staff	27	40	26	34	19	24	30	25	33	24	15	21	318
Community nurse specialist	4	8	9	14	14	18	11	7	12	19	16	8	140
Nurse specialist	6	13	9	6	6	15	8	4	8	7	10	9	101
Hospice and home staff	1	4	1		1		1	2	7	6	5	8	36
GP	2	8	2	2	2	4	7	2		2	2	1	34
Other				1	2	4	9	3	1	5	5	1	31
Day services			4	1	5	1	2	5	1	2	3	5	29
Trust therapist				3	2	4	2	1	2	5	4	1	26
District nurse					2	1					2		5
Total	40	77	51	66	50	69	72	46	68	72	59	50	720

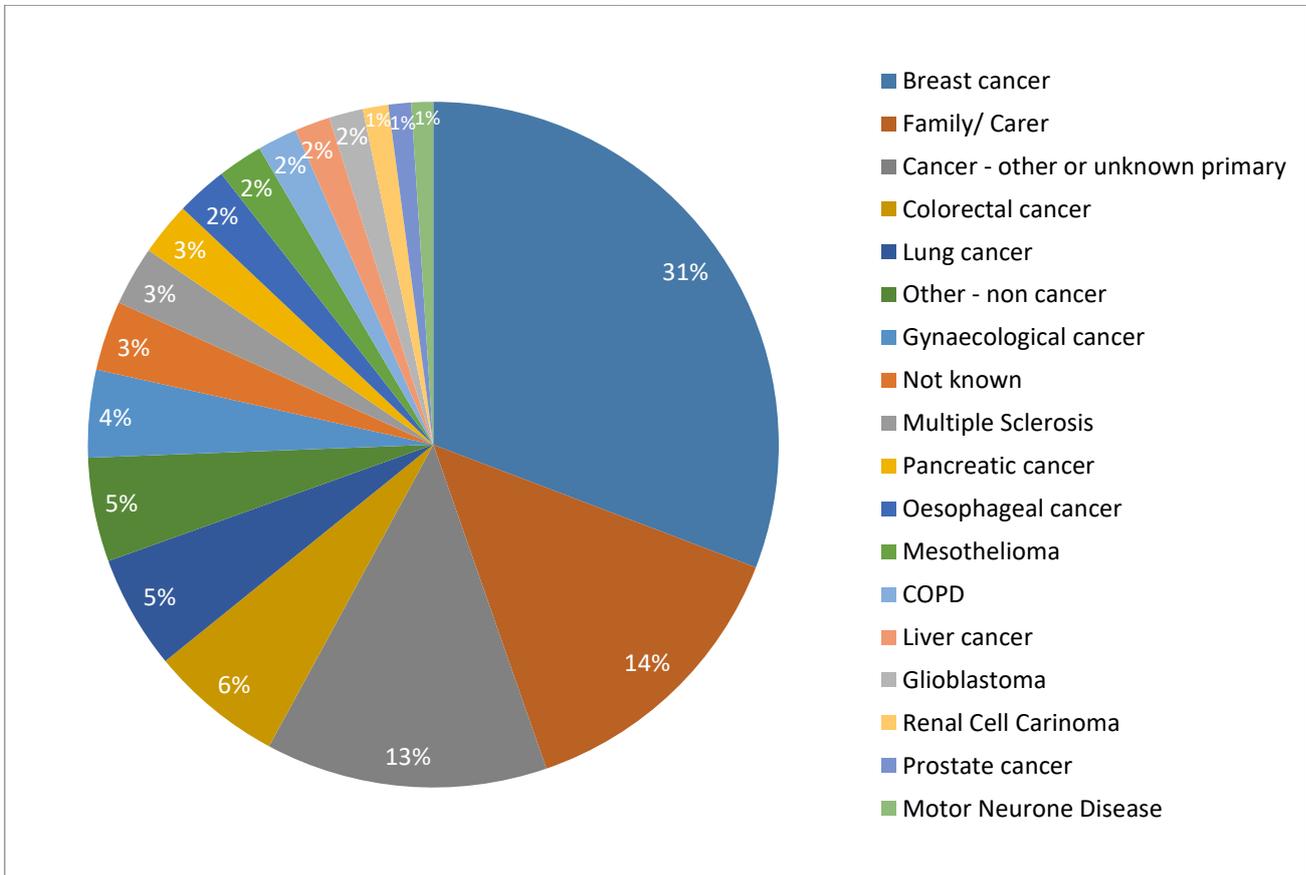
Provision of therapies and activities by service user type



Location of treatments and activities



Provision of treatments and activities by diagnosis



Service User Views

The Trust has an established process for engaging service user views on its services and care, with a comprehensive survey being undertaken annually during May and June. The form and content of the Service User Survey is reviewed and agreed on an annual basis in partnership with the Trust Service User Group (SUG).

Data collection and analysis

The survey is hosted and completed online using SurveyMonkey, an off-the-shelf interactive software provider. Aggregation of data and the provision of detailed analytical reports are provided as standard by the provider. Access links are circulated to service users electronically with paper copies being made available from Trust officers or upon request.

To ensure the survey is representative, the Trust requires a minimum of 10% of its service users to complete and return the annual survey. This is a challenging target given the acute ill health and short prognosis of many of the people we support.

2015-16 Survey findings

Awareness of our services

75% of respondents were guided to our services by a health professional

Only 5% became aware of our services through our retail outlets, fundraising or promotional activities

Only 55% were aware of our full range of services

Related service user comments:

"It would be helpful if medical staff provided leaflet/directed to website at time of diagnosis."

"I think you could have more publicity at the Conquest and Doctor's surgery."

"Maybe a printed leaflet about what happens on Sanctuary Days would be good."

Accessing our services

40% had to travel 5 miles and over to use our services with many finding the journey difficult and stressful.

75% stated that they would be more likely to access care if it was provided locally.

53% of people were referred within 2 weeks of needing our support although 20% had to wait for more than 2 months.

78% felt they were seen as soon as was necessary, but 8% felt they should have been seen sooner.

78% were offered an appointment within 2 weeks of referral, 19% had to wait for 2 weeks or more.

Related service user comments:

"Accessibility OK by car but not public transport from Bexhill."

"I was amazed at how quickly they were able to help me."

Our care

Respondents felt their initial experience with the Trust was supportive (99%), informative (97%), helpful (99%) and easy to access (93%).

87% rated appointment scheduling as 'Good', 77% rated telephone support as 'Good'.

Online information was rated 'Good' by 58%, printed information was rated 'Good' by 74%.

Our therapists were described as supportive (97%), caring (99%), informative (97%), helpful (97%) and knowledgeable (93%).

86% were aware of how to access further care if they felt it was needed.

More than 75% felt that the Trust model of therapy support of 6 initial sessions and further support depending on individual need was "the right amount".

The level of counselling support depends on individual need. Over 80% felt that more than 7 sessions was "the right amount".

Related service user comments:

"From the initial contact...everyone was so pleasant and supportive and nothing was too much trouble."

"Only compromised because of the fire at the Hospice."

"I felt like me and not a person with cancer."

"My counsellor has made a huge positive impact on my life and really helped clarify my thoughts and identify positive steps I've taken in my life whilst on treatment."

"Everyone I saw helped me through my journey, it lifted my mood and recovery."

"We thank you for not sticking to six sessions and then referring us on, the fact that the care we have had has been flexible to our needs rather than to a standard has benefitted us greatly."

"...it enabled me and my family to communicate and find a way to deal with and accept what we were all going through."

"Having cancer can be an extremely disempowering experience, the charity has enabled me to feel more in control of my life and valued my individual experience of dealing with cancer."

Impact of our care:

50% of patients felt our support would reduce their use of other health services including GP appointments and mental health services.

Related service user comments:

"Acupuncture has helped to bring some of the feeling back in my arm after breast surgery."

"Craniosacral therapy helped manage side effects of chemotherapy."

"...invaluable services to the local community."

"My only regret is that I didn't use [the services] at an early stage, as I feel it would of helped my mental state."

Facilities:

Over 15% of patients felt that the therapy facilities at Hastings Court could be improved, with noise being a major factor.

There was also minor "room for improvement" regarding environment, comfort and accessibility at some of our other venues.

Related service user comments:

"Not enough disabled parking spaces."

“Just felt I didn’t like going to the hospice.”

“At this stage in my illness I need the premises to be on the ground floor.”

Developing our care:

Respondents said that the development of a Sidley Therapy Centre would be good for the local community, with the majority saying it would result in local people being more likely to access services.

Respondents wanted to see more group support and activities offered by the Trust, and identified the following gaps in our services provision:

- Gentle exercise and yoga classes (40%)
- Mindfulness groups (30%)
- Additional support groups (36%)
- Information sessions (including healthy eating) (27%)

Summary of key themes from comments and suggestions:

People wanted our services to be available at locations other than those currently available, with a focus on developing a much needed therapy centre and services in the Sidley area.

People were generally very satisfied with the care they received and felt that it impacted positively on their health and well-being.

Information on our services could be improved and it should be easier to access.

Care should continue to be centred around the needs of the individual rather than having a set number of sessions / appointments.

Feedback from other Stakeholders

A number of health and social care professionals depend on our service to provide essential care and support to the patients in their care. This year many referrers and other stakeholders have spoken out in support of appeals for funding and the proposed development of a therapy centre in Sidley to address severe local health inequalities:

Huw Merriman MP, Member of Parliament for Bexhill and Battle (July 2016)

"I am writing to put my full support behind the Sara Lee Trust's [...] development of a Therapy Centre in Sidley, Bexhill.

There are many local organisations that perform outstanding work in the Rother Community and I would not normally lend support to one over another. However, I strongly believe that the work carried out by the Sara Lee Trust to support local people with cancer is exceptional and absolutely necessary.

I am very aware of the health inequalities in our area through my regular meeting with Hastings and Rother Clinical Commissioning Group. Bexhill Sidley is the most deprived ward in Rother and is amongst the 10% most deprived wards in East Sussex. It is essential that these are addressed to help reduce the burden on our local GP practices and acute hospitals. The GP practice in Sidley is already under great strain and has closed its patient list to new patients until December 2016. The new therapy centre in Sidley will help and support local health provision by improving access to its services and provide care and support to the local population. There are no other providers of these services to cancer patients in our area, either privately or publicly funded.

I consider that counselling and therapy services for cancer patients are as important as the clinical treatment they receive."

Dr Rebecca Akroyd, MBBS, MRCP (UK), Speciality Doctor in Palliative Care (February 2016)

"The Trust has a long relationship with St Michael's Hospice and provides an indispensable resource for the psychological and emotional care of our patients. I regularly refer patients, their families, and their carers for counselling. Despite an increasing demand for this service, I have never had to wait more than a week after referral for a patient to be seen, and when I have requested urgent support for patients in distress, or for family members traumatized by a precipitous admission, deterioration in a loved one or a sudden death, they have been seen within the day.

Kerry Evans, who manages the service and provides counselling, attends our weekly inpatient multidisciplinary team meeting and makes a valued contribution to the decisions around, and delivery of, the psychosocial care of our inpatients. She also provides an on-going link with some of our vulnerable patients, after discharge from the hospice, by seeing them for counselling at home.

I, and colleagues working with palliative patients in the community and in Day Services, also benefit from the opportunity to refer outpatients for counselling with qualified, experienced practitioners. The home visit service that the Trust is able to provide is truly excellent, and allows patients, families and carers who are too unwell to travel, unable to leave a loved one for a prolonged period, or who wish to die at home to access this excellent support at one of the most challenging points of their lives."

Local Nurse Specialists (Anita Blackford, Colorectal CNS; Sarah Browning, Community Specialist Macmillan Palliative Care CNS; Gill Butcher, Macmillan Lung Cancer CNS; Maxine Clist, Community Specialist Macmillan Palliative Care CNS; Annette Rumbold, Macmillan Haematology CNS; Millie Shapter, Community Specialist Macmillan Palliative Care CNS; Lucy Thomas, Macmillan Lung Cancer CNS; Juliette Twyman, Macmillan Breast CNS) (February 2016)

"We have been impressed by the consistently high standard of care provided by The Sara Lee Trust, and receive excellent feedback on their Sanctuary Days and weekly drop in group.

The need for psychological support and holistic care is growing and we would like to see greater availability of these services, particularly in the harder to reach communities where social and economic barriers prevent vulnerable cancer patients accessing support. The new community services proposed by the Trust would help to address these barriers by reducing the need to travel and building key links in the local GP surgeries and communities."

Anonymous patient (June 2015)

"18 months ago I was in a very dark place. Following the diagnosis of breast cancer, a mastectomy and lymph node clearance, various complications arising from the surgery and then radiotherapy I was struggling to cope and found myself on the very edge emotionally and psychologically. Had I not found the Sara Lee Trust at that point, I feel sure that I would have ended up in a psychiatric unit.

My GP was very sympathetic and understanding but the only counselling services available through the NHS entailed a long wait and would inevitably be time-limited. I looked around locally for alternatives and found The Sara Lee Trust. My GP made the referral and within 2 weeks I had my first counselling appointment with Joy Oakley. Initially I was seeing Joy on a weekly basis, and over time as I started to feel stronger and better able to cope, this gradually reduced.

As well as being a wonderfully skilful and empathic counsellor, Joy is incredibly flexible. On one occasion when I was feeling particularly desperate I called Joy to make an appointment, and, aware of my fragile state, she offered to see me the very next day, which was a Saturday. Whilst it must be highly unusual to find such flexibility in a counselling service, it appears to be par for the course with Joy, who always works to meet the needs of the client, including working at weekends and evenings. On one occasion I had an appointment booked with Joy but, unfortunately, could not attend as I was in hospital. This time Joy came to see me in hospital which, again, shows the flexibility of Sara Lee Trust's counselling service.

Joy also introduced me to the therapeutic groups run by The Sara Lee Trust. Attending these has enabled me to find support from other people in a similar position to myself, and to become more sociable and active. I am certain that without Joy's support and that of the therapeutic groups, I would still be in that very dark place of 18 months ago. With their support I have been able to get through my traumatic experience more independently, without leaning too heavily on my GP, the local hospital, and other primary care services."

Alison Payne, Social Worker at St. Michael's Hospice (November 2015)

"I have always been very impressed with the speed in which the Sara Lee Trust has responded to my referrals. On a couple of occasions the patient/relative was actually seen on the same day of my "please help" request. This is an amazing service and an invaluable source of support to us all.

The Sara Lee Trust is an essential part of the holistic approach available to St Michael's Hospice when caring for people with a life limiting illness. Without this service, I know we would struggle."

2016-17 Service Development Action Plan

The following recommendations were presented to the Board of Trustees in October 2016. These were accepted and approved as formal actions for implementation in 2017.

Access to support and care

- Provide increasingly local and accessible services – develop a Therapy Centre in Sidley, Bexhill.
- Develop fast-track referral process for health professionals to ensure quick referral on diagnosis.
- Establish a quality benchmark for initial contact with newly referred patients: 100% within 2 weeks.

Improving awareness

- Develop awareness of Trust services within local minority groups or groups with particular / significant barriers to access.
- Ensure easy access to high quality, easy to read information leaflets / displays across our retail units and at all fundraising and other events.
- Develop our website information portal and include a library of therapy information leaflets.
- Implement strategy to ensure all local health referrers are aware of our services and have access to information leaflets at point of referral.

Improving continuity of care

- Establish a quality benchmark for access to further care – 100% of service users to be aware of how to access further care if it is required.

Meeting service user need

Develop local service for potential beneficiaries in Sidley.

Improve our ability to support service users through the development of the following services:

- Gentle exercise and yoga classes
- Mindfulness groups
- Additional support groups
- Information sessions (including healthy eating)

Improving the therapy environment

- Develop a purpose-designed and fully DDA-compliant Therapy Centre in Sidley, Bexhill.
- Relocate to purpose-designed therapy and counselling facilities on the ground floor at St Michael's Hospice.
- Review Sanctuary Day venues (ongoing).

Monitoring

The action plan will be monitored monthly with formal reporting to the Board required on a two monthly basis. A full review will be undertaken annually as part of the yearly Trust evaluation process.