



EAST OF ENGLAND SURGERY IN CHILDREN
OPERATIONAL DELIVERY NETWORK

PLAY WELL STANDARDS IN PRACTICE:

REGIONAL ANALYSIS AND HEALTH PLAY SPECIALIST WORKFORCE SURVEY (2025)

COLLABORATIVE WORKING TO IMPROVE PLAY PROVISION AND
WORKFORCE SUSTAINABILITY WITH:

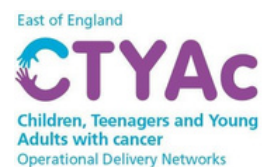


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EXECUTIVE SUMMARY

In 2025, the East of England Surgery in Children Operational Delivery Network (ODN) conducted the region's first comprehensive review of paediatric health play services across 17 acute hospital trusts. The findings reveal that while all trusts provide some form of play support, there are significant and widespread gaps in workforce, service coverage, and policy alignment.

Trusts with HPS Staff Gaps



16 of 17 trusts report significant Health Play Specialist shortages

Community Play Support



85% of sites have no integration of community play staff or community play provision does not exist

Play Policy Standard Met



Only 28.6% of sites fully meet the play policy & advocacy standard

Key Findings:

- **Severe Workforce Shortages:** 16 out of 17 trusts report significant Health Play Specialist (HPS) shortfalls, with most needing 1–3 additional staff to meet recommended standards.
- **Limited Access and Equity:** Play support is inconsistent, with most services available only on weekdays and minimal provision in evenings, weekends, or Emergency Departments. Community play integration is almost non-existent.
- **Policy and Training Gaps:** Fewer than a third of trusts meet the standard for play policy and advocacy. Access to specialist training and career progression for play staff is limited, risking future workforce sustainability.

Strategic Priorities:

1. **Invest in Workforce:** Secure dedicated funding to expand play teams, prioritising high-need areas such as Emergency Departments and out-of-hours cover.
2. **Strengthen Collaboration:** Formalise regional networks to share best practice, support smaller hospitals, and drive consistent service improvement.
3. **Embed Play in Care:** Develop clear policies, deliver targeted training for all staff, and ensure play is recognised as a core component of paediatric care.
4. **Monitor and Advocate:** Track service outcomes and use data to demonstrate the impact of play services on patient experience and clinical outcomes.

Conclusion: Health play services are essential to high-quality paediatric care, but current provision is uneven and under-resourced. Addressing these gaps is a strategic imperative. By acting on these recommendations, the East of England can ensure every child has access to high-quality, therapeutic play support, making hospital experiences as positive and stress-free as possible.

SERVICE PROVISION

The East of England Surgery in Children Operational Delivery Network (EOE SIC ODN) covers 17 paediatric services across the network.

Across the EOE, all 17 services offer some paediatric surgical service. There are two specialist surgical services at NNUH and CUH which offer neonatal and paediatric surgical care. There is a variety of age ranges for surgical intervention in different units. There is no provision within EOE for paediatric cardiac or renal surgery.

The network has one Paediatric Intensive Care Unit (PICU) which is based at Cambridge University Hospital (CUH). There are currently 13 Level 2 beds provided across EOE, 5 beds within PICU at CUH and a further 8 beds in Level 2 standalone units (NNUH, Luton, BTUH). There are plans to deliver 4 more Level 2 paediatric beds in the next 12 months. All other units provide Level 1 care with some units providing care at Level 2 which is funded by the Integrated Care Board (ICB), or unfunded. The region is served by the Paediatric and Neonatal Decision Support and Retrieval Service, known as PaNDR, part of Cambridge University Hospitals NHS Foundation Trust.

Due to their geographical location, border hospitals often align with London pathways, offering enhanced transport links and improved accessibility for families. To minimise duplication, the network works closely with North Thames Paediatric Network and East Midlands Surgery in Children ODN.

Hospitals in our Operational Delivery Network

1. Addenbrookes Hospital (Cambridge University Hospitals)
2. Basildon University Hospital (MSE)
3. Bedford Hospital (Bedfordshire Hospitals NHS Trust)
4. Broomfield Hospital (MSE)
5. Colchester Hospital (ESNEFT)
6. Hinchingsbrooke Hospital (North West Anglia NHS Trust)
7. Ipswich Hospital (ESNEFT)
8. James Paget University Hospital, Great Yarmouth
9. Lister Hospital (East and North Herts NHS Trust)
10. Luton and Dunstable University Hospital
11. Norfolk and Norwich University Hospital
12. Peterborough City Hospital (North West Anglia NHS Trust)
13. Princess Alexandra Hospital, Harlow
14. Queen Elizabeth II Hospital, Kings Lynn
15. Southend University Hospital (MSE)
16. Watford General Hospital (West Herts Teaching Hospitals)
17. West Suffolk Hospital



Image: Lister Hospital.

KEY OBJECTIVES

Embed Developmental and Therapeutic Play

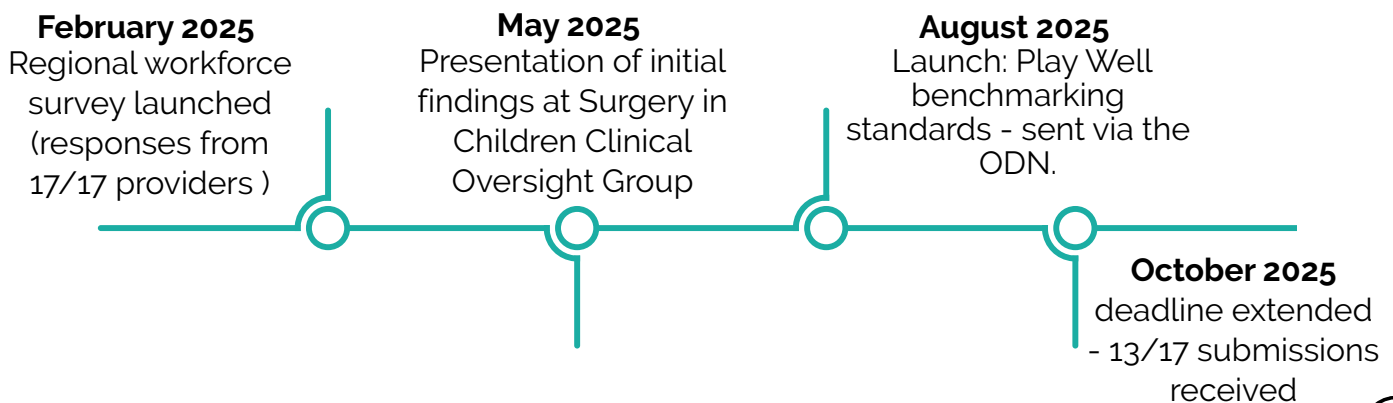
- Position play as a core component of paediatric care, ensuring it supports emotional wellbeing and clinical outcomes.
- Inform ODN regional best practice guidance within specific workstreams and service reviews.

Strengthen Workforce Capability

- Provide a comprehensive workforce analysis within the EoE region.
- Drive professional development through robust benchmarking, targeted training, and best-practice sharing.
- To equip HPS within the region with regional intelligence.

Achieve Equity in Access

- Identify and address gaps in provision to guarantee consistent, high-quality play services across all providers.



Supporting Research: Starlight and NHSE joint report (2024) highlights the need for 3,783 Health Play Specialists to meet national inpatient and A&E demand, compared to the current 644 FTE in 2024.





The **Society of Health Play Specialists** is a professional organisation dedicated to advancing the education and practice of developmental and therapeutic play within healthcare settings. Its core objectives include:

- Promoting high standards of care through the education and training of HPS.
- Supporting psycho-social care for children, young people, and their families in hospitals and the community.
- Undertaking research into the care of children and publishing findings to inform best practice.

SoHPS plays a key role in shaping workforce development, benchmarking play services, and advocating for the importance of play in improving patient experience and outcomes across paediatric pathways.

Starlight is the national charity for children's play in healthcare. They support children to experience the power of play during treatment, care and recovery from illness in more than 600 healthcare settings across the UK. Starlight advocates for change and work with the institutions of the NHS to improve and extend the reach and availability of therapeutic play services for children and their families throughout the healthcare system.

REGIONAL WORKFORCE SCOPING SURVEY OVERVIEW

	Total provider sites completing the survey: 17	100%
	Providers with Designated Play Support: 17	100%
	Trusts Reporting Gaps in Provision: 16	94%
	Trusts Providing Staffing Details: 17	100%



Workforce Composition

All trusts provided staffing breakdowns, though the mix of registered Health Play Specialists, unregistered staff, and Nursery Nurses varies widely. Some sites have robust teams with Band 5 and Band 6 registered Health Play Specialists, while others operate with minimal or unqualified /unregistered staff and no designated play lead.



Hours of Operation

- Most trusts offer weekday coverage, with some extending into weekends and bank holidays.
- Only a few sites provide 7-day services.
- Evening and emergency cover is inconsistent, with several trusts noting gaps in ED, imaging, and surgical pre-operative preparation.



Gaps in Provision

Commonly reported gaps include:

- Lack of play support in adult outpatient areas treating children.
- No dedicated staff in Emergency Departments, imaging, or surgical clinics.
- Understaffing leading to limited coverage (rotating staff to cover priority areas) and reliance on ad-hoc referrals.
- Recruitment freezes and unfilled vacancies or maternity leave cover.



Training Access

Training access is uneven across the region showing a significant shortfall in role-specific and HPS training, with many trusts relying on staff to pursue CPD in their own time, such as accessing the existing regional play network meeting.



Areas of Excellence

- One trust offers 365-day coverage and supports children across all hospital areas, including adult wards.
- One trust operates a 7-day service with a structured team and clear shift patterns.
- Another trust provides consistent 7-day play support with extended hours.

KEY FINDINGS

Huge Variation in Play Support Hours

Weekly play support ranges from nearly 500 hours at one provider to minimal dedicated hours at some smaller trusts.

Gaps at Nights & Weekends

Multiple hospitals lack play coverage in Emergency Departments. Only a few sites provide 7-day coverage year-round. Many others lack evening or weekend health play staff, relying on day-shift only or on-call support.

Collaborative Cross-Coverage

Several trusts pool health play specialists across multiple departments or even hospital sites (e.g., wards, day cases, and outpatients by priority rather than fixed schedules).

Widespread need for more staff

Nearly all surveyed providers indicate a shortfall in play team staffing. Most sites call for 1-3 additional staff, highlighting a consistent gap across the region.

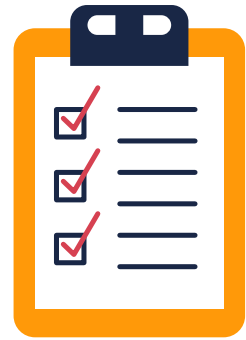
Strengths and Innovations

Ad-hoc support is provided in many trusts, including adult wards and imaging, though often limited by staffing. Use of diverse tools such as sensory trolleys, virtual reality, distraction boxes, and bespoke preparation resources is widespread.

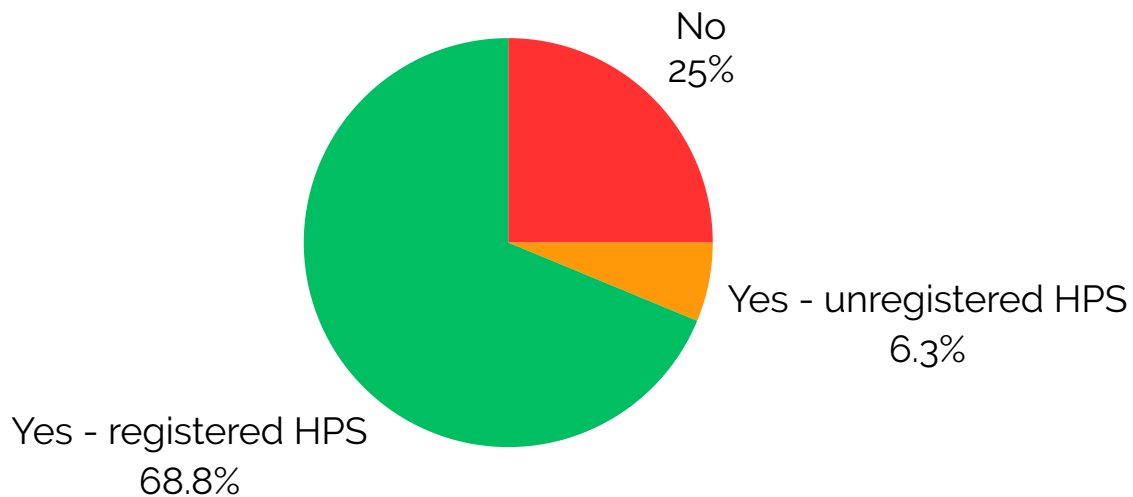
Targeted roles highlighted

Several sites specify particular roles/bands needed, for example Emergency Department specific play staff, Community HPS and band 4 play assistants at multiple sites.

REGIONAL SURVEY ANALYSIS - WORKFORCE



Q. Do you have a lead health play specialist?



12 out of 17 providers had a **registered lead HPS (68.8%)**

1 provider had an **unregistered lead HPS**

4 providers had **no lead HPS (25%)**

Days of play service coverage



5-Day Services:

3 providers operate primarily Monday to Friday.



7-Day Services:

Majority offer some form of 7-day coverage, either full or partial.

Total Workforce (All Bands Combined):

Approx .78.36 Whole Time Equivalent (WTE) (excluding 2 WTE for maternity leave and training posts not banded) based on data provided.



Band	Role Examples Given	Total WTE
Band 2	Assistant	0.9
Band 3	Play Assistants, Coordinators	14.61
Band 4	Health Play Specialists (HPS), Nursery Nurses (qualified/unqualified), Play Specialists	42.35
Band 5	Lead HPS, Registered Play Specialists	17.74
Band 6	Play Managers, Coordinators	1.8
Band 7	Play Team Manager (PHDU Lead)	0.96

Vacancies & Training: Several Band 4 roles are vacant or in training, with Band 3 staff being upskilled to fill these gaps.

Shift Patterns: teams include a mix of long and short shifts, with some staff working 13 long shifts/month (≈ 1.0 WTE), others part-time or on flexible arrangements.

Banding Challenges: Despite SoHPS recommendations, re-banding applications from Band 4 to Band 5 have been unsuccessful within some providers.

Cross-Site Coordination: Includes Band 6 coordinators and leads working cross-site in larger trusts.

SUMMARY: WORKFORCE

GAPS IN PROVISION

There are widespread Gaps in Provision with 16 of the 17 trusts reporting significant service gaps.

Common issues include:

- No play support in Emergency Departments, imaging, or adult outpatient areas treating children and young people.
- Understaffing leading to limited or inconsistent coverage.
- Lack of weekend or bank holiday cover.
- Inability to support children and young people in non-paediatric areas.
- No play provision in surgical prep or recovery areas in several sites.

HOURS

There is a range in the shifts worked by members of the health play team

Weekday Shifts: Common shift times range from 07:00–17:00 or 08:00–16:00 for HPS and play assistants. One site has extended hours up to 21:30.

Weekend Shifts: Generally shorter, often 08:00–16:00, with reduced staffing.

Bank Holiday Coverage: Many trusts provide cover, though some exclude Christmas and New Year's Day.

STAFF GROUP

There are a range of role descriptors in use across the region. Terms used are taken from the survey responses.

HPS (Health Play Specialists):

Typically work full-time hours, often with early starts (e.g., 07:30). Some trusts have HPS working variable shifts across 7 days.

Managers/Leads:

Often work reduced hours or fewer days.

Play Assistants:

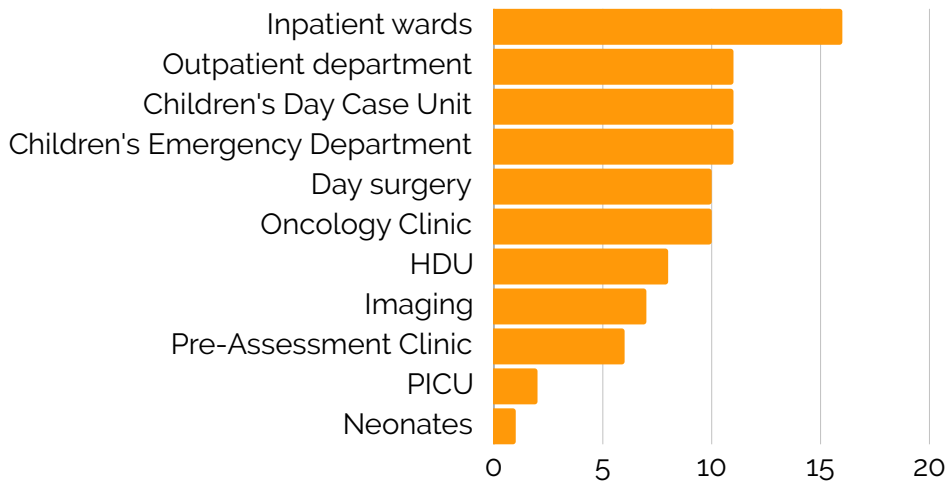
Tend to have shorter shifts and may not cover weekends. Some are unqualified band 3 staff with fixed weekday schedules.



Images: The team at Lister Hospital, East and North Hertfordshire NHS Trust

DESIGNATED PLAY SUPPORT

Q. What areas do your play teams routinely support?

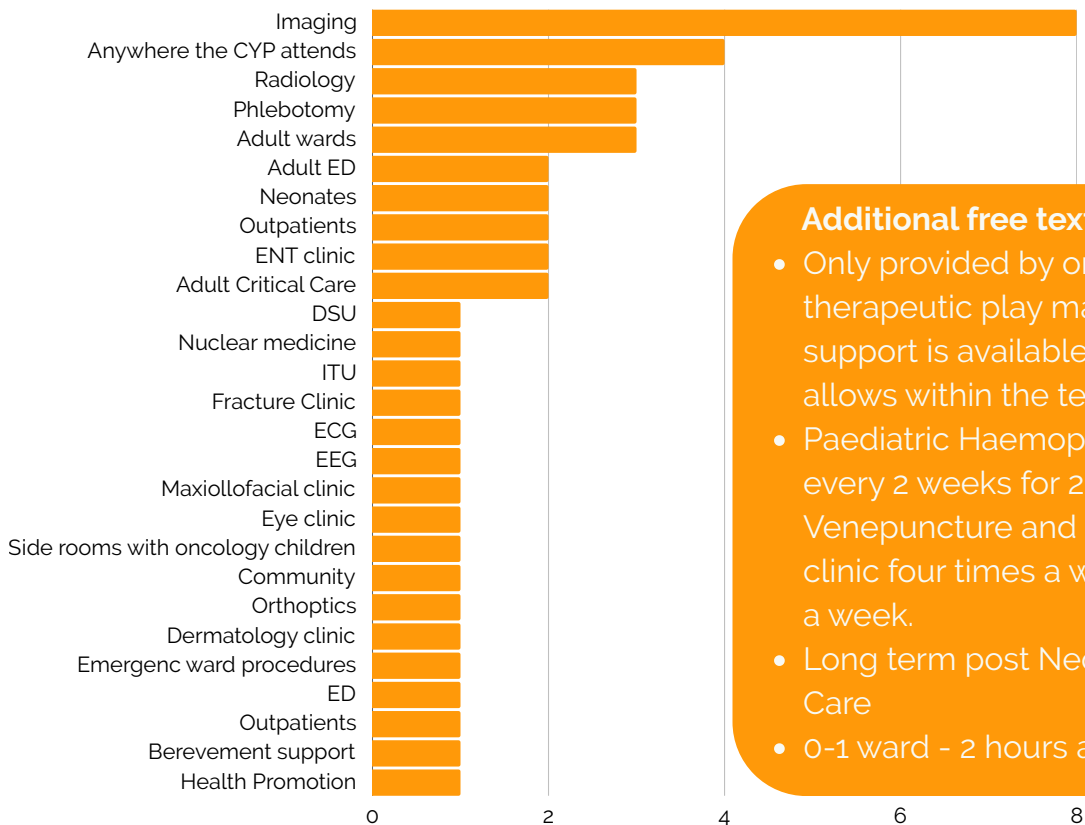


Q. Does your organisation provide ad-hoc play support if a patient or service need is identified?



All teams provide ad-hoc play support if a patient or service need is identified.

Q. In what areas has ad-hoc play support been provided?

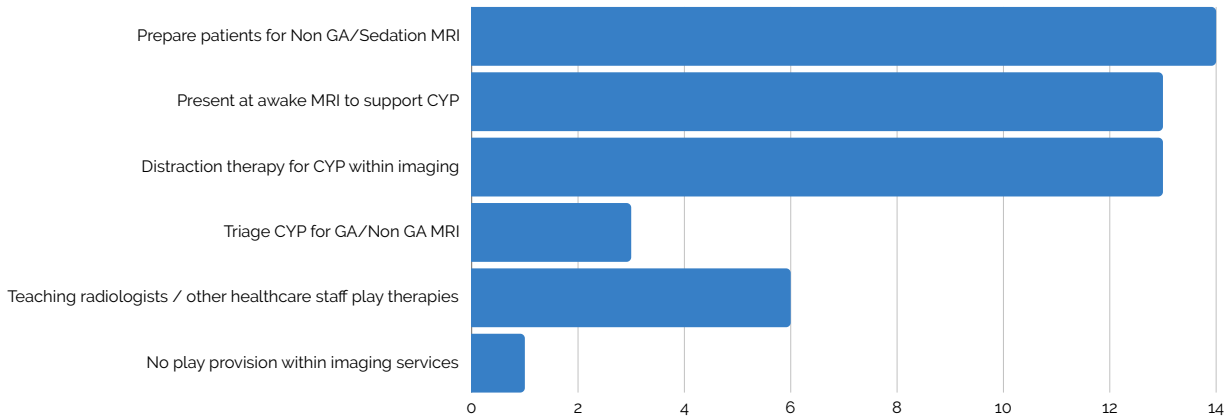


Additional free text:

- Only provided by one of the therapeutic play managers if support is available and if acuity allows within the team.
- Paediatric Haemophilia clinic once every 2 weeks for 2 hours / Venepuncture and Cannulation clinic four times a week for 1 hour 4x a week.
- Long term post Neonatal Intensive Care
- 0-1 ward - 2 hours a week.

IMAGING

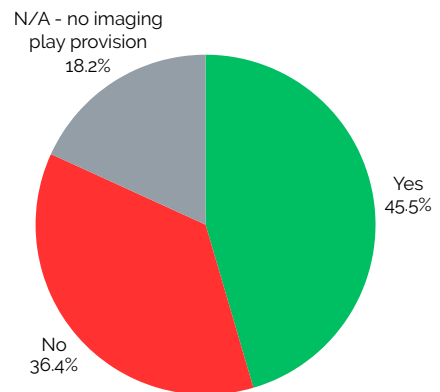
Q. What roles do your play teams have within imaging services?



Other free text comments:

- Provide pre-procedural phone call advice and offer pre-procedural preparation sessions before procedure date.
- Only if requested will we attend
- Preparation for MRI to prevent General Anaesthetic
- General Anaesthetic not routinely available in our trust

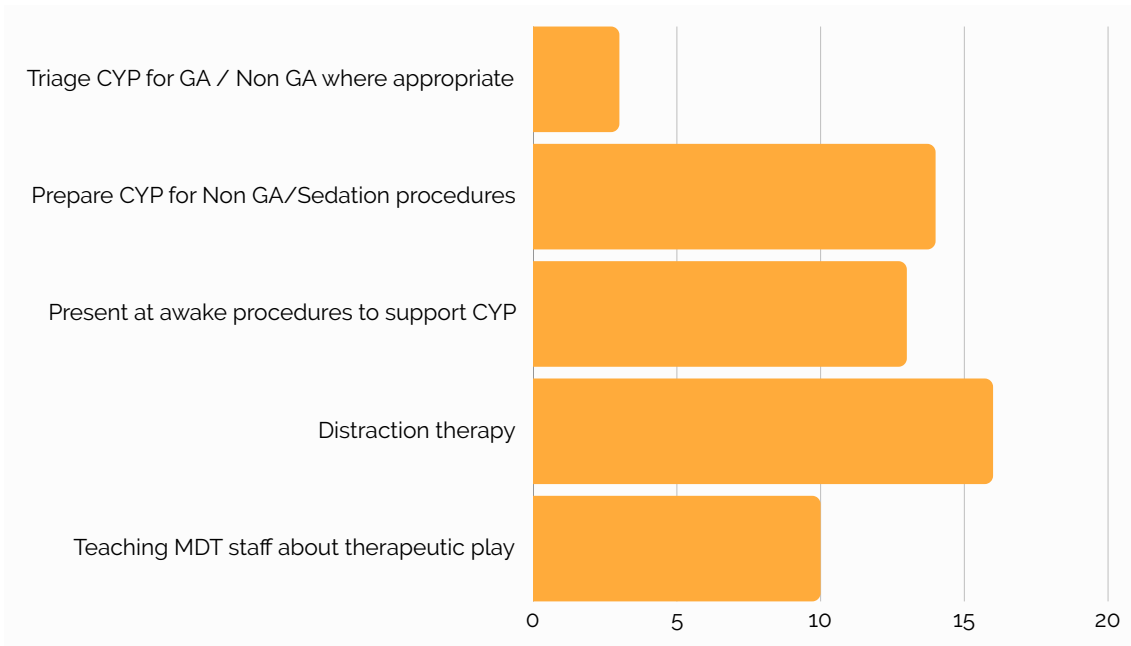
Q. Does play team job planned time (allocated in imaging) allow all needs to be met?



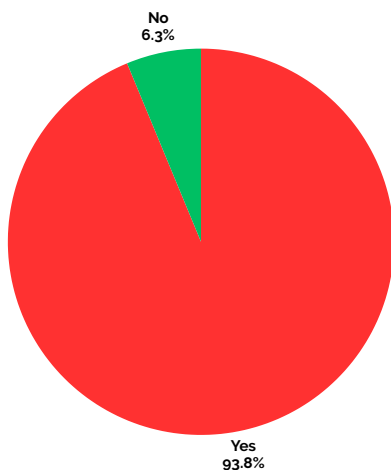
Current Limitations in Imaging Support for Children - comments

- Support is limited to one MRI area at a time, despite the Trust having [more] MRI locations.
- With only one HPS available, support cannot be extended to CT, Nuclear Medicine, Fluoroscopy, or IR scans.
- The team is not based in Imaging and can only provide support when a formal referral is made.
- Support is offered for inpatients or planned MRIs only if referred to the Play Team.
- Emergency cases often lack sufficient time for preparation.
- Advance visits to Imaging for preparation are not always feasible before planned scans.

SURGERY: PLAY TEAM ROLES WITHIN SURGICAL SETTINGS



DO YOU FEEL YOU NEED MORE PLAY SUPPORT IN YOUR SERVICE TO MEET THE NEEDS OF BABIES, CHILDREN AND YOUNG PEOPLE ACROSS ALL PATHWAYS?

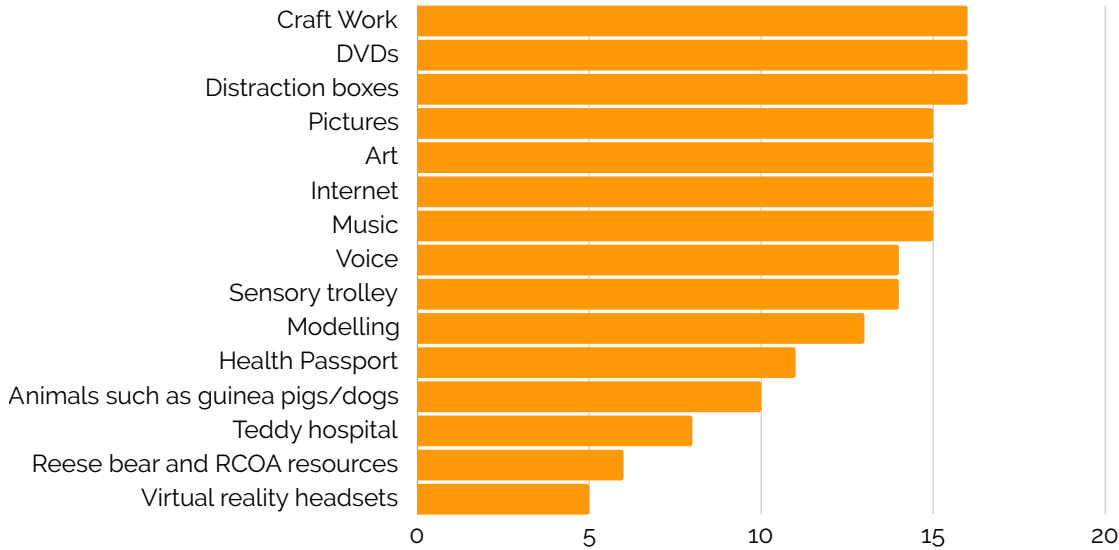


The majority of health play teams felt that more play support is needed to meet the needs of Babies, Children and Young People across all pathways.



Image: Widgit and preparation resources used at Lister Hospital

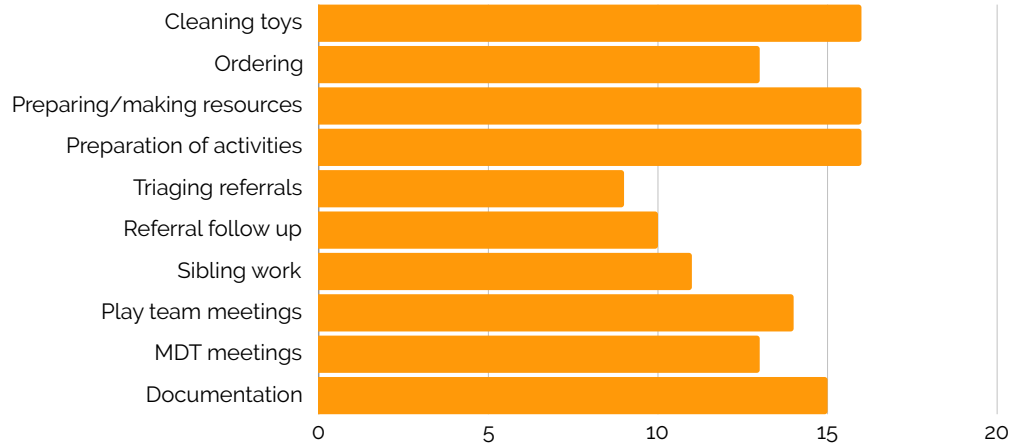
TOOLS USED TO IN PLAY TO SUPPORT CARE OF BCYP:



OTHER

- Games, sport, role play, specific toys of any sort - puzzles, vehicles, action figures, books, audiobooks, sensory play, using real medical equipment.
- Ipad
- Apps for preparation, (e.g. Little Journey) safe space, models (Lego etc.) self made preparation books, self made preparation dolls
- PECS
- Therapy dog weekly visits, charity entertainers POD and Spread a Smile
- Electronics i.e. Computer Console, Tablet.

WHAT NON-PATIENT FACING DUTIES DOES YOUR PLAY TEAM UNDERTAKE?



OTHER

- Making paediatric dietetic prescribed milks for inpatients in the Milk Kitchen on a rota basis. Sorting donations / resorting our store cupboards
- Policy writing, Risk Assessment Standard Operating Procedure writing
- Sorting festive periods and celebrations
- Talks with the community, supporting volunteers, mentoring students, Gardening, Maintaining Electronics
- Off duty, E-mails, Questionnaires
- CPD, Talks and education, Mandatory training
- Charity work/fundraising, award ceremonies, display work, sorting donations
- Teaching

HOW MUCH MORE TIME, AND HOW MANY ADDITIONAL HPS DO YOU THINK IS NEEDED?

Universal understaffing

16/17

Every responding hospital acknowledges needing more play team resources. **16 of 17** sites explicitly **request extra staff and/or hours** – **none reported being fully resourced.**

Modest Increases (most sites)

1-3 staff

Most hospitals ask for only **1–3 additional staff.** These relatively small boosts suggest that many teams are just slightly below the critical mass needed to cover their responsibilities.

Total Extra Staff Requested

35+

Approximate total **additional play staff (full-time equivalents)** identified across all sites from survey responses provided.

Skill Mix Strategy

Many plans involve a mix of qualified HPS and assistants. Using lower-band staff to support HPS (such as one trusts' pairing model) is a popular strategy to extend health play services efficiently. However, there are reported gaps in workforce training and education, along with banding not being in line with SoHPS recommendations presenting an issue for progression, recruitment and retention.

Key observations:

- Almost all hospitals need at least one more play team member; many require two or more.
- A few larger centres plan significant expansion, with one trust aiming to double or triple its team across all roles.
- Most hospitals request modest increases, often for specific needs such as Emergency Department or community coverage.
- The network analysis highlights severe staffing gaps region-wide.
- **Overall, the responses to workforce gaps reflect a measured and pragmatic view of what is realistically achievable.**

The following sections detail survey recommendations, followed by an analysis of common themes, differences, and implications.

RECOMMENDATIONS FROM THE SURVEY

TRAINING AND EDUCATION

- Many trusts reported poor access to Continuing Professional Development (CPD) and role-specific training for health play teams:
- 11 trusts had at least one area of training marked as "Disagree" or "Strongly Disagree".
- One Hospital reported no access across all three training categories.
- Four other sites showed significant training shortfalls.

COMMUNITY AND OUTREACH EXPANSION

Pilot community-based play support and outreach clinics to address gaps in immunisation, plaster rooms, and community clinics. Explore provision within ICBs learning from shared excellence from the Play Well Toolkit.



WORKFORCE

- Undertake a review of local HPS staffing.
- Identify gaps creating a long term plan to ensure adequate coverage across all paediatric and mixed-use areas, including weekends and holidays.
- Obtain team insights and views in the use of rotational or flexible staffing models to support high-demand areas like ED and outpatient clinics.
- Review coding practices and capture audit data to support future and ongoing business case development. Examples of reduction in the use of GA on HPS supported pathways in reducing waiting lists can provide a cost and experience benefit, including meeting net zero targets.



Image: Lister Hospital

LIMITED SERVICE HOURS

Despite the need for flexible and responsive play services:

- 11 trusts do not offer 7-day coverage or extended hours.
- Two sites operate only during weekday hours, with no formal weekend or evening provision.
- Two sites reported some weekend cover but lack consistency.

RESOURCE AND FUNDING STRATEGY

- Long-term - review the establishment of dedicated budgets for play equipment and materials.
- Reduce reliance on charity and personal purchases by embedding play into core service funding.

TRAINING AND AWARENESS

- Launch awareness campaigns to educate clinical teams on the HPS role and referral pathways, including during induction of all frontline staff.
- Provide training for non-HPS staff to provide appropriate basic play support within defined boundaries, knowing when to refer on.

MONITORING AND DATA COLLECTION:

It was evident some sites struggled to quantify their needs. Implementing a system to track unmet play service requests, or situations where play support 'would have been beneficial but was not available', can provide robust data.

This data can strengthen future business cases by showing, for example, "X number of paediatric procedures per month occurred with no play specialist available." This further helps to evidence alignment with core strategy:

- **NHS Long Term Plan:** Enhancing child health and reducing avoidable interventions
- **Core20PLUS5:** Reducing inequalities in paediatric care
- **ICB Priorities:** Workforce transformation and patient-centred care
- **Play Well Standards:** Embedding therapeutic play in clinical pathways
- **Delivering a net zero NHS:** Reducing the use of general anaesthetic.

ADVOCACY FOR PLAY SERVICES

Elevate the importance of health play teams at the executive level within trusts by ensuring health play service leadership representation at Trust board level.

Share the report with local executives and commissioners, emphasising the link between play services and patient care quality may help integrate these needs into broader service planning (such as the drive for 7-day services, patient experience metrics, etc.).



ROLE DEVELOPMENT

Address the Band 4 issue by training existing health play support staff to become qualified HPS (progression from Band 4 to Band 5) or aspiring to create new Band 5 positions. Similarly, clarify the role and pay structure at sites to ensure qualified staff are appropriately banded and utilised. See: <https://www.nhsemployers.org/system/files/2023-11/Play%20Specialists.pdf>

EXTEND PLAY PROVISION BEYOND PAEDIATRICS

- Develop and share protocols for play support in adult departments treating young people, ensuring equity of access.
- Integrate play into transition services and youth work, especially for under-18s in adult wards.

RECOMMENDATIONS



By following these recommendations, hospitals in the East of England can move closer to the goal articulated by one respondent: **for all children in our hospitals to have access to a play team member when they need it.** The survey has highlighted where the gaps are. The task now is to secure the resources and support to fill them, ensuring that health play teams can fully deliver on their vital role in paediatric care.



Play well: interactive quality checklist for health play services

(Testing body name e.g. ODN)

Name of provider organisation:					
Name and job role of person completing form:					
Date of completion:					
Overall completion progress	0%				
Standard	Completion	Being fully met	Significant progress	Some progress	No progress
1. We have a clear policy or standard operating procedure for play and we promote the importance of play across our service	0%	0%	0%	0%	0%
2. All children have access to safe and appropriate play resources while in our care	0%	0%	0%	0%	0%
3. All children have access to play services, including qualified and registered health play specialists	0%	0%	0%	0%	0%
4. Play is recognised and advocated for by all members of the multidisciplinary team	0%	0%	0%	0%	0%
5. Our community health play staff are recognised as an integral part of the service	0%	0%	0%	0%	0%
6. Our healthcare environment for children is playful, welcoming, and accessible	0%	0%	0%	0%	0%
7. All our health play staff are trained and qualified to the recommended level for their role, registered with their professional body wherever relevant, and supported in their continued professional development	0%	0%	0%	0%	0%

NEXT STEPS...

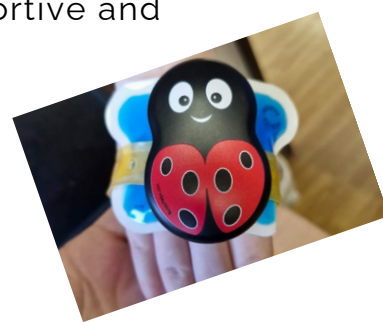
The EoE ODN transferred the Play Well Standards in to the SIC Self-Assessment Template used in the Service Reviews. This was adopted by SoHPS and Starlight in July 2025 - subsequently launching the regional benchmarking.

WORKFORCE SCOPING SURVEY - CONCLUSIONS

Across the East of England, health play services reveal both inspiring examples of excellence, and areas of inconsistency, leading to varied patient experiences. Evidence from high-performing hospitals shows that investing in dedicated, professionally trained health play teams delivers measurable benefits: children are calmer, more emotionally secure, and better able to engage with their care. Therapeutic play reduces anxiety, supports communication, and enables smoother, less distressing clinical procedures.

Embedding play as a core component of paediatric care, aligned with the Play Well standards, ensures that every child and young person's hospital journey is not only clinically effective but also emotionally supportive and developmentally appropriate.

To close the gap, the following regional recommendations emerge:



Ensure Equitable Access to Therapeutic Play Through Extended Hours:

In line with the Play Well Standards, health systems should work towards offering therapeutic play services beyond standard weekday hours in high-demand settings.

While 24/7 coverage may not be immediately feasible, introducing evening and weekend coverage, particularly at busy centres would ensure that children consistently receive timely emotional and procedural support. This approach reduces anxiety, improves clinical cooperation, and upholds every child's right to play as a core component of care. ICB level coordination for emergency cover could also be explored to reduce unwarranted variation and support equitable outcomes across the East of England.

Strengthen and Support the Regional Play Network Through Trust-Backed Engagement:

To enhance collaboration, education, and service quality, the existing regional play network should be formalised and supported by NHS trusts as part of professional development and service improvement. Network meetings (virtual or in-person) should be recognised as part of job plans and funded time. Embedding this network within the governance structure will ensure that play service metrics, workforce needs, and innovations are consistently represented at regional forums, driving equity and excellence across the East of England.

Monitor and Advocate: Each trust should monitor play service usage and impacts - e.g., collect parent and young people's feedback on play support, log instances where play has been key in supporting children to access services / interventions (this may include where there has been a reduction in the need for general anaesthetic / sedation for procedures and a reduction in delays due to anxiety). Such data, reported and shared regionally, will build the case for play services as an essential, not optional provision.

Align Workforce Planning with SoHPS and Play Well Standards: to ensure equitable, high-quality care for children and young people, trusts should work towards meeting the benchmarks for Health Play Specialist provision to establish a minimum staffing level required to deliver safe, effective, and developmentally appropriate therapeutic play to improve outcomes.

The NHS Play Well standards, developed in collaboration with SoHPS and Starlight, reinforce this expectation by calling for all children to have access to qualified and registered HPSs as part of routine care. However, recent workforce scoping across the East of England reveals that only a small number of hospitals currently meet this standard. Addressing this shortfall is essential not only for compliance with professional standards but also for improving patient outcomes, reducing procedural anxiety, and supporting multidisciplinary care. **Regional benchmarking**, supported by the ODN and SoHPS, should be used to guide local business cases and workforce planning.



Image: Lister Hospital, team with play advocate and Local MP, Alistair Strathern

In summary, Health Play Services in East of England are integral to paediatric care, but expansion and consistency are needed. By adopting the above strategies, the region can ensure that "being in hospital" for a child is as positive and stress-free an experience as possible, no matter where they receive care.

The variation in current provisions, from an example of a comprehensive program to sites with minimal provision, highlights both the challenge and the opportunity: sharing the successes and bolstering the weaker areas will lead to uniformly high standards of therapeutic and normalising play for all children across the East of England.

CALL TO ACTION

To strengthen paediatric play services across the East of England in a financially constrained NHS landscape, we recommend a pragmatic, phased approach focused on targeted investment, data-driven advocacy, and collaborative improvement.

Develop Scalable Business Cases

Trusts should prioritise business case development for areas of highest need (such as Emergency Department and weekend play cover) using benchmarking data to demonstrate gaps and impact. These cases should be modest in scope, aiming for incremental staffing increases (e.g. one additional Health Play Specialist per site in the first instance) and leveraging existing support staff through funded training pathways.

Track Activity and Evidence Impact

Introduce simple, low-burden systems to log unmet play service requests and collect feedback from children and families. This data will help quantify demand, support future bids, and highlight the therapeutic value of play in reducing anxiety and improving treatment compliance.

Embed Play into Existing Structures

Rather than creating new programmes, trusts should integrate play into existing governance, training, and MDT frameworks. This includes adding play goals to care plans, incorporating play awareness into staff induction, and aligning local policies with Play Well standards.

Strengthen Regional Collaboration

Support attendance at the regional play network to share resources, training, and good practice. Participation can be embedded into job plans and governance structures without requiring additional funding, ensuring sustainability through peer support and shared learning.

PLAY WELL STANDARDS - OVERVIEW AND REGIONAL CONTEXT

The thumbnail shows a table titled 'Play well: interactive quality checklist for health play services'. It includes sections for 'Name of provider organisation', 'Address and post code of parent completing form', and 'Date of completion'. Below this is a table with columns for 'Standard', 'Achieved', 'Good', 'Needs improvement', and 'Not achieved'. The table contains 10 rows of standards, each with a corresponding 'Yes' or 'No' in the 'Achieved' column and a color-coded cell (green, yellow, or red) in the 'Good', 'Needs improvement', or 'Not achieved' columns.

Play Well Standards: Overview and Regional Context

The Play Well Standards, developed by NHS England in collaboration with Starlight and SoHPS, set out recommended principles for delivering high-quality health play services across healthcare settings. These standards recognise the vital role of play in supporting children and young people’s physical, emotional, and cognitive wellbeing during healthcare experiences.

Core Principles

- **Child-Centred Care:** Play should be embedded as a therapeutic tool to reduce anxiety, promote coping, and enhance engagement.
- **Equity and Access:** All children, regardless of age, ability, or background, should have access to appropriate play opportunities.
- **Professional Expertise:** Health play specialists are integral to delivering structured, evidence-based interventions.
- **Environment and Resources:** Safe, inclusive spaces and materials tailored to developmental needs are essential.
- **Collaboration:** Multidisciplinary teams should integrate play into care pathways and decision-making.

Why It Matters

Play is not optional. It is a fundamental right and a clinical necessity for improving outcomes and experiences. The standards align with the NHS Long Term Plan and the UN Convention on the Rights of the Child, reinforcing play as a core component of holistic care.

Introducing Regional Analysis

This section examines how the East of England Surgery in Children Operational Delivery Network (ODN) is supporting these standards across its member organisations. The analysis highlights:

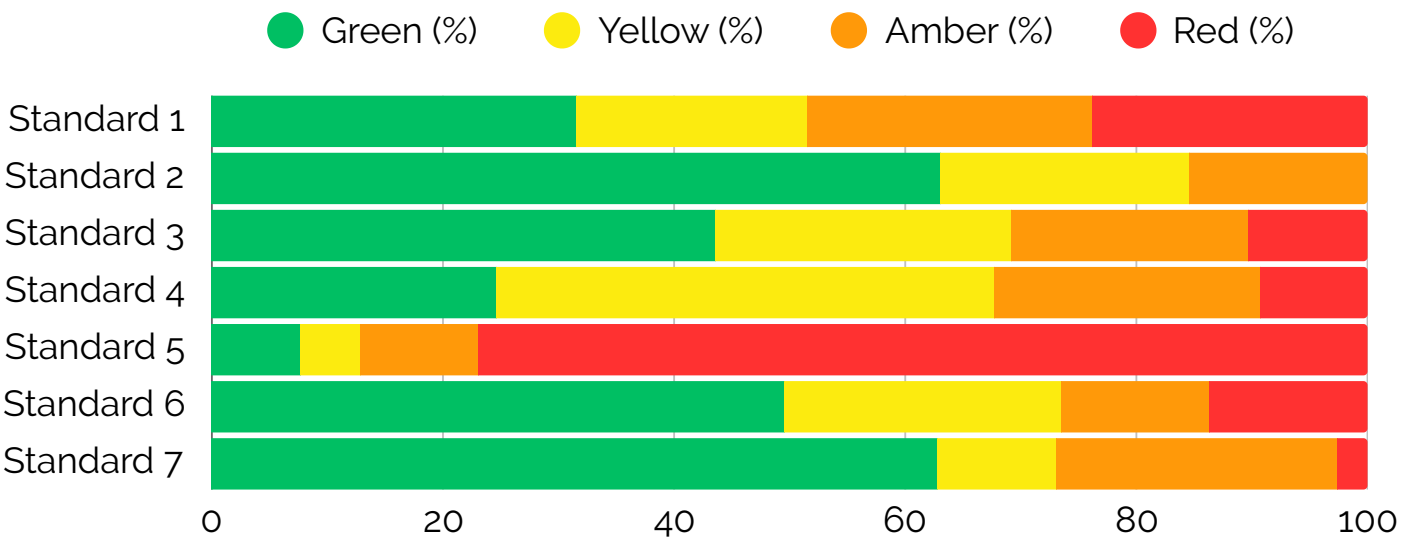
- Current provision and gaps in health play services.
- Workforce capacity and training needs.
- Opportunities for innovation and collaboration.
- Recommendations for achieving consistent, high-quality play provision regionally.

By benchmarking against national standards, the ODN aims to ensure equitable, evidence-based play services that meet the needs of children and families across the region.

PLAY WELL STANDARDS - REGIONAL VIEW*

Play Well Standards

1. We have a clear policy or Standard Operating Procedure for play and we promote the importance of play across our service.
2. All children have access to safe and appropriate play resources while in our care.
3. All children have access to play services, including qualified and registered health play specialists.
4. Play is recognised and advocated for by all members of the multidisciplinary team.
5. Our community health play staff are recognised as an integral part of the service.
6. Our healthcare environment for children is playful, welcoming, and accessible.
7. All our health play staff are trained and qualified to the recommended level for their role, registered with their professional body wherever relevant, and supported in their continued professional development.



Key ● being fully met ● significant progress ● some progress ● no progress

*Note: data provided by 14/17 units

THEMATIC ANALYSIS: PLAY WELL TOOLKIT

TOP 3 PRIORITIES FOR IMPROVEMENT



Image: Lister Hospital.

1. Community Play Staff Integration

(Standard 5) 87% of sites report no/some progress.

Recommendations:

- Establish formal partnerships with community play teams to support continuity of care. Where community play teams do not exist, refer to supportive organisations.
- Develop referral pathways and shared protocols for integrated play support.
- Include community play staff in MDT meetings and service planning.
- Map and identify gaps in community play services at ICB level.

2. Policy & Promotion of Play (Standard 1) Only 31% of sites have fully met this standard.

Recommendations:

- Create or update local Standard Operating Procedures to embed play as a core component of paediatric care.
- Promote play policies through staff inductions, posters, and digital platforms.
- Assign play champions to lead awareness and policy implementation.
- Share resources and policies with the network.
- Ensure access to the play network meetings as an education and peer support initiative.

3. MDT Recognition of Play (Standard 4) only 24% of sites have fully met this standard.

Recommendations:

- Deliver targeted training to MDT members on the therapeutic value of play.
- Include play goals in care plans and ward rounds.
- Encourage MDT-led play initiatives and cross-disciplinary collaboration.

THEMATIC ANALYSIS: PLAY WELL TOOLKIT

This section provides a breakdown of the self-assessment data across the East of England Surgery in Children ODN Trusts in 2025. Each section reflects the average or dominant Red, Amber, Yellow and Green status, along with key themes or issues identified.



Image: Lister Hospital. Therapy dog visit illustrating pet therapy's role in reducing anxiety

STANDARD 1: POLICY AND PROMOTION OF PLAY

Summary of Values:

- Most providers lack a formal play policy or Standard Operating Procedure, where policies exist, they are often outdated or under development.
- Few trusts have policies that explicitly consider the play needs of children visiting adult patients.
- Play is generally promoted internally, with varying levels of visibility externally.
- Staff training on play is inconsistently embedded across trusts.

Common Strengths:

- Health play staff actively promote play and contribute to staff inductions.
- Feedback mechanisms (e.g. QR codes, feedback boards) are in place in several sites.
- Some trusts support mentoring and CPD for play staff.

Opportunities for Regional Improvement:

- Absence of dedicated play service managers in many trusts.
- Limited inclusion of play in trust-wide training and induction programmes.
- Inconsistent online presence and referral information.

Recommendations:

- Formalise and implement play policies and Standard Operating Procedures across all sites, sharing best practice and progress.
- Establish or strengthen the role of play service leads at governance level.
- Integrate play awareness into all staff training and induction.
- Develop accessible internal/external web pages with referral pathways.



STANDARD 2: ACCESS TO SAFE AND APPROPRIATE PLAY RESOURCES

Summary of Values:

- Most trusts provide developmentally appropriate toys and resources.
- Cleaning protocols are generally in place but vary in consistency.

Common Strengths:

- Inclusive toys reflecting cultural and developmental diversity.
- Visible cleaning rotas and designated staff responsibility in many areas.
- Use of charity funding and wish-lists to supplement resources.

Opportunities for Regional Improvement:

- Limited supervision and cleaning coverage during evenings/weekends.
- Gaps in inclusive resources for children with complex needs.

Recommendations:

- Extend cleaning and supervision protocols to cover 7-day services.
- Standardise equipment audits and infection control policies across sites to improve quality and achieve the standard.
- Invest in inclusive and adaptive resources, with dedicated funding streams to reduce reliance on unsecured or non-recurring recurring charitable funding.

STANDARD 3: ACCESS TO QUALIFIED HEALTH PLAY SPECIALISTS

Summary of Values:

- Most trusts employ qualified HPS, but staffing levels are insufficient.
- Weekend and emergency department coverage is rare.

Common Strengths:

- Therapeutic play interventions are routinely delivered.
- Referral systems exist, though often informal (email, bleep).
- Play plans and programmes are in place for long-stay patients in some trusts.

Opportunities for Regional Improvement:

- Lack of 7-day coverage and emergency department presence.
- Inconsistent documentation of play interventions.
- Few trusts have play assistants or apprentices.

Recommendations:

- Create long term business case/plans to secure funding for additional HPS.
- Undertake a gap analysis of local pathways and access to HPS.
- Expand services to cover weekends and EDs.
- Formalise referral systems and improve documentation practices.
- Promote early referrals for procedural support.

STANDARD 4: MULTIDISCIPLINARY TEAM RECOGNITION AND COLLABORATION

Summary of Values:

- Play staff are partially integrated into MDTs, with variable involvement in meetings. Training on play for MDTs is inconsistent.

Common Strengths:

- Participation in handovers, safeguarding, and oncology MDTs.
- Use of health passports and 'All About Me' documents in some sites.

Opportunities for Regional Improvement:

- Limited MDT awareness of referral pathways.
- Lack of formal training on play for non-paediatric staff.

Recommendations:

- Embed play training into MDT education programmes.
- Ensure play staff co-develop and contribute to health passports.
- Monitor referral usage and promote consistent practices.
- Standardise how referrals to the play team are made. This will make it easier for all staff to involve play specialists early.
- Ensure play interventions are consistently documented in patient notes (a practice already strong in a few Trusts).

STANDARD 5: COMMUNITY HEALTH PLAY SERVICES INTEGRATION

Summary of Values:

- No trust has a fully integrated community health play team. Modest responses with work arounds in some trusts were felt to be attributed to amber scores.
- Networking is limited to hospital-based services.
- The full extent of community play provision across the region remains unknown, highlighting a need for further mapping and engagement.

Common Strengths:

- Participation in regional/national play networks.
- Some ad hoc liaison with hospices and local authorities.

Opportunities for Regional Improvement:

- Absence of community play services limits continuity of care.
- No formal referral pathways to external play support.
- Scoping of community play service provision to highlight gaps and to share excellence.

Recommendations:

- Explore partnerships with community and hospice play teams.
- Establish formal communication channels for integrated care.
- Promote shared learning across hospital and community settings.

STANDARD 6: PLAYFUL AND ACCESSIBLE HEALTHCARE ENVIRONMENT

Summary of Values:

- Most trusts have designated play spaces and sensory rooms.
- Outdoor play areas are underutilised/inaccessible in some sites.

Common Strengths:

- Child-friendly design principles applied in many wards.
- Lockable storage and private spaces for therapeutic sessions.
- Consultation with children and families during redesigns.

Opportunities for Regional Improvement:

- Lack of designated adolescent spaces in several trusts.
- Inconsistent use of the 15 Steps Challenge.

Recommendations:

- Create or adapt spaces for young people aged 13+.
- Implement the 15 Steps Challenge across all sites.
- Continue involving CYP and families in environmental improvements.

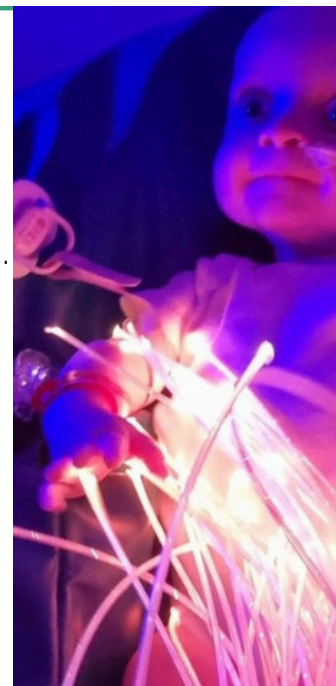


Image: Lister Hospital

STANDARD 7: STAFF TRAINING, REGISTRATION, AND PROFESSIONAL DEVELOPMENT

Summary of Values:

- Most HPS are qualified and registered with the Society of Health Play Specialists.
- CPD is encouraged but reported to be constrained by staffing and funding.

Common Strengths:

- Annual CPD and reflective practice recorded for appraisals.
- Monthly reflective sessions facilitated by psychology teams in some trusts.

Opportunities for Regional Improvement:

- Limited access to study leave and external training for health play teams.
- Inconsistent supervision and appraisal structures.

Recommendations:

- Ensure all Health Play Specialists have access to protected time for continuing professional development, supervision, and relevant training.
- Align role profiles and banding with Agenda for Change, and support registration and revalidation with the Society of Health Play Specialists.
- Strengthen the East of England Play Specialists Network by facilitating regular regional meetings, joint training sessions, and sharing best practices and resources.
- Encourage collaboration between Trusts for cost-effective CPD opportunities, such as shared study days and regional workshops.

Mapping the Workforce Survey to “Play Well” Standards – Regional Review

COMPARING RESPONSES TO THE NEW PLAY WELL STANDARDS

The East of England workforce scoping survey for Health Play Teams provides valuable insight into how hospitals align with the new Play Well standards. Overall, the findings demonstrate strong commitment and competence across the region, with clear areas for improvement to achieve gold-standard care.

Hospitals generally excel in **front-line health play delivery**, offering ample play resources and integrating play into care pathways. These strengths align closely with **Standards 2 and 4**, which focus on embedding play within clinical practice and recognising its role in multidisciplinary teams. However, the survey highlights persistent challenges in **strategic and continuity elements**, particularly around formal play policies and community links (**Standards 1 and 5**), where progress remains limited.

Staffing and coverage (Standard 3) vary significantly: while a few hospitals provide robust seven-day play services, most operate only on weekdays due to workforce constraints. **Training and professional development (Standard 7)** is another inconsistent area. Some teams benefit from strong CPD support and structured hours, but nearly half report no dedicated training time or funding, limiting opportunities for skill development and career progression.

These findings underscore a key message: the building blocks for high-quality play services are firmly in place, but structural support is needed to ensure consistency and sustainability. Targeted improvements in **staffing, policy, community outreach, and CPD provision** will enable all East of England hospitals to fully “play well” and beyond.

The following pages map each Play Well standard against survey data, highlighting where trusts meet expectations and where gaps remain. This analysis provides a clear roadmap for action—through funding, policy alignment, and network collaboration—to ensure play services flourish uniformly across the region.



STANDARD 1 - POLICY AND PROMOTION OF PLAY

Survey Highlights:

- 75% of trusts have a designated lead for play services.
- Four hospitals reported having no play service lead or manager, highlighting a gap in formal leadership and advocacy.
- Many play teams proactively promote play within their hospitals, even without formal written policies.
- A majority have a named “play lead” who champions play at clinical governance meetings or within paediatric directorates, though not always at a senior level.
- Some leads cover multiple sites; others have a Band 5 Lead Play Specialist advocating for play service needs.

Best Practice Examples:

- Trusts with a dedicated play lead report stronger advocacy for play at board and directorate levels.
- Some sites have included play policy updates in staff induction and ongoing training.
- Where play leads are involved in governance, there is greater alignment with national standards and improved staff engagement.

Challenges:

- Absence of a formal play lead or manager in some trusts leads to inconsistent advocacy and fragmented policy development.
- Ongoing development of Standard Operating Procedures means not all staff are aware of referral pathways or the importance of play in clinical care.

Summary:

Progress towards Standard 1 is variable across the region. Trusts with clear leadership and formal policies are making headway, but gaps remain, especially where no play lead is in place.

Continued focus on appointing accountable leads, finalising Standard Operating Procedures, and embedding play promotion in governance and training will be key to achieving consistent, high-quality play provision.



STANDARD 2 - ACCESS TO PLAY RESOURCES

Regional Overview:

Every hospital in the region provides designated play support on paediatric wards, with most also covering outpatient clinics, day surgery units, and emergency departments. Core play resources (such as playrooms, toys, and games) are universally available on inpatient wards, a strength confirmed by checklist audits. However, the availability of play staff outside of weekdays is inconsistent, and coverage in some areas relies on non-specialist staff.

Survey Highlights:

- All sites provide playrooms and toys on inpatient wards.
- Most offer some play support in EDs and day-case units, but not always for all shifts.
- Larger units deliver broader coverage, yet gaps remain (especially in EDs and outpatients).
- Where play staff are unavailable, nursing or healthcare assistants often step in.
- Resource constraints are common, with some trusts lacking dedicated play staff or budgets.
- Despite these challenges, 12 of 13 sites were "Fully Met" for Standard 2 in the checklist.

Best Practice Examples:

- One trust covers all paediatric areas, including oncology clinics and community clinics like immunisations, operating a true 7-day service.
- Some sites have developed creative solutions, such as using charity funding or staff donations to maintain play resources.
- Where play staff are unavailable, nursing teams step in to ensure children still have access to play.

Challenges:

- Insufficient play staff to cover every area at all times; absence of backfill when staff are on leave.
- Outpatient clinics and some day surgery units often lack dedicated play specialist time.
- Funding for play resources is inconsistent, with some trusts relying on charity or personal purchases.
- Reliance on non-specialist staff can affect the quality and consistency of play provision.

Summary:

Physical play resources are largely in place across the region, and all trusts ensure basic materials are available for children. However, staffing limitations and funding constraints mean that access to specialist play support is inconsistent, particularly outside core hours and in certain departments. Addressing these gaps, especially through improved staffing (see Standard 3), will be key to fully realising the intent of Standard 2.

STANDARD 3 - ACCESS TO PLAY SERVICES & SPECIALISTS

Regional Overview:

All hospital sites have at least one qualified Health Play Specialist (HPS), with most also employing play assistants. However, comprehensive coverage (especially full 7-day services) is rare. Most play services operate Monday–Friday, with only a few sites offering daily or extended hours.

Survey Highlights:

- Only a handful of trusts provide near full-week coverage, with enough staff to cover multiple areas per day.
- About 5 of 16 sites offer play support every day of the week; only 2 cover extended evenings.
- Most hospitals rely on weekday coverage, with limited or ad-hoc weekend and evening support.
- Staffing shortfalls are universal: all but one trust reported needing more play staff, especially for evenings, weekends, and busy areas like ED and outpatients.
- The lack of a dedicated play service manager in some trusts limits strategic oversight and staff progression.

Best Practice Examples:

- One trust provides play support 365 days/year from 7:30am to 9pm, including weekends.
- Another runs a 7-day rota, with play staff on duty daily and extended hours in ED.
- Larger teams with longer shifts (e.g. 11.5h) ensure coverage from early morning into the night.

Challenges:

- Even the largest teams struggle to staff weekends and evenings evenly.
- Some trusts have only 2–4 play staff, limiting coverage beyond core hours.
- Internal vacancies and hiring freezes prevent expansion to full 7-day service.
- Many staff are unqualified or in training, affecting service consistency.

Summary:

While all trusts meet the minimum requirement of having a qualified HPS, true 7-day coverage and comprehensive service remain limited. Most sites provide high-quality play services during standard hours, but gaps persist in evenings, weekends, and certain departments. To fully meet Standard 3, trusts would need to invest in additional HPS and play assistants, address management gaps, and ensure consistent staffing across all areas and times. Even one extra HPS per Trust could allow rota changes to cover 7 days. This will ensure no child misses out on therapeutic play due to timing.

STANDARD 4 - MDT RECOGNITION OF PLAY

Regional Overview:

Play services are well integrated into paediatric care pathways across all sites. Teams routinely provide procedural support (e.g., preparation for scans/surgery, in-procedure distraction) and work alongside doctors, nurses, and AHPs. Inclusion in handovers and care planning for complex patients is common.

Survey Highlights:

- All trusts report ad-hoc support when a need is identified, reflecting strong MDT recognition.
- Many teams deliver staff education (e.g., teaching imaging and wider MDT about therapeutic play).
- Play specialists contribute to referral triage and MDT meetings as part of non-patient duties.
- Integration varies by site; some have formalised models (e.g., pre-op clinics for MRI under sedation).

Best Practice Examples:

- Play-led pre-operative clinics (MRI under sedation) to reduce anxiety and streamline pathways.
- Dedicated preparation clinics for children needing future procedures.
- Structured induction/e-learning on play for clinical staff to improve awareness and referrals.

Challenges:

- Awareness: not all colleagues fully understand the breadth of the health play role with ongoing education requested.
- Bandwidth: limited staffing prevents attendance at every scenario/meeting where play could help.
- Process: documentation standards and referral mechanisms differ across sites.

Summary:

Standard 4 is broadly met region-wide: play teams are essential contributors to MDT care, with strong procedural and educational roles. To strengthen consistency, trusts should expand awareness training, standardise referral/documentation, and share best practice models thus ensuring play input is embedded and accessible wherever children receive care.



Emerging roles like Play-focused Clinical Educators (as seen in some large children's hospitals nationally) could be considered in the future to support training and quality, though none were reported in our region.

STANDARD 5 - COMMUNITY & CONTINUITY OF PLAY

Regional Overview:

Community integration for play services is minimal across the region. Aside from one known community-based play team - health play services are hospital-based with no formal links to community play therapy or school services for continuity of care. Despite self-assessment ratings - no trust reported having a community health play specialist or a routine process for handover to external organisations. Hospices do provide some outreach play support.

Survey Highlights:

- 76% of sites reported “No progress” on community links in the Play Well checklist.
- No hospital has a formal partnership with community play providers (e.g., hospital schools, community paediatric psychology/play therapy).
- Respondents confirmed gaps such as:
 - No out-of-hours or community play support.
 - Lack of structured transition for children moving to adult services or bereaved children of adult patients.
 - Awareness of the gap is increasing, with some teams expressing the need for “more focused roles” and a dedicated community post.

Best Practice Examples:

- One trust provides ad-hoc support in community clinics and immunisation clinics.
- Another trust offers occasional play support for young people transitioning to adult services or bereaved children of adult patients.
- Informal efforts include advising families and liaising with paediatric community nurses for children with additional needs.

Challenges:

- Structural gaps: No formal community linkage or continuity of play pre-admission or beyond hospital discharge.
- Resource limitations: Absence of community health play specialist roles across ICBs.
- Dependence on individuals: Current efforts are ad-hoc and reliant on staff initiative and capacity rather than policy.
- Unmet needs: Desire for a dedicated “Community HPS” position and clearer transition policies.

Summary:

Standard 5 is largely unmet region-wide. Community integration for play is minimal, with no formal pathways or dedicated community HPS roles identified. To strengthen continuity of care, trusts should establish formal links with community providers (e.g., hospital schools, paediatric psychology/play therapy, hospices), define transition policies (including bereavement support for children of adult patients). ICBs should aspire to consider piloting a Community HPS function across ICB footprints, along with exploring the gap in community health play provision across community services.

STANDARD 6: CHILD-FRIENDLY ENVIRONMENT

Regional Overview:

Most trusts meet this standard well, with child-friendly wards and playrooms in place. Basics such as dedicated play spaces are covered across the region, and some sites exceed the standard with sensory rooms or teen lounges in newly refurbished units.

Survey Highlights:

- No major issues flagged such as "lack of playroom" or "ward environment not child-friendly," indicating strong baseline compliance.
- Adolescent spaces are often adapted ad hoc with space constraints in ward areas.
- Resource limitations and space constraints noted in certain departments (e.g., no health play staff in Day Surgery Unit, though nurses provide play).
- Budget constraints mentioned by several trusts, with one explicitly stating there is no dedicated play budget.

Best Practice Examples:

- Creative solutions such as charity entertainers (e.g., "Spread a Smile") to enhance ward atmosphere.
- Trusts with refurbished or new units offering sensory rooms and adolescent lounges, providing environments beyond the basic standard.

Challenges:

- Funding gaps: lack of dedicated budget for play items or décor updates, reliance on charitable funds for enhancements.
- Resource constraints: limited space in some departments and absence of youth work provision for older teens on adult wards.
- Adolescent gap: no play equipment budgets for older teens and no structured youth engagement.
- Building and planning constraints, particularly with Private Finance Initiative sites.

Summary:

Standard 6 is generally met region-wide, with strong child-friendly environments and creative approaches to maintain engagement. However, sustainability is at risk in at least a third of trusts due to funding limitations.

Next steps include securing dedicated budgets for play resources, addressing adolescent provision, and reducing reliance on charity for essential enhancements. Providers should work towards a board to ward framework,

STANDARD 7: STAFF TRAINING & DEVELOPMENT

Regional Overview:

All trusts meet the basic requirement of having qualified health play specialists, with most leads confirming registration. However, support for continuing professional development (CPD) varies significantly across the region, ranging from structured annual hours to minimal or ad-hoc provision.

Survey Highlights:

- About 5–6 trusts actively support CPD with dedicated hours (e.g., 12 hours/year as per SoHPS guidance) and encourage staff to attend courses.
- Some trusts report “Agree” to CPD access but allocate no official hours, offering study leave when requested.
- Moderate performers “Disagree” on general CPD access but “Agree” on role-specific training, indicating some mandatory or local NHS courses occur but limited specialised play training.
- Trusts with clear gaps “Disagree” to both CPD access and role-specific training, reporting zero allocated hours and self-driven development.
- Backfill for qualification programmes is a common challenge.

Best Practice Examples:

- Trusts that register all health play specialists and allocate structured CPD time annually.
- Teams encouraging staff to seek external courses and supporting study leave requests.
- Positive culture of development where CPD is embedded as part of workforce planning.

Challenges:

- Lack of formal CPD hours in several trusts, leaving training self-driven.
- Limited backfill availability for qualification programmes.
- Inconsistent access to advanced or specialised play training beyond mandatory courses.

Summary:

Standard 7 is partially met region-wide: while all trusts have qualified play staff, ongoing development and career progression are inconsistent.

Next steps include securing protected CPD time (e.g., one day per quarter, including travel if needed), improving backfill arrangements, and exploring regional collaboration for cost-effective training days and workshops on advanced skills such as bereavement support.

One trust lacked any travel time allowance, preventing staff from attending network meetings, while another is now scheduling CPD time after this audit.”

RECOMMENDATIONS FOR TRUSTS, ICBS AND COMMISSIONERS

Secure Dedicated Funding

Prioritise specific budgets for health play services. This survey shows a clear need – commissioners should review long-term plans to future posts region-wide, identifying gaps in community provision. **Ensure a vision** of every trust having a ring-fenced play team budget will prevent sites from falling behind due to “no budget” issues.

Establish Clear Role Pathways:

Review health play specialist roles aligning roles and banding with national standards, following SoHPS recommendations. This standardisation will recognise experience, support retention, and create a clear career ladder for play staff.

Prioritise ED & 7-Day Cover

As a first step, support long-term business case development for known high-need gaps: Emergency Departments and weekends. Even one play specialist in A&E can make a difference. Support major centres to initiate 7-day play rotas. These moves address critical scenarios first.

Phase in Additional Staff

Implement increases in a phased approach through business case development. Review timelines and business cases aiming for 1 new HPS per site (most asked for 1–3) to alleviate the most pressing strain. Plan for further increments over time. This staged investment makes it more feasible and allows demonstrating the impact of each HPS.

Invest in Training & Recruitment

Support training for current support staff to become qualified HPS (addressing respondent concerns). Review the process to grow local talent and support progression pathways.

Regional Collaboration

Use this regional data for a cooperative strategy: support representation at the regional Play Network. Share best practices (e.g., pairing models, staffing plans), and share resources within ICBS (joint training sessions, etc.). A unified approach can ensure smaller sites aren't left behind.

These recommendations are based on the survey data which provides evidence to justify them. Play team support is integral to paediatric care quality – bringing a return on investment and tangible benefits to improve the experience of babies, children, young people and families.



Business case toolkit

Looking at key themes within the workforce survey, and regional benchmarking, we have provided some example business case templates to support health play services. These can be downloaded on our FutureNHS workspace. If you use a template, or improve it, please comment on the workspace and share your developments.



HPS ED Pathways

12-month pilot programme to introduce Health Play Specialists into Emergency Departments (EDs)

HPS MRI Pathways

Alignment to Strategy

- **NHS Long Term Plan:** Enhancing child health and reducing avoidable interventions
- **Core20PLUS5:** Reducing inequalities in paediatric care
- **ICB Priorities:** Workforce transformation and patient-centred care
- **Play Well Standards:** Embedding therapeutic play in clinical pathways

Requests? Happy to share?

Is there a bespoke business case you'd like, get in touch and we can support with analysis using a Copilot business case agent, and bringing together the expertise from the region.

Conclusion and Next Steps



In summary, Play Services in East of England are integral to paediatric care, but expansion and consistency are needed. Mapping the workforce survey to the Play Well standards reveals a high level of commitment and competence in the region's health play teams, alongside clear areas where further support is needed to reach the gold standards. The information from the survey provides a roadmap for targeted improvements, most notably in staffing, policy, community outreach, and staff development, which if addressed, will enable all East of England hospitals to fully "play well" and beyond.

Each standard's analysis shows that the building blocks are there; the challenge and opportunity moving forward is to provide the necessary structural backing (through funding, policy, and network support) to let the play services flourish uniformly across the region.

By adopting the above strategies, the region can ensure that "being in hospital" for a child is as positive and stress-free an experience as possible, no matter where they receive care. The variation in current provisions, from a comprehensive workforce program, to sites with virtually none, highlights both the challenge and the opportunity: sharing the successes and bolstering the weaker areas will lead to uniformly high standards of therapeutic and normalising play for all children across the East of England.



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<https://eoeneonatalpccsicnetwork.nhs.uk>



We would like to extend our sincere thanks to the team at Lister Hospital for generously sharing a selection of photographs that beautifully capture the breadth and impact of health play services in action. These images highlight cultural celebrations, therapeutic activities, and the inclusive environments created for children and young people. We are grateful to the team for securing all necessary permissions from staff and families.

We would also like to express our heartfelt thanks to Steph Fairbain, Chair of the regional Health Play Specialist Group and SoHPS board member, for the invaluable input into this project. Steph's ongoing support and leadership of the regional network has been instrumental in fostering collaboration and shared learning across the East of England. The Health Play Network continues to provide a vital forum for Health Play Specialists, enabling peer support, professional development, and the sharing of best practice across the region.

GLOSSARY

CYP (Babies, Children and Young people): In the context of this report, referring to 0-18 years of age. BCYP and CYP are interchanged dependent on relevance to ages.

HPS (Health Play Specialist): A professional trained to use play for therapeutic benefit in healthcare settings.

NN (Nursery Nurse): In this context, an unqualified or support play staff, often at a lower band, assisting play activities.

WTE (Whole Time Equivalent): The equivalent of one full-time staff member. For example, 1.0 WTE is one full-time staff member; 0.5 WTE would be a half-time position.

Band: Refers to NHS pay bands which denote the role's level/seniority (e.g., Band 7 is a senior specialist/manager, Band 5 a practitioner, Band 4 an assistant practitioner, etc.

SoHPS (The Society of Health Play Specialists (SoHPS): The professional organisation dedicated to advancing the education and practice of developmental and therapeutic play within healthcare settings.

CPD (Continuing Professional Development): Ongoing learning/training activities enabling professionals to maintain, update, and enhance their knowledge, skills/competencies, often requiring specified hours per year to maintain professional registration.

DATA NOTES

This report draws on a regional survey and Play Well Standards self-assessment across 17 hospitals in 12 NHS trusts.

- For the regional survey, we received 17/17 responses; however, one response covers two hospitals with a cross-site team, so the actual number of unique responses is 16.
- For the Play Well Standards section, returns are more complex: one submission covers two sites, and three sites did not submit a return.
- As a result, some figures are based on trust-level data, others on hospital-level data, and some on cross-site teams. Percentages and counts are calculated using the best available denominator for each section and are intended to illustrate regional patterns, not strict site-by-site comparisons.