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Service Groups' Highlight Report for Quality and Safety Committee

Meeting Date:	25 th April 2023
Service Group:	Neath Port Talbot & Singleton Service Group
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Summary of Quality and Safety issues since last report to the Committee

This paper provides the Quality and Safety Committee with an update on matters of Quality and Safety overseen by the Service Group. This is the fifth report of the Neath Port Talbot and Singleton Service Group (NPTSSG).

- **Key Quality and Safety Issues**

Nurse Staffing gaps within Singleton Hospital

Medical Services have now transitioned to Morriston Hospital and Singleton Hospital has 3 and a half temporary wards with 99 beds dedicated to Clinically Optimised Patients. As with previous risk assessments, many of the nursing team have opted to apply for positions elsewhere, either within Singleton Hospital to ensure they are able to remain on the site, or on other sites and other organisations. This has resulted in the vacancy gap increasing significantly. An SBAR has been completed with a proposed plan to close the temporary wards.

There is poor skill mix across the wards with often only one or two substantive RN's on any shift at any time due to the deficit, this is an even higher risk at night. There have been informal and formal concerns raised by temporary and substantive staff relating to the impact on care provision. There are significant risks should existing capacity remain open. There is a significant lack of senior leadership and very limited RN experience at ward level. There is currently less than 30% substantive staff per rostered shift.

Human Fertilisation and Embryology Authority Inspection

The Human Fertilisation and Embryology Authority (HFEA) inspection for Welsh Fertility Institute (WFI), Neath Port Talbot Hospital was undertaken on 18 January 2023. There were 7 Major Non-Conformances noted at time of inspection as set out in the HFEA inspection report (Appendix 1). A gold command group has been set up to implement a structured, assurance based action and improvement plan for the non-conformities reported following the regulatory HFEA inspection.

Critical midwifery staffing levels



There continues to be challenges in achieving the required baseline staffing levels in the obstetric unit and community. The Health Board continue to review these services fortnightly and update communication with women and their families. Regular communication with stakeholders has also been maintained.



Challenges, Risks, Mitigation and Action being taken relating to Quality and Safety issues noted above (what, by when, by who and expected impact)

Key quality and safety issues, risks, mitigation and actions being taken are summarised in Table 1:

Table 1.

Current/new risks	Current status	Update	Updated risk level
Health & Care Standard 2.0 - Safe Care			
Radiation Physics: Datix ID: 3189 2895	16	<ul style="list-style-type: none"> • Availability of laser protection advisory services • Insufficient physics staffing for ionising radiation safety 	Whilst these risks are not scored at Level 20, they have the potential to escalate / impact across the HB
Radiotherapy Physics: Pinnacle Treatment Planning System: Official End of Support Announcement (31/12/2026) Datix ID: 3146	12	<ul style="list-style-type: none"> • Complete loss of radiotherapy treatment planning capability, and so delivery of Radiotherapy • Complete loss of Pinnacle functionality would prevent anything beyond simple palliative planning from being performed • Loss of the ability to integrate new technology into the planning pathway or develop new advanced techniques. 	Whilst these risks are not scored at Level 20, they have the potential to escalate / impact across the HB
Cellular Pathology workforce risks associated with ability to safely run cancer diagnostic service Risk 1524	20	<ul style="list-style-type: none"> • Workforce pressures within Cellular Pathology continue to worsen • A recent audit of clinical backlog within Aneurin Bevan HB determined that a significant amount of these cases could be cancerous. If a similar audit outcome was applied to the backlog in SBU, then 430 cases out of 3000 could be a cancer. The backlog continues to grow in SBU • Initial proposal to outsource reporting while longer term plans (service redesign) implemented 	
Cellular Pathology clinical case backlog, where complexity and risk of cancer is higher than in pre-COVID backlogs Risk 2287	25	<ul style="list-style-type: none"> • Workforce pressures within Cellular Pathology continue to worsen • A recent audit of clinical backlog within Aneurin Bevan HB determined that a significant amount of these cases could be cancerous. If a similar audit outcome was applied to the backlog in SBU, then 430 cases out of 3000 could be a cancer. The backlog continues to grow in SBU 	

		<ul style="list-style-type: none"> Initial proposal to outsource reporting while longer term plans (service redesign) implemented 	
Critical staffing levels – midwifery Risk 2788	25	<ul style="list-style-type: none"> Due to ongoing critical midwifery, staffing levels NPTSSG have centralised services in order to maintain safe staffing and effective business continuity. Pressure on staffing increased at the end of June 2022 because of increasing short-term sickness particularly COVID-19 related. There is additional pressure on staff availability due to maternity leave There are increasing challenges in achieving the required baseline staffing levels in the obstetric unit and community. The current staffing position does not enable the home birth service to safely operate on a case-by-case basis since the increase in staff unavailability. The Health Board have suspended home births with immediate effect with 2 weekly reviews conducted by NPTSSG in this timeframe. The Alongside Midwifery Unit (AMU) continues to operate at Singleton Hospital to enable women to be offered midwifery-led services. The centralisation of maternity services remains essential to maintain quality and safety in basic service provision. The Community Health Council (CHC) has been informed and supports the Health Board in the centralisation of services and temporary suspension of home births. 	25
Laboratory Medicine workforce risks associated with ability to run out of hours blood transfusion service Risk 2809	20	<ul style="list-style-type: none"> Draft Paper to Management Board December 2022 currently out for comments from CEO 	
Nuclear Medicine - PET/CT Radiopharmaceutical Supply Risk 3016	25	 <p>Risk - PET-CT Radiopharma Supply.</p>	
Hywel Dda Bone Density (DXA) Reporting Capacity Risk 2344	20	 <p>Risk - Dexa Scanning and reporting.pdf</p>	

Non Compliance with Nurse Staffing Levels Act (2016) Risk 2789	25	  April 23 Nurse staffing.docx NPTSSG NSA Risk Assessment -11 4 23.1	20
Risk of the RSV surge in paediatrics and wider Health Board teams Risk 3066	20	<ul style="list-style-type: none"> Clinical pathways for RSV have been updated and recirculated to primary care and the wider team RSV forum re-instated as admission rate reflecting early increase in numbers 	16
Morrison pharmacy department is not sufficient for the activity supported on site Risk 2883	20	<ul style="list-style-type: none"> Morrison Pharmacy currently have 100 + staff working on site with the focus for breaks, toilet facilities, locker storage and meetings being within the main pharmacy department. The current main pharmacy footprint is not large enough to accommodate: <ul style="list-style-type: none"> Current staff Dispensing workflow. Dispensing Workflow Pharmacy Ward Hub Rooms & Enfys/ Tawe - allows dispensing of inpatient medication and discharges, taking away dispensing pressure from the main pharmacy. <ul style="list-style-type: none"> Dispensing Hub for Medicine in pharmacy corridor. 7.12.22 Remains at 20. No capital funds to progress plans/ work 	20
Medicines Homecare Services provided on behalf of SBU by external homecare providers Risk 3080	20	<ul style="list-style-type: none"> Ongoing issues with a number of homecare providers. Companies not meeting terms of SLAs 	16
Radionuclide Therapy Facility and Decay Store Risk 1223	20	<ul style="list-style-type: none"> The Natural Resource Wales Inspection carried out in March 2017 registered that the decay store was not of an adequate size to manage the current radioactive waste generated in safe manner, from the point of view of radiation safety of staff working in the environment. 16/11/22: Meeting booked 23rd Nov 2022 to discuss refurbishment scope and design. Request to add this item to the Capital Register should now be reduced in score as work is underway to create a new facility 	20
Health & Care Standard Standard 6.3 - Listening and Learning from Feedback			

<p>The Service Group's concerns compliance with PTR 30 working day target and the management of overdue incidents due to staff sickness (both Q&S teams and matron teams) and staffing shortages (clinical), increasing numbers of AM enquiries</p>		<ul style="list-style-type: none"> • 90% performance compliance • Timely investigations completed to allow for timely patient feedback and early learning • Shared learning integrated into practice • Complete the recruitment to vacancies in QS&R team • Discontinue secondments in QS & R team and offer substantive posts to successful candidates • Share projected improvement targets with divisions • Deputy Head of Nursing holds weekly meetings with team to monitor and improve compliance • Reduction in sickness in both nursing and Quality, Safety and Risk teams • Quality, Safety and Risk team support the service Divisions by running monthly (more frequently on request) Datix concerns reports to assist with improving compliance • Implementation of Divisional level Quality, Safety and Risk groups 	<p>Improved performance rates;</p> <p>December 2022- 78%</p> <p>January 2023- 75%</p>
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Serious Incidents (SI) and Never Events

There are 25 confirmed Serious Incidents (SI's) currently under investigation or awaiting confirmation of closure. Of the 25, 12 relate to patient falls, 3 to obstetric care, 3 to paediatric care, 1 to a pressure sore, 1 access to services and 5 to ongoing monitoring and/ or provision of care.

There was one Never Events reported by Obstetrics in February 2023, which is currently under investigation.

Progress Against Annual Plan Quality and Safety Priorities 2021/22 (as applicable)
Quality Priorities: reduction in healthcare acquired infections; improving end-of-life care; sepsis; suicide prevention; and reducing injurious falls.

Reducing Injurious Falls

The table below shows the actions the Service Group's taking to reduce inpatient injurious falls;

Goal	Method	Outcome	Responsibility
Appropriate training and education in relation to falls prevention with 85% compliance.	Undertake a training needs analysis and identify gaps. Signpost clinical teams to new ESR training for falls. PDN has provided a presentation to all wards which has highlighted falls training.	80% training compliance for ward staff (ESR Falls Module) staged improvement trajectory 20%	Practice Development team Clinical Leads Lead Advanced Clinical Practitioner
Hot debrief is uploaded to Datix for all falls in all ward areas.	Hot Debrief added to Datix. Spot Audit via Datix to monitor compliance.	A hot debrief compliance audit is completed as a spot check.	Deputy Heads of Nursing / Matrons

		Spot check – some areas excellent uploading to Datix (ward C NPT) still some work to do with the Singleton Wards	
Shared learning from Morriston and NPT quality improvement initiatives onto the Singleton Site	Pilot “Baywatch Hands” on Ward 12 and Ty Olwen Introduction of the Memory Impairment team onto the Singleton site	Reduction in harmful falls at the Singleton site Overall reduction in falls at Singleton Hospital	MIAT Team Practice Development Nurses Cancer and Palliative Care Matrons
10% annual reduction in harmful falls.	Identify specific Quality Improvement projects for falls reduction. Action all above methodologies for falls improvement.	Annual reduction in harmful falls (10%).	Practice Development team Lead ANP Health and Safety team (Manual Handling)

Reducing Health Acquired Infection

Significant progress has been made to provide divisional assurances of Infection Prevention and Control (IPC) governance structures and arrangements.

The Service Group has a robust Health Care Acquired Infection (HCAI) Improvement Plan which is a co-produced live document reviewed at the bi-monthly Infection Prevention and Control (IPC) meeting.

There is Director led, high level scrutiny in place for Tier 1 Infections where all cases will be presented by the responsible divisions.

There has been a significant improvement in E-Coli Bacteraemia (87% reduction) on the Neath Port Talbot Site.

The Service Group has not met the improvement targets with all infections. However there has been an improvement compared to the 21/22 performance with C-Difficile infections (13% NPTH and 20% Singleton Hospital).

There has been a significant deterioration on the Singleton Site with E-Coli and Pseudomonas bacteraemia with Ward 12 an identified hot spot. Focused improvement work will take place in this area.

The Service Group has made significant progress with the decontamination agenda and improvement plan, with assurance of location of devices, appropriateness of decontamination and training received into Divisional and Service Group IPC meetings.

Actions and Plans for HCAI reduction 2023/24

The Service Group will:

Continue with outstanding actions from 22/23 plan including

- Complete the roll out and embed chlorohexidine wash clothes in all areas
- Specific service improvement projects on ward 12 (portless cannulas, environmental review and deep dive into Pseudomonas cases)
- Roll out the Memory Impairment Advice Team at Singleton Hospital (improved mobility and continence care)
- Expand continence training programme to Singleton Hospital

Sepsis

The table below shows the improvements for the Sepsis Quality Priority;

Current position	Forward Action
Sepsis Sticker trial has been successful and very well received, this is now extending to all medical wards and Ward F (Mental health).	Roll out sepsis sticker to Singleton Hospital Wards

Acute Oncology Service undertaking specific sepsis training within Cancer Services at Singleton Hospital Sepsis training to be introduced as part of a 10 and 10 initiatives (10 minutes at 10am educational session) within Cancer Services	Expand the 10 and 10 initiative across all Wards at Singleton Hospital
Specific ward based training in response to incidents relating to sepsis	Develop a deteriorating patient training package.
Sepsis taught as part of the Angel Programme	
RRAILS compliance	HCSW News training underway across both sites.

Improving end of life care

The table below shows the improvements for the Improving end of life care Quality Priority;

Current position	Forward Action
Champion study days attended, most ward have now sent staff. Both RN and HCA encouraged to attend.	Champion programme to continue with attendance encouraged
Oral care training put in place, and supporting comfort in EOL patients.	Continue with training in relation to nutrition and hydration and oral care to support comfort at end of life.
EOL care competency added into the HCA competency booklet.	

Suicide prevention

The table below shows the improvements for the Suicide prevention Quality Priority;

Current position	Forward Action
Ligature Risk Assessments have been updated across the group, will need a review for outpatient and public areas and refresh of ward areas within this Quarter. Maternity Services still have some outstanding assessments.	To receive Maternity services risk assessments Set review date for all other risk assessments
REACT support available for all staff and is being utilised across the service Group, signposting to Crisis team and GP's have taken place to support individual staff members.	

Service Group Priority – Prevention of Health Acquired Pressure Damage (HAPU)

Hot Debrief tool has been embedded in practice in all areas with Deep Dive methodology in Hot spots Areas. Categorisation and reporting audits are undertaken across both sites with bespoke sessions on classification of Pus. The Service Group has reinvigorated PU champions and work is ongoing in relation to medical photography. There is an increased focus on PU's in the Angel programme.

Safeguarding

Maternity

Safeguarding related incident; FGM case missed throughout pregnancy and mother gave birth to a female infant. Identified at 37/40. No referral or assessment completed during the pregnancy. A timeline has been completed and a learning event has been organised (and to be presented at audit).

Safeguarding training; Face to face level 3 training, has not been entered onto ESR, it has to date been held on a database held by the Maternity CPD team. Work is being undertaken to enter all of this data onto ESR with support of a new CPD team and EST Team.

To provide additional assurance of safeguarding governance arrangements, NPTSSG Group Nurse Director has requested that the corporate safeguarding team undertake an internal review within Maternity Services.

Maternity Service Training Compliance:

9.1 Training required for all HB staff *(percentage compliance information available from ESR/OLM)*

Training type	Number to be trained	Number Trained	%	Change (from last report)	Action required	Timescale for the Action	Action Lead
Safeguarding Adults & Children Level 1	279	236	84.59				HG/CPD Team
Safeguarding Adults Level 2							
Safeguarding Children Level 2							
Mental Capacity Act Level 2							
Violence against Women, Domestic Abuse and Sexual Violence – Group 1	279	224	80.29				HG/CPD Team

9.2 Training required for certain Service Group staff (percentage compliance information not currently available from ESR/OLM)

Training type	Number to be trained	Number Trained	%	Change (from last report)	Action required	Timescale for the Action	Action Lead
Safeguarding Adults Level 3	279	1			All staff have been trained up until April 2022. New program to commence September 2023		HG/CH/CP D Team
Safeguarding Children Level 3	279						
Mental Capacity Act Level 3							
Deprivation of Liberty Safeguards Level 2							
Violence against Women, Domestic Abuse and Sexual Violence – Group 2	279				All staff have ask and act training every 3 years, last completed 2019-2020. New program to recommence September 2023		HG/CH/CP D Team

Adult Services

Safeguarding related incident; Ongoing concern relating to NRU patient, initial safeguarding raised within CAV patient transferred to NPTH. Risk posed from husband and bail conditions imposed. Currently progressing under Court of Protection.

Children & Young People Services

Safeguarding training; Neonatal Unit is experiencing challenging staffing levels and skill mix this has led to the cancellation of staff from mandatory and statutory training, compliance reported in February 2023 was 41%.

Patient Experience Update

For the month of March there were 2,913 Friends and Family (F&F) survey returns with overall score of 94%.

Heat map below showing F&F scores; when asked the question 'Overall, how was your experience of our service'.

Results by Service Group

Service Group	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	93.8%	3.1%	2913	2393	339	84	34	55	8
NPT & Singleton Group	93.8%	3.1%	2913	2393	339	84	34	55	8

The areas with high numbers of returns had generally positive feedback. Areas with low scores generally had only a couple of responses. Positive patient experience from F&F feedback included the following comments;

Chemotherapy Day Unit

Nurses were very caring and helpful.

Ward 02 (Surgery)

The staff were so thoughtful and helpful and could not do enough to ensure you were as well as you could be.

Cardio Respiratory

Staff were polite and respected my views in regard to my visit. Everything was explained and the staff were attentive and made sure I was ok before I left and made sure my next visit was booked.

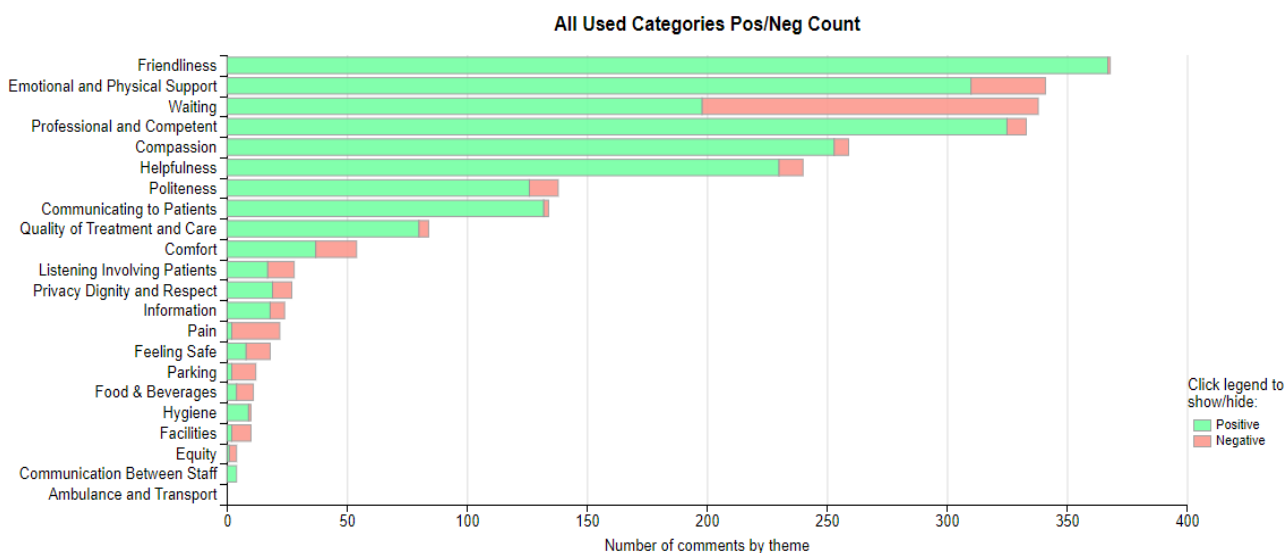
Dermatology

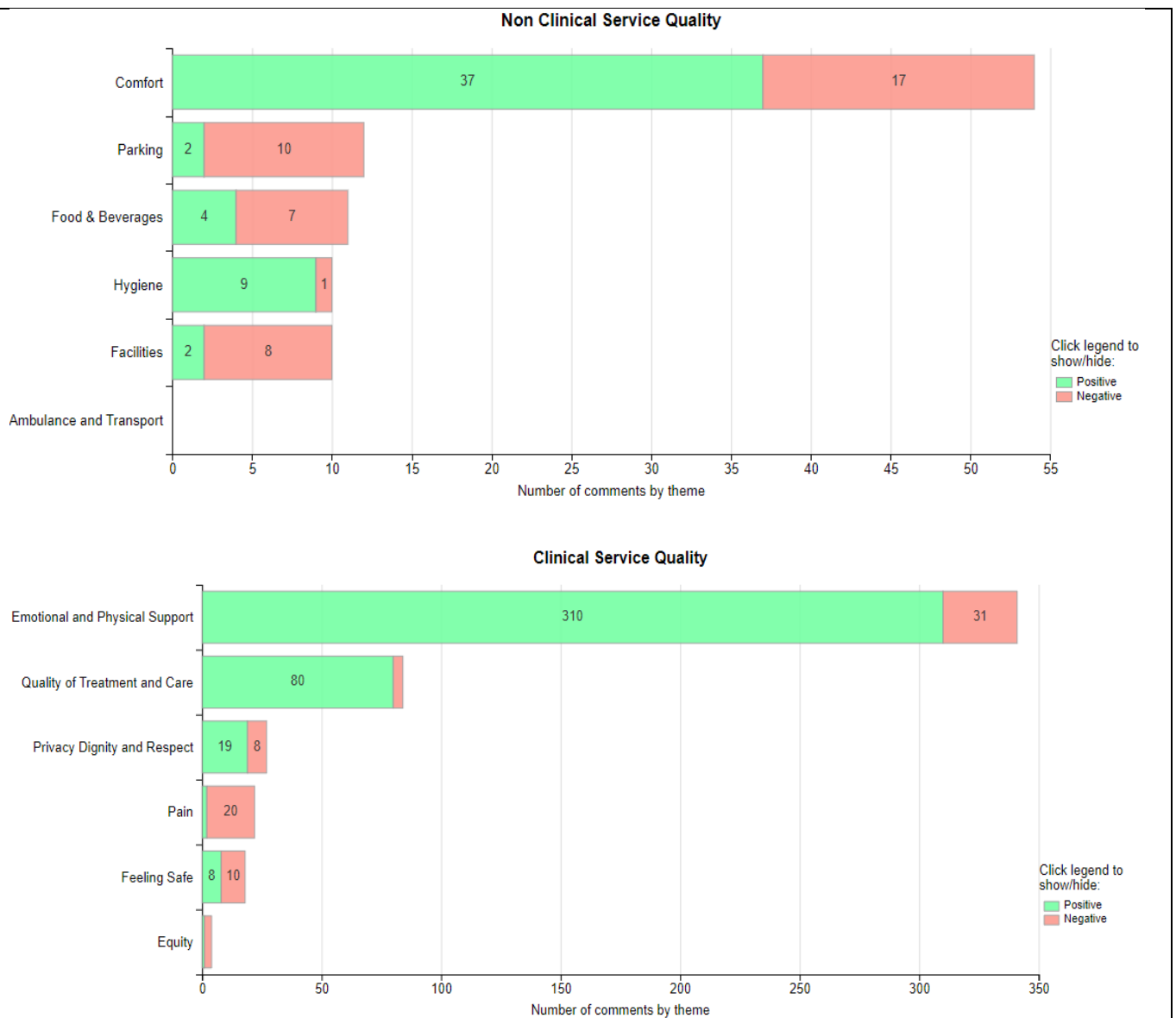
Communication was amazing, very friendly team at Dermatology Singleton.

Outpatient - Blue

Very helpful by all the Staff, polite and professional and respectful and well explained.

The tables below show feedback by themes





Service Group patient experience feedback

Poor experience

Increased feedback received regarding access in relation to the phlebotomy services redesign. The changes continue to generate significant levels of feedback as phlebotomy provision in GP practices ends. A recent phlebotomy patient survey is included within the Appendices (appendix 2) of this report.

Within rheumatology there has been poor experience reported primarily in relation to delays with prescriptions. In response, staffing issues are being addressed to support timely provision of prescriptions.

Due to ongoing critical midwifery staffing levels, NPTSSG have centralised services in order to maintain safe staffing and effective business continuity. There are increasing challenges in achieving the required baseline staffing levels in the obstetric unit and community. The current staffing position does not enable the home birth service to safely operate on a case by case basis since the increase in staff unavailability. The Health Board has suspended home births with 2 weekly reviews conducted by NPTSSG. The Alongside Midwifery Unit (AMU) continues to operate at Singleton Hospital to enable women to be

offered midwifery-led services. The centralisation of maternity services remains essential to maintain quality and safety in basic service provision.

The father of an infant, who is currently an inpatient on Oakwood Ward, Morriston Hospital participated in an ITV News report on 5th April 2023. During the television interview, the father made claims that the family were subjected to intimidation, harassment and poor care by senior nurses within the Health Board. A member of the public emailed the Health Boards Complaints Team (on 5th April 2023) and stated that he had watched ITV news and he had experienced the concerns raised by the infant's family and another father of a 4 year old child in the news report.

Following poor experience feedback, a Task and Finish group has been set up to explore funding to make improvements to the accommodation for parents of premature infants whilst on the neonatal unit.

Positive experience

A quiet room has been created on Ward 12 to allow relatives a calm peaceful area to utilise when caring for end of life patients. Additionally, the room is utilised for challenging conversations and breaking bad news to patients and relatives. The room can also be used to support and debrief staff following distressing events.



Jessica Moss
@Jessica05338329

Thank you @SwanseaBayNHS Singleton hospital ward 8 team (including agency staff and domestics) and Singleton palliative care team for the most dignified care up to my Dad's very last breath. He was comfortable and felt entirely cared for by you all at every stage ❤️

21:32 · 29 Mar 23 · 4,332 Views

2 Retweets 66 Likes

Positive feedback received from the Welsh Cancer Patient Experience Survey including 99% positive responses (314 respondents) expressing Yes, always 93%, Yes, sometimes 6% to the question – “Overall, while you were in hospital, were you treated with dignity and respect”?

The Division of Children & Young People have produced a Childrens Patient Experience Report for the month of February which includes data from all the Children's surveys on the Civica system. A copy of the Patient Experience Report is included within the Appendices (appendix 3) of this report.

The “Baby and Me” group has been relaunched; parents are able to receive teaching and share together their concerns and experiences.

Any Other Issues to Bring to the Attention of the Committee

Shared learning received from the Patient Story presented to the Committee on 22nd November 2022

The patient story has been shared with ward 9 staff at shift handovers and also presented at the Service Group Professional Nurse Forum (PNF). When shown at PNF members found the story distressing and many said it was “thought provoking”.

Some ward staff were upset and felt sad by the story, felt very apologetic and wanted to apologise. There was a small amount of defensiveness with comments such as “how are we expected to do meds in the dark”. Although disappointing, these instinctive defensive comments did provide the opportunity for further discussions and reflections within teams. Following discussions the initial defensive responses did alter perspectives from individuals and individuals agreed that they could learn from this.

Health Inspectorate Wales – (HIW) Paediatric Services

Following the HIW Review in January 2020 of Paediatric Services in Morriston Hospital, the Division for Children & Young People have submitted an updated improvement plan.

Childrens Community Nursing Service External Review

Following the identification of a number of concerns regarding patient, parent and carer experience within the Community Children's Nursing (CCN) Team an independent review was undertaken between March and September 2021 to cover the period April 2019 to September 2020. A total of 20 children receiving Continuing Care during that period were included.

The experiences of the children and families were fundamental to the review and the report notes that the meetings with families were powerful and moving. The families were not critical of the CCN Service as a whole but identified concerns about specific issues, including the assessment process, timeliness of provision, cancellations of care and the way that concerns and complaints were addressed and managed.

The views of the CCN Team were also sought and it was clear that staff were aware of the challenges and issues faced by the families and were keen to help resolve them. Amongst the key factors which led to the team being unable to fully deliver the Health Board standards and values was the lack of engagement and partnership working with families.

There were significant opportunities to review and develop the service model so that it reflects what families need and want rather than expecting them to fit in to the current 'offer'. The review highlighted the importance of communication with families and the opportunity to talk about their experience was valued.

A range of recommendations emerged from the review which relate to the development of partnership and engagement with families so that working in partnership with parents becomes a fundamental principle applied by the CCN Service. The establishment of a Parent/Patient Engagement Task and Finish Group has been the key driver in taking forward actions to develop engagement with families and to monitor progress in delivering activity and solutions against the review's recommendations.

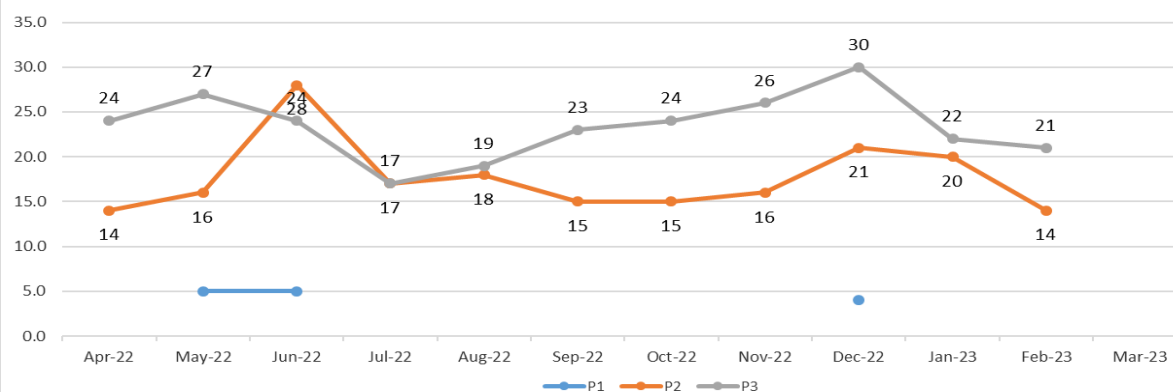
A follow up review of the CCN Service is being undertaken by the same team who conducted the initial review to see if the current service is fit for purpose. The families involved in the original review have been invited to share their recent experience of the service including any changes, improvements or issues that remain of concern. In addition, the Head of Quality Improvement for NPTSSG has asked Cath Broderick, the Independent Engagement Specialist supporting the Task and Finish Group to conduct an interim review of the CCN Service's progress and achievements against the recommendations relating to engagement and communication from the initial review. Copies of the interim review report (appendix 4) and the Parent/Patient Engagement Task & Finish Group Improvement Plan Action Log (appendix 5) are included within the Appendices of this report.

Cancer waiting times

Waiting times to start SACT treatment in Singleton CDU by priority

Priority & wait		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
P1	Average		5	5						4		
P2	Average	14	16	28	17	18	15	15	16	21	20	14
P3	Average	24	27	24	17	19	23	24	26	30	22	21

Average wait (days) by priority



General Information (all patients)	Bisphosphonates removed										
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Patients attended for treatment	433	414	413	424	474	464	495	488	451	505	496
Attendances for treatment	1,539	1,638	1,621	1,769	1,996	1,910	1,996	1,983	1,984	2,111	1,909
attendance for treatment (cycle 1 day 1 only)	46	66	67	61	62	46	58	64	54	68	61
Clinical exceptions				2	1	3	1	1	1	6	3

Chair Capacity

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Chair slots used	7,051	8,231	7,804	8,682	8,910	8,614	9,660	9,110	9,032	10,459	8,005
Nominal chair slot capacity	8,200	8,200	8,200	8,200	8,200	8,200	8,720	8,720	8,720	8,720	8,720
% chair utilisation	86%	100%	95%	106%	109%	105%	111%	104%	104%	120%	92%

Reviewing of pathways for all breach patients is now in place following appointment of the SACT QI practitioner.

Neuro Rehabilitation Unit (NRU)

Positive Behaviour Support pilot is due to commence on NRU. The support and training will be provided by Learning Disabilities to Professional Development Nurses with plans to roll out across the Service Group.

Memory Impairment Advice Team

As part of a pilot aimed at reduction of in-patient falls the team will be working with activity volunteers at Singleton hospital to introduce a programme of meaningful activities for the patients on the wards, for example music and book clubs, arts and crafts and chair aerobics.

Recommendations

Members are asked to note the report.

Appendices

- Appendix 1 – HFEA WFI Inspection Report
- Appendix 2 – Phlebotomy Patient Survey
- Appendix 3 – CYP Patient Experience Report
- Appendix 4 – Interim CCN Report re Engagement of Parents & Patients
- Appendix 5 - Parent/Patient Engagement Task & Finish Group Improvement Plan Action Log