



Quality Account 2023/24

Contents

Part 1: Statement from the Chief Executive	3
Part 2: Priorities for improvement and statements of assurance from the Board.....	4
Priorities for improvement	4
Priority areas for quality improvement for 2024/25.....	4
Statements of assurance from the Board	6
Review of services	6
Collaborating with other providers.....	6
Medicines and Health Care products Regulatory Agency (MHRA) and patient safety alerts	6
National audits	6
Local clinical audits	6
Statement about research	6
Use of the Commissioning for Quality Improvement and Innovation (CQUIN) payment framework....	6
Stakeholder views	7
Data quality	8
Clinical coding error rate	8
Part 3: Review of quality performance	9
Key achievements in 2023/24	9
What we said we would do and what we achieved.....	9
Improvements.....	10
Mandatory training	12
Partnerships.....	12
Equality, diversity and inclusion	13
Patient safety	14

Part 1: Statement from the Chief Executive

I'm pleased to bring you this year's Quality Account for Shooting Star Children's Hospices, which demonstrates the significant steps we have made in providing outstanding care and support to every family that needs us.

The aim of this report is to give clear information and assurance about the quality and safety of our services, to demonstrate that supported children, young people and their families can feel safe and well cared for, and that all our services are of a high quality.

Throughout this report you will read testimonials from the families we support and the healthcare professionals we work with. These testimonials illustrate how our care goes beyond medical care – we not only provide exceptional nursing care, we provide holistic therapies, counselling and specialist bereavement support for the whole family and, most importantly, we help families to **make every moment count**.

We can only do this thanks to our wonderful team of staff and volunteers. Together with the Board, I would like to thank them all for their unwavering commitment to the children and families we support and for fostering a culture of continuous learning and improvement in all that we do.

I would also like to thank our supporters, local community, partners and government for their generosity. They're ensuring we can look to the future with confidence, knowing we have the financial resilience to realise our ambitions and deliver our three-year strategy.

Finally, I'd like to thank the members of our Quality Governance and Risk Committee in providing guidance, assurance and support to Shooting Star Children's Hospices on all matters relating to clinical governance.

These Quality Accounts are for the children we care for, their families and carers, our colleagues and volunteers. We hope they will also be a helpful resource for the statutory partners, funders and clinicians we have the privilege of working with. For anyone unfamiliar with the format, the requirement to publish Quality Accounts is set out in the Health Act 2009. Requirements about the content of Quality Accounts are set out in the NHS (Quality Accounts) Regulations 2010, and in the amendments published in 2011.

Our Director of Care at Shooting Star Children's Hospices, Lisa Dennis, and all clinical managers are responsible for the preparation of this report and its content. To the best of my knowledge, the information in this Quality Account is accurate and a fair representation of the quality of care provided by Shooting Star Children's Hospices.



A handwritten signature in black ink, appearing to read 'Paul Farthing'.

Paul Farthing
Chief Executive

Part 2: Priorities for improvement and statements of assurance from the Board

Priorities for improvement

There are sound and robust systems across Shooting Star Children's Hospices that are designed to ensure safe and high-quality care. These include a three-year strategy and yearly business plans, a Care Strategy Committee and Quality Governance and Risk Committee which both meet four times a year, and a comprehensive risk register to ensure systems and procedures are in place and up to date, and to monitor and mitigate exposure to risks. We also have a dedicated safeguarding lead who has overall responsibility for all matters relating to safeguarding and child protection.

Shooting Star Children's Hospices is registered with the Care Quality Commission (CQC) which exercises external governance over the standards that must be met in order for Shooting Star Children's Hospices to operate its services.

Priority areas for quality improvement for 2024/25

The following priorities have been identified in our 2024/25 business plan in line with our organisational strategy *For Every Family*.

Priority one: Excellent family experience

This priority will be achieved by:

- A quality improvement (QI) initiative which will embed best practice QI within Shooting Star Children's Hospices' care settings – two projects to be completed by Q4
- Design and implement a Patient Safety Incident Response Framework (PSIRF) – the PSIRF will replace the current Serious Incident Framework (2015)
 - The framework represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS. It is a key part of the NHS patient safety strategy
 - The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:
 - Compassionate engagement and involvement of those affected by patient safety incidents
 - Application of a range of system-based approaches to learning from patient safety incidents
 - Considered and proportionate responses to patient safety incidents
 - Supportive oversight focused on strengthening response system functioning and improvement

Priority two: Excellent staff training

This priority will be achieved by:

- Training needs analysis for each service with mapping of development needs and investment across the year
- Advanced Nurse Practitioner role developed in-house

Priority three: Shooting Star Children's Hospices is a trusted educator for professionals on paediatric palliative care in region

This priority will be achieved by:

- Recruitment of Clinical Psychologist
- Delivery of Brain Space – monthly interactive online training delivered by the palliative care team
- Neonate Education days have been delivered to external professionals
- SIM days – We are successfully running a number of SIM days for external professionals and have jointly developed (with Kingston University) a training module on how to provide SIM training for children's palliative care which is being sold to other children's hospices

Priority four: Become the leading research active children's hospice in the UK

This priority will be achieved by:

- Research post recruited to
- Research strategy developed further

Priority five: Training and development pathways mapped and delivered for all our clinical staff teams

This priority will be achieved by:

- L&D framework designed and implemented for nurses, HCA's and the psychosocial team

Priority six: Bereavement support – extending our offer to any child who has died

This priority will be achieved by:

- Recruit to team as service grows – up to eight posts
- Scope psychosocial service becoming seven days per week
- Evaluation and expansion of the Bereavement Service

Priority seven: EOL Support – gap in provisions for last year of life

This priority will be achieved by:

- Recruit an additional community nurse and family support worker to support families when they are using our Bereavement Suite
- Widen perinatal service to north-west London

Priority eight: Maximise overnight respite available

This priority will be achieved by:

- Review bed night utilisation in Q3 and plan model for 2025/26

Priority nine: Transition to adulthood

This priority will be achieved by:

- Nurse and social worker recruited
- Implementation of transition pathway

Statements of assurance from the Board

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers and therefore explanations of what these statements mean are also given.

Review of services

Shooting Star Children's Hospices continues to collaborate closely with partners, including acute hospitals within our catchment area, local adult hospices, community nursing and therapy teams, NHS England, Integrated Care Systems (ICS's) and local authorities, to collaborate and focus support where it would be most beneficial. We also work with other children's hospices both across London and nationally.

During 2023/24 the hospice provided 1 contracted NHS service (Specialist Paediatric pAlliative CarE (SPACE) contract). The hospice has reviewed all the data available to us on the quality of care in this service and provides regular quality reports to relevant commissioners and contract managers.

All services delivered by the hospice are funded through a combination of statutory funding from NHS England (NHSE), local authority, ICS's and from income generation activity. Central funding received via NHSE means that all services delivered by the hospice are part funded by the NHS.

Collaborating with other providers

Shooting Star Children's Hospices works collaboratively with other providers to ensure that palliative care can be delivered to children and their families.

Medicines and Health Care products Regulatory Agency (MHRA) and patient safety alerts

MHRA alerts are reviewed within one working day and disseminated as required to the relevant service lead/leads. All relevant alerts are logged onto our Medical Devices Alert (MDA) Tool – a digital reporting platform where all alerts and actions are recorded. The MDA audit is completed annually.

National audits

In 2023/24 there were no national audits or enquiries relating specifically to specialist children's palliative care.

Local clinical audits

Shooting Star Children's Hospices has a comprehensive clinical audit programme which is currently under review.

Statement about research

The number of patients receiving NHS services provided or sub-contracted by the hospice in 2023/24 that were recruited, during that period, to participate in research approved by a research ethics committee was zero.

Use of the Commissioning for Quality Improvement and Innovation (CQUIN) payment framework

Hospice income in 2023/24 was not conditional on achieving CQUIN goals through the Commissioning for Quality and Innovation payment framework.

Stakeholder views

Care Quality Commission (CQC)

The hospice is required to register with the CQC and its current registration status is unconditional; the hospice has no conditions on registration. The CQC has not taken any enforcement action against the hospice during 2023/24.

The hospice is subject to periodic reviews by the CQC, and the last review was on 6 July 2023 where they found there was no requirement to review the rating. The last on-site inspection was on 24 May 2022 where it was given a rating of "Outstanding". The CQC inspection highlighted no areas of concern and there were no recommendations or enforcement actions. Full rating breakdown:



Overall rating for this location		Outstanding	☆
Are services safe?		Good	●
Are services effective?		Good	●
Are services caring?		Outstanding	☆
Are services responsive to people's needs?		Outstanding	☆
Are services well-led?		Outstanding	☆

The CQC highlighted several areas of outstanding practice:

- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, and helped them understand their conditions.
- Staff were highly motivated and inspired to provide care that is kind and promotes dignity. Staff found innovative ways to meet the totality of children, young people and their family's needs.
- Children, young people and families were active partners in their care, and staff empowered them to have a voice and realise their potential.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback.
- Services were developed with the full participation of those who use them, staff and external partners as equal partners.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work.

The hospice has not participated in any special reviews or investigations by the CQC during 2023/24.

Children and families and external stakeholders

The following statements are from our *For Every Family* strategy – what do we need to deliver for children and families:

- "Their support and safe, expert care is there when I need it"
- "I feel safe, understood and part of a community"
- "They advocate on my behalf and amplify my voice"

We received 107 pieces of unsolicited positive feedback about our care services in the form of thank you letters and emails in 2023/24. Below are a few examples:

- The following feedback is from the Chair of the south-west London Care Death Overview Panel (CDOP):

"We receive consistent commendations from parents on the high level of care and support given to families by hospices in what is a devastating event in their lives. We are also mindful of the emotional toll this particular case may have had on the staff at the hospice.

The Panel wishes to thank you and to acknowledge the special care and support given to this baby in these circumstances."

- The following feedback is from a Children's Continuing Care Case Manager:

"Heart felt warm thanks to all involved in both coordinating and providing care for our child. It has been so evident throughout how beautifully cared for the entire family have been, that they have felt held, supported and so importantly that their wishes for our child were heard and respected.

I hope everyone takes a moment to themselves to both recover and feel proud."

- The following feedback is from a parent:

"It is because of your dedication and care that our daughter experienced a time of total dependence with such dignity and care. We are forever grateful."

Data quality

Shooting Star Children's Hospices did not submit records during 2023/24 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This is because the hospice is not eligible to participate in this scheme.

Shooting Star Children's Hospices collects and submits the following internal activity/performance data:

- Monthly internal dashboard showing performance measures against our *For Every Family* strategy
- Annual activity data required as part of our NHS contracted SPACE service
- In April 2023, the KLOE prompts and ratings were retired in line with a new inspection framework
- To answer the five key questions, CQC will assess against the new topic areas and quality statements collecting evidence in a range of areas including:
 - People's experience of health and care services
 - Feedback from staff and leaders
 - Feedback from partners
 - Observation
 - Processes
 - Outcomes

Clinical coding error rate

Shooting Star Children's Hospices was not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.

Part 3: Review of quality performance

Key achievements in 2023/24

In 2023/24 we achieved the following:

- 151 new referrals were accepted (a 45% increase on 2022/23)
- 544 children with life-limiting conditions were supported (a 1% increase on 2022/23)
- 1,767 family members received support (a 15% increase on 2022/23)
- 258 bereaved families accessed our specialist bereavement care (a 47% increase on 2022/23)
- 47% of all newly bereaved families were offered our specialist bereavement care
- 1,474 care nights were provided (a 12% decrease from 2022/23)
- Our bereavement suites were in use 87 nights of the year (a 5% decrease from 2022/23)
- 117 events were held for children and their families with 1,337 attendees (a 10% increase on the number of events in 2022/23)
- 15,134 face-to-face and telephone contacts were made to families (a 30% increase on 2022/23)

There is no national minimum data set for children's hospices.

What we said we would do and what we achieved

2023/24 represented the first year of our three-year strategy, *For Every Family*. Below are the performance measures and how we met them.

What we promised	What we delivered
Do more	
Offer bereavement support to 40% of families whose child has died (from 74 families to 102)	119 newly bereaved families (47%) accessed our specialist bereavement care.
Offer palliative care to 25% of babies, children and young people who are dying (from 47 children to 57)	77 babies, children and young people (31%) received palliative care at our hospice, in their home or in hospital.
Provide 90% occupancy of open bed nights (from 1,687 nights to 1,912)	Our hospice beds were occupied for 1,475 nights of the year (78% occupancy) – this is lower than target, but with a sixth bed at Christopher's opening in Q4 our bed nights will increase in 2024/25.
Do better	
Deliver a programme of ongoing quality improvement across the whole organisation Note: This measure changed in-year to: Ensure that all children and young people, and their families, have access to appropriate service provision – 33% of bereaved families and 50% open families accessing our services quarterly	33% of bereaved families and 48% of families with a life-limited child accessed our services quarterly.
Become a 'research active' hospice	Three research papers were authored.
Be the 'go to' expert for child death in our area – increase end-of-life referrals by 20% (47 referrals)	58 end-of-life referrals were made across the year.

Co-create	
Increase the number of life-limited children, and their families, who use Shooting Star Children's Hospices by 10% (from 65 children to 72)	72 children living with a life-limiting condition, and their families, were referred to us.
Build strong health, local authority and political partnerships – be at the table	We have representatives on the advisory councils for Together for Short Lives and Hospice UK, as well as the Health and Wellbeing Board in Surrey. We have also set up a VCSE Bereavement Network and are leveraging the support of local MPs.
Measure our reputation across all stakeholders	The average "Likely to Recommend" score was established as 8 and will inform our success measure in 2024/25.
Grow people	
Every member of staff has the opportunity for relevant training and growth	A new learning and development academy, Starlight Academy, was launched and a new success measure will be included in 2024/25.
Increase volunteering hours by 10%	We were not able to measure this – in Q2 2024/25 we plan to implement a new volunteering database to better track volunteering impact.
Survey staff and volunteers on attitudes and concerns regularly Note: This measure changed in-year to: Average "Likely to Recommend" score improves	An all-staff Birdsong survey ran with 92% of staff stating they were proud to work at Shooting Star and 97% happy to recommend Shooting Star to friends or family should they need to.
Staff turnover decreases by 5% (from 26%)	Staff turnover has decreased to 18.5%
Grow income	
Increase voluntary income to £5.62m (from £4.94m)	Our voluntary income increased to £6.6m.
Increase statutory income to £3.3m (from £2.94m)	Statutory funding increased to £3.3m.
Increase retail income year-on-year by 10% (from £1.01m to £1.13m)	Retail income increased to £1.2m.
Increase The Care Database income year-on-year by 10% (from £0.69m gross to £0.75m gross)	The Care Database income increased to £0.9m.

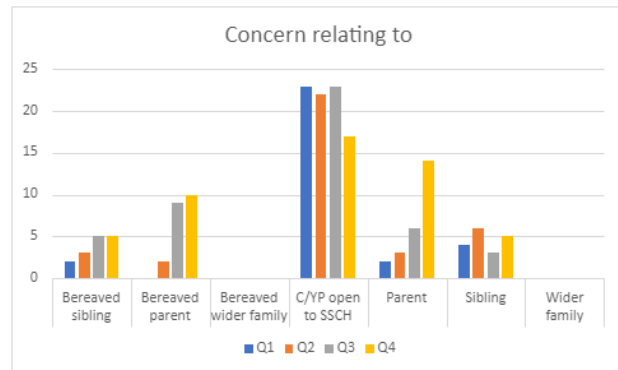
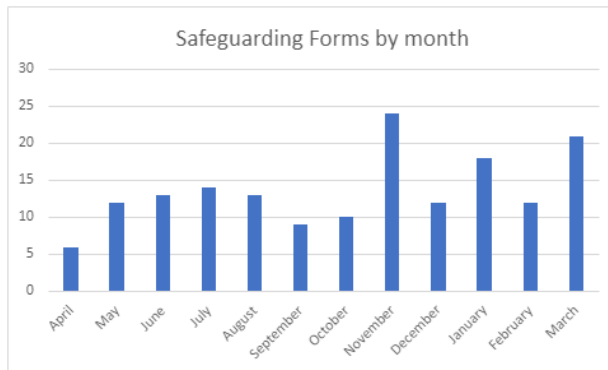
Improvements

Governance: The Quality Governance & Risk Committee's purpose is: "To provide assurance to the Board that the charity has embedded within the organisation an effective framework for the oversight of clinical governance and internal control in line with the Care Quality Commissions five key domains to deliver safe and effective care". In 2023/24 the committee has revised its terms of reference and its agenda aligns with the five key questions of the healthcare regulator, CQC. It is chaired by a trustee and two other trustees are in attendance.

Safeguarding: The number of safeguarding incidents has risen by 23% in 2023/24. These incidents are not safeguarding incidents against our staff, they are concerns being raised by our staff about the

welfare of our families and children and young people. In response to this growing complexity there has been investment in an additional social worker and a stand-alone Head of Safeguarding role has been recruited.

Number of safeguarding incidents reported: 164



Medicines management: During 2023/24, a new specialist pharmacy role was created and there is a specialist pharmacist now on-site three days a week.

Clinical Audit: The following programme of work has been completed in 2023/24:

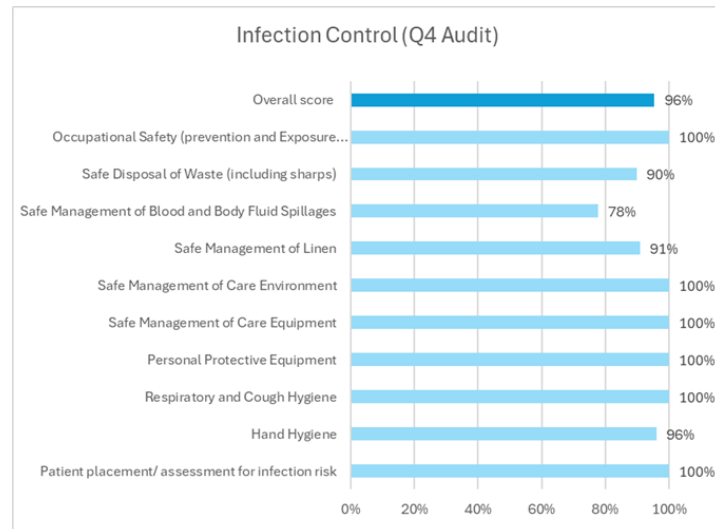
- Governance framework policy completed and ready for dissemination.
- Audit plan reviewed and made more robust with alignment with national and local policies and guidelines; each audit methodology was also reviewed as part of this project.
- Reviewing CQC quality statements against own governance programme and addressing areas/gaps for further review.

Learning from incidents: It is of utmost importance that staff feel able to report when things don't happen in the way they were intended. There were 204 incidents in 2023/24. We are committed to ensuring that learning/action is taken as a result of investigations. Examples of how we share that learning are in our quarterly safety bulletin. We are committed to duty of candour and as outlined in our priorities for next year, after scoping in 2023/24, we will begin to implement PSIRF in 2024/25.

Feedback: During 2023/24 we implemented real time user feedback surveys for our in-house stays and our physiotherapy swims. This includes an online survey which is highlighted to parents by email and with a QR code on a card. One of the changes that has been prompted by this feedback has been a change to some of our practice around discharge and information sharing with parents before and after in-house stays. In addition, we have a quarterly focus group meeting with parents of life limited children and bereaved parents where practice and feedback are discussed. We also run a biannual Birdsong survey for all staff which is benchmarked against other hospices nationally.

Well-led: In 2023/24 we provided leadership training for Directors, Heads and Leads of teams, as well as management training for all staff who manage people. This has been a significant investment with Heads and Leads attending six days of leadership training and managers attending six days of management training.

Infection control: The team introduced a 'gloves off' campaign in January aligning with Surrey Integrated Care Board (ICB) who are also planning to adopt the campaign. Here are the most recent infection control audit results:



Mandatory training 2023/24

- In-house team: 96%
- Family support team: 99%
- SPACE and community teams: 96%
- Statutory funding and care admin: 96%
- Non-clinical teams: 98%
- Facilities team: 88%
- Bank staff – family support: 100%
- Bank staff – in house: 96%
- **Overall average: 96%**

Partnerships

Below are some key insights from our partnership work.

- We are committed to working in partnership with statutory partners and other voluntary organisations, such as adult hospices and other end-of-life and bereavement support charities, to improve the experience for children and their families and make best use of the resources available.
- The strategy to seek engagement with senior Commissioning Managers within the Integrated Care Systems (ICS) has proved challenging due to the ever-changing landscape of statutory services. Most ICSs have only recently designated staff who carry responsibility for children and young people's palliative and end-of-life care. In many instances, support for children and their families has been missing from palliative and end-of-life strategies. We are looking to work with partners to embed support for children and their families in new strategies.
- The statutory funding landscape is complex and therefore engaging partners across the systems in different ways is valuable as it increases awareness of our work across the wider health and social care, and political systems.
- We have focused on our relationships with those who refer services to the families we support. We are working to ensure that referrers better understand the quality and breadth of our work

and the reasons why referrals are not made. The extension of our bereavement work has helped us to better support referrals for the Sudden Unexpected Death in Childhood (SUDIC) babies and children and the work with these stakeholders has enabled us to launch the extended service. It has also helped us to better understand how to manage demand and how difficult it is to predict.

- Investing in a dedicated political networking resource and senior leadership committed to partnership working externally has materially changed the organisation's position and ability to influence within the health and social care economy.
- Managed clinical networks continue to be important; our SPACE leadership team lead the south-west London and Surrey Paediatric Palliative Care Network and we actively participate in the London Children's Palliative Care Network; both meet quarterly.

Equality, diversity and inclusion

We promote equality, diversity and inclusion (EDI) by living our PRIDE values (Professionalism, Respect, Integrity, Diversity and Excellence) in everything we say and do in our work and culture.

As part of our ongoing commitment to EDI, in 2023/24 we became accredited as a Disability Confident Employer. This accreditation is a testament to our proactive approach to creating an accessible and supportive work environment, ensuring we are equipped to identify, attract, and retain talented individuals with diverse abilities. Building on this achievement, we are now striving to attain the Investors in Diversity (IiD) accreditation, facilitated by the National Centre for Diversity (NCFD). This decision is driven by our recognition of the need for a cohesive and effective EDI plan that is underpinned by the FREDIE Framework of fairness, respect, equality, diversity, inclusion, and engagement. This framework is essential for cultivating an organisational culture that is truly inclusive and reflective of the diverse society in which we operate.

We also collect EDI data submitted by our staff and volunteers to monitor recruitment, progression and opportunities for all; staff and volunteers from diverse backgrounds help us understand the needs of the children and families we support and how we can best represent their interests.

Our EDI Steering Group, with representation from across the charity, promotes diversity and inclusion in all its forms, and its importance and benefits beyond the legal minimum; the core basics of fairness and respect for difference, equality of opportunity and treatment across all races, age, sex, gender identity, religious belief, sexual orientation, disability, social background or civil status, championing those with caring responsibilities, part-time workers and more.

It includes:

- Modelling an inclusive environment
- A focus on inclusion to build our culture and reputation as a place that attracts, develops, retains and fully engages diverse talent across our organisation.
- Improving diversity
- Ensuring we are outward looking, understanding and appreciating the diversity of the sector we operate within, and having an inclusive and diverse workforce (staff and volunteers) that fully represents and understands the needs of the children and families we care for.

Patient safety

Incident reporting

Incidents 2023/24	Q1	Q2	Q3	Q4	Total	% of Total	
Medicines error		14	16	8	16	54	26%
Clinical complication (care delivery)			7	3	10	20	10%
Injury		4	3	4	6	17	8%
Information not shared		3	3	4	5	15	7%
Clinical Complication (medical devices)		4	1	3	3	11	5%
Data Protection			2	4	3	9	4%
Physical Abuse		4	3	2		9	4%
Clinical Admin Error (internal)		1	3		3	7	3%
Pressure Ulcer(s)		2	4		1	7	3%
Interrupted medication supply			1	1	4	6	3%
Lack of Adequate Equipment / Resources		2			2	4	2%
Slip Trip or Fall (Patient)		2	1		1	4	2%
Equipment Malfunction		1			2	3	1%
Information shared inappropriately			1	2		3	1%
Misuse			2	1		3	1%
Neglect		2		1		3	1%
Rudeness/Poor Conduct(family)		2	1			3	1%
Slip Trip or Fall (Non-patient)		1		2		3	1%
Hygiene/Infection Risk		2				2	1%
Inadequate Working Environment			1		1	2	1%
Moving and Handling (patient)					2	2	1%
Patient Absconded					2	2	1%
Breakdown			1			1	0%
E-System Failure				1		1	0%
Fire Alarm					1	1	0%
Harassment			1			1	0%
Intrusion		1				1	0%
Medical / Nursing Notes not available		1				1	0%
Medical/nursing notes not available (external)				1		1	0%
Moving and Handling (load)				1		1	0%
Other - do not use					1	1	0%
Phishing Email				1		1	0%
Psycho/emotional				1		1	0%
Rudeness/poor conduct (staff)					1	1	0%
Theft / Damage of Staff Member or Organisation Property			1			1	0%
Unsafe Discharge			1			1	0%
Verbal Abuse				1		1	0%
Total						204	100%

