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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 great strides we have made towards our ambition to support every family with a life-limited child or whose child has died, when they need 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 feel safe and well cared for, and that all our services are of a high quality.

As an organisation, we pride ourselves on always doing better; what was good yesterday might not be the best for tomorrow. We're continuously learning and improving to ensure the families we support consistently access outstanding compassionate care. Preparing for the introduction of our Patient Safety Incident Response Framework (PSIRF), the recent launch of our Quality Improvement (QI) initiative and the work we have done reviewing the new Care Quality Commission (CQC) framework, adapting our policies and approaches, demonstrates our commitment to providing the best care we can for the children and families we support.

I'm proud of how we have developed our services, skills and resources over the last year to be there for every family that could possibly benefit from our care. We are now supporting 43% more families than we did when our strategy launched in 2023.

This growth, alongside delivering on our commitment to quality and safety, is testament to our team of highly skilled staff and volunteers who work tirelessly with compassion, dedication and professionalism.

For anyone unfamiliar with the format of this report, 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, 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.



A handwritten signature in black ink that reads 'Paul Farthing'.

Paul Farthing
Chief Executive

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

Priorities for improvement

At Shooting Star Children's Hospices, our commitment to safe, high-quality care is underpinned by robust and comprehensive systems. We implement a three-year strategy alongside annual business plans to guide our service delivery and continuously improve our operations. Oversight and accountability are assured through our Care Strategy Committee and Quality Governance & Risk Committee, both of which meet quarterly to review performance and uphold our standards.

A comprehensive risk register is maintained to ensure that all systems and procedures remain current, effective and responsive to any emerging risks. In addition, a dedicated safeguarding lead is responsible for all matters relating to safeguarding and child protection, reinforcing our commitment to protecting the vulnerable children and young people we serve.

Our registration with the Care Quality Commission (CQC) further underscores our dedication to meeting externally set regulatory standards, providing an additional layer of governance and accountability to our operations.

Priority areas for quality improvement for 2025/26

Below is a comprehensive Quality Account Statement outlining our 2025/26 priorities in alignment with our *For Every Family* strategy:

Quality Account Statement: 2025/26 strategic priorities

At Shooting Star, our commitment to excellence and continual improvement is woven through every facet of our work. Our 2025/26 business plan, firmly anchored in our *For Every Family* strategy, establishes seven strategic priorities that will drive our efforts to enhance both care delivery and the overall experience of our patients and their families.

Priority one: Excellent patient and family experience

We are dedicated to creating an exceptional care experience by:

- **Developing a framework for patient and public involvement:** Establishing a philosophy and practice of involving patients, their families and the public in the planning, delivery and evaluation of health and social care services. This ensures that their needs, experiences and perspectives are considered throughout the healthcare process.
- **Refurbishing the sensory room at Christopher's:** Ensuring it meets its intended purpose and is a therapeutic space for our patients.

Priority two: Becoming a trusted educator in paediatric palliative care

Our role as an educator is central to enhancing regional knowledge and expertise. We will achieve this through:

- **Reviewing clinical internal and external education projects:** Ensuring our educational offerings meet evolving clinical standards.
- **Delivering in-reach education in acute trust settings:** Focused on early symptom management and enhanced supportive care.
- **Hosting a summit on sudden and unexpected death in children:** Sharing key learnings from our specialist bereavement service to inform broader practice improvements.

Priority three: Becoming the leading research-active children's hospice in the UK

Innovation and evidence-based care are at the heart of our service advancement. To realise this goal, we will:

- **Develop and implement a comprehensive research strategy:** Building the infrastructure and expertise to position us as a forerunner in research, driving improvements in clinical practice and service delivery.

Priority four: Improving access to our hospice services

Expanding our reach into the community is essential for ensuring all who need our support can access it. We plan to:

- **Scope community participation needs:** Identifying priorities within the communities we serve.
- **Increase hospice sessions in neighbourhood hubs:** Bringing our services closer to families.
- **Evaluate the need for a psychosocial service seven days a week:** Supporting families who have a child with a life-limiting condition or who have been bereaved with continuous care.

Priority five: Expanding bereavement support

Our commitment to bereavement care extends to all children who have died. This will be achieved by:

- **Continuing the evolution of our specialist bereavement service:** Embracing ongoing learnings to enhance support for grieving families.

Priority six: Supporting transition-aged young people

Recognising the unique challenges during adolescence, we are focused on:

- **Developing Youth Connect groups:** Creating supportive networks and tailored transition initiatives.
- **Creating individualised comprehensive transition plans for young people under our service:** Providing equitable consistent support for young people transitioning to adult services.
- **Collaborating with sector stakeholders:** Exploring opportunities to influence the development of services for this age group (14-21 years).

Priority seven: Implementing a safer staffing review for our in-patient unit

Ensuring safe staffing within our in-patient unit is crucial. Our approach will include:

- **Developing a complexity tool:** Assessing the various complexities and acuties of admissions.
- **Mapping skills, knowledge, experience and competencies:** Defining the optimal skill mix required to support a safe and effective care environment.

Conclusion

Each of these seven strategic priorities underscores our deep commitment to continuously enhancing care quality, fostering learning and development, and ensuring that our services remain both accessible and responsive to the needs of every family. Our dedicated efforts in quality improvement, education, research, community engagement and service innovation reflect our unwavering promise to deliver compassionate, high-quality care within every domain of our work.

This strategic framework not only charts a clear course for immediate improvements but also inspires a future where every family feels supported and every child receives the care and dignity they deserve.

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 continues to collaborate closely with partners and key stakeholders, including parent forums, acute hospitals within our catchment area, local adult hospices, community nursing and therapy teams, NHS England, Integrated Care Systems (ICSs) 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 2024/25, the hospice provided one 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, ICSs and from income generation activity. Central funding received via NHSE means that most services delivered by the hospice are part-funded by the NHS; the exception is our specialist bereavement service which is solely funded by the charity.

Collaborating with other providers

Shooting Star works collaboratively with other providers to ensure that palliative care can be delivered to children and their families. These include, but are not limited to:

- Other adult and children's hospices through formal and informal networks, sharing best practice and ensuring choice of place of care for babies, children and young people.
- Other bereavement and end-of-life charities in Surrey to set up a Voluntary Community and Social Enterprise Bereavement and End of Life group, including making applications for funding on behalf of the group.
- Other charities locally and nationally to support families holistically and to access grants for them.
- Together for Short Lives and Hospice UK, who provide a national voice for the children's hospice sector nationally and internationally.
- The University of Southampton, Kingston University and the University of Surrey.
- Other healthcare providers to ensure seamless care and support for children and their families. This includes service level agreements with some NHS providers.

Medicines and Healthcare 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 automatically logged onto our Vantage system; software that helps manage incidents, risks and compliance. An audit of compliance is completed annually.

National audits

In 2024/25, there were no national audits or enquiries relating specifically to specialist children's palliative care. Three national audits in relation to medication use in hospice care were completed as part of our annual audit programme. The three audits that were completed were:

1. Controlled Drugs, Hospice UK audit, overall average compliance 97%
2. Controlled Drugs Accountable Officer assessment, Hospice UK Audit, overall average compliance 97%
3. General Medicines, Hospice UK audit, overall average compliance 97.1%

Local clinical audits

Shooting Star has a comprehensive clinical audit programme that is reviewed annually. This financial year saw recommencement of the audit programme in its entirety as anticipated following a full review of the clinical audit programme in 2023/24.

In 2024/25, 54 clinical audits were planned and 38 were completed. The remaining uncompleted audits were due to policy changes, changes to time scales and agreed delays by the Quality, Governance & Risk Committee.

12 care-related policies were also reviewed and three new policies were created, and 18 care-related standard operating procedures were reviewed and seven new standard operating procedures were created. In total, Shooting Star had 30 care-related policies and 49 standard operating procedures at the end of 2024/25. Two further standard operating procedures are in the early stages of development to accompany our medicines management policy.

This year a clinical audit facilitator has joined the team enabling us to continue to enhance the quality of the results within our audit sampling, methods and audit templates. This work has resulted in a robust standardisation of all audit templates, sampling and methodologies which will take effect from Q1 2025/26.

Key work has also taken place surrounding clinical audit proposals of additional audit or project work that sits outside of the clinical audit programme. We have created a clinical audit standard operating procedure for staff to aid clarity on the process of beginning a clinical audit.

As a result of clinical audits carried out this financial year, the following topic areas have resulted in action as a direct consequence of clinical audit results:

- **Medication Patch Charts** updated to include detailed body maps, patch changes and expiries, specifically surrounding washing/swimming or changing children and young people.
- **Pressure area** care and skin integrity policy written, and staff education and patient safety highlighted through safety huddles, a patient safety bulletin and staff reminders.
- **Safeguarding/Social worker** duty system trialled and launched. Audit results assisted areas of improvement required surrounding open safeguarding concerns log. Implementation of the duty system improved our responsiveness to safeguarding concerns.
- **Duty of candour** audit highlighted over reporting of duty of candour notifications leading to teaching surrounding the duty of candour triggers and the criteria to warrant a trigger to staff. The policy was also reviewed to aid clarity and improve understanding.

These topic areas above have also influenced policy and standard operating procedure changes, as well as educational pieces of work. To aid assurance and completeness, within the financial year 2024/25 a clinical audit action tracker was also implemented, monitoring completed and outstanding actions required from audits. This is shared as part of the clinical audit reports quarterly.

Statement about research

The number of patients receiving NHS services provided or sub-contracted by the hospice in 2024/25 that were recruited, during that period, to participate in research approved by a research ethics committee was zero.

Over the last year, our Research team has transformed how research is understood and embraced at Shooting Star. Strong foundations have been laid by updating key policies and processes, ensuring our approach to research is robust, ethical and sustainable, but, more importantly, teams across the charity have been supported to deliver meaningful projects that directly enhance the care we provide.

Research is no longer seen as separate to what we do, it is a valued part of everyday care. This has resulted in a shift in the number of articles, papers, posters and presentations authored by Shooting Star staff:

- Dawson, E., Greenfield, K., Carter, B., Bailey, S., Anderson, A., Rajapakse, D., Renton, K., Mott, C., Hain, R., Harrop, E., Johnson, M., & Liossi, C. (April 2024). Definition and assessment of paediatric breakthrough pain; A qualitative interview study. *Children*, doi: 10.3390/children11040485.
- Luk-Worrall, C. (May 2024). Using Supportive Music and Imagery (SMI) to support eye movement desensitisation and reprocessing (EMDR) trauma processing sessions with bereaved parents. Oral Presentation at British Association of Music Therapy Conference.
- Lewin-Taylor, T., Hunt, K., & Pringle, A. (May 2024). Can an integrated model support delivery of palliative care in PICU and NICU: Systematic Review. Oral Presentation at EAPC Conference.
- Anderson, A. (May 2024). Agitation in Paediatric palliative care: a clinical guideline. Oral presentation at EAPC Conference.
- Pringle, A., Anderson, A.K., Lewin-Taylor, T., & Price, J. (May, 2024). This is how we do it: Development of research culture at a children's hospice. Poster at EAPC Conference.
- Garbujo, G. (July 2024). The multidimensional grief of siblings: An exploration of story enactment in children's hospices. *Dramatherapy*.
- Price, J., Storton, H., & Lewin-Taylor, T. (October, 2024). Role of children's hospices in caring for children, young people and families. *Nursing Standard*, doi: 10.7748/ns.2024.e12328.
- Anderson, A.K., Tammam, E., Harrop, E., Lewin-Taylor T., & Holland C. (November, 2024). Parent co-production for South East Children and Young People Palliative Care regional programme. Poster at APPM Conference.
- Dennis, L., & Hodkinson, S. (November 2024). Sudden and unexpected deaths of babies, children and young people: Expansion of Shooting Star Children's Hospices Specialist Bereavement Service. Poster at Hospice UK Conference.
- Hodkinson, S., & Nanauwan, T. (November 2024). Shooting Star Specialist Bereavement Service Pilot with North West London Integrated Care Board Child Death Review Team. Presentation at Association of Child Death Review Professionals Conference.
- Hodkinson, S., & Dennis, L. (February 2025). Inequity in access to bereavement care for families whose child dies unexpectedly: pioneering care from a children's hospice. Oral Presentation at Marie Curie Conference.
- Golan, J. (February, 2025). Addressing the gap in children's palliative care. *The Psychologist*.
- Golan, J. (March, 2025). Contribution to The Commission on Palliative and End-of-Life Care.

Alongside this, three members of staff are being supported with the publication of their MSc research, and we've raised the profile of Shooting Star within the wider research community.

By presenting our work at national forums and collaborating with networks like Research in Children's Hospices and the NIHR Applied Research Collaborations Kent, Surrey and Sussex, we're demonstrating what's possible when research is rooted in compassion and care.

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

Hospice income in 2024/25 was not conditional on achieving CQUIN goals through the Commissioning for Quality Improvement 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 2024/25.

The hospice is subject to periodic reviews by the CQC; the last review was on 6 July 2023 where they found there was no requirement to review the rating. The last on-site inspection at Christopher's in Guildford 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 2024/25.

Children and families and external stakeholders

The following statements are from our *For Every Family* strategy, they outline what 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 54 pieces of unsolicited positive feedback about our care services in the form of thank you letters and emails in 2024/25. Below are a few examples:

- The following feedback is from a North West London Child Death Review Senior Nurse:

"The Child Review Team are working in partnership with Shooting Star Children's Hospices to help ensure grieving families have the professional support they need both immediately and in the future. Our collaboration is a success story, we come together at a family's worst time with a joint aim, to provide essential support and guidance."

- The following feedback is from a parent of a child following end-of-life care received at Christopher's:

"I just wanted to say thank you to all doctors/nurses/therapists/carers involved in my child's challenging journey. I don't have words to describe how all of you supported me and my family during this difficult time. I will always remember your amazing work and effort for my beloved son. Keep doing this amazing work for other families."

- The following feedback is from a bereaved dad who was referred to us when his daughter died unexpectedly:

"The difference you have made from when we met you two days after our daughter passed away has been nothing short of the difference between 'us getting through this' and 'us not'."

Data quality

Shooting Star did not submit records during 2024/25 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 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
- Quarterly activity data requested by ICBs in relation to the Children's Hospice Grant
- 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
- The above is reviewed at the quarterly Quality, Governance & Risk Committee.

Clinical coding error rate

Shooting Star was not subject to the Payment by Results clinical coding audit during 2024/25 by the Audit Commission.

Part 3: Review of quality performance

Key achievements in 2024/25

In 2024/25 we achieved the following:

- 657 children with life-limiting conditions were supported (21% increase on 2023/24)
- 448 bereaved families accessed our specialist bereavement support (74% increase on 2023/24)
- 1,507 care nights were provided (18% increase on 2023/24)
- 219 new referrals were accepted (45% increase on 2023/24)
- 2,113 family members were supported (20% increase on 2023/24)
- 190 events were held for children and their families, with 1,747 attendees (62% increase on the number of events in 2023/24)
- 18,257 face-to-face and telephone contacts were made to families (21% increase on 2023/24)

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

What we said we would do and what we achieved

Below are the quality improvement areas we identified for year two of our three-year strategy and what we delivered.

What we said we would do	What we delivered
Excellent family experience	
A quality improvement (QI) initiative which will embed best practice QI within Shooting Star Children's Hospices' care settings	<ul style="list-style-type: none"> • QI project on time-critical patient safety and incident related communication commenced October 2024. • QI project led by Head of Safeguarding on the introduction of a duty social worker role. • Deep dive review of medication management, including process, policy and learning from incidents commenced September 2024.
Design and implement the Patient Safety Incident Response Framework (PSIRF)	<ul style="list-style-type: none"> • PSIRF Policy and plan presented to the board in October 2024 and approved by the local ICB April 2025. Training to commence June 2025 with full implementation October 2025.
Excellent staff training	
Training needs analysis (TNA) for each service with mapping of development needs and investment across the year	<ul style="list-style-type: none"> • Services completed TNAs alongside the review of practice development requests and budgets.
Advanced Nurse Practitioner role developed in-house	<ul style="list-style-type: none"> • Trainee Advanced Nurse Practitioner role commenced Sept 2024. • Infrastructure to be reviewed 25/2026 for assurance around supervision and success in advanced practice.
Shooting Star Children's Hospices is a trusted educator for professionals on paediatric palliative care in region	
Recruitment of Clinical Psychologist	<ul style="list-style-type: none"> • Consultancy arrangement with NHS Clinical Psychologist utilised.
Specialist paediatric palliative care education: Delivery of Brain Space (education sessions),	<ul style="list-style-type: none"> • SPACE and Practice Education teams have run SIM sessions for the in-house team.

neonatal education days and Simulation (SIM) days	<ul style="list-style-type: none"> Four SIM days run for internal and external delegates led by the SPACE team. Brain Space series, a virtual education series, available to all internal and external teams and services, delivered live every month. Perinatal education days have run twice this year with 25 attendees at each.
Become the leading research active children's hospice in the UK	
Research post recruited	<ul style="list-style-type: none"> Research Fellow / Data Manager and Research Assistant / Complex Audit facilitator recruited and in-post from October 2024.
Research strategy developed further	<ul style="list-style-type: none"> In development and due for feedback and completion in 2025/26.
Training and development pathways mapped and delivered for all our clinical staff teams	
Learning and development framework designed and implemented for nurses, HCAs and the psychosocial team	<ul style="list-style-type: none"> Learning and development infographic near completion, framework requires development 2025/2026.
Bereavement support – extending our offer to any child who has died	
Recruit to team as service grows – up to eight posts	<ul style="list-style-type: none"> Recruited 2 x Family Support Workers. Jan 2025 recruited 1 x West London Counsellor, 1 x West London Arts Therapist, 1 x EDMR/Music Therapist (moved to substantive 0.4WTE) and 1 x Psychosocial Coordinator. Recruited bank counsellors and therapists to help meet the needs of the service.
Scope psychosocial service becoming seven days per week	<ul style="list-style-type: none"> Pilot of weekend provision of psychosocial care at Christopher's (in-patient unit) at weekends, to support when required with end-of-life and bereavement care. Work will continue into 2025/26 business plan.
EOL Support – gap in provisions for last year of life	
Recruit an additional community nurse and family support worker to support families when they are using our Bereavement Suite	<ul style="list-style-type: none"> Priority re-evaluated due to low demand for the bereavement suite. Focus area on end-of-life support outside the hospice.
Widen perinatal service to north-west London	<ul style="list-style-type: none"> Perinatal Palliative Clinical Nurse Specialist attending Chelsea & Westminster unit. Need demonstrated to widen resources – Perinatal Family Liaison officer and nursing resource.
Maximise overnight respite available	
Review bed night utilisation in Q3 and plan model	<ul style="list-style-type: none"> Complexity of patient need tool developed and ready for testing.
Transition to adulthood	
Nurse and social worker recruited	<ul style="list-style-type: none"> Transition Social Worker recruited and in post. Head of Safeguarding recruited and in post. Nurse post paused.
Implementation of transition pathway	<ul style="list-style-type: none"> Implementation in progress by Transition Social Worker and Head of Safeguarding, nursing elements will be reviewed Q4 2025.

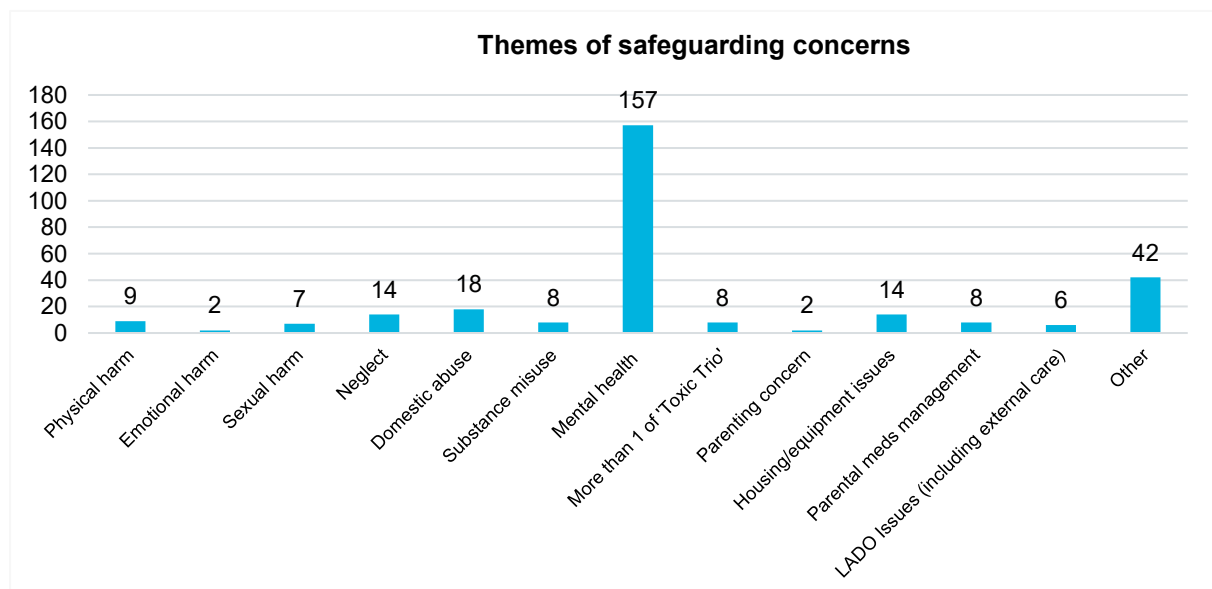
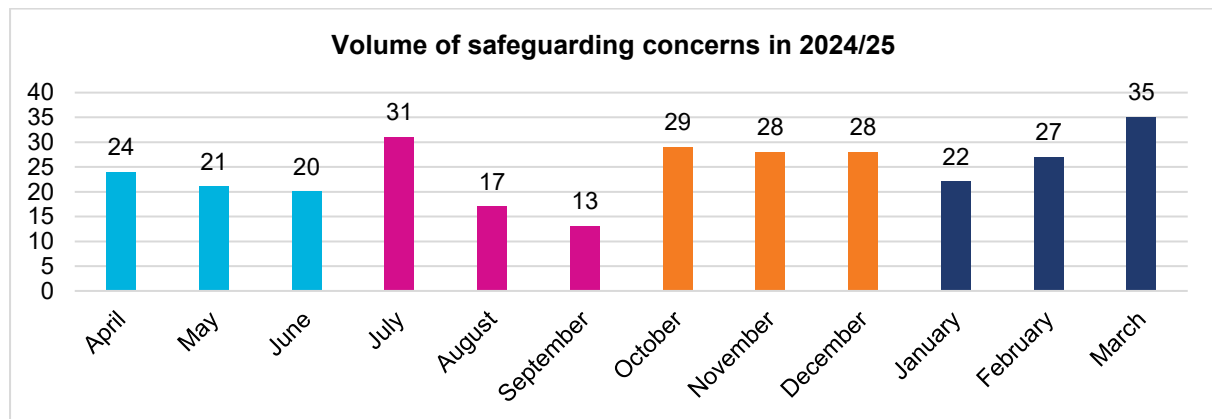
Improvements and patient safety

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 questions to deliver safe and effective care". In 2024/25, the committee 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. A summary from the meeting is shared at the Board.

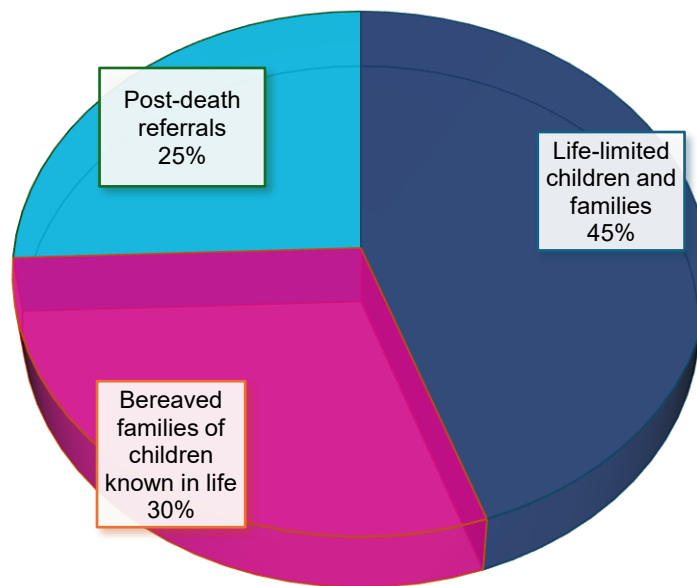
The Care Strategy Committee's purpose is: "To provide assurance to the Board that the charity has embedded within the organisation an effective framework for the oversight of the scoping, planning, implementation and review of strategy initiatives where related to Care". It is chaired by a trustee with two other trustees invited to attend. A summary from the meeting is shared at the Board.

Safeguarding: The number of safeguarding incidents has risen by 79% in 2024/25. This rise was anticipated due to the number of families accessing our services increasing following the expansion of our bereavement service. 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 Head of Safeguarding role has been recruited.

Number of safeguarding incidents reported in 2024/25: 295



Safeguarding concern by area



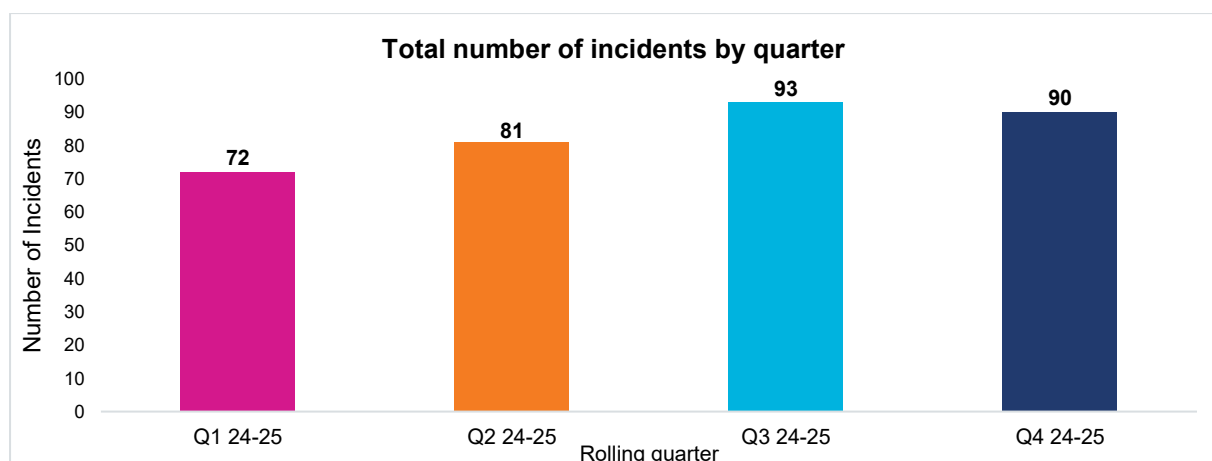
Medicines management: There is a specialist pharmacist available on-site three days a week. The Consultant Nurse has oversight of governance relating to medicines management.

Clinical Audit: The following programme of work has been completed in 2024/25:

- Full review of audit programme aligned to national guidance, Polices and CQC fundamental standards.
- Audit methodology for each audit reviewed.
- Audit results and actions shared at the monthly Senior Care Leadership Team Quality and Risk meeting and Quarterly Quality, Governance and Risk Committee. Information and actions then disseminated to teams to ensure actions are taken.

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 336 incidents reported in 2024/25. 31 were moderate harm with a theme in pressure area breakdown and managing aggressive behaviours from young people while accessing our hospice.

To address these, we have a Pressure Ulcer Prevention and Management Policy and have trained our workforce in pressure area care. We have also received external training in managing behaviours of young people.



At Shooting Star, we are steadfast in our commitment to learning from every investigation. Each incident is treated as an opportunity to enhance patient safety and improve our services. We establish clear actions following thorough investigations and ensure that key learnings are embedded in our practice.

Learning is shared across the organisation through several channels: during local team meetings, at Directors' meetings, Senior Care Leadership Quality & Risk meetings, and at our quarterly Quality, Governance & Risk Committee. We also share key information via our internal patient safety newsletter. Externally, we keep our stakeholders informed through regular children's hospices governance meetings, ensuring that learning is disseminated widely to foster a culture of continuous improvement.

In adherence to our duty of candour, we are transparent when things do not go as planned. We promptly share incidents with families and those important to them, guaranteeing honest communication during challenging times. Additionally, any further concerns are rigorously reported to the required statutory agencies, reinforcing our commitment to accountability and trust.

This approach not only strengthens our internal practices but also upholds the trust placed in us by families, stakeholders and regulatory bodies.

Patient safety: To continue improving patient safety we have worked alongside the NHS to implement the NHS Patient Safety Incidence Response Framework (PSIRF), an approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

We reviewed two years of patient safety incident data and developed a PSIRF plan and policy; these have been approved by the PSIRF stakeholder panel chaired by Surrey Heartlands Integrated Care Board.

The next stage is to implement volunteer Patient Safety Partner roles to be actively involved in the design of safer healthcare at all levels in the organisation.

This includes roles in safety governance, e.g., sitting on relevant committees to support compliance monitoring and how safety issues should be addressed, and providing appropriate challenge to ensure learning and change.

We have designed a training programme for all levels of staff within the organisation, including Trustees, in preparation for full implementation in October 2025.

Feedback: During 2024/25, we actioned pulse surveys about areas for service improvement, including our provision of hydrotherapy at both hospices, the location and accessibility of psychosocial groups and events, and practical support requirements in family homes. Changes that have been prompted include new hydrotherapy slots facilitated by our physiotherapy team, changes to the booking system and additional groups and events in north-west London.

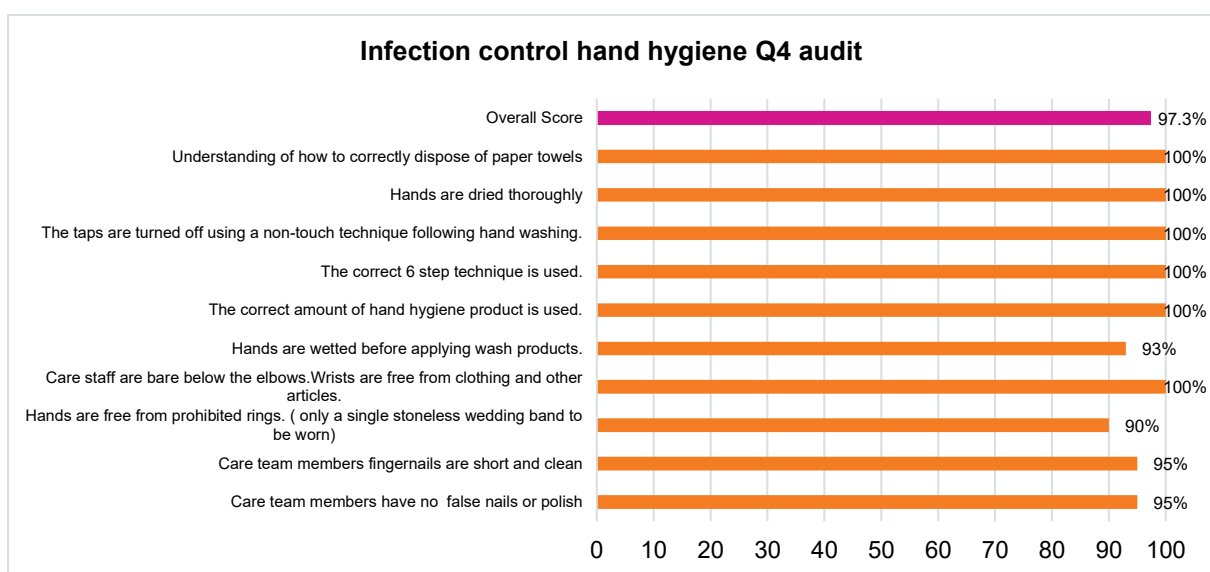
These pulse surveys were in addition to surveys at the end of family events and therapy groups, and feedback collected from bereaved families coming to the close of their care at Shooting Star. We held a total of eight parent forums for both parents of life-limited children and bereaved parents.

We circulated documents to the parent advisory group for review, including a Perinatal Pathway of Care for hospital trusts. One parent forum was exclusively for dads, to consider their unique needs and preferences, leading to service update texts now being sent to both parents.

Staff completed a survey concerning the provision of clinical supervision to review recently introduced briefing sessions and their positive reflections led to a continuation of this new practice. A biannual Birdsong survey for all staff was completed, which is benchmarked against other hospices nationally.

Well-led: In 2024/25, 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. We also hold an annual away day for Directors and Trustees to set the strategy going forward. This year an external speaker from Hospice UK joined the day to inform our planning for the future.

Infection control: In alignment with the NHS, we introduced a 'gloves off' campaign that encourages reducing unnecessary use of disposable gloves in healthcare settings to promote better hand hygiene, improve patient safety and reduce environmental impact. The campaign emphasises that clean hands, achieved through proper handwashing or using alcohol-based hand rub, are often sufficient for tasks where gloves might otherwise be used. Below shows the most recent infection control audit results:



Mandatory training 2024/25

Team	% of staff completed mandatory training											
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
SPACE and Community	95%	91%	92%	91%	96%	94%	92%	90%	96%	96%	87%	90%
FS Team (excl bank)	99%	95%	98%	96%	92%	99%	93%	96%	100%	100%	99%	99%
Stat Funding and Care Admin	97%	100%	99%	99%	99%	99%	99%	100%	97%	100%	9%	99%
Housekeeping and catering	95%	97%	95%	95%	95%	98%	92%	83%	83%	83%	82%	90%
Inhouse and Practice Ed	95%	92%	96%	95%	95%	90%	90%	89%	89%	91%	94%	90%
Bank Staff Inhouse	94%	94%	95%	91%	92%	90%	88%	87%	87%	97%	82%	85%
Family Support Bank Staff	100%	100%	100%	98%	99%	100%	94%	100%	100%	100%	99%	87%
Non Care	97%	95%	94%	97%	95%	94%	95%	96%	97%	97%	95%	93%

Training figures above do not include Sexual Harassment training and Oliver MacGowan training

Partnerships

This year has been a challenging one for statutory funding. With the Children's Hospice Grant no longer coming directly from NHS England, we had to negotiate contracts and payment with four individual ICBs. Whilst this took time to coordinate, it has raised the profile of the work we do within the ICBs.

In addition to this, we were able to renew the contract for our specialist SPACE team, resulting in us negotiating the full amount of funding sought, from Surrey, Frimley and SW London ICBs, and thereby supporting the ICB to fulfil the requirement to provide specialist paediatric palliative care services.

Over the year, 35 representatives from partners visited Christopher's and Shooting Star House to see the work we do first-hand. This included representatives from ICBs, health trusts, social services, schools and other voluntary sector organisations.

We also hosted a number of our local MPs, Parliamentary Candidates, senior councillors and the Mayors of Guildford and Richmond-Upon-Thames. These relationships not only ensure that our political stakeholders are aware of who we are and what we do and can therefore help us reach families not yet accessing our services, they also help us raise the profile of sustainable funding for children's hospices. A few key moments from 2024/25 include:

- Paul Kohler MP (Wimbledon) visited and then initiated a House of Commons debate on hospice funding, and other MPs have visited and publicly supported us in Parliament and through social media including Munira Wilson MP (Twickenham), Zoe Franklin MP (Guildford), Greg Stafford MP (Farnham and Bordon), Ruth Cadbury MP (Brentford and Isleworth) and Will Forster MP (Woking), who also attended the opening of our new shop in Knaphill.
- Following visits from the Mayor of Guildford, Cllr Sallie Barker, and Cllr Matt Furniss, we secured funding of £10,000 for a new bed store from Surrey County Council.
- At Shooting Star House in Hampton, visitors have included the then Mayor of Richmond-Upon-Thames, Cllr Suzette Nicholson, Deputy Mayor, Cllr Fiona Sacks, and Leader of the Council, Cllr Gareth Roberts.

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.

We have an Investors in Diversity Bronze accreditation recognising our commitment to 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.

To monitor recruitment, progression and opportunities for all, we also collect EDI data submitted by our staff and volunteers; 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 champion its importance and benefits beyond the legal minimum. As well as 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, and championing and supporting those with caring responsibilities, EDI at Shooting Star means:

- Modelling an inclusive place to work
- Building a culture and reputation as a place that attracts, develops and retains diverse talent
- Ensuring that we understand and appreciate the diversity of the children's hospice sector
- Having an inclusive and diverse workforce (staff and volunteers) that fully represents and understands the needs of the children and families we care for

We are accredited as a Disability Confident Employer; 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.

Action plan

Quality Account Priorities				
Priority		How will we achieve it	Who	When by
Priority one: Excellent patient and family experience	We are dedicated to creating an exceptional care experience by:			
	Developing a framework for patient and public involvement. Establishing a philosophy and practice of involving patients, their families and the public in the planning, delivery and evaluation of health and social care services. This ensures that their needs, experiences and perspectives are considered throughout the healthcare process.	Patient and Public Involvement Framework co-created with parent forums	Director of Care	Feb-26
	Implementing the safeguarding strategy: Establishing robust frameworks to protect and support vulnerable patients.	Achievement of actions set out in safeguarding strategy action plan	Head of Safeguarding	Feb-26
	Embedding a Quality Improvement culture: Completing targeted Quality Improvement projects to refine our practices.	Completion of four Quality Improvement projects Projects showcased at Committee Meetings	Director of Care	Feb-26
	Refurbishing the sensory room at Christopher's: Ensuring it meets its intended purpose and is a therapeutic space for our patients.	Review and proposal for refurbishment Co-create with parents by experience Refurbishment of room	Ward Manager	Feb-26
Priority two: Becoming a trusted educator in paediatric palliative care	Our role as an educator is central to enhancing regional knowledge and expertise. We will achieve this through:			
	Review of clinical internal and external education projects: Ensuring our educational offerings meet evolving clinical standards.	External consultancy to review and recommendations paper	Director of Care	Jun-25
	Recruitment of a Clinical Education Lead: Providing dedicated leadership to drive educational excellence.	Recruitment and retention of Clinical Education Lead	Director of Care	Jul-25

	Delivering in-reach education in acute trust settings: Focused on early symptom management and enhanced supportive care.	Review paper with data on numbers trained and feedback	Medical Director	Mar-26
	Hosting a summit on sudden and unexpected death in children: Sharing key learnings from our specialist bereavement service to inform broader practice improvements.	Summit attendance numbers and feedback	Head of Psychosocial Services	Oct-25
Priority three: Becoming the leading research-active children's hospice in the UK	Innovation and evidence-based care are at the heart of our service advancement. To realise this goal, we will:			
	Develop and implement a comprehensive research strategy: Building the infrastructure and expertise to position us as a forerunner in research, driving improvements in clinical practice and service delivery.	Research Strategy Developed	Medical Director	Mar-26
Priority four: Improving access to our hospice services	Expanding our reach into the community is essential for ensuring all who need our support can access it. We plan to:			
	Scope community participation needs: Identifying priorities within the communities we serve.	Community needs focused engagement project	Director of Strategy and Partnerships	Mar-26
	Increase hospice sessions in neighbourhood hubs: Bringing our services closer to families.	Increased number of sessions across the entire patch	Head of Psychosocial Services	Mar-26
	Evaluate the need for a psychosocial service seven days a week: Supporting families who have a child with a life-limiting condition or who have been bereaved with continuous care.	Evaluation paper	Head of Psychosocial Services	Mar-26

Priority five: Expanding bereavement support	Our commitment to bereavement care extends to all children who have died. This will be achieved by:			
	Continuing the evolution of our specialist bereavement service: Embracing ongoing learning to enhance support for grieving families.	Phasing project outlined alongside funding	Head of Psychosocial Services	Dec-25
Priority six: Supporting transition-aged young people	Recognising the unique challenges during adolescence, we are focused on:			
	Developing Youth Connect groups: Creating supportive networks and tailored transition initiatives.	Youth connect project outlined bringing in parents and young people as a coproduction project	Head of Safeguarding	Dec-25
	Creating individualised comprehensive transition plans for all young people under our service: Providing equitable consistent support for all young people transitioning to adult services.	Transition pathway document completed across all services for those of transition age	Head of Safeguarding	Mar-26
	Collaborating with sector stakeholders: Exploring opportunities to influence the development of respite centres designed to meet the needs of young people transitioning into adulthood.	Project with Princess Alice Hospice to explore opportunities locally	Head of Safeguarding	Mar-26
Priority seven: Implementing a safer staffing review for the in-patient unit	Ensuring safe staffing within our in-patient unit is crucial. Our approach will include:			
	Developing a complexity tool: Assessing the various complexities and acuities of admissions.	Complexity tool developed, tested and piloted	Medical Director	Aug-25
	Mapping skills, knowledge, experience and competencies: Defining the optimal skill mix required to support a safe and effective care environment.	Staff skill mix mapped to complexity tool. Report to Care Strategy Committee.	Director of Care	Dec-25

