

The Children's Trust

Annual Quality Account 2024-2025



1 April 2024 - 31 March 2025

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Part One

About our Quality Account

As a healthcare provider that receives funding from NHS England Specialist Commissioning, The Children's Trust is required to produce a Quality Account to inform the public about the quality of the services it provides.

Quality Accounts follow a standard format and mandated wording to allow direct comparison with other organisations. This allows The Children's Trust to share with the public and other stakeholders:

- How we have done in the past year
- Where we can make improvements in the quality of the services we provide
- What our priorities for quality improvement will be in the coming months and how we expect to achieve them

All Quality accounts are set out in a mandated way which covers the following categories:

- Patient safety
- Patient experience
- Clinical Effectiveness

We welcome this opportunity to show the work we are doing to improve our services, what we do well and to be held to account.

It is important to note that the mandated wording required frequently refers to 'patient'. We recognise that for many children and young people we support, The Children's Trust is their home or where they come to school. Whenever possible we have amended wording to reflect this, and we talk about children and young people. This has not been possible in every section.

Statement on quality by Mike Thiedke Chief Executive



I am pleased to present to you the Quality Account 2024/25 for The Children's Trust. The report reflects the dedication and commitment of our expert teams who strive for excellence in delivering award-winning rehabilitation, innovative education and specialist care for children and young people with brain injury and neurodisability.

The past year has been one of progress and transformation for The Children's Trust. We have focused on strengthening our clinical and educational offer through our four core services.

Our Residential Neurorehabilitation service, based at our national specialist centre in Tadworth, Surrey, helps children restore lost skills or develop new ways of doing things, all the time supporting the family with their child's newly acquired disability, transition home and plan for their future.

Our Residential Care houses provide a registered home for children and young people with complex care needs up to the age of 19. The children are cared for within a home environment by nursing and care staff.

The Children's Trust School is a non-maintained special school, supporting children and young people aged 2-19 with a wide range of needs, including complex education, health, therapy and care requirements.

Our Community Rehabilitation Service provides a range of support across a tiered model offering digital resources, national virtual advice and consultation, as well as community rehabilitation and outpatient packages for children with acquired brain injury.

In 2024/25, we increased our engagement with the wider healthcare system to focus on safe and effective care, continued to invest in our people, and stayed focused on what matters most to us: the outcomes that the children and young people in our care can achieve through our services. We were proud to be named winners of the Rehab Outcome of the Year at the 2024

Neuro Rehab Times Awards. Our work was praised for our use of evidence-based tools and approaches. The award also recognises our work with the children and young people we support, many with life-changing injuries, to achieve and exceed their goals and lead the best life possible.

At time of writing, the accuracy of the data included in this report reflects the journey we are on to improve our data quality. Over the past year we have focused on improving outcome reporting, expanding the use of electronic patient records and transitioning to a revised incident management system. We are working hard to improve processes, capabilities and capacity of our staff in data collection and to overcome the constraints of our existing systems. A significant investment in a new incident management system over the coming year will enable us to extract more accurate data and identify learning, themes and trends more easily as well as supporting how we improve our feedback data from complaints. We are also developing our oversight of audit to ensure that audit data is scrutinised within internal governance.

We recognise that we need to continue to build on the foundations for excellence in care. As a medium sized charity, reliant on voluntary funding to deliver core costs and invest in capital expenditure, resource constraints impact on the speed with which we are able to invest in improvement initiatives. It is therefore essential we prioritise our efforts in the areas we believe will have the biggest impact on the lives of children and young people with brain injury and neurodisability and their families.

Our plans for 2025/26 set out clear priorities as we aim to continually improve the quality of our rehabilitation, education and care. These include continuing to implement the National Patient Safety Incident Response Framework as we further strengthen an open, transparent and inclusive culture.

We are committed to investing in and improving ways in which we actively listen and respond to families, children and young people. This includes how we demonstrate the changes we have made thanks to their feedback.

None of the work we do is possible without the support of our commissioners and our regulators, and we are grateful for their support, their challenge and their advice. This year, we have strengthened the way we work with others across health and education, building even better partnerships. We've also kept improving the quality of what we do, working closely with our regulators, commissioners and funders to make sure we are meeting the highest standards of therapy, care and education. We have embraced the learning and feedback from regular audits, inspections and quality visits.

The Care Quality Commission carried out an overnight targeted unannounced visit in March 2025, focussing on monitoring and observation levels and incident management. Positive verbal feedback was given at the time, and the final report is awaited.

OFSTED Care carried out an unannounced full inspection in October 2024, followed by a targeted inspection in January 2025. The Children's Trust residential care service, OFSTED Care rating remains 'Good' with significant areas of positive practice and improvement acknowledged.

The Children's Trust School was rated by OFSTED Education as 'Outstanding' at the last inspection in September 2023.

We welcome the positive feedback and external assurance from our regulators through audits, quality visits and inspections. Our work with our regulators and the wider health and education system helps us to measure our progress and our performance as we continue to focus on further improving our environment and working more efficiently.

The Children's Trust remains steadfast in our commitment to deliver the highest standards of clinical excellence, safety, and child and family -centred care. We aim to continuously learn and improve supported by our robust governance framework, quality improvement initiatives, and audit programmes.

Moving forward, we are focused on achieving the best outcomes for children and families and delivering the promises we have developed with children and young people that set out how we will work together in all aspects of our work.

I declare that to the best of my knowledge the contents of the report are accurate.

A handwritten signature in black ink, appearing to read 'M. Thiedke', written in a cursive style.

Mike Thiedke

Chief Executive

30th June 2025

What we do

The Children's Trust is the UK's leading charity for children with brain injury and neurodisability. Our purpose is to support children, young people and their families so they can live the best life possible.

We provide rehabilitation, education, care and community services to children and young people, up to 19 years of age, with brain injury, neurodisability and complex health needs.

Our national specialist centre in Tadworth, Surrey is home to the largest children's neurorehabilitation service of its kind in the UK.

We offer a supportive, caring, welcoming and safe environment. We also offer residential care for children with complex health needs with access to 24-hour nursing support and children who have long term ventilation needs. Most children who access our services have profound and multiple learning difficulties.

We work with children and young people from across the UK and through our Community Rehabilitation Service, we support families in their community and through online information. We currently offer up to 66 residential placements.

Children and young people stay in one of seven purpose-built houses based on their needs and age. Three of our houses support children and young people who are visiting for a short break, are transitioning from hospital to home, or accessing an intensive rehabilitation programme. They are also specialist in supporting children who have long term ventilation needs. The remaining four houses are residential children's homes caring for children and young people with complex care needs.

Our promises



Child first

- To put children and young people first, seeking their views and sharing decision-making with them.
- To contribute to our community, making it warm, positive and fun.
- To connect meaningfully with children and young people, enriching their lives.



Aim high

- To be curious and courageous, exploring new ideas.
- Think big, finding ways to add value and improve what we do.
- To focus on quality, act responsibly and use evidence to support our choice.



Care deeply

- To be friendly and show genuine compassion.
- To connect and collaborate effectively inside and outside of our charity.
- To recognise and encourage each other, taking time to celebrate successes.



Be open

- To speak up confidently and look for solutions.
- To listen to others, sharing and receiving feedback in a positive way.
- To invite different views, respecting everyone's roles and contributions.



Own it

- To take responsibility, owning what we do and delivering on our promises.
- To set ourselves high standards and use our expertise across the charity.
- To grow from mistakes, taking every opportunity to develop and improve.

Our regulators

The primary regulator for The Children's Trust is the Office for Standards in Education, Children's Services and Skills (OFSTED). OFSTED Care is our primary regulator for care and OFSTED Education is the primary regulator for The Children's Trust School. Our current rating from OFSTED Care is "good" and the rating from OFSTED Education is "outstanding".

The secondary regulator for The Children's Trust is the Care Quality Commission (CQC).

We are registered to support children and young people up to the age of 19.

We are also regulated by the Charity Commission and the Gambling Commission.

Statement from Bethan Eaton-Haskins Director of Nursing and Quality as Director with responsibility for this report.

Statement on Quality

Bethan Eaton-Haskins MBE, Director of Nursing and Quality



It is a pleasure to present this year's Quality Account, which reflects the dedication, innovation, and collaboration of our teams in delivering safe, high-quality care for children and young people.

Over the past year, we have made significant progress in embedding a culture of learning and continuous improvement across the organisation. I'm proud of how our teams have embraced change, challenging how we deliver care and striving for even better outcomes.

A key milestone has been our organisation-wide focus on learning from incidents and patient safety events. This collaborative effort, bringing together teams from across the organisation, has highlighted where we could improve and has led to a new, more effective incident management process. This will enable us to spot trends earlier, embed learning more consistently, and enhance patient safety.

We have also strengthened our partnerships with external stakeholders. In November 2024, we hosted a multidisciplinary meeting with commissioners, regulators and wider stakeholders focussing on how we can continue to improve the quality of care together in specific areas.

Innovation continues to shape our work. Our therapy team has developed a strengths-based rehabilitation framework using the internationally recognised "F-words" model, Function, Family, Fitness, Fun, Friends, and Future. This approach, co-designed with children and families, ensures that individual goals are meaningful and relevant, and we are already seeing the positive impact in practice.

We believe quality improvement should engage and inspire. For example, World Handwashing Day brought the organisation together through creative activities, including a hand hygiene video featuring one of the young people, that reinforced vital safety practices in a fun and memorable way.

We are committed to exploring new technologies and expert collaborations. Over the last year, we successfully implemented advanced approaches to tissue viability and trauma care and introduced antigravity hoists to support early rehabilitation after brain injury.

Our investment in quality has been substantial. A recent restructure of the Nursing and Quality Directorate has enhanced our ability to support and sustain improvement particularly in relation to clinical governance and patient safety. We have also invested in key technologies, including the new incident management system currently being procured, antigravity rehabilitation tools, and the rollout of electronic records to our rehabilitation houses.

Looking ahead, our priorities focus on deepening our culture of listening, learning, and improving. We are strengthening governance, enhancing data collection, and ensuring that the voices of children, young people, families, and staff continue to shape the care we provide.

It has been a true privilege to lead this work. I am continually inspired by our staff's enthusiasm for change, their commitment to improvement, and their unwavering dedication to the children and young people we serve.

Part two Priorities for improvement

2.1 Our Priorities

The Children's Trust is on a journey of continuous improvement to build on the foundations for excellence in care. It is also a relatively small organisation and capacity impacts on the prioritisation of improvement initiatives. The key areas which have been identified for focussed improvement have been chosen from existing workstreams, some of which are deemed essential to providing excellence in care. Whilst a stakeholder consultation has not been held, we know these are themes which are important to the children, young people and families, the Board of Trustees and our commissioners and regulators. All of these will have a positive impact on safety, listening to children and young people and their parents, listening to and developing our staff, and improving the effectiveness of services. Once this improvement work is complete, there will be scope for wider conversations about our longer-term priorities.

Throughout 2024/25, we have made important and meaningful changes as you can read about on pages 14-17, which are now embedded in our daily practice and supported by external assurance.

In 2025/26 we plan to improve the quality of our service by:

Safety

Priorities for 2025/26	How we will do this
We will build on the work undertaken in 2024/25 and continue to embed the National Patient Safety Incident Response Framework (PSIRF) following a successful implementation in 2024/25:	<p>We will continue to embed our revised incident management policy and standard operating procedure to ensure that all events receive an appropriate level of learning response which is completed within timescales agreed by the organisation.</p> <p>We will review our current training provision and complete a training needs analysis to ensure it meets the needs of our staff and supports the incident management policy and procedure.</p> <p>We will improve our ability to learn, and to embed learning in practice and policy, by improved data capture and triangulation of data and trends from patient safety events. This will be achieved by obtaining high quality learning responses and an incident management system which supports thematic analysis.</p>

	<p>Based on feedback during our scoping work in 2024/25, we will review and learn from how we work with and support our staff after patient safety events.</p> <p>We will work with children and young people, their parents and responsible adults to understand how they would like us to communicate following a patient safety event.</p> <p>We will complete the ongoing procurement of the new incident management system and undertake full implementation.</p>
<p>Safeguarding: The safety of our children and young people is paramount. As well as the safeguarding responsibilities outlined in Working Together to Safeguard Children (DfE, 2023), a number of the children we support are Looked After Children, and we have responsibilities under Section 20 of the Children's Act 2004.</p> <p>Currently our safeguarding training compliance is at expected levels, however we want to ensure that we continue to safeguard children and young people as best we can.</p> <p>In 2025/26, we will review the care we provide and how we meet these safeguarding responsibilities. Where gaps are identified, we will develop improvement workstreams.</p>	<p>We will commission an external independent review to look at our internal governance and processes as well as our statutory responsibilities for safeguarding and those for Looked After Children.</p> <p>We will review and improve our processes for safeguarding supervision to support our staff and ensure that we give children high quality care.</p> <p>We will review and strengthen our processes for assurance and governance to ensure that at Board level we are assured that children and young people are safeguarded, our staff are adequately supported in their roles, and we meet our legal responsibilities.</p> <p>We will strengthen our data collection, analysis and oversight to ensure children and young people are being safeguarded.</p> <p>We will review and, if necessary, agree improvement programmes for advocacy, placement planning and health assessments.</p> <p>We will also review how we obtain consent, share information and record it and, as appropriate, agree improvement programmes.</p>

Children, Young People and Families' Experience

Priorities for 2025/26	How we will do this
<p>We will continue to develop and improve ways in which we actively listen and respond to families, children and young people. We will be able to demonstrate how we listen and what we have changed directly because of feedback. We will have developed triangulation between what we learn from patient safety events, patient feedback, complaints and audit and have started improvement work on emerging themes.</p>	<p>We will review and map our complaints and patient feedback systems, including our policy, to ensure they meet internal and national standards, including <i>Martha's Rule</i> and The Children's Trust Promises</p> <p>We will strengthen our processes for hearing and responding to the voices of children and young people, families, and responsible adults</p> <p>We will increase our response rate to the Friends and Family Test.</p> <p>We will proactively engage with our staff, parents, and responsible adults to co-develop and embed improvements across our services.</p>

Effective Care

Priorities for 2025/26	How we will do this
<p>We currently undertake a range of clinical audits. These include audits of clinical care and the monitoring of the quality of care detailing where improvements can be made. However, we need to develop systems which help us to prioritise our audits, to direct our capacity to what matters most, consider learning, themes and trends, and ensure that we support and complete improvement programmes to embed change.</p>	<p>We will strengthen our governance processes to prioritise our audits and are currently recruiting to a clinical audit lead resource.</p> <p>We will monitor learning and required improvement to ensure that we make the appropriate change in a timely way.</p> <p>We will look at how we develop our staff to use improvement methodology and agree which tools we will use.</p> <p>We will start to triangulate learning from audit alongside feedback from children, young people and their families as well as patient safety events and claims.</p>

Historically, these priorities have been reported on in varying depths and levels of the organisation. Moving forwards, we will ensure that we monitor our priorities and provide ongoing support to ensure that we continue to make the changes we need to. Our key priorities will be reported quarterly to the Quality and Patient Safety Committee via the Quality and Patient Safety Meeting. As we develop these workstreams, we will agree workplans and evidence for assurance that they are progressing.

Our key priorities for 2024/25

Patient Safety Priorities for 2024- 25 and how did we do?

Priorities for 2024/25	Narrative
Develop a consistent culture of continuous improvement and patient safety through the implementation of the National Patient Safety Incident Response Framework (PSIRF) policy and plan, learning action plans and quality improvement – partially achieved and continues into 2025/26	<p>The organisation undertook significant work this year to further embed the National Patient Safety Incident Response Framework. As a smaller organisation, work to implement this is taking longer than some larger organisations due to limited workforce capacity. This gap was recognised and external support brought in during October 2024 to support immediate work. At the same time a review and restructure of the Nursing and Quality Directorate enabled this work to be prioritised through additional resource in 2025/26.</p> <p>We have several commissioners and regulators with differing requirements, and this sometimes causes an element of delay and confusion. We have been addressing this with commissioners and regulators and considered this when developing our policy and procedure.</p> <p>Work completed this year focussed on:</p> <p>Introducing PSIRF training organisation wide.</p> <p>A multidisciplinary approach was taken to mapping out reporting, learning and assurance processes for patient safety events and other incidents e.g. health and safety. The results were discussed with multidisciplinary partners across the organisation to establish existing best practice and where improvement was required, some of which continues into 2025/26.</p> <p>As a result of this a revised incident management policy and standard operating procedure was approved at the end of March 2025. This</p>

	<p>encompasses mechanisms for internal and external assurance and business continuity systems.</p> <p>The procurement of a new incident management system which supports internal and external assurance and meets the requirements of PSIRF was initiated in 2024/25 to scope out need and consider potential providers. Approval has been given to move to formal procurement.</p> <p>In depth analysis of the current incident management system as part of the process mapping and procurement identified major issues with the system. These have had to be overcome on a temporary basis by manual analysis and have significantly impacted on data validity and the ability to analyse trends efficiently.</p> <p>A backlog of historic incidents and patient safety events which had not been closed in a timely way was worked through and cleared. This provided vital information on gaps in procedure, training and the incident management system itself which were identified and rectified within the revised policy.</p>
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Priorities to support children, young people and families' experience and how did we do?

Priorities set for 2024/25	Narrative
<p>Quality improvement Rehabilitation Services: Embedding Favourite word (F words) to support child and family goal setting.</p> <p>Achieved F words provide a framework to identify and set goals collaboratively with children, young people and families. There are six F words which have been developed alongside the International Classification of Functioning (ICF):</p> <ul style="list-style-type: none"> • Functioning • Family • Fitness • Fun • Friends • Future <p>The framework provides an opportunity to identify what is meaningful to a young person and family, shifting away from the professional or clinician setting and rating goals, to a shared understanding of what is important to the child and family both now and in the future.</p>	<p>A quality improvement project (QUIP) group was set up to enhance the application of evidence-based practice and recent evidence across rehabilitation services. The project group focussed on how multidisciplinary goals are set, measured, reviewed and underpin children's treatment plans and rehabilitation programmes. A review of literature identified an evidence-based approach to goal setting known as 'my favourite words (CanChild)'.</p> <p>Members of the QUIP group accessed external training in F words and the life wheel. Training was then cascaded across the therapy team in detail and shared during multidisciplinary team teaching sessions.</p> <p>F words were initially piloted with a small group of children and families to establish the use in practice and reflect on learning. This led to the development of a toolkit to support goal setting discussions and pictures of children in their rehabilitation sessions representing each F word.</p> <p>The framework has now been fully implemented across the therapy team and is now used to set all goals.</p> <p>Since implementing 'F-words' in the Autumn of 2024, the rehabilitation team have captured, recorded and reported on child and family goals for 27 children and young people. 16 of these children have been discharged and have corresponding admission and discharge scores.</p> <p>The results from the children discharged from rehabilitation have shown that there has been a significant improvement in self-reported 'F-word' scores on discharge across all seven F-word elements:</p> <ul style="list-style-type: none"> • Function (home) = 106.1% improvement from admission score • Function (school/community) = 117.4% improvement from admission score • Fitness = 105.0% improvement from admission score • Fun = 88.0% improvement from admission score • Friends = 107.4% improvement from admission score • Future = 178.6% improvement from admission score

	<ul style="list-style-type: none"> Family = 86.0% improvement from admission score <p>Overall, scores for all F-words for all children and young people discharged increased by 103.4%.</p>
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Priorities to support effective care for 2024- 25 and how did we do?

Priorities set for 2024/25	Narrative
<p>Roll out of electronic records in Rehabilitation houses - Achieved</p> <p>This initiative marked a critical step in strengthening our clinical documentation processes across all areas of care. It ensures greater consistency, accessibility, and oversight while improving compliance with national digital standards and inspection frameworks.</p>	<p>Access Care Planning (ACP) has been in place across the residential services since 2022. The transition to digital records was completed for those cohorts by August 2023, supported by a programme of quality assurance audits. Rehabilitation services, due to their higher activity levels and dynamic clinical presentations, presented a more complex environment for rollout. Recognising these specific needs, a structured rehabilitation rollout project plan was developed, with key stakeholder engagement and a Quality Impact Assessment.</p> <p>A range of system modifications, operational adaptations, and governance structures were required to ensure safe implementation in the rehabilitation setting.</p> <p>Amendments were made to include a signature and date section to record that a review has occurred with no changes required, providing assurance even in the absence of updates.</p> <p>All care plan updates for rehabilitation children and young people are now recorded within the existing live document, including the date of change and a clear reference to the archived version.</p> <p>A monthly care plan archiving cycle for rehabilitation placements is now operational.</p> <p>The system has been amended to include a checkbox option for indicating that water temperature was checked by either the child or young person or their parent/guardian, reflecting common practice in rehabilitation settings.</p> <p>Approval has been granted for the purchase and deployment of Workstations on Wheels to all clinical areas to enable timely bedside reporting.</p> <p>Procurement is underway and once the rollout of 'Workstations on Wheels' has commenced, this will improve contemporaneous documentation and audit capability.</p>

2.2 Statements of Assurance from the Board of Trustees

Services provided by The Children's Trust

The services we provide are set out in our statement of purpose:

- Intensive rehabilitation
- Care
- Therapy
- Education
- Residential care for children with 24-hour access to nursing support
- Care for children on long term ventilation
- Assessment
- Treatment
- Diagnosis support
- Initial emergency care
- Sensory work

The data provided in this report covers the whole organisation and, as such the data on quality of care within this report relates to all our services.

The percentage of income generated by the relevant services reviewed, as identified above, represents 100% of the total income under all contracts, agreements and arrangements held by The Children's Trust for the provision of, or subcontracting of, relevant services.

Freedom to speak up

The Children's Trust Board of Trustees endorses the principles embedded within the National Health Service to enable staff to speak up if they have concerns about quality of care, patient safety or bullying and harassment. As an organisation we are committed to putting in place the necessary systems and processes and promoting a culture of honesty and integrity so that colleagues feel able to speak up.

We have two Whistleblowing Champions who provide independent and impartial advice to staff at any stage of raising a concern. One of these is a Board level trustee and the other is one of the co-Head Teachers. We have a whistleblowing policy in place which ensures that colleagues are able to raise concerns about malpractice at an early stage and in the right way and ensures that any colleague who makes a qualifying disclosure in the public interest will not be penalised or suffer any adverse treatment for doing so. This policy is accessible to all our staff electronically.

We maintain a log of whistleblowing which has Director oversight. In this reporting period three cases have been raised. One case was considered to be whistleblowing and two were dealt with informally with agreement of all parties.

The Children's Trust is a member of Protect, the national whistleblowing charity, which is a dedicated confidential hotline should an employee wish to seek external guidance on the best way to proceed with a whistleblowing concern. In January 2025, The Children's Trust completed the Protect Benchmark, to measure performance and receive recommendations for improvement. Protect were able to score against three core areas: Governance, Engagement and Operations:

- Governance 55%
- Engagement 29%
- Effective Operations 71%

Comparisons of the scores against other organisations within 'charities' who had completed the benchmark can be seen below.

Total	TCT Score	Group	Difference
Governance	55%	59%	-4%
Engagement	29%	23%	6%
Operations	71%	47%	24%
Total	52%	43%	9%

A number of recommendations made by Protect are being considered by the organisation.

In the reporting period, there has been significant financial investment into Freedom to Speak Up (FTSU) and an experienced Freedom to Speak Up Guardian was appointed on 25th March 2025. Staff are encouraged to speak up about anything that gets in the way of doing a good job including, but not limited to, quality of care, patient safety, bullying or harassment. The FTSU Guardian is committed to identifying and addressing barriers to speaking up to support an open and transparent culture where everyone feels safe to raise concerns and make suggestions for improvements, without fear of reprisals. The FTSU Guardian follows up to ensure that concerns are listened to and that there is appropriate follow up and learning from cases, including when a concern raiser feels that they have suffered detriment for speaking up. The Speak Up training has been introduced as part of the mandatory training programme at The Children's Trust. The FTSU Guardian is onsite Monday-Friday and staff, volunteers, students, bank, agency and contract workers can contact the guardian in person, via Teams, via email or over the phone. Regular feedback is given to people who raise concerns, and they are asked to complete a survey when their FTSU case is closed, to aid continuous learning and improvement. FTSU data is submitted on a quarterly basis to the National Guardian's Office and a FTSU policy is currently in development.

We want our staff to feel able to raise concerns openly. We have recently reviewed our incident management procedure to ensure that it is user friendly and takes staff through the process of reporting step by step.

We openly ask our staff about how comfortable they feel about reporting incidents as part of our ongoing staff surveys. Our latest staff survey in November 2024 identified that 77.3% of staff

reported that they would feel comfortable raising concerns about unsafe clinical practice. However, only 59% staff reported that they were confident the organisation would address their concern. This was prior to the recruitment to a Freedom to Speak Up Guardian and may also reflect the fact that at the time there were a large number of incidents which had not been concluded. In addition, the current incident management system does not automatically provide feedback on learning to people who report incidents. The latter two issues are addressed in our safety priority for 2025/26.

During our work on our new incident management policy and procedure, we learned from our staff that some of our language and processes can be interpreted as punitive. Some of this also stems from other drivers for learning such as the Local Authority Designated Officer referral and consultation process followed during the investigation of allegations against staff. Whilst we have whistleblowing processes in place we want to shift our culture to one of open learning and challenge whenever possible. An area of focus for 2025/26 involves a workstream to collaboratively work with all levels of staff to understand language, support required and how we learn.

National Audit and National Confidential Inquiries

The Children's Trust is not eligible to participate in any national clinical audits and therefore has not been required to collect data during the reporting period. The arising reports currently do not have any relevance to The Children's Trust, and we do not have improvement plans arising from them. We review reports to determine relevance and though not required contractually to collect data, we ensure that applicable learning is cascaded and embedded throughout the organisation.

The Children's Trust is eligible to participate in Learning from Lives and Deaths People with Learning Disability and Autistic People (LEDER) but has not met any criteria to participate in the reporting period or submit data. As we review our safeguarding systems and processes, we will ensure that we have appropriate processes in place to identify when we need to notify LEDER, provide robust information to the process, and how we learn from national reports.

Local Audit

During the reporting period, The Children's Trust completed 33 internal audits, some of which were repeated regularly, including monthly.

The actions we intend to take to improve the quality of healthcare following the review of reports include:

- The actions outlined in our priorities for 2025/26.
- Reviewing the frequency of our audits to ensure that work is embedded between repeat audits.

- Redesigning some of our audit programmes to extract information from our electronic patient records.
- Review and improve our data collection methodology.
- Review competencies of staff using learning from audits undertaken in 2024/25.

Research

The Children's Trust did not recruit any patients during the reporting period to participate in research that was approved by a research ethics committee within the National Research Ethics Service.

Finance arising from quality improvement and innovation goals within the NHS contract

The Children's Trust income is not conditional to achieving quality and improvement goals under the Commissioning for Quality and Innovation payment framework as it is not part of the contract.

The Children's Trust is not subject to the Payment by Results by clinical coding audit.

Regulation

The Children's Trust has several regulators. OFSTED care are currently the primary regulator with the Care Quality Commission (CQC) as our secondary regulator.

There are no conditions to either our CQC or OFSTED Care registration. The CQC has not taken any enforcement action against The Children's Trust in the reporting period.

The Children's Trust has not taken part in any special reviews or investigations by the CQC under section 48 of the Health and Social Care Act 2008 during the reporting period.

The CQC carried out an overnight targeted inspection focussing on monitoring and observation policies and practice and incident management in March 2025. Positive verbal feedback was given at the time, and the final report is awaited.

OFSTED Care carried out an unannounced full inspection in October 2024, followed by a targeted inspection in January 2025. The latter focussed on specific incidents as well as overarching monitoring and observation protocols. The Children's Trust OFSTED Care rating remains 'Good' with significant areas of positive practice and improvement acknowledged.

Information Governance

The Children's Trust has in previous years achieved full compliance with the mandatory requirements of the Data Security and Protection toolkit (DSPT). New requirements are added each year and in 2024 we were unable to meet requirements related to the use of personal devices to access corporate systems. Work is underway to resolve the remaining technical issues ensuring we are compliant with all mandatory requirements during 2025, in time for the next self-assessment deadline.

Data Quality

We have detailed in this report areas where we need to improve our data quality. Our new incident management system will enable us to extract more accurate data and identify trends more easily. This will also support how we improve our patient feedback data from complaints. We plan to develop our oversight of audit to ensure that audit data is scrutinised within internal governance. Strengthened governance systems will support senior oversight of all data quality.

Learning from Deaths

The Children's Trust does not participate in the NHS Learning from Deaths process because the majority of children and young people cared for are under 18 years of age. Any deaths which occur therefore meet the criteria for the Child Death Overview Process (CDOP) rather than the Learning from Deaths process. We have not been party to overall learning from CDOP which may be relevant to the organisation and are currently building stronger links to the Integrated Care Board (ICB) to enable this interface.

The Children's Trust received a Regulation 28, Prevention of Future Deaths report on 14 October 2024 in relation to a death in September 2023 where the coroner ruled that the death occurred though natural causes however identified some broader learning for the organisation. The Children's Trust fully acknowledges the coroner's concerns and has taken the following action to learn from this child's death.

- **Policy and Clinical Guideline:** The Frequency of Monitoring Policy has been reviewed and updated to ensure it is clear and consistent and can be individualised for each child through specific clinical guidelines. This ensures monitoring practices are personalised to meet each child's unique needs and based on individualised risk assessments. Further work has commenced to align the policy with national best practice relevant to the unique care setting at The Children's Trust. This ongoing work requires continuous input and critique to ensure that a significant and safe revision to our approach and policy is designed and implemented.
- **Monitoring Tools:** A review of monitoring tools, including video surveillance and wearable sensors, has been completed. We continually ensure that these tools are appropriate for each child's needs and used correctly to provide effective oversight

without replacing appropriate checks. This initial action is complete and is now continuously reviewed and audited in line with evidence-based practice and reported to the Quality and Patient Safety meeting followed by the Quality and Patient Safety Committee.

- **Individualised Care Plans:** We have made certain that care plans are clear, individualised, and regularly updated based on the child's current needs and challenges and aligned to the PEWS (Paediatric Early Warning Scores). These updates ensure that the monitoring of children is consistent, personalised, and aligned with the latest clinical guidelines. This work is complete and is now continuously reviewed and audited in line with our policy and best practice.
- **Shift Handover Protocol:** A revised Shift Handover Protocol has been introduced to ensure that the level of supervision and observation required for each child is understood and clearly communicated during shift changes. Additionally, the last set of clinical observations from the prior shift are recorded and discussed at handover, ensuring a seamless transition and continuity of care. This protocol has been embedded across The Children's Trust and is subject to continuous review and audit to ensure compliance.
- **Frequency of Monitoring and PEWS Practice Audits:** We have implemented new Frequency of Monitoring Practice audits overnight, conducted by Clinical Site Managers. This ensures continued compliance with the monitoring and observations policies. These audits are complemented by monthly quality walks to ensure the consistent implementation of care plans and protocols. This additional assurance mechanism is built into roles and responsibilities and findings from these audits feed into the broader clinical governance framework.
- **Reporting and External Oversight:** Following internal approval and scrutiny, the results of relevant audits are reported to both The Children's Trust regulators, The Care Quality Commission and OFSTED care, monthly, ensuring external oversight and accountability. Monthly clinical audits have been monitored by the CQC, at their request, for 6 months to ensure compliance.

Patient safety events

We commenced a workstream in 2024/25 to learn from patient safety incidents and will continue this in 2025/26.

Excluding incidents reported by our charity retail outlets, 866 incidents were reported from 1st April 2024 to 31st March 2025. Of these, 700 were noted as patient safety events (89%). The majority were no or low harm.

The previous incident process did not require incidents to be graded, and we do not have accurate data on levels of severe harm although the data we have indicates that it is low. This has impacted on our ability to accurately provide a percentage of incidents which resulted in varying levels of harm. As we embed our new incident management process we will start to collect and report on this data.

Part three

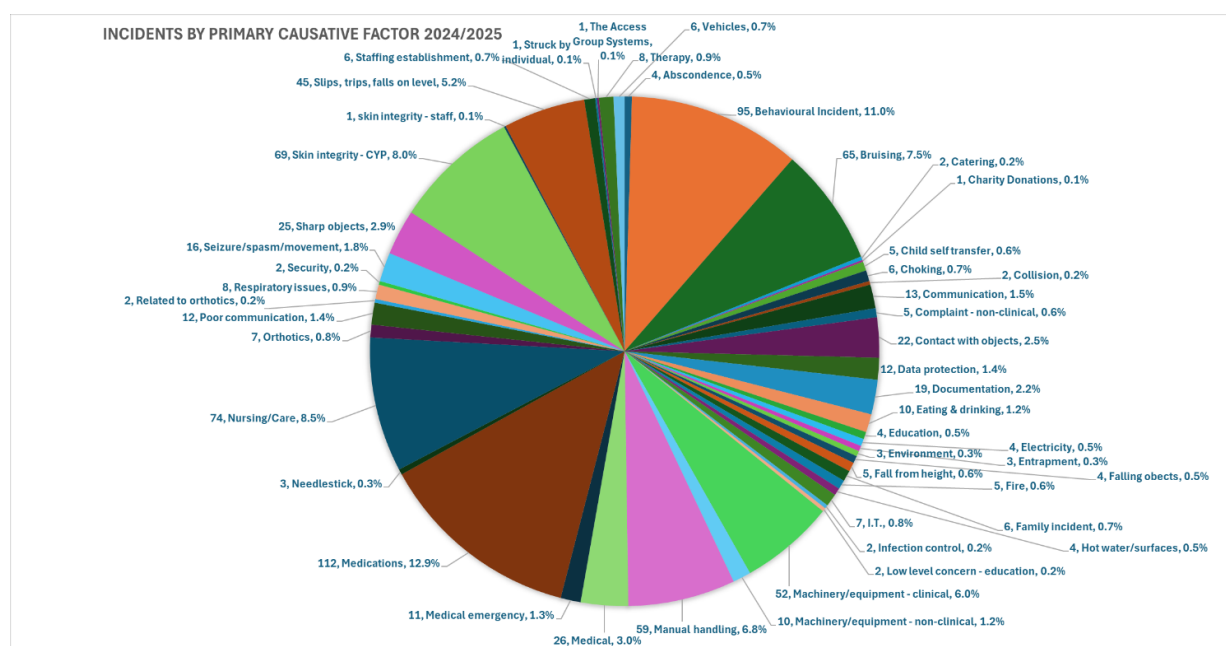
An overview of care provided by The Children's Trust 2024/25

Safety of our children and young people

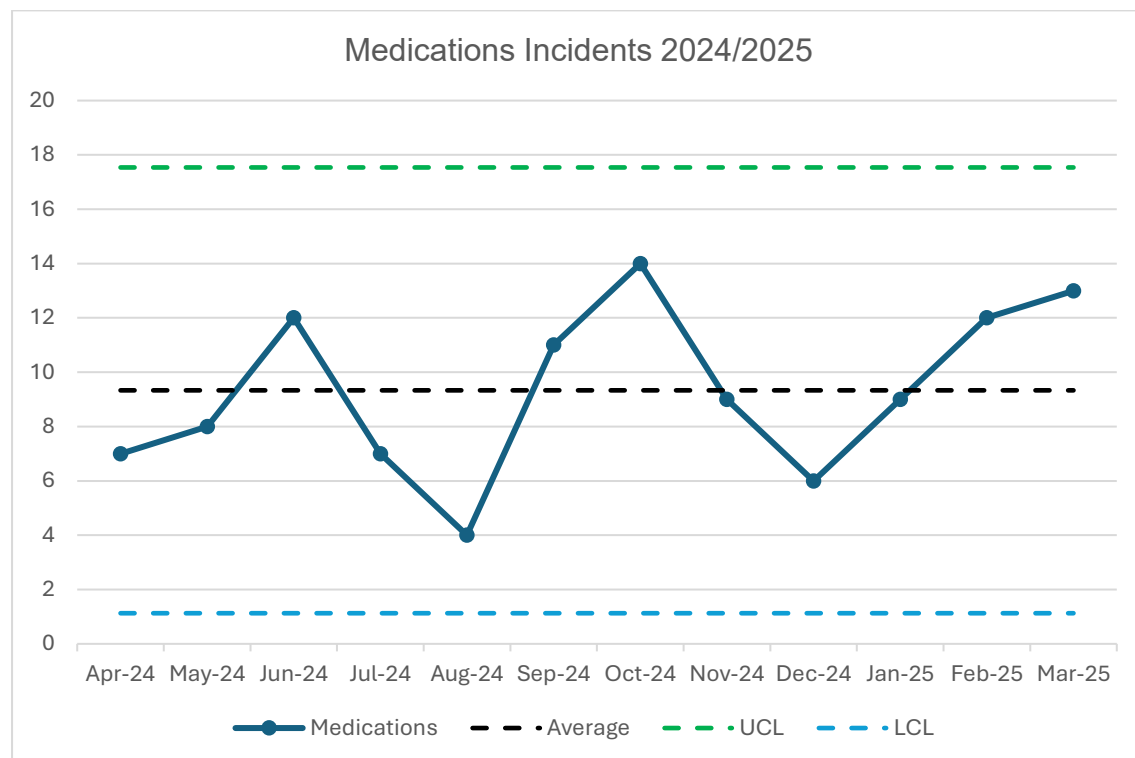
Incidents

We have recognised earlier in this report the challenges we currently have in relation to our incident management system and the need to manually extract data. Therefore, we anticipate that our data, and potentially trends, will change over the next 12 months as we develop better systems, methodology and guidance to collate and analyse our information.

The following graph demonstrates a breakdown of our incidents by primary reporting category. For the purpose of this report, we have not included incidents reported within our shops.



One of our highest trends in incident reporting data is that relating to the **administration of medicine**.



Over the past year, we have made steady progress in medication management, focusing on enhancing safety. Through multidisciplinary collaboration, structured audits, and targeted interventions, we have addressed key challenges and strengthened safe medication practices.

Key improvements and initiatives

We hold multidisciplinary medication management meetings.

Regular meetings have improved communication, clinical oversight, and patient-centred care. Six-monthly medication reviews within residential care have reduced polypharmacy (the use of multiple medicines at the same time by one person).

We have completed incident reviews and safety interventions.

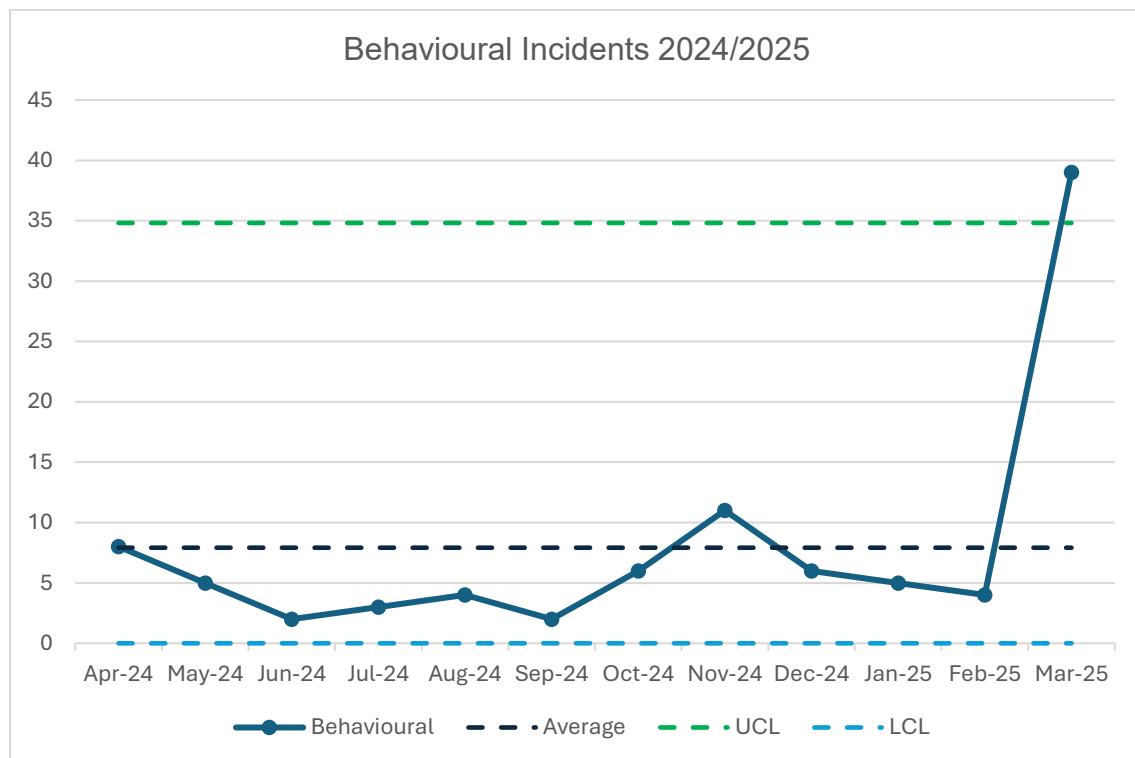
Analysis of medication incidents has led to targeted safety measures:

- Omitted/Delayed Doses: Reinforced timely administration and introduced double-check protocols.
- Parental/Young People Administration: Focused training and supervision in rehabilitation houses.
- Protocol Deviations: Reviewed and updated local protocols, training, and care plans.
- Audits: Management of high-risk medications, storage, expiry, stock management.
- Secure Storage Enhancements: Digital lockers and Salto locking systems being introduced to improve security and accountability.

- **Staff Training and Competency:** Targeted training on incident trends. A multidisciplinary focus group is developing strategies to reduce prescribing errors and parental knowledge.

This year's initiatives reflect our ongoing commitment to quality and safety, with no moderate or above harm incidents being identified. While some variability remains, consistent application of evidence-based practices and strong staff engagement position us well for continued improvement in the year ahead.

Behavioural incidents are also one of our higher categories.



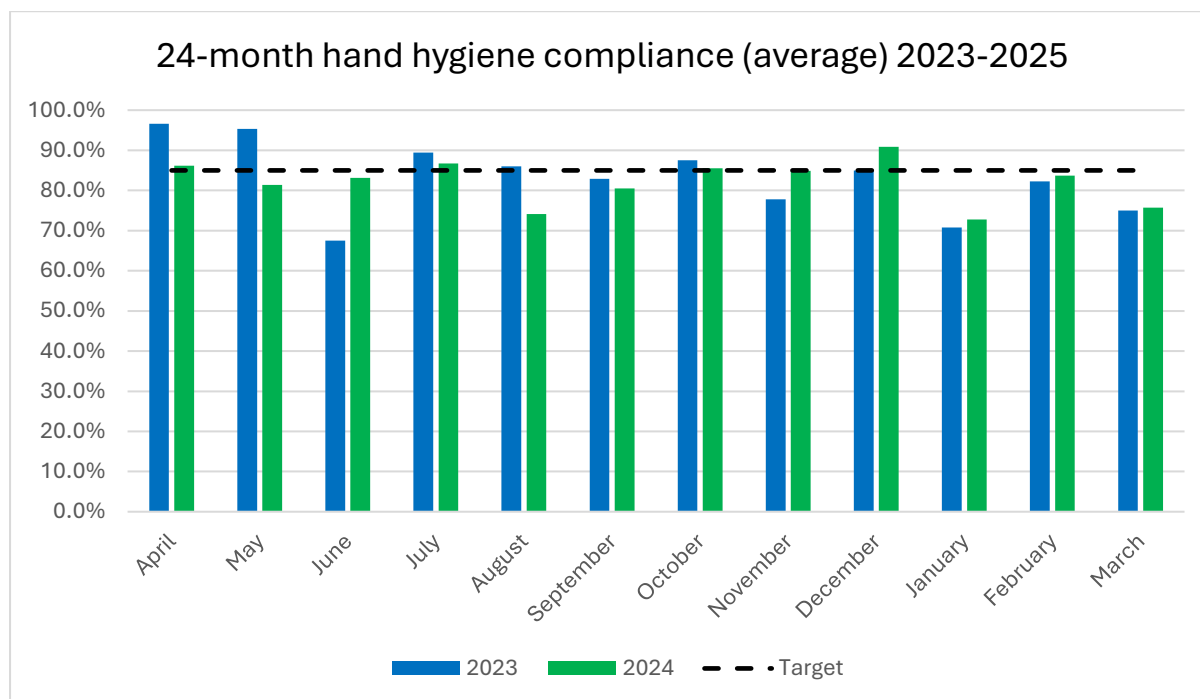
The sharp rise in March 2025 can be explained by two reasons. Firstly, a restructure was completed within the Nursing and Quality Directorate and clinical governance roles were introduced which led to better reporting. Secondly many of the incidents related to one young person who presented with significant behavioural challenges. An after-action review was undertaken on the care of this young person to identify learning and enhance future clinical practice.

Infection Prevention and Control

The organisation has several mechanisms in place to support infection prevention and control (IPC). There is an organisation wide policy and procedure. The Infection Prevention and Control lead has now been formally included within a clinical lead role and staff have access to infection prevention and control advice out of hours. Training is available to all staff at induction

and annually. IPC link roles are employed within each house and two training sessions for the IPC links were provided in October 2024 and March 2025.

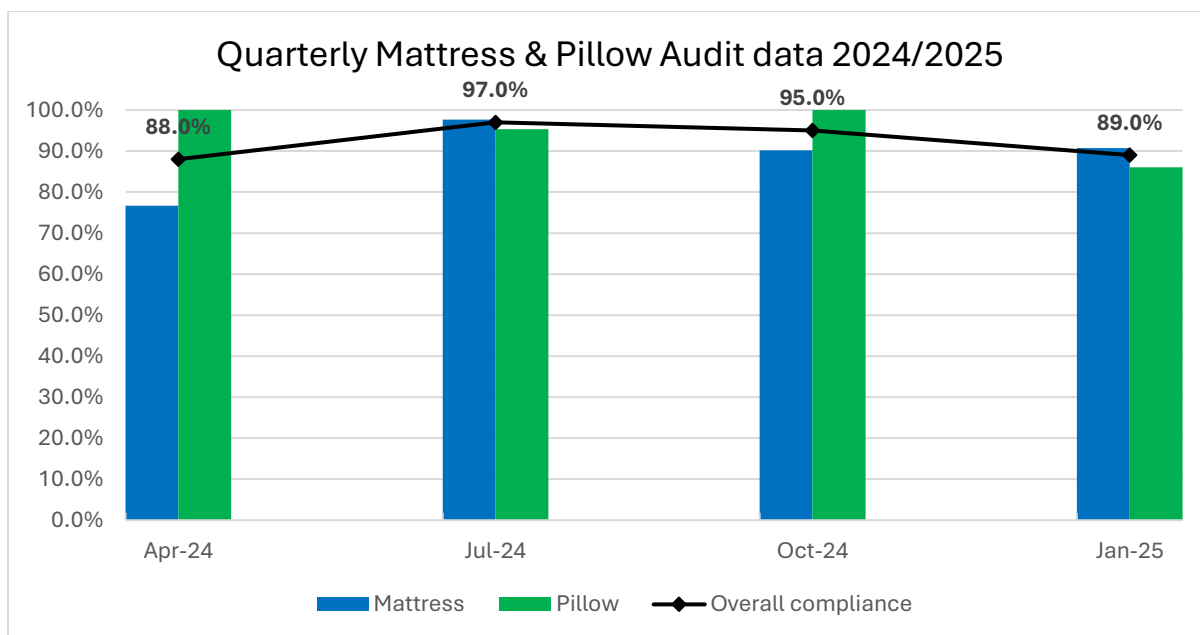
Hand hygiene is the most effective way to prevent spread of infection. This is part of induction for all staff. Audits are undertaken by the IPC links in each house monthly. The target is 85% compliance when audited.



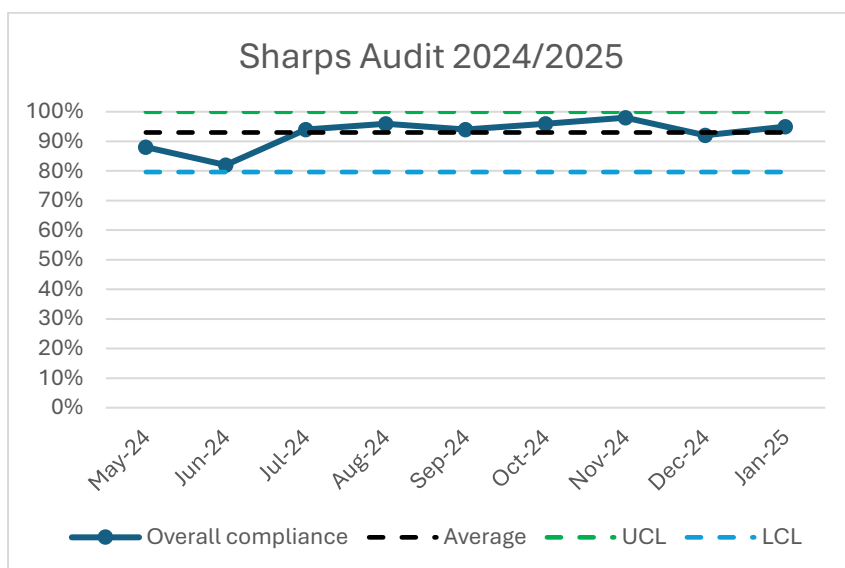
Global handwashing day was celebrated on 15th October 2024 which coincided with an unannounced OFSTED Care inspection on the same day. The Children's Trust launched the handwashing music video "All about those hands". This included clinical and non-clinical staff and encouraged everyone to wash their hands correctly in a fun, no blame culture. One of the children and young people is included on the video, encouraging staff to wash their hands at key moments such as mealtimes and after the bathroom. A particular increase in hand hygiene compliance was noted in audits after the October event. Early in 2025 compliance reduced. This variation is thought to be attributable to a change in who was carrying out the audits to improve rigour and the introduction of 'bare below the elbows' into the audits. The organisation continues to monitor compliance.

Other IPC audits are also undertaken. The equipment cleaning audit is undertaken quarterly by IPC links although the IPC links check a percentage of equipment weekly due to the amount. This ensures that all equipment is checked for dirt or debris. The overall compliance score is 82% to 90%, with recommendations for improvement on documentation. A representative from an external company visited the site last October to advise on how to use labels and green stickers to indicate which is clean and which requires cleaning.

Mattress and pillow audits are undertaken quarterly to allow time for actions on purchasing and discarding.



The sharps audit was increased to monthly to monitor a change in practice recommended by the CQC and ensure that the bins are labelled and out of reach of children and young people. The supplier was also changed to ensure a safer temporary closure mechanism.



The Influenza vaccination for staff is actively promoted within The Children's Trust. There was a significant uptake of onsite staff vaccination for the influenza vaccine. However, we need to move forward in 2025/26 to capture the overall percentage as currently compliance is only monitored against onsite vaccination.

Influenza vaccination for the children and young people is provided by the Surrey Immunisations team who visit on The Children's Trust in Tadworth. A learning event was held internally this year following an internal influenza outbreak in January for a very small number of

children and young people. Key learning has been identified, and actions are being implemented for next year.

A respiratory syncytial virus was identified in March 2025 and an outbreak management group managed actions. Learning was also identified.

Tissue Viability

Tissue viability covers the management of wounds, redness and infection management. The Children's Trust has several mechanisms in place to support tissue viability. The Tissue Viability Lead is one of the Clinical Leads and to support their work, several tissue viability champions are situated on each house. They support with day to day clinical advice. The champions have been developed via tissue viability study days. The days are used to develop knowledge around dressings, wound management, infection management and simulation work. Simulation work has included developing skills on photographing wounds and scratches and swabbing wounds correctly. External companies have also provided training on dressing products in use within the organisation to improve knowledge and correct use and have been available to all staff. Each house now has a tissue viability folder which has information on wound management, appropriate dressing types and creams which can be accessed out of hours.

The tissue viability and medical team have been developing a formulary for dressings and creams to standardise care across the organisation. Often gastrostomy sites become sore and as a result, an antimicrobial dressing was introduced within the last year which has reduced the number of infections and improved healing time.

The tissue viability team work regularly with external companies and have developed a wealth of national contacts. A strength of the work undertaken by the team is demonstrated by the care given to a young person who was admitted with diagnosed non-healing wounds following trauma. During their stay at The Children's Trust, the tissue viability team used national contacts to identify the best products to treat infection and heal all the wounds. A positive impact of this has been the young person's ability to access hydrotherapy sessions which were previously not possible.

Moving forwards the team plan to develop a tissue viability audit programme and a data base.

Experience of our children, young people and their families

A range of methods are used within the organisation to obtain feedback. These include the School Council, School Parent Forum, the NHS Friends and Family Test and the 'Have Your Say' group. We have a Children and Young People Experience Forum which looks at all the feedback we receive, identifies themes and learning.

Friends and Family Test

The Friends and family test is sent out to parents quarterly to encourage greater response rates. Whilst this has improved rates compared to when sent out on discharge, our response rates are relatively low with 30% response rates from rehabilitation houses and lower for families of children and young people with longer stays. We plan to look at how we can increase our response rate as part of our experience priority for 2025/26. Overall responses tend to be mainly positive with 92.3% of families responding that they “would recommend our service to friends, family or other parents if they needed similar care or treatment”.

Our friends and family test allows parents to free text feedback to give more in depth learning about our services.

Name badges

Feedback was received that staff did not always introduce themselves to children and young people and their families. In addition, it was reported that several staff had the same first name. The organisation has rolled out name badges to all front-line staff which say, “Hello my name is...”. In addition, work has been undertaken to encourage all staff to introduce themselves at the beginning of each shift or session of care. Informal reporting from staff has been positive. They report that an unexpected benefit has been that staff in hospital are more engaging with them when they accompany children.

Food

Ongoing work to understand experience has identified how important food is to our children, young people and families and is a continuous theme. Feedback has been positive and negative. This has ranged from positive feedback about certain foods to negative including portion size, and suitability of some menu options for very young children. There is a food group working with the catering provider to look at meal choice options and feedback has also been given to houses.

Unheard Voices Project

Funding was received from Surrey Youth Focus to undertake a project to shine a light on the voices of children, young people and families that are temporarily resident in Surrey whilst undergoing neurorehabilitation.

We receive National and Specialist commissioning from NHS England and Integrated Care Boards (ICBs) funding to deliver Level 1 intensive paediatric neurorehabilitation, education and community services. Children stay with us at our national specialist centre in Surrey for either intensive rehabilitation placements (typically 8-12 weeks) following an acquired severe brain

injury (or longer term if enrolled at our on-site school for children and young people with profound and multiple learning disabilities).

A significant part of our day-to-day work is focused around supporting the emotional wellbeing of our children, young people and families on residential intensive rehabilitation placements. As part of this, we believe it is important to support and prepare them to return to their communities, which can present both logistical and emotional challenges in light of their often sudden and traumatic acquired social, physical, emotional, cognitive, communication and/or behavioural needs. Crucially, our children, young people and families also experience changes in their core sense of self and identity. To this end, activities and resources that potentially help to re-affirm belonging, participation and empowerment are key in terms of their psychological adjustment at the time and longitudinally.

Children and young people often come to us from their acute setting when they are medically stable. This means the family's first experiences of venturing out of a hospital or rehabilitation setting since their child's brain injury is in and around Surrey. These families' perspectives therefore provide valuable insight into the accessibility and inclusivity of the Surrey community for children and young people with a range of newly acquired physical and learning disabilities.

Three questionnaires were designed to capture information under the two main themes of Motivation/Interest and Accessibility, selected to help investigate whether our children, young people and their families were exploring the local area, any barriers (internal or external) and positive experiences.

Questionnaires were completed by two young people, four parents, and six staff members. The needs of the young people varied considerably, including disorder of consciousness (where a child or young person is minimally aware), high medical needs, mobile with assistance, and physically able with significant cognitive needs. Staff roles included two physiotherapists, one multidisciplinary technician, one house manager (nursing background), and a lead for activity and leisure activities. There was significant overlap between the themes raised by young people, parents, and staff.

The most common theme, raised by every respondent, was poor accessibility in the local area. Local pavements were unsuitable due to being uneven, too narrow and the challenging cambers. There was a lack of safe crossings. Advertised local amenities were not accessible. A lack of changing hoisting and places to plug in equipment was a significant worry for family trips out. Additionally, car parking did not always have big enough spaces for wheelchairs and public transport was considered infrequent and unreliable.

All respondents highlighted a lack of things for young people to do in the immediate local area and nearby towns. This means that trips out can be repetitive. There were limited options for things to do indoors and not weather dependent.

Staff noted that families are often apprehensive about going out in the local area as they are worried about how they and their child will be perceived and the potential response to their child. Parents reported that they felt the local community was friendly, helpful and understanding but this did not mitigate the understandable anxiety following a life-changing event.

Learning has identified the need for the organisation to provide more information to families about the local area, especially local places that are known to be accessible in a way that meets their child's needs and transport options. It has also shown that there is considerable scope for collaboration with the local community in finding or putting on accessible activities that would benefit both the children, young people and families at The Children's Trust and those in the community with disabilities and additional needs.

The findings will also feed into direct psychology work with families and children and have the potential to inform work carried out in other therapies. While adjustment to newly acquired difficulties is something that is often addressed, as well as transition back to school, responses have highlighted that some children, young people and families could benefit from more support relating to rejoining the community, for example addressing anxieties, thinking about how to respond to difficulties or increased attention while out, and even more practical assistance such as planning a trip out together, so they feel supported.

Clinical Effectiveness

Over the course of the year The Children's Trust has invested in several new technologies and rehabilitation interventions to enhance the ability to provide high intensity and increased dosage of input. The range of technologies offer anti-gravity intervention, electrical muscle stimulation and opportunity for active and passive movement.

With the expansion of neurotechnology, there is a need to embed the usage in practice and train clinicians to ensure standards of safety and practice are met. We survey our clinicians to understand training needs and the suitability of equipment. We plan to implement regular 'Technology & Robotics Clinics' for using robotics and technology and roll out a training programme to ensure that staff are fully trained and comfortable in using technology in their practice. Surveys are also planned for the young people and their families.

Anti-Gravity Hoisting System

An exciting development has been the installation of anti-gravity hoists, installed by Guldmann. The hoisting system has been fitted within treatment spaces and lunge spaces within the homes. This new approach offers clinicians the ability to de-weight a child against gravity, controlling elements of their body weight which in turns enables movements to be facilitated in various positions during their therapy sessions. Functional movements such as gait training, transferring from lying, sitting, kneeling, floor mobility and mobilisation. Other activities such as facilitating re-learning to ride a bike can be adapted with this new technology.

The introduction of anti-gravity hoists has enabled therapists to support young people at a stage of their recovery where they would have needed additional physical support from multiple therapists, as the hoist allows the child or young person to move whilst reducing or stopping the impact of gravity. In practice this supports the young person to feel more supported and autonomous in their movements, promotes improved moving and handling and a reduced

handling load for the therapists. Already in early usage, young people have been taking steps earlier than they would have been able to without the hoists and experiencing freedom of movement in new ways.

The Children's Trust has completed the first paediatric the Robert® trial in the UK with Summit Medical and Scientific. The the Robert® is a robotic device for upper and lower limb early rehabilitation. This involves passive movement of the limbs. Outcome data was collected and submitted as part of this study. The trial found that the Robert® supports a passive range of movements which could be considered at an early stage of brain injury.

Neurotechnology

Several pieces of neurotechnology have enabled the use of integrated virtual gaming and functional tasks using upper and lower limb de-weighting. The Diego and Pablo systems have supported higher intensity upper limb rehabilitation for the re-gaining of everyday tasks such as brushing hair, online gaming and managing dressing fastenings. The Inno walk has provided many children with the opportunity to stand again, when this hasn't been possible with traditional therapeutic equipment such as standing frames.

Functional Electronic Stimulation (FES)

Functional electrical stimulation (FES) is a form of electronic muscle stimulation that uses small, controlled electrical pulses to stimulate selected muscles. FES can be used to restore or enhance functional movements, increase muscle strength, range of movement, reduce spasticity, and aid motor relearning.

We are in the process of introducing the Fesia grasp which is a rehabilitation device based on FES that supports upper limb rehabilitation. We also have two Fesia walk devices for lower limb neurorehabilitation. The Fesia uses an electrical pulse to activate muscles and facilitate movement for example grasp or walking. The rehabilitation team of Occupational Therapists, Physiotherapists and MDT Technicians have been completing extensive online training to use the Fesia devices (both upper and lower limb) and completed formal training on the 14th May 2025 when they then started to introduce this into clinical practice with the children and young people. As part of the complexities of using the device for quality service delivery the formal training needs to be completed prior to use. The team will then plan to embed this in practice.

Statement from Commissioners

To follow from Surrey Heartlands ICB and NHSE Specialist Commissioning