

# The Children's Trust

Annual Quality Account 2025-2026



1 April 2025 - 31 March 2026

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## Part One

### About our Quality Account

As a healthcare provider that received funding from NHS England Specialist Commissioning in 2025/26, 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.

The mandated guidance 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 the Quality Account for 2025/26 for The Children's Trust, the UK's leading charity for children with brain injury and neurodisability. This report aims to share our progress and plans in delivering high-quality services for children across the UK. It demonstrates the commitment of our expert teams to our purpose - supporting children, young people, and their families so they can live the best life possible.

This year marked a new phase of change and growth for The Children's Trust. In April 2025, we embarked on our 2025–2030 strategy, which sets out our approach to meeting the increasing need for specialist neurorehabilitation, strengthening patient safety and driving continuous quality improvement to transform outcomes for children and young people.

The Children's Trust delivers specialist rehabilitation, education and care for children and young people with brain injury and neurodisability. Our multidisciplinary team work together with children and their families to set goals collaboratively. Whether it's relearning skills, building strength and regaining movement, or improving communication, every child is working towards achieving their own goals.

Our Residential Neurorehabilitation service, based at our national specialist centre in Tadworth, Surrey, supports children to restore lost skills or develop new ways of doing things, while working closely with families to support transition home and planning for the future.

Our Residential Care houses provide registered homes for children and young people with complex care needs up to the age of 19, where care is delivered by nursing and care staff within a home environment.

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

Our Community Rehabilitation Service provides support through 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.

I confirm that in my role as Chief Executive, proprietor of our school and Responsible Individual for OFSTED. I have reviewed the contents of this Quality Account and am satisfied with the accuracy of the data reported within it and that it provides an honest and balanced account of the quality, safety and effectiveness of the services we deliver. The information presented reflects both the strengths of our services and the areas where we recognise further improvement is needed.

Continuous improvement combined with compassionate care underpins our approach to quality. Over the past year, we have focused on strengthening patient safety, patient experience and effective care across our services. This has included embedding new approaches to learning from patient safety events and strengthening safeguarding governance and capability. We have increased confidence in incident reporting and oversight and have improved how learning is shared and acted upon at individual, team and organisational level.

During 2025/26, we continued to improve how we listen to and act upon the voices of children, young people and families. We are committed to demonstrating clearly the changes we make through listening and learning from their invaluable feedback and experience. We invested in our people and further strengthened our safety culture through implementation of the National Patient Safety Incident Response Framework. Together these initiatives enable The Children's Trust to embed improvement as part of everyday practice.

We are clear about the quality of the services we provide and acknowledge that there are areas where we must do better. These include applying learning more consistently from incidents and complaints, improving the quality and accessibility of feedback data, and ensuring that audit findings are used effectively to drive improvement.

Over the past year, we have continued to enhance our approach to measuring how well we are doing, including strengthening outcome reporting, expanding the use of electronic patient records, improving incident management processes and developing clearer oversight of audit activity through our governance structures.

As a medium sized charity, resource constraints influence the pace at which some changes can be implemented. However, we are focused on prioritising improvements that will have the greatest impact on safety, experience and outcomes for children, young people and their families.

Our priorities for improvement in 2026/27 build on the progress of the last year and reflect where we know further work is required. These include:

- continuing to embed a strong safety culture through implementation of the National Patient Safety Incident Response Framework,
- improving consistency and learning from incidents and complaints,
- strengthening how audit and data are used to drive improvement,
- further developing safeguarding practice and oversight,
- driving improvements in effective care through workforce training and development and the use of innovation and technology.

These priorities are monitored through our governance arrangements and reported regularly to senior leadership and the Board.

We work closely with our regulators and commissioners and welcome the assurance and challenge provided through inspections, quality visits and audits, including engagement with the Care Quality Commission (CQC) and OFSTED across our services. Feedback from regulators is reviewed through our internal governance arrangements and informs our improvement priorities and action plans, helping us to strengthen the quality and safety of the services we deliver.

In August 2025 the CQC carried out an unannounced inspection focused on the care delivered to the children and young people, as well as associated documentation and clinical governance. The report was positive overall and noted that processes and resource have been strengthened, with positive impacts already being seen, including improvements in how incidents are recorded and a clearer focus on clinical governance and patient safety priorities.

The Children's Trust remains committed to providing high-quality, safe and effective care that is centred on the needs and aspirations of children and their families. We will continue to learn, improve and work in partnership with others across the health and education system to achieve the best possible outcomes for the children and young people we support.

I declare that, to the best of my knowledge, the information contained in this Quality Account is accurate and provides a fair representation of the quality of services delivered by The Children's Trust during the reporting period.

Yours sincerely,

Mike Thiedke

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

Chief Executive  
The Children's Trust

## What we do

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.

We help children through play, exploration, laughter and having fun; things that are often absent when a child has limited mobility or has had a challenging time. When therapy, healthcare and education are combined with music, arts and crafts, day trips and other fun activities, children are encouraged to focus not on their limitations, but on the goals that matter to them – and to enjoy themselves along the way.

### What we believe in

We believe that all children have the right to be children, regardless of health conditions, physical challenges or life circumstances. They have the right to play, to laugh, and to learn. They have the right to make connections with each other, with their families, and with the world around them. The Children's Trust exists to create these opportunities, specifically for children with brain injury and neurodisability.

### Our services

The work our frontline teams do every day is at the heart of our mission to support children and families through expert care, therapy, and education. Our teams work with skill, compassion, and dedication.

Our highly skilled team consists of doctors, nurses, carers, physiotherapists, occupational therapists, speech and language therapists, music therapists, psychologists, play specialists and multidisciplinary technicians. We also have specialist expertise such as moving and handling advisors and assistive technology practitioners. Together our team helps each child build confidence, develop independence and take part in everyday, meaningful activities that are active, engaging and fun.

The residential neurorehabilitation we provide at our national specialist centre in Tadworth is the largest service of its kind in the UK. Our multidisciplinary team work closely together to offer joined-up, holistic therapy, education and care that supports children and their families.

We offer residential care for children with complex health needs, including long term ventilation needs, with access to 24-hour nursing support. 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 neurorehabilitation programme. The remaining four houses are residential children's homes caring for children and young people with complex care needs.

The Children's Trust School is a residential, non-maintained special school for children and young people aged 2–19 with complex needs, including neurodisability. Located on the same site as our specialist neurorehabilitation centre in Tadworth, it brings together education, health, therapy and care to support every pupil to live the best life possible.

Our Community Rehabilitation Service supports children across the UK after a brain injury, offering a flexible three-tiered approach, harnessing the power of digital information and remote rehabilitation, alongside intensive rehabilitation in the community.

#### Tier one: Digital information

Our website, the [Brain Injury Hub](#) is a resource for families, teachers and anyone who would like to know more about acquired brain injury in children.

[Bumps Happen](#) is our online resource for families, schools, and professionals. It provides clear information, which helps parents understand how to spot a concussion, what to do next, and how to support their child in returning to school and other activities after a bump to the head.

#### Tier two: Advice and consultation

Our national virtual Acquired Brain Injury (ABI) team offers tailored advice and education adapted to each family's needs, including in areas where in-person therapy isn't available.

#### Tier three: Community Rehabilitation

Some children need more hands-on or intensive therapy to help them reach their goals. Our team offers home- or school-based sessions within an hour's drive from our specialist centre in Tadworth, or families can visit our site for outpatient support. We also offer virtual assessments and ongoing support for families further afield.

## 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, the Fundraising Regulator and the Gambling Commission.

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



As Director of Nursing and Quality, I am proud to reflect on another year of progress, compassion and unwavering commitment at The Children's Trust. Every achievement within this Quality Account represents the dedication of our staff and the courage, resilience and individuality of the children and young people we are privileged to support.

Over the past year, we have continued to strengthen our culture of safety, learning and openness. We have embedded new approaches to patient safety, safeguarding and clinical governance, while listening carefully to the voices of children, young people, families and staff. I am particularly proud of the growing psychological safety across our organisation, with more colleagues feeling empowered to speak up, share concerns and contribute to meaningful improvements in care.

What stands out most throughout this report is the compassion and collaboration that underpin our work. Whether improving mealtimes, introducing further trauma-informed approaches, advancing neurotechnology, or strengthening safeguarding practice, our focus remains on delivering care that is safe, effective and deeply person-centred.

The children and young people continue to inspire us every day. Their stories, feedback and experiences shape our priorities and remind us why this work matters. We know there is always more to do, and we remain ambitious in our commitment to continuous improvement.

I would like to thank our staff, volunteers, families, partners and supporters for their dedication and trust. Together, we are building a culture where children and young people can thrive, where families feel heard and supported, and where excellence in care is not only expected but continually pursued.

## Part two Priorities for improvement

### 2.1 Our Priorities

Last year we identified four key priorities which are essential to providing excellence in care. We recognised that they were ambitious and some were part of wider plans which would not be fully completed within 12 months. An update on progress is available later in part one, however, we are proud to report that we achieved all of what we said we would do in 2025/26.

To develop our priorities for this year, we identified opportunities to talk to some of our clinical staff about what they felt was working well and where they felt needed greater focus. We also reviewed patient safety trends and feedback we had received throughout the year from children, young people and families. This has been invaluable in shaping our focus in the coming year.

In addition, the consultation also raised the question of how we publicise and make the priorities real for staff and families during the coming year. Clinicians were aware of workstreams and able to tell us what worked and where we needed additional focus but did not relate them to the four key themes the organisation had identified.

These priorities will be monitored and measured by audit, data and project / improvement plans, as appropriate. They will be reported regularly throughout the year via internal governance.

### In 2026/27 we plan to improve the quality of our service by:

#### Safe Care

Priority	Narrative
<p><b>We will continue to implement the National Patient Safety strategy.</b></p> <p>We will continue to support our staff to learn from patient safety events and incidents and make improvements to the services and care that the children, young people and families receive.</p>	<p>We will continue to focus on how we provide psychological safety to all our staff so that they feel safe to report incidents, patient safety events and concerns.</p> <p>We have seen a positive rise in incident reporting and anticipate that this increase will continue into 2026/27 as staff develop more psychological safety and receive feedback on improvements that we have made resulting from learning.</p> <p>We will continue to embed national approaches to learning.</p> <p>We will continue to use innovative ways to share learning across the whole organisation.</p> <p>This work will be supported by our new incident management system, which will enable us to manage our response to incidents and patient</p>

	safety events quickly, and identify trends and thematic learning.
<p><b>We will continue to safeguard children, young people and adults at risk.</b></p> <p>Safeguarding remains a priority for the organisation for 2026/27. We will develop new ways of working whilst ensuring that our staff are well supported to safeguard children, young people and adults at risk.</p> <p>As our young people transition to adulthood, the legislation for children and adults starts to overlap in terms of mental capacity. We will focus on this to ensure that our staff are equipped and supported to navigate overlapping legal processes.</p>	<p>Our clinical staff currently receive safeguarding supervision on a regular basis. During 2025/26 we reviewed our safeguarding supervision and identified how it could be delivered in different ways to support our staff and utilise our safeguarding resource more effectively. We will focus on moving to the new ways of working in 2026/27 and review its effectiveness.</p> <p>We continue to meet our statutory requirements in terms of safeguarding training. In 2025/26 we identified that our safeguarding training could be delivered differently. We will roll out our new programme in 2026/27.</p> <p>We will focus on how we train and support our staff to understand the Mental Capacity Act and when and how to apply it. We will continue to monitor our use of Deprivation of Liberty Safeguards.</p>

## Children, Young People and Families' Experience

Priority	Narrative
<p><b>We will continue to advocate for children and young people and learn from what they tell us. We will work with children, young people and their families to deliver change.</b></p>	<p>We will continue to make changes and learn from what the children, families and young people tell us about their experience with The Children's Trust.</p> <p>We will co-produce changes in a collaborative way with children, young people and families whenever possible.</p> <p>We will continue to use the stories of children and young people whenever possible to focus on what really matters to them. This will be at all levels, including Board level.</p> <p>We will continue to roll out National Paediatric Early Warning System (PEWS) policy and procedure which includes principles of Martha's Rule (see part three).</p> <p>Based on what the children, young people and families have told us, we will make improvements to provide safe, efficient and enjoyable mealtimes. We have a plan to respond to the feedback we have received (see part three for more information).</p>

	We will introduce a trauma informed approach and support our staff to collaborate with families to advocate for children and young people.
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Effective Care

Priority	Narrative
<p><b>To ensure that the children and young people receive effective therapy and care, we are rolling out a programme of learning to clinicians. This will equip them with evidence-based knowledge and skills.</b></p>	<p><b>Nursing and Care</b>  Each new nurse or carer (including our onsite school nurses) who joins the organisation will be given a portfolio which includes the knowledge and skills they will need to provide effective care.</p> <p>We will be setting up a programme of review from April 2026, to ensure that knowledge and skills are up to date and evidence based.</p> <p>We will review training, knowledge, skills and assessment criteria annually and use this to develop the annual training programme for all nurses and carers.</p> <p>We will continue to review our work to ensure that it improves care for the children and young people, meets the learning needs of our staff and increases their confidence.</p> <p><b>Therapists</b>  Allied Health Professionals and multidisciplinary technicians will undertake a therapies departmental induction, which supports introduction to key areas of practice and specialist interventions.</p> <p>A competency framework (underpinned by the WHO rehabilitation competency framework) will be introduced for rehabilitation therapists to map areas of clinical practice and professionalism. Levels of proficiency will be assessed across AHP groups and recorded with a benchmark expected level defined across the team.</p> <p>A logbook will be introduced to be used alongside supervision documents to support learning and development and effective practice.</p>

<p><b>Use of Neurotechnology</b></p> <p>We will develop and advance our neurotechnology provision to support improved physical and functional recovery for children and young people within inpatient and outpatient rehabilitation pathways.</p>	<p>We will continue to embed evidence-based practice and contribute to the national evidence base for paediatric neurotechnology.</p> <p>We will provide an accessible environment where children and young people can use neurotechnology, including robotics, anti-gravity devices, virtual reality, gaming and wearable technologies.</p> <p>We will continue to invest in innovative neurotechnology to improve upper limb, hand and finger rehabilitation, including piloting new approaches in practice. (See part three for further information).</p> <p>Our therapy department and voluntary fundraising will collaborate to procure a robotic-assisted gait trainer to support children to re-learn movement, standing and walking.</p> <p>We will collect and analyse data on the reach and effectiveness of technology as an adjunct to traditional therapies.</p> <p>Further information on our use of neurotechnology is in part three.</p>
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## Our key priorities for 2025/26

To prioritise these key workstreams, we had to restructure teams within Nursing and Quality to ensure the correct resource and expertise. Timescales have been challenging due to recruitment and, as we are a medium-sized charity, we have limited resources. Nevertheless, the multi-disciplinary work we have undertaken has been completed with enthusiasm and pride, and feedback from our staff has been positive in many areas.

## Safe Care Priorities for 2025/26 and how did we do?

Last year we identified two key priorities for safety.

Priorities for 2025 /26	Narrative
<p>We will build on the work undertaken in 2024/25 and continue to embed the National Patient Safety Incident Response Framework (PSIRF).</p> <p><b>Achieved</b></p>	<p>We have continued to embed our revised incident management policy and procedures and reviewed them again to ensure they work. These were reviewed in 2024/25 to include the National Health Service Patient Safety Strategy and more focus on learning and culture.</p> <p>We align our response to patient safety with a child focus. Our weekly patient safety incident meeting has an item reflecting a child's voice.</p>

	<p>This improvement was also reflected in feedback from a member of staff during consultation for this report. They noted that the impact on the child and the child's needs is central to incident investigation.</p> <p>We have started to take a different approach to learning from patient safety events. Feedback from staff has confirmed that the focus on learning is much greater and people have talked about a positive shift away from a perceived blame culture. Clinical staff have reported that people are better supported. Our staff survey and feedback from staff also tell us that we need to continue to support our staff across the organisation. We have introduced new techniques outlined in the strategy such as identifying trends and focusing how we respond. We have introduced 'Swarm huddles' and 'safety huddles' to get staff together quickly to learn from a patient safety event. Clinical staff also told us that it is much easier to report incidents now even though we had to move to an interim system ahead of our procured system.</p> <p>We continued to develop our clinical governance team to provide better support to managers and our staff.</p> <p>We have improved how we oversee our incident learning processes. A multidisciplinary view is taken, including nurses, doctors and therapists when needed. We have improved how we record data and strengthened how we report up to and including Board level. Currently we still need to work through our data manually but are now confident in what it tells us.</p> <p>We have adopted the National Learning from Patient Safety Events definitions of harm. When consulted about changes, staff were able to tell us about posters around the organisation to help staff when reporting events.</p> <p>We spent a large part of this year getting ready for our new incident management system. We completed our procurement and have been working to deliver a system that meets our needs. It launched in June 2026.</p>
<p><b>Safeguarding:</b></p> <p>The safety of the children and young people is paramount. As well as the Safeguarding</p>	<p>We have approved a revised safeguarding policy and procedure for children and adults at risk.</p>

<p>Responsibilities outlined in Working Together to Safeguard Children (DfE, 2023), many of the children are Looked after Children. We have responsibilities under Section 20 and 31 of the Children Act and under the Children’s Homes Regulation. 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><b>Achieved</b></p>	<p>We commissioned an external independent review to look at our internal governance and processes as well as our statutory responsibilities for safeguarding. We consolidated this with an internal gap analysis to include responsibilities for Looked After Children. This identified that, whilst our staff safeguarded the children and young people well, we needed to strengthen our governance processes to ensure that the whole organisation meets all responsibilities for safeguarding.</p> <p>We identified that the resourcing in our safeguarding team was not strong enough to ensure that all our activities could be met. Therefore, we have improved the level of expertise and numbers within the team.</p> <p>We reviewed our training programmes and have continued to ensure that all staff receive nationally defined safeguarding training and, for specific roles, specific training on Looked After Children, in line with national requirements. This has included dedicated training for our Board members which meets Education, Health and Charity Commission requirements.</p> <p>We have strengthened how we monitor our responsibilities for Looked After Children and started to audit their care.</p> <p>We continue to strengthen our relationships with placing Local Authorities to facilitate transfers of key information on children and young people and now have mechanisms in place to follow up on key information when we do not receive it.</p> <p>We have reviewed all contracts that we have with external organisations who provide services to us to ensure they include appropriate safeguarding requirements.</p>
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**Priorities to support children, young people and families’ experience and how did we do?**

Priorities for 2025/26	Narrative
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	We approved our new complaints policy in August 2026 and have been working with our staff to understand the importance of capturing

<p>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><b>Achieved</b></p>	<p>complaints. This policy meets national standards and The Children’s Trust Promises.</p> <p>We have improved complaints reporting by considering varying mechanisms of feedback. These include incident reporting, Looked After Children Reviews, social worker verbal feedback, feedback given to our house managers and safe staffing meetings.</p> <p>We now include a focus on The Children’s Trust promises and how they relate to each child in our improvement work.</p> <p>We have established a children, young people and family feedback meeting to review all feedback from all meetings that children, young people and families attend. This supports trend analysis and improvements. Examples of this include rolling pictures on television screens in houses to show what is going on or available which are reviewed to ensure they are up to date.</p> <p>We have also been developing a children, young people and family's hub on our intranet to provide useful information.</p> <p>We reviewed our process for the Friends and Family Test. We have updated our questions in line with national questions. We have been reviewing ways in which we can promote this with parents and carers.</p> <p>In line with an NHS England national priority, we continue to introduce a modified Martha’s Rule to The Children’s Trust which is in keeping with a community setting. Further detail is provided in section 3 of this report.</p>
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## Priorities to support effective care for 2025/26 and how did we do?

Priorities for 2025/26	Narrative
<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><b>Achieved</b></p>	<p>We have collated all our key clinical audits into one audit plan. We have plans in place to review and have revised all audit standards to ensure they provide the level of assurance required for effective oversight and improvement.</p> <p>This priority now moves to ‘business as usual’ for 2026/27 and will continue to be reported via governance routes.</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:

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.

- Rehabilitation
- Short breaks
- Transitional care
- Residential care
- Education
- Community Rehabilitation Service

The data provided in this report covers the whole organisation

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

A Freedom to Speak Up (FTSU) Guardian was appointed on 5<sup>th</sup> March 2025. Since then, 5 FTSU Ambassadors have been appointed on a trial basis to help raise awareness and to provide confidential advice and signposting information to workers (including volunteers, agency, bank staff and contractors).

The FTSU Guardian has maintained visibility by attending inductions, team days, meetings and visiting the school as well as our charity shops.

There is also a Freedom to Speak Up page on the internet, which includes information on how to access the mandatory Speak Up training, as well as the recommended Listen Up and Follow Up training for managers and senior leaders.

The FTSU Guardian can be reached in person, via Teams, email or over the phone and a QR code is displayed on posters and the intranet. The recently added QR code includes the option to report concerns anonymously. In addition, a physical box in the main building supports workers to raise concerns or suggestions for improvement, including anonymously if they wish (this replaces the Employee Voice platform).

Currently the organisation has a whistleblowing policy in place. The draft FTSU policy, which includes national policy has been submitted for approval.

Since the introduction of the FTSU service at The Children's Trust, there have been 182 cases, which include suggestions for improvement as well as concerns.

The FTSU Guardian is committed to addressing barriers to speaking up and there has been good engagement, including from internationally educated workers, diverse ethnic groups, and of varying age ranges, both male and female. Concerns have been raised from staff across different directorates and in roles with varying levels of seniority/responsibility and pay bands.

The latest staff survey in 2025 was open from 15th September to 3rd October and was sent to all permanent employees. Only 56.1% of workers responded positively to the question “I feel safe to speak up about anything that concerns me in this organisation”. 56% responded positively to the question “I am confident that the organisation would address my concern”. However, 74.7% responded positively to the question “I would feel safe raising concerns about unsafe clinical practice”. This shows that we need to continue to work on building psychological safety and on feeding back how the organisation is listening to and following up on concerns and suggestions for improvement. This also overlaps with workstreams in key priority one.

We have reported our data quarterly to the National guardians Office and this data is published on their website.

Date	Number of cases	Raised anonymously	With an element of patient safety/quality	With an element of worker safety or wellbeing	With an element of bullying or harassment	With an element of other inappropriate attitudes or behaviours	where people indicate that they are suffering disadvantageous and/or demeaning treatment as a result of speaking up
Q4 2024/2025	6	0	1	6	0	2	0
Q1 2025/2026	52	0	14	23	8	1	0
Q2 2025/2026	54	0	14	40	3	3	1
Q3 2025/2026	39	0	9	28	8	4	0
Q4 2025/2026	31	0	6	23	7	6	0

When a case is closed the person who raised the concerns is requested to complete an anonymous survey. Up to 31<sup>st</sup> March, there have been 22 responses, and 100% responded positively to the question “Given your experience, would you recommend the Freedom to Speak Up service to a colleague?” When asked “Given your experience, would you speak up again to the Freedom to Speak Up Guardian?” 19 responded “Yes”, one said “No because I no longer work at The Children's Trust” and one said “Maybe”.

The introduction of FTSU at The Children’s Trust has contributed to positive changes, including:

- Training for staff on the importance of speaking up. The Speak Up online training was promptly included as mandatory training for staff after the FTSU Guardian started.
- The building of a fence outside one of the houses so that children and young people can play in a gated area.
- The expansion of the shuttle bus to operate from Redhill on Sundays and bank holidays when there is a reduced bus service.
- The Freedom to Speak Up Guardian has been supported by The Children's Trust to complete the ACAS mediation training so that we can offer an impartial mediation service to staff who may benefit from this.
- The introduction of a violence and aggression policy, in line with other workplaces including healthcare, education and residential settings.
- The update to the staff Attendance and Absence Management Policy to introduce the earn back scheme for staff who have been unwell and have used all their half pay sick leave allowance.
- Collaborative working with the clinical governance team to improve incident reporting.
- A commitment from the organisation to improve communication, to increase psychological safety, to follow the PSIRF approach and to work on improving culture (including tackling all forms of discrimination).
- Providing confidential, independent, impartial and timely advice and signposting to staff (including internal and external sources of wellbeing support).

## National Audit and Confidential Inquiries

We have not contributed to any of the defined national audits for inclusion in this report as we were not eligible.

The Children's Trust has not participated in any National Inquiries as we were not eligible.

## Local Audit

During the past year we have completed 25 audits. Several of these audits are completed monthly.

We have taken the following actions to improve care because of our audits:

- We have new posters in all areas to make it easier for our staff to think about the 5 moments of hand hygiene.
- We are reviewing our current pain policy as our current policy doesn't encompass the child's voice. We are developing an appropriate tool to assess pain score.
- We are reviewing our frequency of monitoring policy to ensure that it provides assurance on operational use, including the value of staff working collaboratively.
- Learning from internal audit has informed the introduction of the Paediatric Early warning system work which was already ongoing (see part three).
- We are currently reviewing and improving our drug chart layout. 22

## **Epilepsy audit**

The Children's Trust has reviewed care in line with the Baseline Assessment Tool for Epilepsies in Children, Young people and Adults Guideline NG217 (National Institute for Health and Care Excellence) to establish whether practice is in line with the guideline. This tool is predominantly designed for secondary and tertiary care settings involving general paediatrics and paediatric neurology. It is also highly relevant for community care settings.

Despite the uniqueness of the clinical services at The Children's Trust, 93% of the NICE recommendations relating to epilepsy management are met. The 'partially met' and 'not met' recommendations are primarily due to the nature of the clinical services provided by The Children's Trust and are mitigated by collaborative working and referrals within the wider NHS system. Collaborative working with local secondary care has been enhanced by the introduction of an integrated paediatric and neurology clinic onsite (see part three).

## **Research**

We did not have any patients who met the criteria to be recruited to participate in research approved by a research ethics committee within the National Research Ethics Service.

In part three, there are examples of trials and short-term research The Children's Trust has undertaken locally or contributed to nationally.

## **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. The Office for Standards in Education, Children's Services and Skills (OFSTED) care is 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.

OFSTED Care carried out an unannounced inspection in July 2025. Our OFSTED rating is 'Good'.

We also received an inspection by the CQC in August 2025. We are not rated by the CQC. The report was published on 26<sup>th</sup> February 2026. The regulations for Safe, Effective, Caring and Well Led were met. The regulations for responsive have not been assessed yet.

## Information Governance

We have met all the standards for the Data Security and Protection toolkit (DSPT).

## Data Quality

We have been streamlining our data collection and reliability by use of information technology whenever possible. An example of this is our new incident management system. In 2025/26 The Children's Trust started to develop an integrated performance report (IPR) which will be used to provide assurance up to and including Board level. Further work continues into 20026/27 and will enable our quality and safety assurance data to be considered alongside operational and financial data at committee and Board level.

## Learning from Deaths

There have been no deaths of children or young people at The Children's Trust this year. One young person sadly died in hospital, following earlier transfer from TCT, and our thoughts are with the family. An internal case review was undertaken as best practice. The coronial process was still pending at the time of writing.

## Patient Safety Events

At the start of the reporting period, we had just approved our revised incident management and Duty of Candour policy and procedure. We were also in the process of procuring a new incident management system which would enable us to manage and learn from incidents and complaints more effectively. As we started to embed our new ways of working, we agreed that we needed to take actions to manage risks ahead of the new incident management system being purchased and adapted an existing in house system for use in the short term. The interim system went live on 21<sup>st</sup> May 2025 and requires manual extraction of data, but we now have increased confidence. Therefore, all incident data has been analysed and reported internally via governance from that date.

From the 21<sup>st</sup> May 2025 to 31<sup>st</sup> March 2026, 1598 incidents were reported. Of these, 1511 related to patient safety (94.5%). The lower percentage of non-clinical incidents suggests that we need to continue to support staff more widely across the organisation. Of the patient safety incidents, 10 were graded as moderate harm (0.6%) and one incident was graded as severe (0.06%). 99.3% of our patient safety incidents were no or low harm. Additional information on how we have improved care because of incident reporting is in part three.

## Part three: An overview of care provided by The Children's Trust 2025/26

### Safety of the children and young people

#### Learning from Incidents, Patient Safety Events and Near Misses.

As noted above, we have increased confidence in our incident reporting data since 21<sup>st</sup> May 2025. Our interim system enabled us to manage incidents in real time and learn quickly. Our new process and incident system enable us to learn from and put in actions to address trends as they emerge. We have seen a vast rise in reporting since that date, attributable to a heightened focus on learning within the organisation and a user-friendly system.

We have a strong history of reporting medication incidents, due to heightened awareness. Most incidents resulted in no or low harm. As a result of real time learning and trend analysis we have addressed learning in the following ways:

- We have a new medicines management policy which includes key learning.
- We replaced POD lockers for individual children and young people's medication to improve safety and security with separate digital access for parents and staff which are changed regularly.
- We have introduced new ways of weighing medication and introduced blunt needles to measure liquid medication.
- We have been working collaboratively with Epsom Hospital to ensure that children have time critical medication when transferred to hospital.
- Our medicines management team have been working with our placements team to ensure that children have access to their medication when being admitted from the community.
- We are currently reviewing real time critical medication to ensure that it is given on time.
- Key learning from medication incidents has been included in the key knowledge and skills work in our key priority for effective care.
- Individual work has also focussed on individual houses to embed bespoke changes when appropriate.

Communication also features as one of our more common themes from incidents. This reflects trends across healthcare. As part of our response to learning we implemented a structured communication framework, ISBAR (identification, situation, background, assessment, recommendation) as part of our work on the National Paediatric Early Warning System. This framework is used in healthcare to support safe, efficient handovers.

Bruising and skin integrity has historically featured in our incidents and continues to do so, although tend to harm low or no harm levels. We have increased our moving and handling facilitators and champions and have a task and finish group looking at the use of orthotics.

## National Paediatric Early Warning System (PEWS)

Our young people often present unique challenges in acute care settings due to their physiological differences and their limited ability to communicate symptoms. Early recognition of clinical deterioration is critical in preventing serious adverse events such as respiratory failure, cardiac arrest, and unplanned admissions to critical care. Evidence shows that signs of deterioration in children are frequently missed or misinterpreted, often resulting in delayed interventions.

National PEWS was implemented to support a commonality of language and scoring based on psychological parameters; this does not remove the need for holistic assessment. It is part of assessment monitoring and care provision and is nationally recognised as best practice.

The escalation process required modification for use in The Children's Trust. As many of the children's needs are unique, we continue to work with staff on professional judgement as well as the overall score when considering escalation. This work supports the introduction of a Modified Martha's Rule to The Children's Trust in keeping of a community setting. Martha's Rule reflects an NHS England Priority. Martha's Rule recognises that those who know the patient best may be the first to notice changes that could be an early sign of deterioration, and the importance of listening to and acting on the concerns of patients, families and carers. Due to the nature of the care we provide, our clinical staff and carers are experts in the children and young people's care and can readily identify small changes which are considered alongside clinical findings.

A multidisciplinary team was responsible to this improvement, and the modified tool went live in March 2026 within our houses and for use by school nurses in our school. Staff have received both online and training in the clinical setting. There are plans in place to monitor use aligned to continuous improvement and audit.

## Safe Sleep

The children and young people in our care have complex medical needs. Factors associated with these conditions can heighten risks to children's safety whilst they are sleeping, therefore, the Children's Trust places emphasis on sleep related safety.

A multidisciplinary Safe Sleep Working Group brings together subject matter experts from Nursing and Quality, Medical and Therapies.

The organisation now uses a robust organisation wide assessment tool to ensure a standardised and proactive approach to sleep safety. The tool considers:

- Compliance with children's bed regulation standards
- Tissue viability considerations to prevent pressure ulcer development
- Ventilation and respiratory safety
- Risk factors for Sudden Death in Epilepsy
- Bed functions relevant to needing to respond to a clinical emergency e.g. cardiopulmonary resuscitation
- Suitability of the room environment, including size and layout.

Regular audits demonstrate that this assessment is now consistently completed for every child residing on site.

In February 2026 the organisation approved a Safe Sleep Policy. The purpose of the policy is to ensure that all children are always provided with a safe, healthy and appropriate sleep environment – whether during daytime rest or overnight. This policy sets out standards including regulatory, responsibilities, and procedures for establishing and maintaining a safe sleep environment and co-sleeping. This was implemented in April 2026.

## Infection Prevention and Control

Infection, prevention and control is a priority within The Children’s Trust. Due to the health needs of the children, we must remain vigilant as a simple childhood infection could make them very ill. We undertake several regular audits to ensure appropriate cleanliness and reduce the risk of passing on infection. These include hand hygiene, equipment cleaning, uniform including bare below the elbows, and house audits every three months in collaboration with the health and safety and housekeeping teams.

In response to identified areas of lower compliance, a “5 Moments for Hand Hygiene” campaign has been implemented across site. The importance of hand hygiene is regularly enforced through site-wide safety communications. In addition, access to hand hygiene resources has been improved by providing staff with picked-sized hand sanitiser bottled equipped with toggles.

As well as ensuring the children receive appropriate routine vaccinations, we have been involved in two vaccination programmes to provide additional protection.

We sought and obtained approval from NHS England for the administration of the RSV (respiratory syncytial virus) immunisation (Abrysvo) to the children and young people at The Children’s Trust. Following consent from parents or social workers, the RSV vaccination clinics commenced on 29 October 2025 and concluded on 4 March 2026, achieving a 100% uptake among the 27 eligible children and young people. Support to clinics was provided by nurse vaccinators and a health play specialist to support the safe and appropriate administration of the RSV vaccine. Children were monitored post vaccination in line with national guidance.

Following an outbreak of meningitis B in Kent in March 2026, national advice was sought in response to the emerging public health risk. Men B (Bexsero) vaccination clinics commenced on 24 March 2026 with careful planning to ensure appropriate staffing, clinical oversight, and post-vaccination monitoring arrangements. By 13 April 2026, a total of 26 eligible children and young people had been successfully vaccinated.

We actively monitor and manage infections, and our data demonstrates that rates of active infections in the children have reduced from last year. Viral chest infections are the most common but there has been a notable decrease from last year. Significant reductions have also been noted in Covid-19 and diarrhoea and vomiting.

We experienced an outbreak of Human Metapneumovirus in one house which resulted in a small number of children being hospitalised. Enhanced infection prevention and control measures were implemented across site to prevent transmission, including the use of face masks. A thematic review of the incident was completed, in line with the Patient Safety Incident Response Framework,

and The Systems Engineering Initiative for Patient Safety (SEIPS) analysis was subsequently shared with the house teams to support further reflection and to facilitate follow-up of the actions identified to reduce the risk of outbreak recurrence.

## Consent to clinical care within the on-site school

Many of the children who attend our school are not residential. The children receive clinical care from a range of external health professionals. To provide safe and effective care, it is essential that agreement on care planning is consistent between external providers, parents and our school nursing team. Improvement work has been completed to ensure that internal consent forms used by our school nurses are consistent with external clinicians' prescribed care, the parents' expectations of what has been agreed, and that parental consent has been given for our clinicians to provide the care.

Some of this work has included advanced care planning. The school nurses have worked with parents of children with these plans in place to ensure that the plans are jointly understood, in the child's best interest, and that parental consent is clearly documented.

Additional work in collaboration with our pharmacy team has also brought the school into line with other schools in terms of over-the-counter medication – paracetamol, ibuprofen and sting and bite cream. Our revised consent process now enables this.

The school children have complex care plans and our school nurses work with education staff to embed and support all care plans.

## Experience of the children, young people and their families

### Food and Nutrition

Feedback on food and nutrition is a common issue raised by families and young people. The Children's Trust aims to make mealtimes more enjoyable for children and their families whilst ensuring that they are safe and efficient. An organisation wide multidisciplinary working group has developed a work plan to address the concerns. Challenges included absence of pictorial menus for children and young people with alternative dietary requirements, ensuring that kitchens are fit for purpose and include sensory needs, dedicated snack times, and the child or young person's freedom to choose where they eat. Proposed solutions include simple visual menus or visual boards with a colour coding index, co design of kitchens with users, family and staff to support transition into the community, championing and enhancing mealtimes as an enjoyable activity, and identifying snack time in timetables.

Moving forwards, the group will continue to monitor emerging feedback on food and nutrition and develop workstreams accordingly.

## Therapeutic use of site

The layout of our site enables us to be creative where and how we provide some of our therapy to children and young people. We have extensive grounds which provide sensory stimulation for children when outdoors, either playing or receiving therapy. This helps us to make some treatments more interesting and fun. We have adapted tricycles for use on pathways. In addition, we have a Drivedeck system which is a unique training and assessment device for use with wheelchairs which helps supports the individual to learn how to drive their wheelchair with switches and joysticks. This helps the user to take their first steps to using a powered wheelchair. The system is also used for occasional events where children follow the track outside.

## Transforming Goal Setting at the Children's Trust and Implementation of 'My Favourite words and F-Words Life Wheel'

This piece of work was one of the priorities for 2024/25. This was introduced by a multidisciplinary group with the aim of transitioning from therapist-set and therapist-rated goals to a more holistic, collaborative and child-centred approach. The Favourite-Words (F-Words) and the F-Words Life Wheel were identified through a review of the literature and were introduced through an initial 6-month pilot phase before being implemented for all rehabilitation admissions.

This framework for setting goals supports clinicians to consider meaningful goals across all aspects of the child's and family's life. Goals are rated in satisfaction at the beginning and end of their rehabilitation admissions. Since the introduction of the F-Words and F-Words Life Wheel, clinicians have reported that the new approach has encouraged families to take a more active and participatory role in their child's rehabilitation. It has also challenged clinicians to incorporate more meaningful and functional activities into their therapy and rehabilitation programmes.

More than 510 goals have been set with 72 children. Across all areas there has been an average improvement in satisfaction scores of 128%. The goal category with the greatest change in satisfaction is "Future", with an average improvement of 185% followed by Function (school/community), with 141% improvement.

The work is gaining national and international recognition. The project has been presented at the Association of Paediatric Chartered Physiotherapists conference; received the poster award at the United Kingdom Acquired Brain Injury Forum; and will be presented at the European Academy of Childhood-onset Disability Annual Congress in Ireland in June 2026.

## Meaningful feedback

The Children's Trust was involved in a short research project into how to collect meaningful feedback from children and young people with brain injury. Questionnaires were completed by psychologists in the field nationwide, and a focus group was held at The Children's Trust with members of the multidisciplinary team.

Findings from the questionnaires showed that psychologists working with children and young people with brain injury often use creative or behavioural methods to elicit feedback from children and young people rather than standardised measures, and that time constraints and the suitability of existing tools were often barriers. There was a consensus that a shared toolkit of feedback tools would be helpful in clinical practice. In a focus group with members of the multidisciplinary team at The Children's Trust, further issues with capturing the children and young peoples' voices were explored, as well as some possible solutions. Themes emerged that feedback tools need to be tailored to the children and young people and their abilities (e.g. adjustment depending on cognitive or physical presentation), and it was noted that practitioners found this easier when they knew the children and young people and families well. The timing of obtaining feedback, in terms of both readiness and 'feedback fatigue' was also raised as an important consideration.

Overall, the need for a personalised, child-centred approach and creativity in obtaining feedback were considered key findings. At The Children's Trust, this has been considered within the psychological therapies team and will be discussed and integrated as part of the cognitive rehabilitation pathway over the coming year, so that feedback can be obtained from the children and young people in a meaningful way to ensure they are receiving the best care and intervention.

## Clinical Effectiveness

### Integrated Paediatric and Neurology Clinics

The Children's Trust continues to address the challenge of improving integration with the wider NHS system, particularly in relation to medical care provided for children and young people in the residential care service. Historically, achieving cohesive and streamlined medical pathways has been challenging due to limited expertise and capacity within the wider system. A significant step forward has been the establishment of an integrated, shared care pathway between The Children's Trust medical services and paediatric services at Epsom Hospital. This development has strengthened secondary care integration and enhanced coordination for children and young people residing in The Children's Homes at The Children's Trust.

This Clinic offers a collaborative model between The Children's Trust and Epsom and St Helier University Hospitals NHS Trust. The service aims to provide high-quality, multidisciplinary neurological care for children, young people, with complex neurodisability needs, improving clinical coordination, reducing duplication, and enhancing continuity of care across transition points. Following an extensive period of planning and coordination between the two organisations, the clinics went live on 7<sup>th</sup> April 2025.

Feedback from clinicians and families has been positive. Positive outcomes include:

- The ability to make referrals to tertiary care (specialist centres) for complex epilepsy management as these only accept referrals from NHS consultant paediatricians

- One child completed an investigation in another department at Epsom Hospital, eliminating a long journey elsewhere
- Children do not need to travel to Epsom Hospital, including a child with new onset seizures who was able to be reviewed comprehensively at The Children's Trust
- The clinic has enhanced interprofessional collaboration
- The Epsom neurodisability nurse has provided valuable continuity of care by offering input during acute admissions, ensuring effective handover and shared management planning.

## Fatigue Management Pathway

Fatigue is a common and significant challenge for children and young people following an acquired brain injury. In August 2025, inconsistencies were identified in the knowledge, resources and approaches used to support fatigue management across Rehabilitation Therapies, Rehabilitation Psychology, the Surrey Teaching Centre and The Children's Trust Community Team. To address this, a multidisciplinary working group was established to develop a consistent fatigue management pathway that could be implemented across inpatient rehabilitation and community services.

The multidisciplinary (MDT) group included a Rehabilitation Psychologist, Rehabilitation Occupational Therapist, Community Speech and Language Therapist, Community Occupational Therapist, Head Teacher and a Community Nurse. A literature review was completed to inform development of evidence-based resources.

A two-level pathway was developed. **Level 1** is a universal offer delivered to all children and young people admitted for inpatient rehabilitation by an allocated MDT member. This includes an information leaflet, observation forms and an education session to support understanding of fatigue following acquired brain injury. **Level 2** is an individualised fatigue management programme delivered within Occupational Therapy sessions. This involves collaborative development of a personalised fatigue management plan, including identifying triggers, recognising signs and symptoms, exploring rest and recharge strategies, and supporting children and young people to communicate and implement these strategies in daily activities.

Training for the pathway commenced in January 2026 for Rehabilitation Therapies, Psychology teams and Surrey Teaching Centre staff, with further training for nursing, care and medical teams being rolled out through established study days. In February 2026 the resources were trialled with a small number of children and young people and families and feedback was gathered. From March 2026, **Level 1** of the pathway has been implemented for all newly admitted inpatient rehabilitation children and young people, while **Level 2** is currently being trialled with selected children and young people by Occupational Therapists.

Initial impact has been positive, with anecdotal evidence suggesting improved awareness and understanding of fatigue following acute brain injury among therapists and psychologists, and positive feedback on the resources developed. A formal review of the pathway is planned for September 2026 following six months of implementation, including feedback from staff, children and young people and families, and evaluation of outcomes from the Level 2 programme.

## Neurotechnology

The Children's Trust has continued to invest in innovative and cutting-edge technologies to enhance the ability to provide high intensity and increased dosage of input. Over the past year we have developed a distinct area for our equipment, embedded assessment and use of technology in regular clinics for onsite and outpatient support.

This year we have further expanded our offer for paediatric neurotechnology, with the introduction of virtual reality combined with upper and lower limb rehabilitation and a trial for hand rehabilitation.

Our work with neurotechnology has been recognised and accepted at key national and international conferences. We presented two posters at the national neurotech MINT© conference on our trial of the Robert© device for passive rehabilitation movements and the barriers and facilitators of using technology in practice. Most recently we have been accepted at the European Academy of Childhood-Onset Disability Scientific conference for posters and oral presentations on neurotech implementation in a paediatric neurorehabilitation setting.

## Virtual Reality

We have invested in two NeuroVirt devices, which can be worn in any environment within the rehabilitation centre or in our residential home settings. NeuroVirt provides Virtual Reality headsets, offering an extended reality platform to aid recovery following an acquired brain injury.

NeuroVirt utilises mixed reality technology, combining gamified exercises and tasks, real-time motion tracking and AI enabled feedback to facilitate high-intensity upper and lower movement rehabilitation. Since introducing this technology to practice, we have been able to increase opportunities for technology use across a 24-hour rehabilitation approach, without limiting usage in specific sessions. The technology has supported post discharge outcomes in upper and lower limb rehabilitation, aiming to improve movements in standing, walking and every day functional tasks.

## Upper Limb Rehabilitation

The rehabilitation therapies team are embarking on the first national paediatric trial of introducing the R-touch Elite and the SIS machine to clinical practice. The R-touch elite is a device for hand and arm motion restoration. The hand rehab glove provides passive, assistive, and active training for the fingers, while the arm is dynamically supported and precisely tracked by a motion sensor. Children and young people can train using immersive virtual environments or real objects, ensuring maximum engagement and stimulation throughout every session. The trial will last for three months, and we will collect child and family experience data and pre and post goal-based data to measure change following intervention with this device. We are delighted to be recognised as the largest paediatric neurorehabilitation provider trialling this innovation in practice, contributing to the evidence base and gaining understanding about clinical effectiveness in this setting.

## A final word from Leo's family

We spoke to Leo's mum and dad, Asuka and Rob, about their experience of the care and support they received at The Children's Trust.

Here's what they had to say:

Have your hopes for Leo's future changed since your time with The Children's Trust?

Rob: "Totally changed. Now he can walk, and he'll be more independent, and he'll have a much richer life than he ever would have done if it weren't for our time at The Children's Trust."