



Quality Accounts 2025 / 2026

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Accountability Statement

This annual Quality Account for Alexander Devine Children's Hospice Service (ADCHS) is compiled from data April 2025 – March 2026. It has been produced by the Director of Care (Acting) with support from the Senior Leadership Team. It draws on audit evaluations and information from other reports such as the year-end report.

The report has been reviewed and approved by the Senior Leadership Team and Chair of Trustees.

To the best of our knowledge this document and the information in the report is an accurate and fair representation of the quality of services provided by Alexander Devine Children's Hospice Service.

Senior Leadership Team

Fiona Devine - Founder and CEO

Tim Hebditch - Chief Operating Officer

Julie Hughes - Director of Care (Acting)

Emma McKeever - Head of Care (Acting)

Andrew Rice - Director of Finance

Warren King - Director of HR and Wellbeing

Anne Bajorek - Director of Fundraising

Quality Account Statement

A Quality Account is a report about the quality of services by a healthcare provider. The reports are published annually by each provider including the independent sector and are available to the public. The Quality Accounts are an important way for providers to report on quality and show improvements in the services they deliver to communities and stakeholders. The quality of services is measured by looking at patient safety, effectiveness, patient experience and care provided.

The report is published on our website and NHS Choices.

The report is shared with our stakeholders, our local Integrated Care Board (ICB) and the Care Quality Commission (CQC).

Part 1 Statement on Quality

1.1 Statement of Assurance from the CEO



On behalf of the Trustees and the Senior Leadership Team, I am pleased to present the annual Alexander Devine Children's Hospice Service (ADCHS) Quality Account for the year ended March 31st 2026.

The past year has continued to present significant challenges across the Third Sector. Despite this, the team at Alexander Devine Children's Hospice Service has demonstrated exceptional resilience, professionalism, and commitment to our values.

Through the dedication of our staff, volunteers, supporters, and donors, we have been able to provide specialist care and support to more than 250 children and their families. I am extremely proud of what has been achieved during this period.

Our priority for the coming year is to ensure that we continue to deliver safe, effective, and high-quality care within the resources available to us. We will do this through ongoing, structured reviews of our services with families, ensuring that our provision remains responsive to their needs and aligned with best practice in children's palliative care.

Recruitment remains a national challenge across the healthcare sector; however, we are pleased to report positive progress in attracting nurses and carers to our team. We continue to maintain a strong reputation for supporting student nurse placements and newly qualified nurses, contributing to workforce development within the wider system.

Our long-term ambition remains to increase capacity so that we can reach more children and families and respond to the rising demand for specialist hospice care. Alongside this, we will maintain a strong focus on financial sustainability to ensure we can grow our service, meet our strategic objectives, and continue delivering high-quality, person-centred care.

To the best of my knowledge, the information presented in this Quality Account is accurate and provides a fair and balanced representation of the quality of services delivered by Alexander Devine Children's Hospice Service.

A handwritten signature in black ink that reads "Fiona Devine".

Fiona Devine MBE
Chief Executive Officer and Founder
June 2026

1.2 Welcome to Alexander Devine Children's Hospice Service

Alexander Devine Children's Hospice Service (ADCHS) is a Registered Charity: Number 1118947 and Company Limited by Guarantee: Number 5757493.

It is registered as a service provider under the Health and Social Care Act 2008 to carry out regulated activity of treatment of disease, disorder and injury. It is required to register with the Care Quality Commission and the current rating is **Good**.



Fiona and John Devine from Windsor set up the charity in memory of their son, Alexander, who sadly died in 2006 at the age of 8 from a rare brain tumour. Their personal experience, and subsequent extensive research, led them to realise that there was a vital need for a local children's hospice service in Berkshire.

Alexander Devine Children's Hospice service was established in 2007 and has grown to become the key provider for children's palliative care in Berkshire. The hospice building opened in the summer of 2018 extending our service to offer community, day care and overnight respite. The growing team and partnership working has enabled us to offer flexible and responsive end-of-life care.



Alexander Devine

Our Vision and Aims

We deliver palliative care to children and families through a holistic approach that meets the individual needs of each child and their family. Our vision is to provide a service within Berkshire, South Buckinghamshire and into surrounding counties that will give children and families a choice of care and support from a skilled and dedicated team. We work closely in partnership with the NHS, local authorities, and other services in delivering our care.

Our Mission

Reaching out to every child and family who needs us.

Our Values



Determined

And resolute in our service to all those that need us.



Empowering

To enable whoever comes into contact with us, the power and courage to make decisions, ask questions or simply to be.



Valuing others

We value you and each other, because we are all unique and special in our own way.



Integrity

To be consistent in our ethos and values, principles and actions. To always behave and hold the integrity of our charity as core.



Nurture

To provide an environment of protection, support, growth and encouragement.



Empathy

To know that we will provide a place of safety for everyone to express their feelings, thoughts and emotions, without judgement.



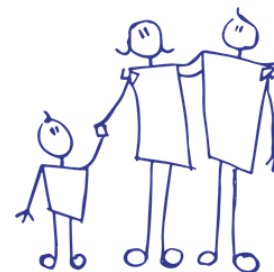
*The child is at
the heart of
everything we do
at Alexander
Devine Children's
Hospice Service.*

Our Service

Alexander Devine Children's Hospice Service (ADCHS) provides specialist care and support to babies, children and young people with a life-limiting or life-threatening condition aged 0 – 19.

We care for children with a wide range of different conditions and our staff are skilled to meet the individual and complex needs of each child. The support we provide extends to the whole family from diagnosis, at end-of-life through to bereavement.

We work closely with our NHS colleagues and Children's Community Nursing teams to ensure families have timely access and seamless care.



250+

babies, children, young people and their families supported across Berkshire and surrounding counties during 2025 / 2026.



Community Respite Care



End of Life Care



Day Care and Overnight Respite



Hydrotherapy and Physiotherapy



Symptom Management



Bereavement Support



Specialist Play



Sibling Support



Music Therapy

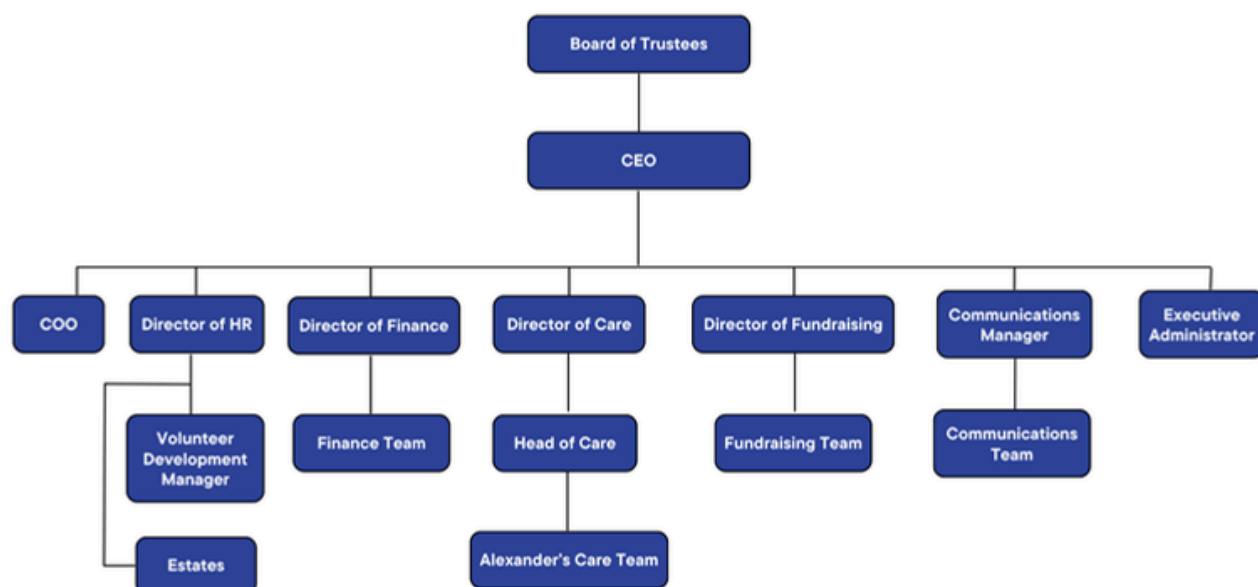


Counselling

We are currently supporting 250 families, including 117 bereaved families.

All services are free at point of delivery and are funded through a combination of fundraising activity, NHS England, and local commissioning groups. Funding received from statutory sources amounts to just 18% of the total costs of delivering our children's hospice service.

Our Organisation Structure



1.3 Introduction to the Quality Account

This Quality Account is Alexander Devine's Annual Report to the public and other stakeholders about the quality of the services we provide. It presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience and demonstrates that our managers, clinicians and staff are all committed to providing continuous, evidence based, quality care to those children we care for.

It will also show that we regularly scrutinise the service we provide with a view to learning and improvement and ensuring that the children, young people, and families in our care receive the best outcomes they can. It will give a balanced view of what we are good at and what we need to improve on.

Part 2 Statement of assurance

2.1 What we have achieved in the previous financial year

The organisation continues to grow and develop reaching out to more children and their families.

In the last year we have invested further in the workforce and extended the service offer. There have been some notable achievements:

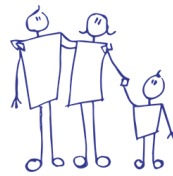
- Our caseload has continued to increase with 40 referrals in the last year, and we have successfully delivered on all aspects of our service.
- We have maintained all areas of quality and governance, which is integral to the development of the service. We have established further policies and standard operating procedures to underpin best practice
- We have moderated our service offer over the previous year to ensure safe staffing levels are maintained, and we have extended our day care and family support provision. This has been very well received by families with positive feedback on the extended hours of the daycare.
- Our Clinical Nurse Specialists continue to deliver symptom management support to children with complex and challenging symptoms. The CNS provision has grown and we have recently invested in the CNS service by supporting the training of an internal Senior Nurse, who has now qualified as a CNS. This demonstrated our commitment to succession planning and career development.
- Music Therapy and Physiotherapy continue to be a valuable addition to our service model. We have invested in the training of an AD Carer to support our Physiotherapist in both physio and hydrotherapy sessions.
- Our Counsellors continue to provide counselling support to families and to support staff with debriefs. We have supported a counsellor to train in EMDR, and she has recently completed the course to support her role. We have trained staff in resilience-based supervision and introduced regular Resilience Based Clinical Supervision sessions for staff support and wellbeing.
- Our Transition Lead has supported 36 young people and their families navigating the transition to adult services. We have strengthened our relationships with local adult hospices and across the social care sector, with our Transition Lead championing the AD commitment to transition through representation on network groups nationally and through a poster presentation for Hospice UK at the 2025 National Conference. We have a young person receiving our care who is our Transition Ambassador and involved with our transition meetings and planning, to ensure our transition services have the voice of Young People.
- Our digital technology strategy has supported the service with care planning and the underpinning governance with risk management and audit platforms. We have implemented the CQC module onto Vantage to track all the evidence of a safe, effective, caring, responsive and well-led service. Our rostering is now on the Care Database digital platform, and we are working towards integration of the roster to allow us to track staff competencies to ensure safe staffing and acuity is maintained.

2.2 Data Reporting

The service collects data to measure outcomes and impact.



40
referrals
in the
past year

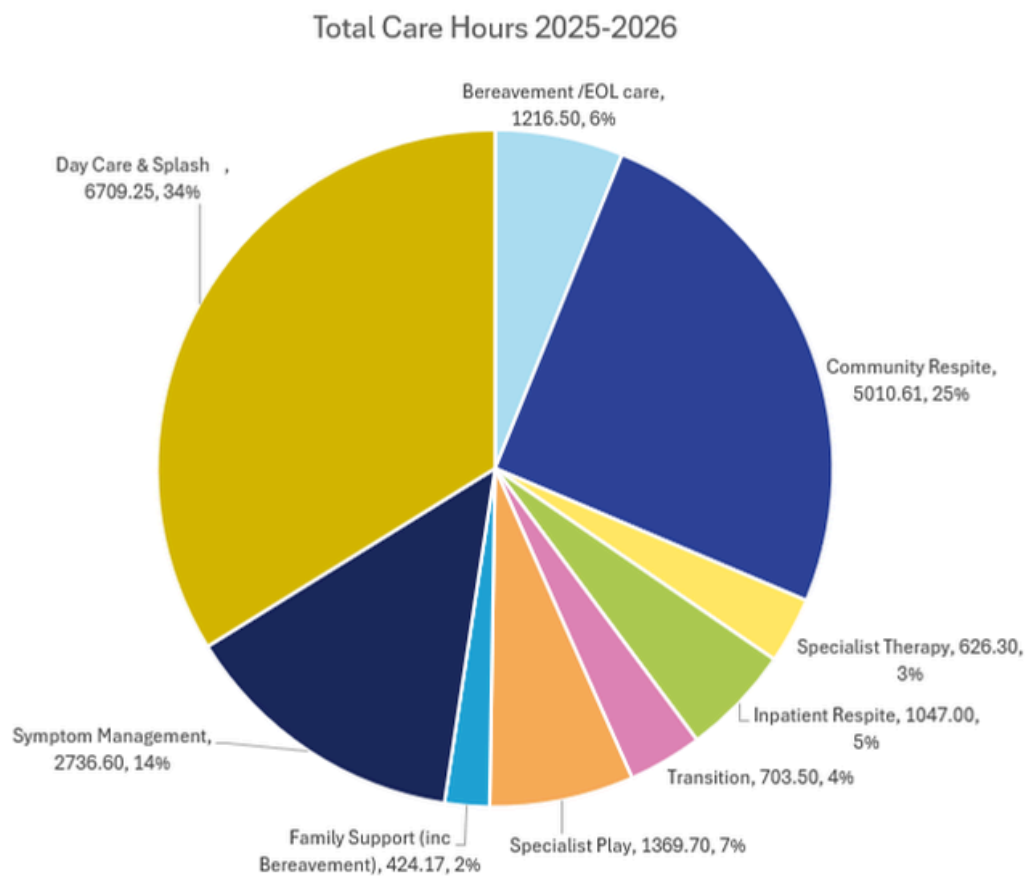


250
caseload,
including 117
bereaved
families

Care Delivered

Service area	Number of children using each service area in 2025 / 2026
Community Respite	49
Day Care	84
Overnight Respite	13
End-of-Life Care in the community and in the hospice	5
Supported End-of-Life Pathway	4
Bereavement Suite	2
Music Therapy	61
Specialist Play and Sibling Support	92
Physiotherapy	36
Hydrotherapy	33
Family Support / Counselling	19
Transition	36

Care Hours Delivered



Total care hours delivered: 19,843 hours

Note: data includes contact time with children and families and excludes admin and training.

2.3 Participation in national audits

ADCHS participated in **zero** national clinical audits and **zero** national confidential enquiries.

We did complete a CQC Inspection which is detailed further below, and we are currently awaiting the report.

2.3.1 Local audit

ADCHS has an annual audit programme to ensure that the organisation strives continually to improve the services we provide. The process ensures we monitor and measure our aims and objectives outlined in our strategic and operational plans.

ADCHS has a rolling programme of local audits and the organisation completed **10** local audits in 2025 / 2026.

Summary of audit findings:

Audit undertaken	Dates	Actions required	Outcome and impact following actions
Competencies	May 2025	<ul style="list-style-type: none">• To send a reminder to all staff re/ outstanding competencies.• PE to email all bank staff with new online workbook and instructions, including them to self-assess competency.• Remind all nurses that bank staff need to have completed their competency workbook and they will need to support the bank staff to do this.• To ensure that all staff are assessed as competent in the care of a child with CVAD within 3 months.• To review online competency workbook after initial implementation.	<p>Email sent 17.05.2025.</p> <p>Nurses and Carers are competent and confident to carry out specific clinical skills.</p> <p>Audits on competencies take place annually to ensure we capture new starters and bank staff, and maintain a safe and confident care team.</p>

Audit undertaken	Dates	Actions required	Outcome and impact following actions
Medicines Full	July 2025	<ul style="list-style-type: none"> • When next auditing, recheck whether transcriptions have been signed off by a prescriber within 7 days. • Email to care team to ask that photos are added to charts and all team members can support this. • Reminder for staff to archive any chart over 12 months, any inactive charts and especially archive if new chart has been written to avoid error. Some old charts kept in notes. • Remind care team that 6-month check of medicines and highlight line and sign, is needed, including emergency medications. Email team and Re-audit 3 months. 	<p>Email to team.</p> <p>All audits discussed at Medicines Management Committee and any teaching / updates required for the Care Team on safe meds management are planned and delivered at the Care Team Meeting or integrated into the Clinical Training Days.</p>
Medicines Controlled Drugs	October 2025	<ul style="list-style-type: none"> • Requisitions did not record the correct requisition number. Action: To update staff on correct recording when receiving CDs. • No recording of partially used vials / wasted vials Action: To update staff on need to record any partially used vials e.g. x dose given, x amount wasted. • CD medication and non-CD medication stored in the same locked cupboard. Action: To be discussed with MMC, all CD medication should be stored in one cupboard and all other non-CD medicines to be stored in a separate cupboard. 	<p>To maintain safe medicines management at all times with staff competent in medicines management.</p> <p>3 x medicines audit per annum to cover all elements of the processes of medicines management.</p> <p>Actions delivered initially via email, learning then discussed at the Care team meeting and themes identified for the annual medicines update.</p> <p>Pharmacist in attendance at Medicines Management Committee to guide and support any revisions to policies or SOPs from the learning points identifies.</p>

Audit undertaken	Dates	Actions required	Outcome and impact following actions
Medicines MARS Charts	January 2026	<ul style="list-style-type: none"> To remind the team that they should be checking and dating allergies with each new / reviewed chart. Immediately contact the team members who manage the children with differing seizure medication documented than what is on chart to rectify in 2 weeks. Email to team to request charts over 12 months old be archived and re-written. Although has increased, the number of charts being reviewed at 6 months is still not high enough. Email to remind team and new staff members of SOP and process. Email to team to remind them that weight must be reviewed 6 monthly. It must also be recorded on TCD. 	<p>Email sent to team regarding allergies.</p> <p>Checks can be run from The CareDatabase to audit this is improving.</p> <p>Seizure chart reaudited and reflects learning has been implemented.</p> <p>Email sent to team. Weights on MARS to be reaudit in 2 months.</p>
Data Security	May 2025	<ul style="list-style-type: none"> ADCHS complete the NHS Data security toolkit on an annual basis. It was noted we required addition to our information governance policy to state the amount of time we keep specific types of data 	<p>Information governance policy reviewed and updated.</p>
MAST Training	June 2025	<ul style="list-style-type: none"> Email staff to remind them of outstanding MAST Training particularly IPC, Fire, GDPR, Health & Safety. To check compliance of the above training in one month and follow up with individual staff & line managers if still not completed. Continue to set Ihasco reminders bi-monthly. Email all bank staff to remind them of outstanding MAST Training. 	<p>Emails sent to staff to remind them of outstanding MAST Training (IPC, Fire, GDPR, Health & Safety) on 24.04.25.</p> <p>Emails sent to all bank staff to remind them of outstanding MAST training on 24.04.25.</p> <p>Audit of training figures for CQC March 2026 demonstrates high level of compliance across all MAST training and all staff groups.</p>

Audit undertaken	Dates	Actions required	Outcome and impact following actions
Advance Care Planning and Recommended Summary Plan for Emergency Care and Treatment ACP / ReSPECT	July 2025	<ul style="list-style-type: none"> Continued monitoring and support of revised CYPACP to version 5. Contact local community paediatricians / CCN teams to ask what time-frame for review their locality is following. 	<p>Meeting held with Helen House and local CCN teams.</p> <p>Learning discussed and outcomes agreed for reviewing as per general guidelines across the patch:</p> <ol style="list-style-type: none"> 1. When there is a change in condition. 2. It has been 12 months or more. 3. Parent or child hints at a change required during a standard contact / admission.
Respiratory	August 2025	<u>Read the full Respiratory / Ventilation Audit here.</u>	<p>The respiratory audit is very comprehensive and carried out annually by the respiratory clinical group. All learning is cascaded immediately via email and care team meeting.</p> <p>The annual training programme for tracheostomy and long term ventilation care takes into consideration any learning to include.</p>
Annual Review	January 2026		<p>Family reported outcomes (FROMS) measured to ensure service is meeting need.</p> <p>Letter sent to family on completion of review.</p> <p>Only 1 child discharged at this review.</p>

Audit undertaken	Dates	Actions required	Outcome and impact following actions
Care Plans	March 2026	<ul style="list-style-type: none"> • Allergies must be filled out in Yellow Box, not solely in Nutrition and hydration care plan. • Reminder to staff that although care plan reviews are annual there are frequent changes that can be uploaded. Especially if entry's marked as 'awaiting details'. • All staff to ensure that any empty boxes on the care plans are filled with N/A, not to leave empty. • All Care plans require Sign off 	<p>Significant improvement from previous audit demonstrates impact of audit and learning.</p> <p>Actions from this audit circulated via email and at Care team meeting.</p> <p>Identified that the safeguarding care plan was not capturing enough detail. Revised the care plan on TCD and implement a new and more comprehensive care plan to record safeguarding status.</p>

2.4 Stakeholder Views

Children and families

We regularly gain feedback from families and encourage them to share their own outcome measures, this helps us to shape our care provision to the needs of our families. In December 2026 we sought feedback on families' experience of the service. 18 parents responded to the survey. The aim of this smaller survey was to understand the wants and needs of our supported families, and help shaped further changes to the care offering, including:

- 86% of families wanted their children to stay independently overnight at the hospice.
- 67% of families thought before or after-school home visits would be helpful.
- 61% of families found physiotherapy their most helpful therapy offering.
- 83% of families were interested in the opportunity to meet other families through Family Playdays, Coffee Mornings etc.

We are also running our larger Family Survey in June 2026, and have launched a variety of Supported Child Surveys to ensure we are hearing the voices and opinions of all members of our supported community.

“Thank you very much for your email and for keeping us informed — we really do appreciate it. It has been great having you as part of the transition team, and your experience has been incredibly valuable. Thank you for all the support you and the wider team at Alexander Devine have given us. It has meant a lot to have some continuity, even though I appreciate that this support will eventually come to an end. I also wanted to say how helpful it feels that we have slightly longer with your service particularly when everything else has been removed or changed. That consideration has not gone unnoticed, and I would appreciate you feeding that back.

Parent after Transition Support

“We have had such a lovely day, I wish we could come weekly. He has loved being here and it has been a wonderful first day. We are so excited to come back

Supported Parent

“The support from Alexander Devine has given us hope. It's been so refreshing to have some time to ourselves. Having a break makes us better parents as we've had the chance to recharge our batteries, even just a little.

Meeting other parents who are living this life too, who understand the exhaustion and challenges has been invaluable. It helps to normalise our situation and reminds us we are not alone.

Supported Parent

External agencies and organisations

ADCHS works consistently with other services and organisations and has received positive feedback from other services relating to the provision of care at ADCHS.

“

Exemplary after-death care and support - Transferred to Alexander Devine Children's Hospice and ongoing bereavement support were highlighted as particularly positive aspects of care

NHS Consultant

One student nurse who completed her Student Placement at Alexander Devine and has now returned as a Band 5 Nurse, said:

“

I chose to return to Alexander Devine because I wanted to be part of the exceptional care I had witnessed as a student. The impact Alexander Devine has on children and families is clear every single day, and I wanted to contribute to that, to help make a meaningful difference in the same way the team already does.

The values, compassion, teamwork, and commitment to holistic care really aligned with why I chose nursing in the first place. Returning felt like coming back to somewhere that truly reflects what high-quality, family-centred care should look like.

I'm surrounded by amazing role models and leaders. The senior staff are highly skilled, confident, and experienced, and I know I have so much to learn from them. It feels like a safe and encouraging environment to grow as a nurse.

Coming back as a qualified nurse felt welcoming, supportive, and reassuring. It genuinely felt just as it had when I was a student, which was one of the main reasons I chose to return. From day one, I felt valued as part of the team, rather than simply adjusting to a new role.

The education provision and preceptorship programme have been incredible, offering a wide range of opportunities for learning, reflection, and professional development. I've felt supported not only in developing my clinical skills and confidence, but also on a more personal level as I transitioned into my role as a newly qualified nurse. Throughout my induction, supernumerary period, and ongoing transition, I've been consistently supported, encouraged to ask questions, and given the time and space to learn safely. Knowing that support is always available has helped build my confidence and allowed me to grow at my own pace. I am incredibly grateful for the guidance, encouragement, and trust I've received, which has made the transition from student to qualified nurse both positive and empowering.

Student Nurse

2.5 Mandatory statements / outcomes relating to NHS quality improvements

Participation in research

We have been pleased to participate in research studies that are supporting improvements in children's palliative care including the Kings College CPOS study.

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

ADCHS income was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because ADCHS does not use any of the NHS Standard Contracts and is therefore not eligible to negotiate a CQUIN scheme.

CQC special reviews and investigations

The service is registered with the Care Quality Commission (CQC) and is continually monitored for quality improvement. In March 2026 we received a request from the Care Quality Commission for pre-assessment data and this was followed up with an onsite inspection. We await the final report but initial feedback at the time was positive.

Clinical coding error rate

We record a Snomed/ICD 10 Code for the children on our caseload. This is collected on the data dashboard on a monthly basis and we report these to the ICB on a quarterly basis.

Data quality

ADCHS have attained the standards required in the NHS Data Security and Protection Toolkit 2025 / 2026.

Learning from deaths

ADCHS supports children at the end of life. We work in partnership with the local CCN teams to provide care in the community to offer choice for families in place of care and place of death. We provide on call and symptom management advice and offer a comprehensive nurse led CNS service, supported by Doctors as appropriate.

In the last year we have supported 5 children at the end of life. All deaths are reported to CDOP where they are subject to case review and ADCHS has a representative on the CDOP panel.

Following the death of a child a debrief is held with other services. The opportunity for reflection and learning is a vital part of the ongoing care we provide.

2.6 Priorities for improvement 2026 / 2027

Our priorities for improvement are detailed in our strategic and quality and improvement plan. These priorities aim to further improve upon the safety, experiences and outcomes for children and families cared for by ADCHS.

The three key priorities for the coming year are as detailed below. These have been informed by our strategic aims and objectives, our values and culture, our annual programme of Audit and learning, analysis of our risks and incidents, and feedback from stakeholders through our annual satisfaction survey and through our Family Reported Outcome Measures (FROM's).

		
Priority 1	Priority 2	Priority 3
To continue developing recruitment to ensure we can extend our service offering.	To continue to develop the quantity and quality of our service offering to provide respite care, palliative care and end-of-life care.	To develop our internal and external training programme.
The priority will be achieved by: <ul style="list-style-type: none">• Widening the areas we advertise our vacancies in.• Encouraging and advertising our new nurse incentive scheme.	The priority will be achieved by: <ul style="list-style-type: none">• Maintaining safe staffing ratios to be adaptive to the holistic needs of our families.	The priority will be achieved by: <ul style="list-style-type: none">• Employing an additional Clinical Educator to help expand the delivery of internal and external training.• Publishing our public offering online and developing the marketing plan for this.

2.7 Additional quality indicators

In the absence of nationally agreed indicators for children's palliative care ADCHS monitors:

- Complaints and concerns
- Incidents and accidents
- Family reported outcome measures (FROM's)

Part 3 Review of Quality Performance

ADCHS processes a range of quality assurance activities to determine standards of care including data collection, audit, and user feedback. Quality of care is assessed and monitored in the following areas, patient safety, effectiveness, and experience.

Progress of 2025 / 2026 Priorities For Improvement

Priority 1 - To invest in recruitment to the care team to sustain service delivery.

- Since April 2025 we have had a new recruitment drive including filming a new recruitment video and advertising in new locations. We also created an incentive scheme for incoming Band 6 Nurses. This push for staffing was successful and during the 2025 / 2026 period we welcomed eight new Care Team staff and six new Non-Clinical staff.

Priority 2 - To ensure flexible and responsive 24/7 end-of-life care.

- With the recruitment of the new Care Team members and the introduction of our on-call rota, we can ensure our service is responsive to the needs of our families, including the introduction of our extended day care and to be responsive 24/7 end-of-life care.

Priority 3 - To grow our external training programme

- During 2025 / 2026 we improved our external training programme and we can now offer a variety of Clinical Training Opportunities including: Bereavement Training, End-of-Life Training, Clinical Skills Training, Catheterisation Training and Tracheostomy Training.

3.1 Patient safety

Patient safety is of paramount importance, and we ensure a range of activities are undertaken to protect children and staff.

These include:

- Contribution to PSIRF ICB meetings
- Monitoring our risks and incidents
- Maintaining staff knowledge and skills
- Monitoring of Clinical alerts

Risks and Incidents 2025 / 2026

From April 2025 - March 2026 there have been a total of 63 incidents reported and actioned. We use a software system to record all incidents and through an honest and open reporting culture we complete the incident forms and the governance lead will assign an investigating manager in a timely manner. The process allows the investigating manager to produce an action plan and associated learning. The investigating manager will sign off once all actions and learning are completed. The senior leadership team have a quarterly meeting at which all risks are reviewed and themes identified. Incidents are audited annually.

The software supports a thematic breakdown of the types of incidents and colour codes according to the level of risk.

Significant Incidents

There have been **no** PSIRF incidents in this period. The Governance and Quality Lead attends the Patient Safety Meetings at the Thames Valley ICB to maintain awareness of the PSIRF processes.

The Senior Care Team have updates from the Central Alerting System to identify issues with equipment, estates and facilities issues nationally, that may require local action and learning for the organisation.

The Medicines Management Committee at ADCHS receives updates from the MHRA to implement any actions and learning from national alerts regarding medicines.

Complaints

We recorded **no** complaints during this period.

Analysis of Incidents 2025 / 2026

Patterns and trends	Number	Percentage	Learning
Medicines	11	20	Medicines management is part of Clinical Mandatory Training and nurses have an annual update and maths test. Any significant learning from the incidents is implemented immediately and communicated with the care team through email and care team meetings. The medicines management committee review all incidents on a bi-monthly basis.
Clinical care	4	6	All incidents related to clinical care are discussed at the Care Team Meeting. Any actions such as reviewing operational procedures will be completed.
Equipment	4	6	All equipment is serviced and reviewed on an annual basis. We have manufacturers guidelines for all equipment use in the clinical room. Any incidents are actioned promptly and equipment decommissioned immediately if it poses a safety issue.
Safeguarding	4	6	All Safeguarding incidents are managed directly by the Designated Safeguarding Lead and any learning and actions implemented. All care staff are trained to Level 3 Safeguarding.
Health and Safety / Equipment	2	3	All health and safety incidents are managed by the H&S Lead. Incidents raised are reported into the Estates Committee monthly. COSSH and RIDDOR are adhered to appropriately. All learning is cascaded across the organisation.
Administrative / Data	4	6	The Data Protection Officer will be the Investigating Manager for all incidents relating to data. All staff have Data Protection training in their mandatory courses and GDPR is an annual mandated programme

Patterns and trends	Number	Percentage	Learning
Security	4	6	Security incidents are discussed at Estates meetings and all learning cascaded. There is an operating procedure for security. This is reviewed in line with any incidents that pose a security risk.
Trips and Falls	18	28	Trips and falls incidents are managed immediately.
Accidents	12	19	<p>We have First Aiders on site and access to first aid equipment. Accidents are reported and logged for all children, family members, staff and volunteers. Appropriate actions are immediate in the event of an accident and actions or learning are then identified. Risk assessments are carried out prior to all events to ensure mitigation and control measures are in place for accident prevention.</p> <p>We have not had any serious accidents to report but all accidents are reviewed by the Health and Safety Lead to ensure we follow correct procedures from HSE in relation to workplace accidents.</p>

Staff Training and Research

We have invested in training for the Care Team, as well as the delivery of training and workshops to external partners. We have good statutory / mandatory compliance across the whole organisation including our Care Volunteers and Trustees [figure 4].

Oliver McGowan and Freedom to Speak up training are included in our suite of training programmes. We also have annual pool training to maintain skills for staff engaging with hydrotherapy or splash for children in our pool.

We have a comprehensive competency framework across the care team to ensure all staff are confident and competent to care for the complex children on the caseload.

We are proud of our Long-Term Ventilation and tracheostomy care for children and young people. ADCHS supports a respiratory clinical group of skilled nurses to ensure training, confidence and competence in managing this complex cohort of children.

In addition, staff are supported to undertake single training days, workshops or training courses to extend their learning in line with appraisal objectives and professional development plans. In the year 2025 / 2026 we have supported:

- Trainee CNS to complete her Advanced Assessment course.
- Play specialist is currently on her 2-year Play Specialist course.
- Bereavement Training is being run and attended by all staff across the organisation
- Level 4 Safeguarding update training for the DSL.

ADCHS also provided external training and presented at regional and national conferences including the Hospice UK Conference. This was a poster presentation for our Transition Work with our neighbouring adult hospice, Thames Valley and was very well received.

Student Placements

We have engaged with universities and supported nine student placements.

Number of staff completing mandatory training and courses

(As of 03.06.2026)

Topic	Number of staff required to complete	Completed	Percentage
Fire Safety	30	27	90%
Moving and Handling	30	29	97%
Safeguarding Level 3	30	25	83%
Safeguarding Level 2		3	93%
Infection Prevention and Control	30	25	83%
Paediatric Basic Life Support	28	20	71%
Medicines	21	19	90%
Health and Safety	30	28	93%
Equality and Diversity	30	26	87%
Mental Capacity and DOLS	28	26	93%
GDPR	30	27	90%
Lone Working	30	30	100%
Risk Management	30	27	90%
Conflict Resolution	30	30	100%

3.2 Effectiveness

A key priority for ADCHS is the delivery of effective care. Clinical effectiveness is not just about monitoring and measuring care or identifying risks. It is also about being proactive to identify and manage improvement to further develop the service. All these areas of clinical effectiveness are incorporated into our Clinical Governance Framework.

We maintain clinical effectiveness by:

- A rigorous quality improvement plan.
- The regular review of action from audits.
- Supporting effective leadership across the organisation.
- Maintaining networks of communication and joint working with other organisations and agencies.
- Having a Patient Safety Incident Framework (PSIRF) trained member of the Senior Leadership Team.

3.3 Patient Experience

The monitoring of compliments, concerns and complaints is central to ADCHS, to how we learn and develop the service. Complaints are formally investigated and discussed at Clinical Committee, SLT and with the Board of Trustees.

We have not received any complaints/concerns in the last year.

Comments and compliments are captured in various ways, with a particular focus on gaining parents perspective on the care they receive from ADCHS.

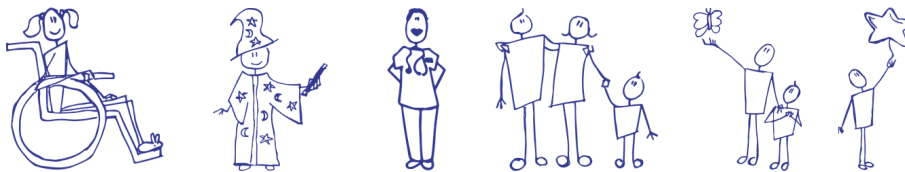
3.4 Lead Commissioners

ADCHS provides a service across Berkshire, South Buckinghamshire and into surrounding counties. This Quality Account will be sent to the Integrated Care Boards for BOB and Frimley to provide opportunity for comment and statement.

We maintained concentrated engagement with Integrated Care Boards (ICBs) in BOB (Berkshire, Oxfordshire and Buckinghamshire) and Frimley to secure recurrent funding through contracts and Grants. Mindful of the clustering of the ICBs we will continue to engagement with Thames Valley ICB into 2026.



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