Claire House
CHILDREN'S HOSPICE

CLAIRE HOUSE QUALITY ACCOUNT 2025-26

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1. BACKGROUND

1.1. Vision

To be there for every child with a life-limiting or life-threatening condition, and their families, making sure they can get the very best support when and where they need it.

1.2. Our Mission For Care

- To make a difference to the lives of children with life-limiting or life-threatening conditions, and their families, by:
- Striving to be a centre of excellence for children who need specialist respite and end of life care, and their families, enabling them to feel safe and supported in the place of their choice: at Claire House, in their own home, and through our family support work.
- Developing needs-led services. Giving the best care that our resources will allow, while also planning for the future.
- Striving for lasting partnerships, for example with our supporters, and with healthcare partners such as other charities and the NHS. Inspiring and developing our people.
- Being the local organisation which people are proud to work and volunteer for.
- Living the values of Claire House.

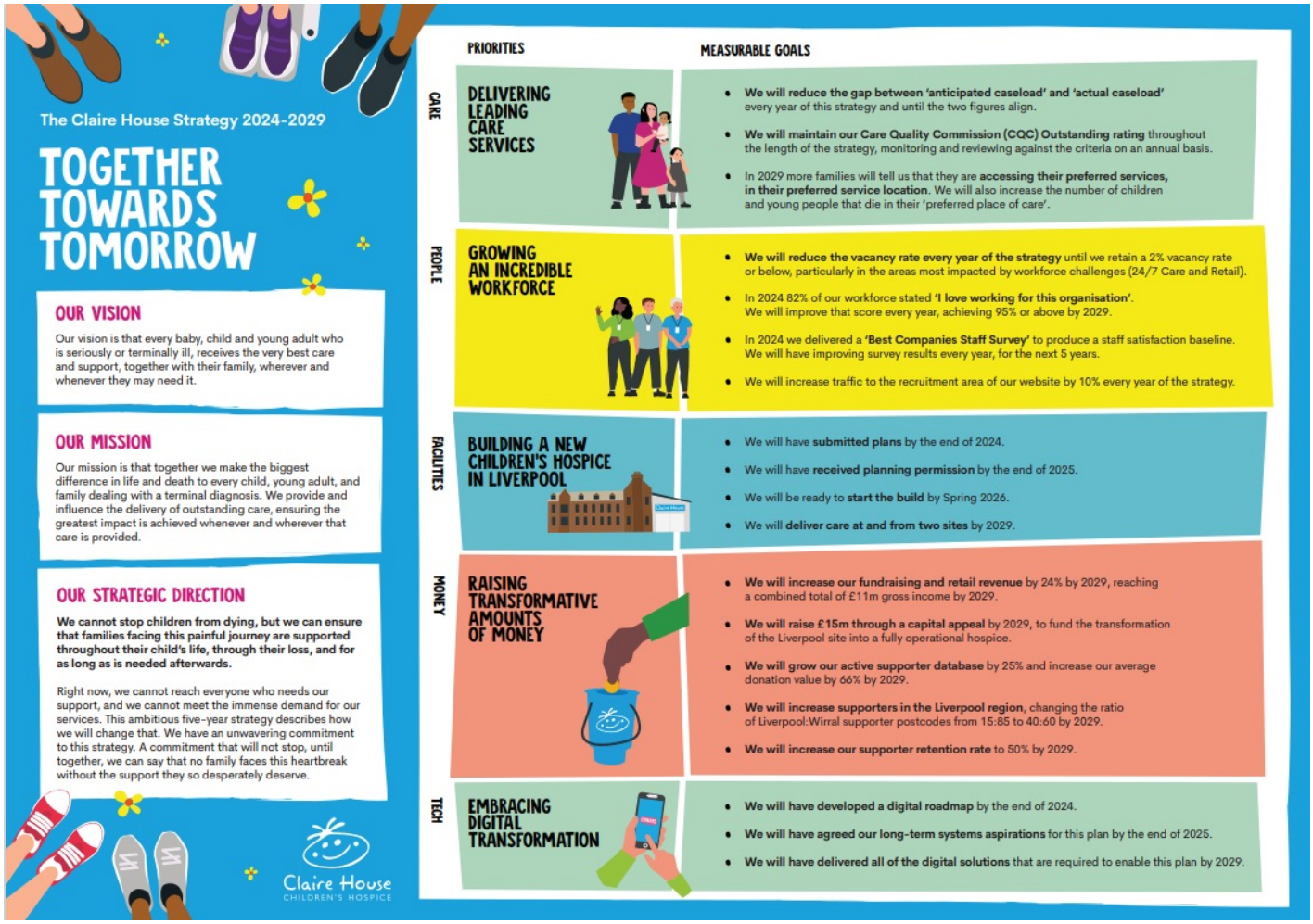
1.3. Claire House Values

- **TOGETHER WE ARE STRONGER** - We respect and trust each other to get the job done, remembering that we're all different; with different skills, personalities and experiences. We're not perfect but we work at our relationships. Amazing things happen when we pull together.
- **FUN** - We have a sense of fun even though we often do difficult work.
- **KINDNESS** - We care for each other. We give each other time and we listen. We are there with a hug or a cuppa if that's what's needed. We are honest, but when we give and receive feedback, we do so with a balance of courage and kindness.
- **PASSION, PRIDE AND POSITIVITY** - We believe passionately in the cause. We love our work. We look after ourselves in and outside of Claire House which means we are able to work with energy and positivity.

1.4. Our Strategy and 5 year plan

At Claire House we have always passionately pursued our vision that one day, every baby, child and young adult who is seriously or terminally ill, will receive the very best care and support, together with their family, wherever and whenever they need it.

We have an ambitious strategy covering 2024-29



2. STATEMENTS FROM SENIOR LEADERSHIP

2.1. Statement on Quality from the Chief Executive

I am pleased to introduce the Claire House Children's Hospice Quality Account for 2025–26. This report describes how we continue to deliver our vision of ensuring that every baby, child and young adult who is seriously or terminally ill, receives the very best care and support, together with their family, wherever and whenever they need it.

Over the past year, we have continued to strengthen the quality, safety and consistency of our services as demand has grown. The work of our Quality and Governance Team has further embedded robust clinical oversight, learning from incidents, and a strong audit programme to support continuous improvement. We have made tangible progress in areas such as care planning, medicines safety, safeguarding and family feedback, supported by the full implementation of the Patient Safety Incident Response Framework (PSIRF).

Our services have continued to evolve in response to family need. The expansion and integration of Rapid Response, Perinatal, Community and Young Adult services have enabled more children and families to receive personalised care in their preferred setting. Alongside this, our commitment to education, training and research has strengthened both our own workforce and the wider healthcare system, reinforcing Claire House's role as a centre of excellence in children's and young adult palliative care.

I am incredibly proud of our staff and volunteers, whose dedication, compassion and professionalism underpin everything we do. Their commitment ensures that quality is not just measured, but lived every day in our care. Thank you to everyone who continues to support Claire House; together we remain focused on delivering safe, responsive and deeply compassionate care for the children and families who rely on us.

David Pastor, CEO
Claire House Children's Hospice

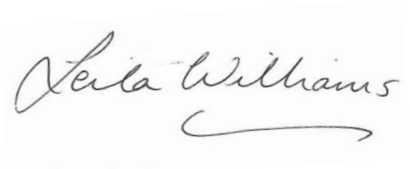
2.2. Assurance from Board of Trustees

The Board of Trustees of Claire House Children's Hospice is pleased to present this Quality Account for 2025–26. We confirm that, to the best of our knowledge, the information contained within this report is accurate and provides a fair and balanced reflection of the quality of services delivered by the hospice.

This Quality Account demonstrates our continued commitment to strong governance, patient safety and continuous improvement. Throughout the year, the Board has received regular assurance through its committees and reporting structures, including oversight of clinical quality, safeguarding, risk, audit activity and learning from incidents under the Patient Safety Incident Response Framework.

We are encouraged by the progress made across services, particularly the strengthening of quality and governance arrangements, the development of family feedback mechanisms, and the sustained focus on staff wellbeing, equality, diversity and sustainability. The dedication of staff, volunteers and partners continues to ensure that children, young people and families receive care that is compassionate, safe and responsive to their individual needs.

On behalf of the Board, we would like to thank everyone who contributes to the work of Claire House. Their collective efforts ensure that quality remains central to everything we do.



Signed on behalf of the Board of Trustees,

Leila Williams
Chair of the Board of Trustees
Claire House Children's Hospice

3. WHAT OUR SERVICE USERS HAVE SAID ABOUT US

"Thank you for being such a special group of selected individuals who offer impeccable standards of care. You couldn't work at such a beautiful place and not love the children you serve."

"Thank you so much for all of the support you have given us. You have made a very difficult journey in our lives a little bit easier. We will forever be grateful."

"There isn't a thank you big enough for everything you did."

"Claire House is such a valuable place for families at such a difficult time. Everything happened so fast. It was difficult and is still so hard to take in, but Claire House somehow takes a lot of that stress away. This is why, as a family, we will be forever grateful to everyone for their support."

"Everyone is amazing and we couldn't fault a single thing. Claire House is just gorgeous and we just feel so calm being here."

"Everything was absolutely perfect! They always go above and beyond for my little boy!"

4. JOSHY'S STORY

Joshy's mum Jill shares why having Claire House in Liverpool has transformed everything for their family

Busily chopping toy vegetables at a Stay and Play session at Claire House Liverpool, Jill's little boy is in his element running his own make-believe restaurant.

At four years old, Joshy is full of personality – clever, outgoing, and, as his mum proudly admits, "dead bossy".

But behind his cheeky smile is a complex genetic condition – one so rare his mum says only around 100 children in the world are known to have it.

"Joshy's a happy kid. He loves his brother and loves the swings at the playground.

"He loves role-playing with toy food, acting like a restaurant owner and bossing everyone around," laughs Jill. "The funny thing about that is, he doesn't eat."

Despite Joshy's love of playing chef, his condition affects his immune and digestive systems, meaning he can't absorb nutrients. Instead, he's fed by TPN - nutrition given directly into his bloodstream through a central line.

It means constant care, medical routines, and the overwhelming worry about infections or sudden hospital trips.

"Looking after Joshy is more than a full time job," admits Jill.

"He's often in hospital because any temperature means a 48-hour stay. There's always the fear he couldn't cope with a serious infection."

Thankfully, Claire House Liverpool is just 15 minutes from the family's home in Orrell Park and next to Alder Hey, providing huge reassurance.

"If Joshy gets a temperature while he's there, the hospital is five minutes away. That closeness is everything.

"At Claire House Wirral, we'd have to drive through the tunnel to Alder Hey or go to an unfamiliar hospital. In Liverpool, we don't worry.

"When he's an inpatient, the girls from Claire House stay with Joshy so I can grab a cuppa or nip to the Liverpool site for a massage. It's lovely seeing them appear at the door because hospitals can be very lonely.

"He spends time at Claire House Liverpool every few weeks and has had visits during his hospital stays to enjoy the gardens and have a break."

Pressing the buzzer to get in and making a beeline for the daycare room, Joshy feels right at home at Claire House Liverpool.

"He rules the roost!" laughs Jill. "Alice and Aimee from the Planned Care Team set up his favourite toys, organise pretend afternoon teas, and help him 'cook'. When he's done, he snuggles into a beanbag with Mario Kart.

"It gives me a few hours off to tidy up or have breakfast with a friend, whereas travelling to the Wirral would take most of my break."

Joshy has gradually built up to overnight stays in the Wirral, giving Jill time with her eldest son, Anthony, eight, and a couple of nights away with her mum.

"I never worry when he's at Claire House. The nurses are so confident, and dead relaxed. When you have a child with complex needs, it's not just babysitting. It's a massive responsibility, because things can take a turn at any point.

"But they know everything about his care. They're not fazed by anything."

Being able to have respite in Liverpool, with Alder Hey close for emergencies, would make everything feel even safer.

The family heard about Claire House from their immunology nurse. However, the word 'hospice' felt frightening.

"You just think end of life," Jill says. "But Claire House is everything in between - support, respite, play, therapy, people who understand.

"Because of his condition, Joshy couldn't go to nursery. But after a year of support from the hospice, he's sociable and starts school in September. He feels secure in other people's care, which he wouldn't without Claire House."

5. OUR CLINICAL SERVICES

We are proud to provide the following services.

5.1. Respite Care

We recognise that caring for a baby, child or young adult is emotionally challenging and physically exhausting and that is why we offer overnight respite. Care breaks are an opportunity for parents and guardians to take a holiday or simply spend some time looking after their own needs, or those of other siblings, safe in the knowledge that their loved one is receiving the very best care.

5.2. Planned Respite

Allocated every 6 months and all families receive the same planned offer. Families are welcome to request any special dates, but all dates and allocation are looked at fairly. The current allocation is 5 nights every 6 months.

5.3. Emergency Respite

Emergency respite is available to all children and families in the event of a family crisis, family illness or bereavement, parent or carer exhaustion, breakdown in care package, step-down or urgent symptom management.

5.4. Symptom Management

Many of the children and young people accessing Claire House services may experience some difficult symptoms throughout their lives, whether that be pain, nausea, respiratory difficulties, seizures, or spasms, and will require assessment and management. The Rapid Response Team are able to work in partnership with the child's consultant and other professionals involved to assess symptoms, implement any symptom management plans and review how effective they are.

5.5. Step-Down Care

Step down care (help leaving hospital) following prolonged hospital admission or major surgery can be arranged to support parents prior to going home. In addition to conventional medical and pharmacological approaches, with agreement from the child/young person's consultant, we can offer complementary therapies such as reflexology, aromatherapy, or reiki, to aid symptom management.

5.6. Community Support

Our team has dedicated Palliative Care Nurse Specialists who can visit children and young adults at home and in the community. They will spend dedicated time getting to know the child or young person and the family involved. The team will cover our catchment area, from Merseyside to the Wirral and Cheshire to North Wales. Our Palliative Care Nurse Specialists provide specialist nursing support, support with advance care planning, symptom management, emotional support, expert palliative care and communication with other healthcare professionals.

5.7. Hospital Support

Through our close relationship with Alder Hey Children's Hospital, we now have a dedicated team member who spends time each week on their critical care unit and will be made aware of children or young adults who may need support of Claire House.

5.8. End of life care

Claire House prioritises end of life care, responding to referrals in families' chosen settings - home, hospice, or hospital. Our Palliative Care Nurse Specialists guide families through their options, supporting informed decisions.

We provide continuous care and support throughout the end of life process and into bereavement. Our team manages complex symptoms, minimising pain and distress, and offers emotional and practical help. Available 24/7, we offer around-the-clock symptom assessment and management, both by phone and in person. We also help arrange special wishes, collect mementoes, and organise professional photographs for families.

5.9. Butterfly Team

When a child or young person has died, the Butterfly Team, who are a dedicated bereavement team are able to offer emotional and practical support to help families in the early days of bereavement. Families can stay at the hospice in one of our Butterfly Suites — comfortable, cooled rooms that offer a comforting alternative to a funeral home, or we can support families to have their child at home using specialist equipment up until the funeral. The Butterfly Team will also help with the practical aspects, such as funeral arrangements and registering a child's death, while offering emotional support throughout.

5.10. Perinatal Care

The perinatal service provides support through pregnancy, birth, baby's life, and death, as well as post bereavement support. The key aim of the service is to ensure parents at any stage are aware of the choices available to them and can access the full range of services provided by the perinatal team and wider Claire House teams, such as emotional support, birth planning, counselling, complementary therapies and tailored antenatal classes for their specific circumstances. The perinatal team will also support parallel planning for families facing the possible death of their child and enable earlier rapid transfer/ discharge to the hospice or home for end-of-life care as needed.

5.11. Baby Group

Once a fortnight we run a baby group, alternating between Claire House Wirral and Claire House Liverpool, for babies and their parents either known to the hospice via the perinatal team or referred for early support. The group provides a supportive environment for new parents of a baby with complex

health needs, and offers peer support over a coffee and cake alongside play, sensory, music and complementary therapy activities. The group is led by trained healthcare professionals to help with any clinical care and therapeutic needs, as well as a source of information and advice with links to other hospice services if required.

5.12. Counselling

Our Counsellors are all BACP registered, meaning they meet the high standards set by the British Association for Counselling and Psychotherapy. We offer counselling services to the children and young adults we support, as well as their family members. Family support and 1:1 counselling is available from the point of referral and can continue through bereavement and beyond. Person centred bereavement support is offered to all families who have experienced the death of their child; this can be on a 1:1 basis and/or as part of a group with other bereaved parents.

5.13. Clinical Psychology

Our Clinical Psychologist works alongside our Care Team to provide compassionate, practical support, whether it's helping a child understand their emotions, guiding siblings through difficult feelings, or offering crisis support when needed. Our full-time Psychologist also works with hospice staff, offering guidance and support in recognising and responding to psychological distress in children and families and managing the emotional toll of their work, to ensure they can continue to provide the best care.

5.14. Complementary Therapies

We use Complementary Therapies alongside conventional medicine and treatments. Our experienced and highly skilled complementary therapists use a variety of therapies to help develop and enhance a sense of relaxation, well-being and resilience within our babies, children, young adults and families. Children and young people have access to a range of therapies that include play, music, arts and craft as well as dedicated holistic therapies.

A range of holistic therapies are provided for parents include massage, reflexology, aromatherapy, reiki and guided imagery and visualisation.

5.15. Music Therapy

Music Therapy is part of the multi-disciplinary Therapies & Wellbeing Team. We have a dedicated music therapist who offers a wide range of music therapy in the hospice or at home. It provides a supportive space for people to express themselves, emotions and experiences through verbal language if they are able, or non-verbally through often improvised music, movement, sensory exploration, rate of their breathing, heartbeat, vocalisation, play, body language, and facial expression. Music Therapy is accessible to individuals of all ages and abilities, with no prior musical skills required and is available to Claire House children, parents/carers and siblings, on referral. Music Therapists support with psychological, emotional, cognitive, physical, communicative, spiritual, and social needs.

5.16. Hydrotherapy and Physiotherapy

Our Clinical Therapies Team is made up of Physiotherapists and a Therapy Assistant. The team offer physiotherapy for children and young adults across both the Wirral and Liverpool sites, and where necessary, in the community. The team liaise closely with community teams to ensure continuity of care for the children and young adults. They can also attend clinics and appointments with other medical professionals to support families where appropriate. They offer support for families via telephone or email regarding any therapeutic interventions that Claire House can assist with. Physiotherapy support includes support with respiratory management, postural management, symptom management, moving and handling and hydrotherapy.

5.17. Specialist Play and Activities

Claire House Play Team ensures that the babies, children and young adults supported by the hospice are given the chance to explore, imagine and express themselves through play. Whether it is during a stay for respite, preparing a child for a daunting operation or ticking off a final bucket wish, the Play Team are on hand. Specialist Play & Activities at Claire House provides the opportunity for all babies, children and young adults at the hospice to have access to a wide variety of different stimulating play opportunities.

5.18. Day Care

This service offers an alternative to respite, for families with seriously or terminally ill children and can take place at our Wirral hospice, Liverpool site, in the community or within the family home, based on family wishes. We offer day care as another form of respite care, and monthly stay and play groups for children/families. We cater sessions to ensure person-centred care is provided, and tailor each session around the child/young person's needs. Families are offered

either three or six hour sessions where the Claire House Care Team will look after all the needs of the baby, child or young adult including medication, feeds and medical intervention. We are led by families' requirements and plan sessions suited to all needs.

5.19. Sibling Support

We give time and attention to siblings, and support for grandparents and the wider family through group and one to one counselling and dedicated activities and groups. Brothers and sisters are invited to join any of our planned activities, trips and residential breaks throughout the year, including a summer activity camp with other siblings, a night at the museum in Chester, a trip to the capital to see the dinosaurs at the London Museum, go-karting, Easter Egg Hunt and an overnight, outdoor Bushcraft event.

5.20. Transition

The move from children to adult services can be a complicated one. We have a dedicated Young Adult Coordinator who works closely with young people and their families to provide additional advocacy and support during transition. They support and advise the Care Team on aspects of policy and practice for young adults including the Mental Capacity Act. We aim to empower the young person at the centre to have a real sense of control and choice over their lives, this aim will be supported by a multidisciplinary team of professionals at Claire House together with wider professional input from the appropriate teams across healthcare, social care, education and the voluntary sector.

5.21. Social Groups

The social group offer has been designed by the team and the young people who access the offer. While the offer doesn't include as much overnight respite, the focus is on social activities and community engagement. The group is strengthened by a WhatsApp group, that all the young people join. It enables them to make new friendships, and speak directly with staff who oversee the group. It is a safe space for young adults to develop friendships, wind up and laugh at each other, and empowers them to take control of their Claire House experience. Our offer starts from the age of 10 years old.

5.22. Advance Care Planning

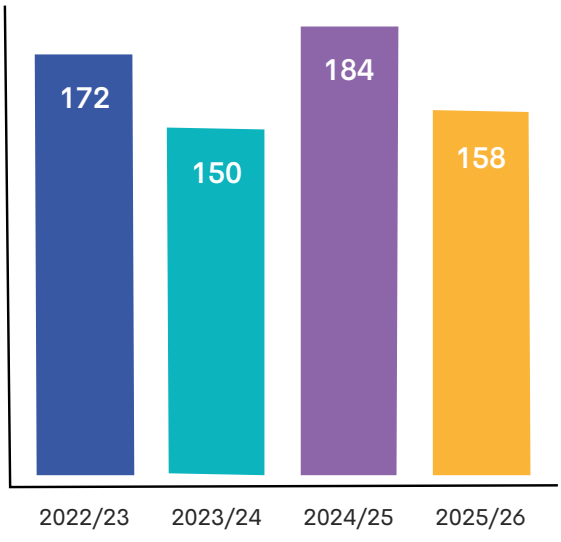
Sometimes families worry about what might happen if their child suddenly or unexpectedly becomes unwell. Talking through what might happen can help reduce some of these worries and concerns, and having such discussions documented in an advanced care plan, can reduce how often these difficult conversations are needed.

6. REFERRALS AND CASELOAD

During 2025-26 we accepted 158 referrals and supported a total of 514 babies, children and young people.

68% of all referrals were before 1st birthday.

ACCEPTED REFERRALS



7. SUCCESSES AND SERVICE IMPROVEMENTS FROM 2025-26

7.1. Transition and Social Group

Over the past 12 months we have celebrated some amazing achievements.

We successfully completed our second residential program, providing five young adults with an exceptional opportunity that included activities such as zip lining, abseiling, canoeing, and archery. This distinctive experience contributed meaningfully to all participants. Our service offer has steadily expanded, now incorporating an additional monthly social group to accommodate the growing number of referrals and caseloads. The palliative care model we deliver remains unique, attracting significant interest from other hospices seeking to implement similar approaches. In October 2025, all groups collaborated to complete a 24-hour 'gameathon' featuring continuous video, board and card games across four shifts. Over £1,000 was raised, and the event was publicised live on the radio to raise further awareness. These efforts were undertaken in memory of four young adults whom we sadly lost in the early months of 2025.

7.2. Therapies

This year, 2025-26, has seen significant growth for the music therapy service at Claire House, integrating it as part of the Therapies & Wellbeing Team. Through advocacy for the needs of families and young people, we have created a dedicated music therapy room and ordered specialist equipment to enable and enrich the therapeutic experience. The music therapy caseload has expanded, with a waiting list that reflects the growing demand for accessible psychological support for our young people and their families. This demonstrates the commitment to supporting the lives of those we support through accessible music therapy both on the Wirral and in the community.

7.3. Quality and Governance

Claire House maintained strong clinical governance throughout 2025–26, with PSIRF aligned incident management, policy updates and continuous audit activity progressing toward full integration with the Vantage system. Five complaints were all satisfactorily resolved, generating clear learning and improvements in communication, documentation, and care processes, while compliments reflected consistently

compassionate, family centred care across teams. NICE benchmarking showed full compliance in several areas with targeted actions in place for remaining gaps. Key priorities for 2026–27 focus on strengthening audit processes, improving family feedback mechanisms, enhancing CQC evidence assurance, and developing thematic PSIRF learning to support continued high quality, safe care. We created feedback surveys for each service to help us improve based on family and carer input.

7.4. Internal Education and Training

We are immensely proud of the education and training successes during 2025-26. This year has seen more structure to the planning, delivery, monitoring, and ultimately overall compliance. Staff are more aware of what is expected of them and monthly reminders keep everyone on track, with line managers being included and being able to give additional support and guidance where needed on an individual basis. Implementing an online form to request attendance at a study day, course, or conference, allows more oversight and equity when approving the attendance. It also gives a clear picture to the wide range of external training being attended and the learning, skills, and networking our staff are engaging with and then bringing back to Claire House.

Education & Training successes:

- E-learning matrix designed and circulated
- Full mandatory training matrix devised and circulated
- Provision of mandatory & statutory training SOP created
- Refreshed competency booklet created
- Formal induction plan devised and implemented
- Study Day & Conference attendance online request form set up enabling a clear picture of study days requested, attended, and total costs
- Full review of safeguarding children and safeguarding adult training
- Monthly monitoring of mandatory training compliance, supporting staff who may need additional help or guidance
- Overall improvement in mandatory training compliance with no training compliance falling into the red risk bracket at the end of year.

7.5. External Education and Training - Advanced Communications Course

Claire House leads a very successful external training programme for Advanced & Intermediate Communication Training. All dates were fully booked for 2025 and already fully booked for 2026. The team present regularly at conferences across the country, delivering presentations and training in all aspects of Palliative Care, Young Adults & Transition, Perinatal Care, and for external colleagues, for example, providing a Community Nurse Study Day.

We have also designed, and successfully delivered, our inaugural Young Adult Palliative Care study day, which attracted attendance from over 30 healthcare professionals across the wider region. Notably, more than half of the delegates were Adult Palliative Care consultants, highlighting significant cross-specialty interest and engagement. Feedback from participants clearly demonstrated a substantial unmet need for education in this specialist area, with no equivalent local training provision currently available. The study day was evaluated extremely positively, with participants valuing both the relevance of the content and the opportunity for shared learning across services. In response to this strong demand and excellent feedback, we are scheduling a further Young Adult Palliative Care study day to take place in October this year.

7.6. Perinatal Research

The perinatal service is research active and has contributed to the publication of two peer-reviewed academic papers. The first, *Parental experiences of perinatal loss, with a focus on hospice provision:* a thematic analysis, has informed improvements in professional communication and language used with families, shaped referral pathways and supported earlier referral to hospice services. The findings from this paper have been shared widely through presentations at regional and national conferences, including the Northwest Cardiac Study Day, Together for Short Lives and APPM Conference, and as a session within the National Neonatal Palliative Care

Programme, supporting wider learning and practice development. The second paper, *Perinatal palliative care – how to approach antenatal counselling*, provides evidence-based guidance to support high-quality, compassionate antenatal counselling.

The Perinatal Service Lead has been successfully selected to join the BAPM's Palliative Care In England Review Working Group, contributing specialist clinical expertise to the national review and improvement of palliative care provision across England.

The perinatal service is actively participating in the NEO-PEARL study, a mixed-methods national research project strengthening the evidence base for pharmacological symptom management in neonatal palliative care, contributing clinical expertise to retrospective case review and consensus development to inform future guidance and research priorities.

7.7. Centre of Excellence

Academic partnerships have been strengthened through the development of close links with the University of Liverpool, with the Nurse Consultant/ Perinatal Service Lead holding an honorary contract and supporting the delivery and assessment of the Master's Module in Paediatric Palliative Care, contributing specialist clinical expertise, teaching and academic assessment to support workforce development and evidence-based practice.

7.8. Young Adult Service

We now have established relationships with 9 adult hospices across our catchment area, which we continue to build on. Our reputation is strong within adult Palliative care, and others are keen to work with us. Honorary contacts with CCC (Clatterbridge Cancer Centre) continue to be beneficial, now for multiple members of our team, and this has proved to continue strengthening relationships with TYA (Teen and Young Adult) team. We are now starting to build relationships with acute hospital based palliative care teams.

We continue to be an active part of the Cheshire and Mersey Palliative Care Network, and provide unique young adult input into regional service provision.

7.9. Physiotherapy and Hydrotherapy

In 2025-26, the team delivered 15–20 swims weekly and aims to maintain this despite reduced staffing. We actively contributed to the planning of the new sensory and light room in Claire House Wirral. The room opened in April 2026 and provides a step change in sensory experiences for children at Claire House. Regular physiotherapy support was given to social and baby groups, and we took on greater responsibility in pre-admission processes, keeping individual risk assessments and care plans current for each child and young person.

7.10. Community Care Team (formerly Planned Care)

The Community Care Team (previously known as Planned Care) continues to expand and enhance its services to meet the needs of an ever-growing caseload. The introduction of the Stay and Play program has proven effective as an initial engagement opportunity for new families, allowing them to experience CH without the immediate need to leave their child. This approach enables staff to assess each family's unique requirements, ensuring that services are tailored appropriately.

To better understand and evaluate family expectations, we recently incorporated outcome measures into our latest allocation form. This will enable us to assess, after six months, whether we have successfully met these goals, thereby providing further evidence of the value our service delivers.

During this allocation period, we have prioritised efficiency by integrating the in-house play team and utilising additional staffing support from the Young Adult Team. These adjustments, combined with the implementation of outcome measures, allow us to focus on what is most important to the families we serve and to develop innovative practices that positively impact those in our care. Moreover, gathering and sharing evidence of our successes strengthens recognition of the achievements within the CH service.

7.11. Care Coordination (Caseload Team)

The service continues to grow, prioritising timely support for all families. Ongoing updates to documentation and tracking aim to improve operations. Our caseload has continued to grow, driven by both external referrals and more families switching from day care to overnight respite, indicating strong understanding of our offerings and support. Process improvements are underway to streamline and quantify these changes. The fully established caseload team of three has adopted a structured approach, boosting family engagement. Safeguarding training has been completed with further sessions scheduled, enhancing responsiveness to emerging issues and holistic family support. We actively seek family feedback to ensure our services meet their needs. Connections with external professionals and agencies, as well as increased internal collaboration, have expanded our reach and improved information sharing.

Benefits include:

- More input into booking and bed management, with a caseload-led unplanned list to ensure families receive appropriate support when needed.
- Receiving updates from external organisations previously inaccessible to the Caseload team, such as participating in the Rapid Response weekly caseload review with Specialist Palliative Care teams across the region.
- Attending Alder Hey ward rounds with Day Care staff to get real-time updates on children and young people currently hospitalised.

- Organising an Open Day so families can meet representatives from other CH teams, helping them fully understand what CH offers.
- Supporting the Care Team during admissions, allowing our team to spend time with families and gather updates, while giving care team staff dedicated time to complete the admission process.
- Enhanced collaborative working ensures we respond effectively to needs, providing increased unplanned support for emergencies, relationship building, and memory-making.

Now that the Caseload team is stable, they respond quickly to needs and support incidents or care improvements, helping build stronger relationships. Internal referrals at CH continue, along with pre- and post-calls. We can now focus on enhancing our services and better understanding family needs through meaningful contact.

7.12. Referrals Team

The Referrals Team has been working to enhance the referral experience for our families. Issues within the existing feedback process have been identified and addressed through improvements to both manual and electronic systems. Data analysis revealed inaccuracies in recording information regarding family religion; these have now been corrected to better support all families and ensure inclusivity in care. The Referrals Panel has been adapted and streamlined via Loop to enable nurse-led decisions based on Claire House's referral criteria and a collaborative team approach. Preparing families for Claire House is now tailored to individual needs using a comprehensive team strategy. The team is actively reviewing current offerings, and an action plan is underway with Together for Short Lives to evaluate and improve paperwork, ensuring holistic assessments that appropriately address family requirements.

8. SAFEGUARDING

Claire House maintains rigorous safeguarding measures in line with legislation and best practices. Two designated leads oversee adult and child safeguarding, supported by champions who promote principles and facilitate scenario-based learning. Policies, SOPs, and guidance have been reviewed, introducing a Safeguarding Supervision SOP and Register for real-time case oversight. Website updates enhance transparency, and induction training now boosts early awareness. Resources are centrally managed and shared annually.

Safeguarding supervision, including group and individual sessions, continues as part of governance, with structured meetings addressing updates and emerging themes. Champions help share learning across teams. Mandatory training compliance has improved, with targets expected to surpass 90% for both adults and children. Training is streamlined into one framework, nationally aligned, and focused on flexible, role-specific learning using real cases.

Claire House works closely with the Local Authority Designated Officer and engages in multi-agency collaboration and external audits for continuous improvement. Operational changes have improved access and ensured social factors are included in care plans. All safeguarding activities are regularly reported to the Clinical Governance Committee to maintain accountability and ongoing enhancement.

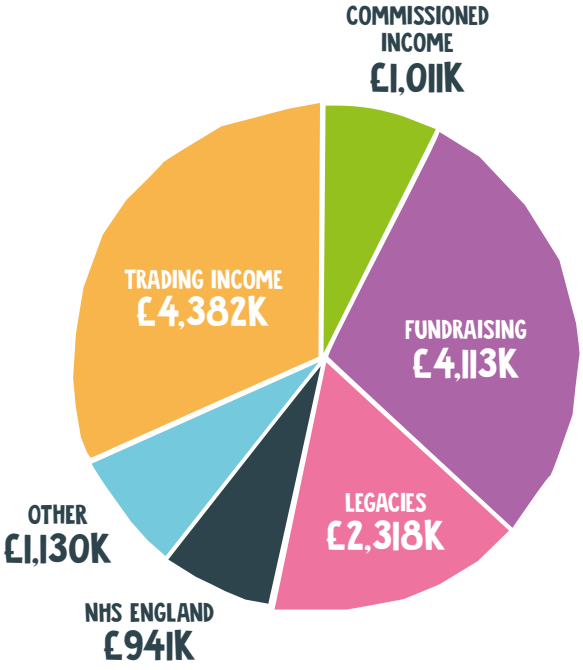
9. FINANCE AND FUNDING

Claire House has continued to receive fantastic support, enabling the charity to help the children and families who need us. Despite continuing cost pressures and investment in our strategy, we maintained a strong financial position.

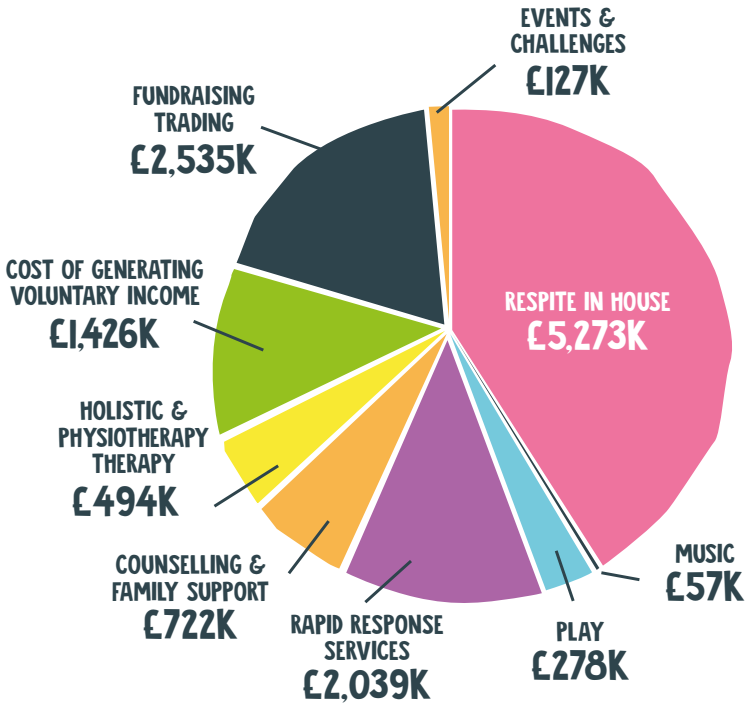
Due to the continued support and generosity of our supporters, and the dedication of our staff and volunteers, the charity has spent £8.9m (2024-25: £8.5m) on care for dying children and other service-related activities.

Income remains strong at £13.9m (2024-25: £11.1m), with legacy and grant funding driving the increase. Claire House has benefited significantly from the capital grant provided by the Department of Health and Social Care, distributed through Hospice UK.

HOW WE RAISED OUR MONEY



HOW WE SPENT OUR MONEY



Claire House continues to receive funding from the Integrated Care Board of £1,011k (2024-25: £971k) which supports vital parts of our care. In addition to this, Claire House received a continuation of its NHS England grant of £941k (2024-25: £906k), designed to provide an element of interim public sector funding until a more reliable funding structure is implemented. This grant has been extended into 2028-29. NHS England also provided a grant of £185k (2024-25: £174k) towards the NHS pension contribution incurred by the organisation.

Claire House maintained its strong relationships with public healthcare commissioners, who invested in services, which provided both a cost saving to the NHS and better outcomes for the child and the family.

10. CARE QUALITY STANDARDS/CQC

In 2019, we were proud to be rated as 'Outstanding' by the Care Quality Commission (CQC). According to the report, parents of children who used Claire House services said: "It's a fantastic place. My daughter loves it there. The staff are excellent," and "The aftercare has been superb".

We have had three virtual CQC reviews focussing on infection prevention control and service provision and development as we emerged from the pandemic period, with positive feedback and no concerns raised and our CQC 'Outstanding' remains in place.

11. QUALITY IMPROVEMENT PRIORITIES FROM 2025-2026

We have a dedicated Quality and Governance Team responsible for equipping us with the skills and knowledge needed to consistently perform at an 'Outstanding' level. We regularly compare ourselves with external standards and recommendations. In 2025-26, our Quality Improvement priorities centered on auditing, patient experience, and service user safety. Here is how we accomplished these goals.

AUDIT

- Implemented/continued a structured internal audit cycle with routine audits.
- Audit results/learning are discussed at audit meetings and escalated to Clinical Governance for oversight and sharing with staff.

PATIENT EXPERIENCE

- Feedback cards with QR codes were created and distributed in December 2025. These QR codes allow children, young people, families, and carers to share their experiences of our care services. Most responses in 2025-2026 were positive; only two improvement suggestions were made from 36 submissions. These comments are shared with relevant teams. We aim to boost engagement rates and will develop an action plan to support ongoing improvements at the Hospice.
- Strengthened feedback handling via complaints governance: complaints were investigated, learning shared, and actions monitored through Clinical Governance.

SERVICE USER SAFETY

- We achieved ICB sign-off for the PSIRF policy and plan (Q4 2024–25) and are live with PSIRF.
- Built a Vantage incident-reporting dashboard to improve monitoring/oversight of incidents and actions.
- We embedded a positive reporting culture, with learning and process improvements driven via training and communication.

CARE PLANS

- After a formal complaint in Q1, an audit found care plans lacked critical pre-admission updates. Care plans were restructured to be more concise and user-friendly. Additionally, a new respite stay process was introduced to ensure key details are included, making care more personal for families and ensuring staff review all sections thoroughly. A further re-audit of the new process is due to be undertaken in Q1 2026-27.

11.1. Our Quality Improvement Priorities for 2026-27

Our five-year strategy continues, with a proactive, continuous approach across all five strategic priorities. Our main areas for improvement will be:

1. Audit

Our Audit Committee commenced in July 2025 to provide oversight, challenge and support across the hospice. While this has established a clear governance forum, meetings have not been as effective as intended, so during 2026-27 we will restructure the committee (including refreshed membership, clearer terms of reference and a focused forward plan) to strengthen accountability and ensure audit activity results in timely, measurable improvement. Key priorities for 2026 - 2027 include implementing NHS Cleanliness Audits and introducing a structured audit of the feedback we receive via the Family Feedback Survey, so that themes, actions and learning are clearly tracked and shared through our governance processes. This will support ongoing CQC readiness and embed a consistent, organisation-wide approach to assurance and quality improvement.

2. Patient experience

We aim to strengthen co-production with families and improve service user feedback collection, as current QR code methods are less effective than anticipated. Our focus for 2026-27 is finding better ways to gather feedback and addressing recurring themes by integrating responses into the Vantage system, which is still pending implementation. Feedback will include positive points and suggestions, followed by an action plan to support ongoing improvement at the Hospice.

3. Develop an integrated clinical data dashboard

Claire House's services are expanding and progressing. To identify areas for improvement, we need to assess our performance and provide consistent, reliable, and evidence-based data management and reporting. This will make information easy to access and offer useful insights into Hospice operations that show clinical effectiveness. Currently, several clinical dashboards are actively used, and these, along with their underlying technology, will be reviewed to ensure the data quality remains high and to prevent duplicate dashboards as new ones are developed.

12. ACCREDITATIONS

We have sent our evidence for Bronze BAME accreditation and are awaiting feedback.
We have also achieved the Social Value Award from NHS Cheshire and Merseyside.

13. TRAINING AND COMPLIANCE INCLUDING AUTISM TRAINING

13.1. Internal Education & Training

Our Practice Development Team is made of one nurse and one Assistant Practitioner. The Team deliver training internally via both planned and ad-hoc sessions. We follow the Core Standards Framework and have clear evidence of all completed training with compliance monitored on a monthly basis. Our expected minimum annual compliance for all training is 90% (excluding maternity leave and long term sickness).

In 2025/6 we continued to work with Autism Together who have provided face to face Tier 2 Oliver McGowan autism training to 86% of our staff and over the next 12 months we expect all of our care team to have been on the Tier 2 training course.

The Hospice supports future nurses through formal learning agreements audited annually by local Higher Education Institutions (HEIs) in line with Nursing & Midwifery Council standards. It collaborates with Edge Hill, Liverpool John Moore's, and University of Chester, offering placements for pre-registered Child, Adult, and Learning Disability Nursing students in all years, as well as post-registration Specialist Community Practitioner courses. Adequate nursing staff must be available to support student learning, monitored by the Practice Education Team and HEIs. Students complete online placement evaluations, with the hospice having access to these results.

13.2. External Training

The service enhances palliative and end-of-life care quality through a comprehensive external training program. Rapid Response staff deliver education to health and social care professionals, such as Advanced and Intermediate Communication Skills Training, helping clinicians manage complex, sensitive conversations and support shared decision-making. Training is offered to multidisciplinary audiences and includes dedicated study days for Children's Community Nursing teams, promoting consistent care across community settings. Targeted Neonatal Palliative Care training also ensures compassionate, coordinated care for infants and families. Overall, these efforts build workforce capability, improve care quality and safety, and foster a compassionate, collaborative approach for children, young people, and families.

We delivered our first Young Adult Palliative Care study day, attended by over 30 healthcare professionals, including many Adult Palliative Care consultants. Participant feedback revealed a strong need for education in this area, as no similar local training exists. The event was highly rated for its relevant content and collaborative learning. Due to strong interest and positive feedback, we will hold another study day in October 2026.

14. PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK

The NHS has implemented PSIRF (Patient Safety Incident Framework) which has replaced the Serious Incident Framework. As we have services commissioned by the NHS, we are expected to implement PSIRF too. We are now live with PSIRF and our policy and letter of endorsement from the ICB can be found on our website.

There will be a preference for thematic review and quality improvement planning for incident types that have been seen to reoccur.

The following local focuses have been identified within thematic reviews and incident review meetings. Incidents requiring further individual incident investigation will have a decision agreed through the MDT. The decision will be based on a number of factors including;

- Incident Complexity.
- Potential for new learning.
- Level of risk to future care.
- Views of those affected by the Patient Safety Incident.

The following table provides a guide for some of the types of incidents observed during review of previous years.

Patient safety incident type or issue	Planned response	Anticipated improvement route
Non-Controlled Drug (CD) related incidents – Documentation error resulting in the medication reaching the service user. CD related incidents – resulting from the storage or documentation of CD's.	Care Improvement Form completed within 24 hours. After Action Review (AAR) – as soon as possible after incident identified.	Led by Quality and Governance Lead Nurse. Completed within 5 days from start date. Reviewed by Clinical Governance. All Controlled Drug incidents submitted to LIN. Review of reoccurring areas for improvement against improvement plan.
Care related issues resulting in patient safety incident.	Care Improvement Form completed within 24 hours. Continuation of thematic review work currently being undertaken. PSII if severe harm.	Led by Quality and Governance Lead Nurse. Completed within 5 days from start date. Reviewed by Clinical Governance. PSII if applicable.
Incident as a result of incomplete or missing documentation within the care plan.	Care Improvement Form completed within 24 hours. Continuation of current thematic review work.	Review of reoccurring areas for improvement. Led by Quality and Governance Lead Nurse. Reviewed by Clinical Governance.

15. QUALITY PERFORMANCE

Key Performance Quality Issues	2022-23	2023-24	2024-25	2025-26
Formal Clinical Complaints	0	2	2	5
Clinical Incidents	44	39	40	104
Notifiable Patient Safety Incidents (Duty of Candour)	0	0	1	1
Medication related Incidents	58	35	60	80
Patient Falls	0	0	0	0
Pressure Ulcers acquired in Hospice	0	0	0	0
Hospice Acquired Infections (inc Covid, C-Diff, MRSA)	0	0	0	0

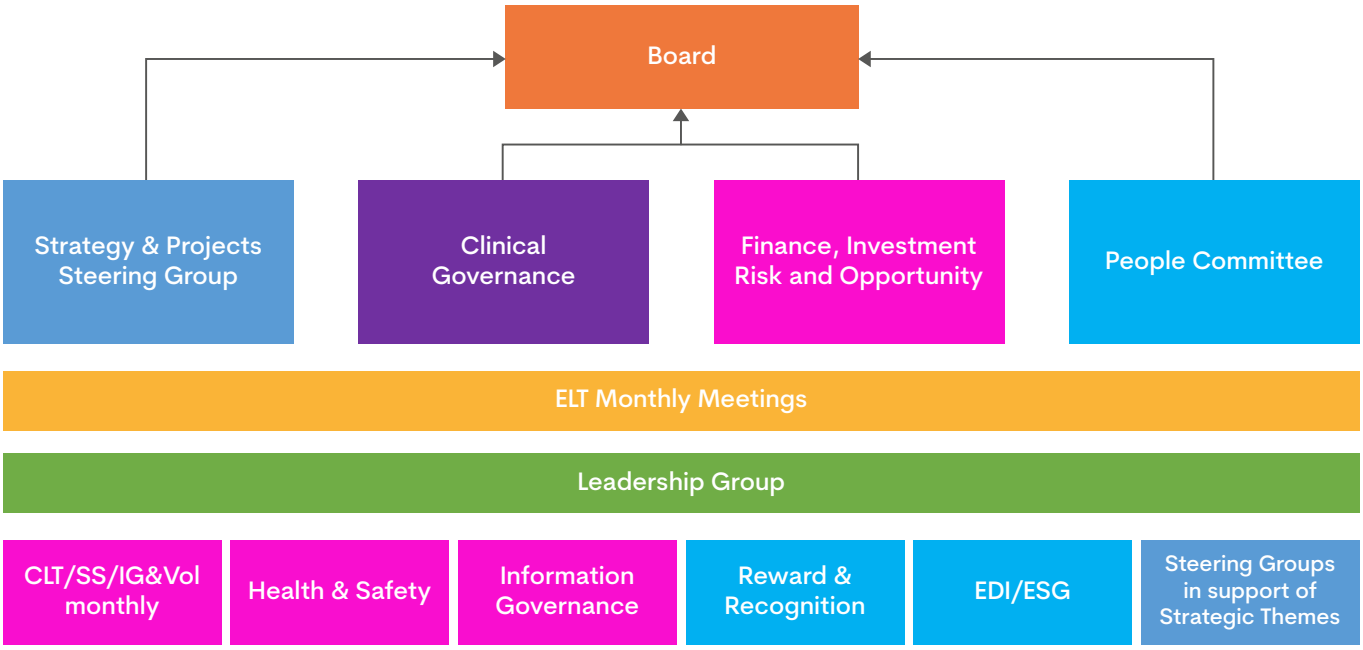
There has been a noted increase in clinical and medicine incidents in 2025-26. We believe this is due to a positive reporting culture in which staff and volunteers are aware of potential risks and in which, in an atmosphere of openness, staff are actively engaged in safely reporting incidents. We feel through training and effective communication, we have created an environment in which unsafe situations and processes are easily addressed and improved.

We have undertaken the following patient safety responses in 2025-26:

- 1 PSII (Patient Safety Incident Investigation)
- 2 AAR (After Action Reviews)
- 4 Thematic Reviews

The hospice was able to learn from all patient safety responses and put measures in place to prevent recurrence. All learning from incidents is shared with staff. Actions included changes in the sign-in/ sign-out process and strengthening medicines safety processes, including clearer handover expectations and documentation standards.

16. LEADERSHIP AND GOVERNANCE



Claire House is led by a Board of Trustees who meet Quarterly as a Board and also have a lead for different key areas of the organisation. The four main Governance committee meetings are chaired by a member of the Board, with a member of the Executive Leadership Team (ELT) sitting on each group.

ELT consists of the leads from across the organisation (Chief Executive, Director of Care & Family Services, Director of Income Generation & Volunteering, Director of Strategy & Operations, Head of Finance, Head of HR, & Head of Communications).

The Leadership Group report into ELT and lead their departments from both a strategic and operational level. Leadership Group lead and/or participate in the meetings that feed up to the Governance committee meetings as shown in the meeting structure plan.

17. SAFE STAFFING

Staffing levels are good and remain stable with minimal vacancies across all Care & Family Services with the exception of the Inpatient Care Team. The Inpatient Care Team has the highest amount of staff turnover with a common reason for leaving being related to working a 24/7 shift pattern, the Inpatient Care Team has also had 3 staff members retire in the past 12 months.

Vacancies within the Inpatient Care Team are closely monitored by the Planned Care Services Manager, who, along with the Hospice Inpatient Managers ensure a safe skill mix, adequate staffing numbers on shift, and excellent bed management and bookings. Staffing is always 1:1 with a supernumerary shift coordinator at the very least during day shifts, and all shifts have a minimum of 2 Registered Nurses. Staffing has never dropped below this level at any point.

The WTE for Care & Family Services has increased year on year which is evidence of the growth of services:

	2021	2022	2023	2024	2025
TOTAL CARE WTE	77	90	90	96	93

We have a core group of highly experienced bank staff who provide planned and responsive shift cover where required across the inpatient unit, young adult team, and perinatal (midwifery led ante-natal group) services.

18. AUDIT

In 2025–26, Claire House enhanced its audit programme as a central part of clinical governance and quality improvement. Despite delays in launching the Vantage audit module, an interim framework maintained effective oversight. Continuous and themed audits covered medicines management, infection prevention and control, ventilation, documentation, mental capacity, medical gases, environmental safety, and safeguarding. The Clinical Governance Team tracked actions via an Audit Action Plan, ensuring progress and escalation as needed. Strong compliance was demonstrated, especially in medicines management, while IPC audits showed generally good staff knowledge with targeted improvements implemented where necessary. Audit findings informed broader improvement efforts, addressing recurring concerns through governance forums and system changes. Good practice was shared to nurture a learning culture. Overall, the 2025–26 audit programme provided robust assurance, supported CQC readiness, and improved safety, documentation, compliance, and continuous improvement. The progress made sets the stage for further audit cycle development when Vantage launches fully in 2026–27.

Participation in National Audits

In 2025/2026 there were no audits or enquiries relating specifically to specialist children's palliative care that we were eligible for. Claire House Children's Hospice are not eligible to take part in National Clinical Audits.

19. FEEDBACK FROM COMPLAINTS, COMPLIMENTS, SUGGESTIONS

19.1. You Said, We Did

Five formal complaints were received in 2025–26, all promptly investigated and satisfactorily resolved, demonstrating respectful and empathetic handling. Complaints informed targeted improvements in communication, documentation, and care processes, with actions including audits of care plans, enhanced planning procedures, strengthened handover practices, and staff training. Positive feedback from families and partners remained high, highlighting compassionate, family-centered, and quality clinical care. Compliments were actively shared across all levels to reinforce good practice and boost morale.

Overall, complaints and compliments supported organisational learning, staff development, audit processes, and assurance of responsive care, aligning with Duty of Candour, CQC standards, and a just culture—reinforcing Claire House's commitment to safe and compassionate service.

Our Family Feedback Questionnaire QR codes generated 36 responses since implementation in December 2025. Here is how our families responded and how we responded to their suggestions:

YOU SAID

Clarity on how many sessions of hydrotherapy we have and how often we could be booking them in?

WE DID

Every six months, all families are now sent confirmation of how many sessions they have and how often they can book in.

YOU SAID

Maybe matching up one or two families prior to attending Stay and Play Sessions to see who might have some things in common?

WE DID

We are currently reviewing our feedback for this and exploring the potential for informal tea and chatter drop ins to further build and strengthen relationships

19.2. Findings from our Family Feedback Survey

100% OF FAMILIES AND CARERS SAID that since being involved with our Wellbeing and Therapies team, their wellbeing has improved

100% OF FAMILIES AND CARERS rated the standard of care as 10/10

100% OF FAMILIES AND CARERS SAID they felt the benefit of their child's respite stay

80% of our young people said the social group made them feel more independent

90% of young people said our Social Group had improved their quality of life

100% OF FAMILIES AND CARERS said their child or young person benefited from & enjoyed our hydrotherapy sessions

100% OF FAMILIES AND CARERS SAID our Stay and Play and Baby Group sessions increased their circle of friendships, and helped them feel less isolated

100% OF FAMILIES AND CARERS SAID that our Stay and Play and Baby Group sessions have benefited their family's quality of life

100% OF FAMILIES AND CARERS SAID that their wellbeing has improved following counselling sessions

100% OF FAMILIES AND CARERS SAID since receiving support from our psychologist, their wellbeing has improved

100% OF FAMILIES AND CARERS SAID therapeutic sessions helped them cope better with day-to-day life

83% OF FAMILIES said psychology sessions gave them the tools to cope with difficult experiences

20. INFECTION, PREVENTION AND CONTROL

In 2025, we partnered with our local adult's hospice, Wirral Hospice St Johns, to share the expert knowledge and skills of their Infection Prevention and Control Lead Nurse. We have utilised the Hospice UK IPC templates to audit clinical areas for Infection, Prevention and Control compliance. IPC Lead Nurse engagement in the North-West Infection Prevention and Control Network meetings has identified infections with increasing prevalence across the region, which then helps us ensure our Procedures are up to date and fully embedded in day-to-day practice.

Our priority for 2026-27 is to implement the NHSE National Standards for Healthcare cleanliness (2025), to ensure our organisation is clean and safe for all to use.

We will also continue to prioritise IPC, working with the 'National Infection Control manual' and 'The Code of Practice on the prevention and control of infection by health service providers'. Ensuring all policies and procedures are up to date and in line with guidance. Audit all clinical areas for infection prevention and control compliance; monthly, quarterly, and annually.

21. EQUALITY, DIVERSITY AND INCLUSION

21.1. EDI Summary

Following the launch of its Environmental Social and Governance (ESG) Plan in 2024, Claire House made strong progress in 2025–26 in embedding equality, diversity and inclusion across services and culture.

Improved data collection shows we are reaching a higher proportion of babies, children and young people from minority ethnic backgrounds than expected, including excellent reach into the Muslim community.

Inclusive practice is embedded in day to day care. Our care team celebrated cultural and religious events such as Eid and Chinese New Year, involving children through creative activities and music. We supported families respectfully from different faiths, including making appropriate spaces available for prayer.

During the year we strengthened EDI through:

- Ongoing engagement of the EDI group and development of EDI related training
- Achievement of the Social Value Award and progress towards the North West BAME anti racism framework
- Use of Language Line for families requiring interpretation support

- Increased community engagement, including visits to groups such as Kuumba
- Significant improvement in Best Companies rankings demonstrated through our staff survey, reflecting a positive and inclusive workplace culture

21.2. Governance

Strong governance continues to be a priority for Claire House, with progress regularly reviewed at Board and Executive Leadership Team meetings and shared with colleagues through the CEO's weekly bulletin.

Key governance achievements included:

- Completion of a Digiboard governance review, with an associated action plan
- Continued transparent reporting through the publication of Annual Reports and Quality Accounts
- Ongoing focus on a skilled and diverse Board of Trustees
- Maintenance of robust ethical standards through established codes of conduct and whistleblowing policies
- Increased engagement with families, including the exploration of a Parents' Board and family drop in sessions

22. INFORMATION GOVERNANCE

22.1. Information Governance

Claire House takes our information and data governance very seriously and has undertaken the following steps in the past 12 months to ensure our policies continue to be maintained and enacted in accordance with UK GDPR regulations.

22.2. Audits/developments carried out in the following areas:

- Annual DSP Toolkit assessment underway for submission again for June 2026 – 2025 submitted with a clean bill of health.
- Regular data destruction of IT kit carried out, including physical paper-based material.
- Data retention activities as per the newly expanded policy have begun.
- Vantage development has continued, and more modules have gone live.
- Suite of DP and IG policies reviewed and updated where necessary.
- Updates made to maintain the Information Asset Register, with ROPA review next.
- SIRO and Caldicott Guardian training undertaken.
- Audits with data privacy implications completed e.g. Gambling commission 2026 audit passed.
- Business continuity/disaster recovery plans played out in desktop exercises.
- WhatsApp usage review carried out, and new acceptable use policy published.
- IG training undertaken in Care settings.
- Permissions audits underway across all CH systems and SharePoint files and folders.

22.3. Statutory/external commitments:

- Care activity and HR workforce reporting in conjunction with Hospice UK.
- Quarterly ICB care activity reports.
- Individual grant project impact reporting.

23. PARTNERSHIP WORKING

The Rapid Response Service is firmly embedded within a strong culture of partnership working and collaborates closely with a wide range of professionals and services to ensure high quality, coordinated care for children, young people and their families. This includes, but is not limited to, the Alder Hey Specialist Palliative Care Team, community children's nursing teams, perinatal and paediatric services, and wider members of the multidisciplinary team across primary, secondary and tertiary care.

The service also works in close partnership with young adult palliative care teams and adult hospices to support effective transition, continuity of care and shared expertise when care spans traditional service boundaries.

Through these collaborative relationships, the Rapid Response Team ensures care is responsive, sustainable and tailored to family need for as long as it is required. The team strives to make a meaningful difference during an extremely difficult time, supporting families to feel held, listened to and supported, and enabling them to create lasting memories with their child.

In addition, the service actively contributes to and learns from local and regional palliative care networks, promoting shared learning, service improvement and equity of access to high quality palliative care. At a national level, the team engages with professional bodies and associations, including the Association for Paediatric Palliative Medicine (APPM) and the British Association of Perinatal Medicine (BAPM), ensuring practice is informed by national guidance, emerging evidence and sector wide learning. This wide ranging partnership approach supports continuous quality improvement and strengthens the delivery of compassionate, family centred care.

24. WORKFORCE SURVEY

In February 2025, Claire House repeated the Best Companies staff survey. Results showed an improvement in overall engagement, increasing from a score of 698.3 in 2024 to 721.8 in 2025, meaning Claire House continued to be recognised as an Outstanding Employer.

Following feedback from the 2025 Best Companies staff survey, we were pleased to introduce a new Annual Leave Purchase Scheme. The scheme achieved a strong 30% uptake on launch, demonstrating the positive impact of listening to colleague feedback and taking meaningful action in response.

The 2025 survey also highlighted that some colleagues felt managers needed support to have difficult conversations. In response, we delivered a new 'Manager Essentials' programme. Additionally, feedback from the survey indicated that colleagues value opportunities to better understand the roles and work of teams across the organisation. In response, 'Care Encounters' was relaunched, providing structured opportunities for staff to shadow clinical roles and gain insight into different services and departments.

As part of our five-year commitment to the Best Companies programme, the 2026 staff survey launched on 17 March 2026 and has now closed. Analysis of the results is currently underway. Once completed, findings will be shared with teams, and action plans will be developed to ensure continued learning, development and improvement.

25. FREEDOM TO SPEAK UP

Claire House promotes an open and transparent culture where we recognise that sharing issues and concerns openly is crucial in both patient safety and the quality-of-care patients and carers receive.

We have 3 Freedom to Speak up Guardians and 3 Freedom to Speak Up Champions.

All guardians and champions have completed the appropriate training, and the guardians have established mentors in place. They meet monthly as an opportunity to check in, raise any queries or concerns, and discuss promoting the service to help minimise the barriers to speaking up. We are currently recruiting a new Trustee who will act as a champion for the FTSU Guardians at Board Level.

We have a Freedom To Speak Up policy, which was updated in 2024-25 and this emphasises the hospice's commitment to speaking up safely without fear of reprisal.

26. LONG RECOGNITION AWARDS

Our long service award scheme is now fully implemented and well valued by employees, with five colleagues reaching 10 years' service to date, a further four due to reach this milestone later in the year, two approaching 15 years' service and one colleague nearing an exceptional 25 years' service.

Rachael Hogg (Counsellor) has been at Claire House for 10 years: "It was lovely to receive a personalised letter which really made me feel appreciated and valued in my role and the organisation."

27. OUR GREEN PLAN

27.1. Green Plan

As an organisation that is supported by our community as well as serving it, we are keen to play a positive role in improving the world we live in. Not only will this help us reach more families, but also to protect the environment, play an active role in improving our society and be a transparent, well-run organisation that makes the most of all its resources.

27.2. Our Aims:

Resource Efficiency: All departments will be encouraged to know what our energy use is and optimise the use of resources, including water and energy, through efficient practices. This will include applying for grants to help fund these improvements.

Waste Reduction: Minimise waste generation and promote recycling and reuse across all operations – this will be inherently designed into the new Liverpool site and, where possible, adopted at the Wirral site. We will also seek to reduce waste and encourage recycling in our Retail department, as well as ensure our fundraising events are as sustainably run as possible.

Sustainable Procurement: Wherever possible and affordable, we'll use local companies and source materials and services that are environmentally friendly and ethically produced– we'll encourage our suppliers to do the same and endeavour to include this in our procurement policy.

Community and Education: We'll help to raise awareness about sustainability and involve staff, children, and families in our environmental initiatives.

27.3. Our Top 5 Measurements for 2025/6:

1. Introduced departmental sustainability plans (Facilities and Retail), with all other departments identifying at least two actions to reduce environmental impact.

2. Progressed the new Liverpool building design with sustainability as a core principle (fabric-first approach).

3. Improved energy and resource efficiency, including continued transition to LED lighting (15% remaining) and promoting lower-energy IT use (e.g., laptops over desktops) and reuse/recycling of equipment via accredited vendors.

4. Reduced waste and carbon impact through 'Reduce, Reuse and Recycle' activity, including a target to divert 300 tonnes of textiles from landfill and moving to recyclable bags, cutting single-use plastics by 80%.

5. Strengthened sustainable ways of working, including improved internal communications, encouraging reduction of digital storage (e.g., deleting old emails/files), and continued Green Group activity to champion actions across the organisation.

The clinical leadership team completed the environmental sustainability module to promote sustainable choices in leadership. Staff can submit ideas of any size via QR code posters, a small budget supports implementation, and all suggestions are considered.

28. SUPPORTING STATEMENTS

Supporting statement from St John's Hospice, Wirral

As Claire House hospice is only a few minutes' walk from Wirral Hospice St John's it makes sense that we work in partnership, not only as part of the Cheshire & Merseyside Hospices Together collaborative but also sharing expertise and support. Our now well-established transitions programme for young people transferring from Claire House to adult palliative care has led to Claire House becoming a member of the Wirral PEOLC Education Hub, enabling us to offer all age palliative care education, a shared Infection Prevention and Control post, and supportive relationships between counsellors and clinical and organisational leads. Claire House are supportive and enthusiastic neighbours who make a massive difference to the lives of those they touch, and we truly benefit from our close relationship.

Supporting statement from Dr Fauzia Paize, Neonatologist at Liverpool Women's Hospital:

The partnership between Claire House and the Liverpool Women's Hospital is an honour to work in and an absolute delight. Their support for parents at the most difficult of times in their life is exemplary. They should be proud of what they have achieved in the perinatal aspect of their work as the reach that they have developed is extensive and has encompassed a wide multidisciplinary team. Their work is invaluable and should not be underestimated.

Supporting Statement from NW Neonatal ODN

Claire House Children's Hospice is a valued partner within the North West Neonatal Operational Delivery Network palliative care specialist interest group, supporting the sharing of best practice, collective learning, and a unified voice for palliative care. Their expertise has been instrumental in the development and delivery of a North West wide palliative care study day, including faculty involvement and showcasing their exemplary work. We look forward to strengthening our partnership and continuing to advance neonatal palliative care over the coming year together.

Supporting Statement from Consultant in Maternal-Fetal Medicine at Liverpool Women's Hospital

Claire House have established an invaluable, effective partnership with the Cheshire and Mersey regional fetal medicine team. The Claire House team consistently join the regional MDT and are always on hand to provide advice and support for a range of complex fetal medicine scenarios facilitating truly holistic support, alongside their medical care. We know from patient and charity feedback that the partnership in our region is a stand-out example nationally of excellent perinatal support and integrated palliative care.

Supporting letter from Fiona Lemmens, Executive Clinical Director, NHS Cheshire and Merseyside ICB

NHS Cheshire and Merseyside Integrated Care Board welcomes the opportunity to review Claire House Children's Hospice Quality Account for 2025/26 and acknowledges the continued commitment of the organisation to delivering high-quality, safe and compassionate care for babies, children, young people and their families with life-limiting conditions.

NHS Cheshire and Merseyside recognise the strong progress made by Claire House in achieving the quality priorities for 2025/26. Achievements include the implementation of the Patient Safety Incident Response Framework (PSIRF), alongside a structured audit programme and strengthened approaches to care planning, all demonstrating a clear commitment to continuous learning and improvement.

We note further achievements in 2025/26, including the development of social group programmes and the growth in therapies such as music therapy, supported by dedicated facilities and increased access. The residential programme and social group offer described represent a particularly positive development, providing meaningful opportunities for children and young people to build independence, develop friendships and enhance their overall wellbeing.

We recognise the hospice's focus on delivering person-centred care, reflected in the expansion and integration of services across community, perinatal, rapid response and young adult pathways. This ensures that children and families are able to receive care in their preferred setting, supported by a responsive and flexible model of provision. Feedback from families and service users remains consistently positive, with evidence of improved wellbeing and high levels of satisfaction with the care provided. This aligns well with system priorities around care closer to home, equity of access and improved pathways between children's and adult services.

We commend the organisation's strong partnership working across the health and care system, including close collaboration with NHS providers, specialist teams and regional networks, which support coordinated care and improved outcomes for patients and families.

We value Claire House's ongoing commitment to workforce development, partnership working, equality, diversity and inclusion, and sustainability, and recognise its important role as a centre of excellence within the wider health and care system.

We welcome Claire House's identified priorities for 2026/27, including strengthening audit and assurance processes, improving feedback and co-production with children, young people and families, and enhancing the use of clinical data to support evidence-based quality improvement.

Overall, NHS Cheshire and Merseyside is satisfied that Claire House Children's Hospice is a well-led organisation delivering safe, effective and compassionate care, and looks forward to continuing to work in partnership to support the ongoing development and sustainability of its services.

Claire House
CHILDREN'S HOSPICE

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