



each

East Anglia's
Children's Hospices

East Anglia's Children's Hospices (EACH)

Quality Account

2025-2026

INVESTORS IN PEOPLE®
We invest in people Silver

Inspected and rated

Outstanding ★



Milton • The Nook • The Treehouse

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Royal Patron: HRH The Princess of Wales

Registered in England No. 03550187 • Registered Charity No. 1069284

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Our Vision, Mission and Values

Our Vision

We aspire daily to lead the way in providing world-class care for children with life-threatening conditions. Every child deserves support, alongside their families, whenever and wherever they need it.

Our Mission

To improve the quality of life and wellbeing of every child and family under our care, by providing individual and comprehensive services at all times.

Our Values

Empathy, understanding and inclusion

Understanding the views and feelings of others is central to our work relationships and how we interact daily. We actively encourage unique perspectives, backgrounds, and experiences of others, fostering an environment where all voices feel valued.

Commitment to quality

We consistently employ our best efforts and strive for the highest standards in a that we do, always looking for ways to improve.

Make it happen

We are empowered to take responsibility for getting things done.

Open, respectful and accountable

We operate in an honest, respectful and collaborative way, encourage open constructive feedback and celebrate diverse viewpoints. We are mindful of the power of our words, actions and biases, and hold ourselves accountable to ensure a safe and inclusive environment for everyone.

Part 1. Introductory statement

On behalf of everyone at East Anglia's Children's Hospices (EACH), we are pleased to present our Quality Account for 2025–2026.

This report reflects a year of continued commitment to delivering safe, effective and compassionate care for babies, children and young people with life-threatening or life-limiting conditions, and for the families who depend on us. During the year, EACH supported 590 children and young people across our services, with 441 families actively receiving support at 31 March 2026. We also continued to provide dedicated bereavement support to families, recognising that quality care extends beyond the life of a child and into the ongoing needs of those closest to them.

We remain proud that all three of our hospices continue to be rated Outstanding by the Care Quality Commission. This reflects the dedication, skill and compassion of our staff and volunteers, as well as the strength of our governance and our ongoing focus on improvement. Throughout the year, we have continued to review our services carefully, listen to feedback from families, learn from incidents and complaints, and strengthen the systems that help us deliver high-quality care.

This year has also been one of transition and development. We have strengthened leadership capacity within care, wellbeing, research and transformation, while continuing to invest in workforce development, clinical education and service innovation. These developments are helping us build a resilient and forward-looking organisation, ready to meet changing needs and extend the reach of our support.

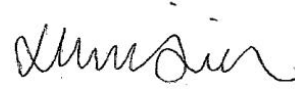
Looking ahead to 2026–2027, we are launching our new co-produced strategy, *Making More Possible, Reaching Further Together* (2026–2031). Through this strategy, we will focus on co-producing care with families, improving inclusion, making the best use of our resources, embracing digital solutions, enabling belonging, collaborating across systems and advancing children's palliative care. Our ambition is not only to sustain the quality of our services, but to grow and evolve them so that more children, young people and families can access the support they need.

We are deeply grateful to our staff, volunteers, trustees, commissioners, supporters and partner organisations for the expertise, generosity and commitment they bring to EACH.

Most of all, we thank the children, young people and families who continue to shape our services through their experience, feedback and trust.



Anna Lipp
EACH Trustee
Chair – Clinical Governance Committee



Helen Finlinson
Director of Care

14th May 2026

Part 2. Overview of EACH services, strategic objectives for 2026-2027 and statements of assurance from the board

2.1 About EACH

Organisational Overview and Registration

East Anglia's Children's Hospices (EACH) is registered with the Care Quality Commission (CQC) as a service provider under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. EACH is authorised to deliver the regulated activity of the treatment of disease, disorder or injury.

EACH is a registered charity (charity number 1069284) and operates as a Company Limited by Guarantee (company number 3550187). The organisation is governed by a Board of Trustees, which provides strategic oversight and assurance that services are safe, effective, caring, responsive, and well-led.

Governance and Accountability for Quality

The Board of Trustees retains overall accountability for the quality and safety of care provided by EACH. Quality is central to the organisation's strategic objectives and is embedded within its governance framework, which includes robust arrangements for clinical governance, risk management, safeguarding, and continuous quality improvement.

The Board is supported by senior leaders and formal governance structures that provide regular assurance on quality performance, compliance with regulatory requirements, and progress against quality priorities. This includes the review of quality metrics, feedback from children, young people and families, learning from incidents and complaints, and oversight of improvement actions.

Through these arrangements, EACH ensures that the services it provides are compliant with statutory and regulatory requirements and that there is a clear focus on improving outcomes and experiences for babies, children, young people and their families.

Our Mission

To improve the quality of life and wellbeing of every child and family under our care, by providing individual and comprehensive services at all times.

We provide a range of physical, emotional, social and spiritual support services which are offered:

- holistically
- centred on the family
- to all eligible families in East Anglia with babies, children and young people with life-threatening illnesses and complex health care needs
- across a range of settings, including the home, hospice and hospital
- by specialist staff
- with the engagement of the community.

EACH provides specialist palliative care services for babies, children and young people (BCYP), their families, and those significant to them. Access to services is based on clearly defined eligibility criteria to ensure equity, safety, and appropriate use of specialist resources.

BCYP are eligible to access EACH services where:

- The BCYP has a life-threatening or life-limiting condition and may benefit from palliative care input, which is tailored to their needs. The Guide to Paediatric Palliative Care in the East of England (2025) and the British Association of Perinatal Medicine Palliative Care – Recognising uncertainty: an integrated framework for palliative care in perinatal medicine (2024) provides more information.
- The BCYP is less than 18 years of age.
- The BCYP or family live in Norfolk, Suffolk, Peterborough, Cambridgeshire and North and West Essex. There is an agreed pathway with Keech Hospice Care to provide care on an individual basis to families living in North and East Hertfordshire.

Eligibility decisions are made through a structured referral and assessment process, ensuring care is responsive, equitable, and focused on improving outcomes and experiences for BCYP and their families.

In exceptional circumstances, EACH may offer a service to BCYP and families who live outside these areas, if deemed safe to deliver the care required and there is no other service available to meet the family's need.

The needs and goals of young people referred aged 16 years and over are considered on an individual basis. They are eligible for a service if they are entering the final phase of their life and there are no alternative services available to match their choice of place of care.

Families bereaved of a BCYP who died as a result of a life-threatening/life-limiting condition, not previously known to EACH before their death, are eligible for bereavement support from EACH.

EACH delivers care and support wherever it is needed to meet the individual needs of BCYP and their families. Services are provided in the family home, within hospital settings, across the wider community, and at EACH's three hospice sites: EACH Milton (Cambridgeshire), The Nook (Norfolk) and The Treehouse (Suffolk).

Care is delivered by a hospice-based multidisciplinary team, including nurses, care assistants, therapists, and the symptom management nursing service. This clinical workforce is supported by dedicated administration and facilities teams, ensuring the safe, effective and coordinated delivery of care.

Staff are appropriately trained and supported to deliver high-quality, compassionate care across all care settings, enabling services to remain flexible, responsive and centred on the needs and preferences of BCYP and their families.

EACH Wellbeing Service – Overview

The EACH Wellbeing Service operates across the three hospices, delivering multidisciplinary psychological, emotional, and practical support to children, young people, families, and staff.

Teams are led by Locality Wellbeing Leads who provide clinical input, leadership, and supervision.

Support is needs-led and tailored, beginning with holistic assessments and continuing through a flexible range of interventions, including counselling, therapies, family support, and spiritual care.

A key priority is end-of-life and bereavement care, with timely, compassionate support for families and staff, including memory-making activities and structured debriefs.

The service also delivers groups and events (225 annually, reaching over 4,000 attendees), alongside training and education for internal staff and external partners.

Strong partnership working with NHS services, schools, and other agencies ensures coordinated care, while volunteers play a vital role in delivery.

All activity is regularly audited and evaluated, supported by robust supervision and governance processes.

The service is central to the 2026-2031 Care Strategy, with ongoing development including new leadership roles, expanded counselling capacity, and plans to strengthen Spiritual Care provision.

[Please refer to Appendix 2 for Wellbeing Service data.](#)

Clinical Education – Overview

The Clinical Education Team provides a centralised function that supports the delivery of safe, effective, and high-quality care across EACH. It is responsible for establishing and maintaining robust systems for clinical training, competency assurance, and professional development, ensuring practice remains aligned with organisational standards, regulatory requirements, and evolving service needs.

The team delivers a structured and responsive education model, combining core programmes with flexible, needs-led learning. This includes the use of competency frameworks, practical skills development, and targeted education in response to identified risks or emerging themes, enabling continuous improvement in clinical practice.

A key focus of the service is workforce development and sustainability. The team supports clear development pathways from student placement through to qualified roles and advanced practice, contributing to the growth of a skilled and resilient workforce. This includes oversight of apprenticeships, preceptorships, and internal progression opportunities.

In addition, the team plays an important role in coordinating clinical placements and delivering external education, strengthening collaborative partnerships and contributing to the wider system's capacity in paediatric palliative care.

Through ongoing evaluation, governance processes, and alignment with national standards, the Clinical Education Team ensures that education and training remain effective, proportionate, and responsive to both organisational priorities and the needs of children, young people, and families.

The Clinical Education Team has delivered a range of training over the past year, including core clinical skills such as medication management and long-term ventilation, Positive Behaviour Support, and Palliative End of Life Care (PEOLC) and resuscitation training. In addition, programmes such as Oliver McGowan training, incident-led education, and internal development and apprenticeship pathways have supported ongoing staff development and safe, high-quality care delivery.

2.2 Strategic overview and objectives for 2026-2027

Spring 2026 marks the completion of the organisation's four-year strategy, Stepping Forward (2022–2026). The next phase of development will be guided by the new five-year strategy, Making More Possible, Reaching Further Together (2026–2031), which is due for launch in June 2026 during Children's Hospice Week. This strategy has been formally approved by the Board following a comprehensive programme of engagement with families, staff, and key partners.

Making More Possible, Reaching Further Together (2026-2031) establishes the strategic framework for strengthening organisational capacity and capability over the next five years. It outlines the infrastructure and investment decisions required to ensure the organisation is equipped with the workforce, training, equipment, digital technology, and physical environment necessary to deliver safe, effective, and high-quality care.

Delivery of care priorities will continue to be led by the EACH Care Senior Leadership Team (SLT–Care). Progress against these priorities is subject to robust oversight, with regular monitoring through the Clinical Governance Committee and the Management Executive. Formal assurance is provided to the Board through quarterly reporting, supporting effective governance, accountability, and continuous improvement in the quality of care provided.

In line with our Making More Possible, Reaching Further Together strategy (2026-2031) our strategic objectives in 2026-2027 are:

2026 -2027 Strategic Objectives	Desired outcome
Objective 1 We will co-produce care.	<ul style="list-style-type: none"> ● Setting up a co-production framework and family engagement group. ● Implementing co-production training.
Objective 2: We will be inclusive.	<ul style="list-style-type: none"> ● Reviewing the referral pathway and introduction of new national categories of children’s palliative care. ● Extending the discharge age of siblings to 18. ● Review transition of care approach for young people aging out of the service to improve transition experiences. ● Establishing an inclusive model of spiritual care. ● Develop inclusive communication strategy and policy.
Objective 3 We will do more with what we have.	<ul style="list-style-type: none"> ● Completion of a care capacity project and listening study. ● Development of a new model for the use of the hospice pools. ● Establish a model of care volunteer support.
Objective 4 We will transform care with technology.	<ul style="list-style-type: none"> ● Recruitment of a Business Intelligence Manager to support data driven operations and impact reporting. ● Commencement of care app co-production.

	<ul style="list-style-type: none"> Establish a new reporting system. Establish a new digital family feedback system.
<p>Objective 5 We will enable belonging.</p>	<ul style="list-style-type: none"> Reviewing the structure, resource and provision of Groups and Events. Develop a care Equity, Diversity and Inclusion (EDI) strategy. Review our translation and interpreter provision. Launch a community connector role for Peterborough.
<p>Objective 6: We will collaborate.</p>	<ul style="list-style-type: none"> Engaging in new ICB cluster networks and hospice collaboratives. We will map perinatal, neonatal and paediatric acute hospital engagement opportunities.
<p>Objective 7 We will advance children’s palliative care.</p>	<ul style="list-style-type: none"> Developing a research strategy. Explore the scope and reach of the EACH library service. Explore the ACP role.

We make these commitments to our staff, partners, supporters and customers.

- We will operate in a way consistent with the EACH Values.
- We will communicate clearly and transparently.
- We will respond quickly and effectively when called upon.
- We will ensure careful stewardship of our finances, relentlessly focusing on frontline service delivery.

2.3 Statements of assurance from the board

In accordance with Quality Account requirements, the following statements are included as mandated for all healthcare providers. Given the specialist nature of EACH’s paediatric palliative care services, some statements are not directly applicable; where this applies, explanatory context is provided to support interpretation.

The Quality Account for 2025–2026 will be subject to formal review and approval by the Board, with endorsement scheduled for July 2026.

2.3.1 Review of services

The EACH Strategic Leadership Team for Care has reviewed all the data available to them on the quality of care when compiling this report.

During 2025-2026, EACH provided the following services to BCYP and families living in Norfolk, Suffolk, Cambridgeshire, including Peterborough, and North East, Mid & West Essex:

- 24/7 End-of-life care
- 24/7 Symptom management advice and support
- Long-Term Ventilation support
- Expert nursing care and short breaks
- Universal level emotional health and wellbeing support for all family members and those important to them, before and into bereavement
- Mental health interventions, including counselling, family therapy, music and art therapy and specialist play
- Physical therapies, including occupational therapy, physiotherapy and hydrotherapy
- Family events and activity opportunities
- Transition support with signposting and introductions to adult services
- Practical help in the family home through the Help at Home volunteers' service
- Spiritual care.

EACH responds flexibly ensuring that care and support for families remains a priority, regardless of care setting, with care offered at home, in the community or at one of our hospices.

We also utilise digital technology to support the delivery of clinical, mental health, and wellbeing interventions for children, young people, and their families. This includes a range of virtual consultations, groups, and activities, enabling greater flexibility and accessibility of support.

These virtual offers form part of a blended model of care, complementing an established programme of face-to-face provision across our sites. In-person activities include band practice, carers' evenings, support groups, coffee mornings, open garden events, Christmas shows, and Winter Wonderland. Together, this approach ensures families are able to access support in a way that best meets their needs and circumstances.

Managed Clinical Network (MCN)

EACH hosts the East of England Children's Palliative Care (MCN), bringing together specialist, hospice, hospital, neonatal, and community providers to support the coordinated delivery of children's palliative care across the region.

The MCN consists of:

- One Children's Palliative Care Specialist Team
- Five Children's Hospice Services
- One Tertiary Centre
- One Children's Hospital
- Three Level 3 Neonatal Intensive Care Units (NICUs)
- Fifteen District General Hospitals
- Seven Community Nursing Services.

The MCN Mission is:

- For every life-limited baby, child or young person and their family to access the care they need in the right place at the right time, both before and after the death of the child.
- To enable progress and development in palliative care through education and collaboration; sharing skills and knowledge to support professionals to act as advocates and provide high-quality care.
- To provide specialist clinical advice and support for professionals across the East of England 24/7.

The MCN plays a central role in enabling consistent, high-quality care, providing 24/7 access to specialist clinical advice alongside education, shared learning, and collaborative service development. This supports professionals across the system to deliver care that is responsive and aligned to the needs of children, young people, and their families.

During 2025-2026, the MCN continued to strengthen regional integration and capability. Key achievements included progress in developing a hub and spoke model of medical provision, expanding access to specialist expertise across the region, and the establishment of a Wellbeing workstream, marked by the first regional conference for wellbeing and supportive care practitioners.

The Network maintained its focus on education and knowledge exchange, delivering masterclasses, a regional nursing practice day, and a programme of monthly journal club sessions. In addition, the annual point prevalence survey was completed for the fourth consecutive year, providing valuable data to inform service planning and strategic development.

Through ongoing collaboration and shared leadership, the MCN continues to improve equity of access, clinical consistency, and system-wide capability in paediatric palliative care across the East of England.

Funding

EACH operates within a mixed funding model, combining statutory funding with significant voluntary income generation to support service delivery.

Statutory funding is received from NHS England, Norfolk County Council, and NHS Integrated Care Boards across Norfolk & Waveney, Suffolk & Northeast Essex, Cambridgeshire & Peterborough, Mid & South Essex and Hertfordshire and West Essex. This contributes approximately 15% of total organisational income, with the remainder sourced through charitable activity.

Voluntary income is generated through a diverse range of streams, including donations, fundraising, charitable trusts, gifts in Wills, and retail and online sales.

This model reflects the ongoing reliance on community and charitable support to sustain and develop services for children, young people, and families.

2.3.2 Participation in national audits

There were no national clinical audits that EACH were eligible to participate in in 2025-2026.

In January 2026, we submitted a combined response for the East of England to a request from Together for Short Lives to evidence how we are meeting the requirements of the Modern Service Framework - an essential component of the 10-Year Health Plan commitment.

EACH submitted workforce and activity information to Hospice UK for their annual service activity and demographic data collation.

2.3.3 Statement: participation in local clinical audits

EACH has an annual programme of local clinical audits. Oversight and scrutiny of the programme is provided by the Clinical Governance Committee of the Board.

Audit outcomes and improvements summary

The following table shows the audits carried out by in 2025-2026 and key improvements made:

Audit Area	Key Improvements Made
Clinical Safety Alerts	Centralised audit reporting implemented; future audits delegated to administrative leadership.
Controlled Drugs (CD)	Staff guidance reinforced on CD documentation requirements via Medicines Matters publication.
Medicine Management	Good practice shared; strengthened training on PRN handover and reconciliation.
Infection Prevention and Control (IPaC) - Hand Hygiene	Sustained compliance through ongoing audits and champion-led promotion.
IPaC – Environmental (Hospice Buildings)	Improvements to cleaning regimes, equipment, and storage; ongoing estates enhancements.
Actions from Safeguarding Supervision	Continued supervisory model maintained with internal and external oversight.
Resuscitation – Episodes of Resuscitation and Status and Documentation	SystemOne templates improved; training updated; clearer processes for care planning discussions.
Moving and Handling – Risk Assessments	New risk assessment implemented; stronger focus on pre-admission planning and training compliance.
Consent – Documentation	Records reviewed and updated; improved oversight of sharing preferences.
Paediatric Early Warning System (PEWS)	Training enhanced; key learning disseminated to staff.
Care Records – Care Plans	Documentation streamlined; standardisation work underway.
Transporting Service Users	Training updated and embedded into mandatory programme.
Bed Rails & Safety	Ongoing improvements in staff awareness and risk assessment processes.
SystemOne records accessed for non-current service users	Regular audits established; monthly oversight by Data Protection Officer.

EACH Quality and Safety Framework

EACH's Quality and Safety Framework provides structured oversight of care quality through five specialist groups covering medicines management, infection prevention and control, clinical practice, care records, and physical therapies. These groups meet quarterly, with representation from all hospices, to review risk, safeguarding, and practice standards, ensuring care remains evidence-based and aligned with best practice.

Findings and recommendations from this work inform continuous improvement and are reported through established governance structures, including the Quality and Safety Senior Leadership Team, Audit, Risk and Compliance Committee, and Clinical Governance Committee. Learning from audits is shared across the organisation to support ongoing improvements in the safety and quality of care delivered.

Trustee Quality Visits

The Board of Trustees undertakes a programme of quality visits across all hospice sites to provide independent assurance on the standard of care delivered. Visits are conducted on a rotational basis by two Trustees and are guided by a structured framework adapted from the NHS 15-Step Challenge.

These visits involve observation of care practice and engagement with children, young people, families, staff, and volunteers to gain insight into the lived experience of services. Findings are reported through a formalised process, with immediate feedback shared locally and recommendations considered through the Clinical Governance Committee to support continuous quality improvement.

Feedback-driven improvements by location

Location	Summary of improvements
Milton	Actions taken to strengthen safeguarding, communication, and staff guidance. Improvements made to food safety monitoring and team coordination.
The Nook	Ongoing review of staffing models and service delivery. Enhancements to environment, resources, and responsiveness to feedback, alongside improved workforce planning.
The Treehouse	Work underway to streamline admissions and reduce unnecessary paperwork. Plans to improve family facilities and strengthen visibility of clinical leadership.

Integrated Care Board (ICB) Quality Visits

We welcome visits from our ICB partners to review and evaluate EACH processes. EACH values a collaborative relationship and wishes to strengthen these across the East Anglia region. Quarterly meetings occur between key staff to discuss hospice activity and performance data, funding and future developments.

A visit was held at Milton in June 2025, and the following recommendations were noted:

- Consider co-production with families to streamline admission process.
- Promote clarity around grant-funded roles and transition activity.
- To continue working with the infection prevention and control team at Cambridgeshire Community Services (CCS) to ensure robust and balanced risk assessments are in place.

2.3.4 Participation in clinical research

During 2025–2026, EACH has continued to develop its research activity, strengthening its contribution to evidence-based paediatric palliative care. The appointment of a Lead Research Nurse has enhanced organisational capacity to identify, coordinate, and support research participation.

Governance arrangements have been formalised through the establishment of a Research Operational Committee, with approved policies and procedures to ensure research is conducted safely, ethically, and in line with best practice.

EACH has participated in a number of regional and national research studies, primarily supporting recruitment as a Participant Identification Centre. These studies have explored key areas including mobility, neurological conditions, transition to adult services, and medical complexity. The organisation has also contributed to research surveys and national studies to inform service development and clinical practice.

External collaboration has been strengthened through links with academic institutions and regional and national research networks. In addition, EACH secured National Institute for Health and Care Research (NIHR) funding to support ongoing research activity and future development.

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

There were no CQUIN payment frameworks applied to EACH this year.

2.3.6 What others say about us

Care Quality Commission

EACH is registered with the Care Quality Commission (CQC) and the CQC rated each of the three hospices as Outstanding in 2020. There were no CQC inspections during this reporting period. The registered managers maintain regular proactive dialogue with the CQC as required.

External Professionals, Organisations and Students – examples of feedback

“Please may I offer my thanks to the EACH team who provided on-call support for ward nurses over the weekend - this was very much appreciated by all”. – *External Professional*

“Many thanks for your update, I am so pleased that both parents were present. Please can I take this opportunity in thanking everyone for their support for BCYP and family, not only over the recent weeks but all throughout BCYP long battle”. – *External Professional*

“Thank you to everyone for facilitating parent's wishes and allowing them time with X at home. – *External Professional*

“Thank you so much for hosting the moving and handling refresher course yesterday”. – *External Professional*

“I would be very likely to recommend EACH as a learning placement. The supportive environment, diverse learning opportunities, and compassionate approach to care provided such a valuable experience that helped me grow both personally and professionally. I cannot thank the staff enough for all they did to help my time at EACH. Everyone was lovely to work with and the staff encouraged me to take appropriate responsibility for a patient in a way that enhanced my learning without ever making me feel uncomfortable or out of my depth! Thank you so much!”. – *Nursing Student*

“Thank you everyone for supporting BCYP and family, fully appreciate that it has been a prolonged and challenging journey”. – *External Professional*

2.3.7 Data quality

Good data quality and information management is essential to delivering high quality care. The Information Governance Policy and procedures provide the framework to ensure it is an integral part of EACH’s governance arrangements. Work was completed to ensure compliance with the Data Protection Act 2018, the National Data Opt-Out Programme and the Data Security and Protection Toolkit.

NHS Number and General Medical Practice Code Validity

During 2025-2026, EACH did not submit records to the Secondary Users Service for inclusion in the hospital episode statistics which are included in the latest published data. This is because EACH is not eligible to participate in this scheme.

Data Security and Protection Toolkit Attainment Levels

EACH attained the standards required in the NHS Data Security and Protection Toolkit for 2025-2026, we also attained DCB1596 for Secure email.

2.3.8 Clinical coding error rate

EACH was not subject to the Payment by Results Clinical Coding Audit during 2025-2026 by the Audit Commission.

Part 3. Review of activity and quality performance

During 2025–2026, EACH was involved in registering 590 children and young people across its services. This figure includes all accepted referrals and those where information, advice, or signposting was provided, recognising that not all referrals progressed to ongoing care due to eligibility criteria.

At 31 March 2026, 441 families with a lead child or young person were actively receiving support from EACH services. Throughout 2025–2026, 2441 short breaks were delivered in total. Of these, 769 sessions were provided at Milton, 1099 sessions at The Nook, and 573 sessions at The Treehouse.

In addition, EACH continued to provide dedicated bereavement support, with 107 bereaved families (including 134 individual family members) receiving targeted therapeutic interventions at this point in time. Over the course of 2025–2026, a total of 170 bereaved families and 250 individual family members accessed bereavement support.

These figures reflect the organisation's ongoing commitment to providing both active and bereavement care tailored to the needs of children, young people, and their families.

During 2025–2026, EACH received 146 referrals, of which 12 (8%) did not meet eligibility criteria. In all cases, feedback was provided to the referrer and, where appropriate, individuals and families were signposted to alternative services for support.

EACH will continue to review referral activity, and during 2026–2027 will undertake further analysis of referral sources for those not meeting eligibility criteria. This will support the identification of any trends and inform targeted engagement or education to improve understanding of referral pathways and criteria.

There was a total of 63 deaths on the EACH caseload during the year.

Hospice site breakdown of referrals, deaths and lead child involvement 2025-2026

	Milton	The Nook	The Treehouse	Total	Change from 2024-2025 total
New referrals for the year	60	40	46	146	-23%
Deaths during the year	26	19	18	63	+31%
Lead children for the year	215	202	173	590	+3%

3.1 Review of progress against 2025-2026 Strategic Objectives

<p>Objective 1 Voice of service user To develop a family feedback mechanism ensuring the voice of the child/young person and family is heard and has direct influences over service delivery and development.</p>	<p>Desired outcome Feedback opportunities available enabling a consistent and regular reporting route for evidencing how family and service user feedback informs service delivery with measurable outcomes.</p>
<p>Progress: During 2025–2026, progress has been made against the objective to strengthen family engagement and ensure feedback is more representative of the wider population of families using EACH services. Recognising the limitations of traditional hospice family forums, an alternative approach was considered, engaging families within existing groups and events where participation is higher. This has enabled more inclusive and meaningful engagement, with members of Locality Leadership Teams directly gathering feedback and sharing updates. Additional improvements in feedback mechanisms have been embedded, including the introduction of QR-enabled posters and postcards, providing families with accessible routes to share confidential feedback. Responses are routinely reviewed, with actions identified and monitored through operational leadership structures. The Making More Possible, Reaching Further Together strategic plan (2026-2031) has prioritised the development of a co-production framework for year 1. This includes plans to</p>	

establish a Family Advisory Group, ensuring that service development is informed by lived experience and aligned with a trauma-informed approach.

Objective 2

Invest in people

Recruit and retain a skilled workforce. Development of an EACH career pathway for care roles, ensuring streamlined access to role-specific development opportunities.

Desired outcome

- Implementation of education strategy regarding growing our own staff, e.g. Nurse Apprenticeship, Nurse Associate and Nurse Preceptorship Programmes.
- A strategic plan for volunteer services within care.

Progress:

During 2025–2026, continued progress has been made against the objective to strengthen workforce sustainability and enhance the contribution of volunteers within service delivery.

Development of internal workforce pathways has been maintained, with a focus on supporting progression into registered roles and embedding structured preceptorship opportunities for newly qualified staff. This approach supports the long-term ambition to grow a skilled, sustainable workforce from within the organisation.

Volunteer services have also continued to develop, both in supporting families within the home and enhancing the hospice environment. Pilot activity to broaden volunteer roles within care settings has demonstrated positive impact, and further consideration is being given to extending this model more widely.

These developments will continue to be advanced through the organisation's wider workforce and volunteer strategies, with a focus on sustainability, quality of care, and improved experience for children, young people, and families. The Making More Possible, Reaching Further Together strategic plan (2026-2031) has highlighted the need for an established model of care volunteer support, and this work will commence in year 1.

Objective 3

Wellbeing

Development of a strategic plan for wellbeing.

Desired outcome

Implementation of the Wellbeing Strategic Plan.

Progress:

During 2025–2026, progress against this objective has been limited due to vacancies in Locality Wellbeing Lead roles, which impacted the pace of service development and implementation of previous review recommendations.

These posts have now been successfully filled, providing increased leadership capacity and creating a stronger foundation for future improvement. The organisation's Making More Possible, Reaching Further Together strategic plan (2026-2031) will set out the next phase of development, including the establishment of a more inclusive model of spiritual care, the introduction of two-yearly holistic assessment and eligibility reviews, and the development of a more coordinated approach to bereavement support within local communities.

Together, these actions will support a more consistent, equitable, and responsive Wellbeing service.

Objective 4:

Sustainable resource

Develop capacity and demand modelling to influence future staffing establishment and wider care resources.

Desired outcome

- Robust staffing model which is responsive to the fluctuating demand of personalised approach to palliative care.
- LTV educational programme for regional professionals to access.
- Fully integrated transition role with network links to all adult service stakeholders.
- Designated research nurse and development opportunities to participate in research.
- Sustainable care environments and buildings fit for the future.
- Sustainable statutory income.

Progress:

During 2025–2026, progress has been made against the objective to improve service responsiveness, capacity, and sustainability. The service has continued to operate flexibly to meet demand, with effective prioritisation ensuring that all end-of-life care needs were met.

Work has advanced to better understand and optimise workforce capacity, including analysis of staff utilisation, which will inform further development through the Making More Possible, Reaching Further Together strategic plan (2026-2031). This includes a planned care capacity project and strengthened data capability to support future planning and decision-making.

Specialist areas of provision have been maintained and developed, alongside the establishment of key roles to enhance service delivery, including transition and research functions. In addition, progress has been made in improving the hospice environment, with capital investment underway to expand and enhance facilities.

Engagement with statutory partners has also continued to support the longer-term objective of establishing a more sustainable funding model. Together, these developments contribute to a more responsive, resilient, and future-focused service.

3.2 Additional quality indicators we have chosen to measure

In the absence of a national minimum dataset and nationally agreed indicators of quality for children’s palliative care, EACH monitors service user experience, clinical effectiveness and patient safety by reporting:

- Complaints and concerns
- Commendations
- Incidents and accidents
- Staff knowledge, skills and practice development, including scholarly activity, involvement in clinical practice development activities and compliance with professional education and training requirements
- HR indicators (sickness absence, vacancies and staff stability for care department staff).

3.2a Complaints and concerns

EACH considers any expression of dissatisfaction, whether verbal or written, to be a complaint or concern. All feedback of this nature is taken seriously and recognised as an important opportunity to learn and improve the quality of care provided.

All concerns and complaints are subject to a structured investigation process, with the aim of achieving a timely and appropriate resolution. Individuals are kept informed throughout, including the process, outcomes, and any actions taken as a result. Learning identified is shared across the organisation to support improvements in practice and service delivery.

A summary of complaints is included within this Quality Account, with more detailed analysis reported through quarterly performance reports and shared with Integrated Care Board partners as part of routine oversight.

During the reporting period, the complaints policy was reviewed and strengthened. This included the introduction of Director of Care oversight in the allocation of investigators to support greater independence, transparency, and consistency in the management of complaints.

Number of BCYP/family member-related concerns/complaints:

Service	2025-2026
The Nook	11
Milton	5
The Treehouse	4
Total	20

The Operational Leadership Team recognises the busiest locality, The Nook, has received a higher number of complaints. This is understood within the context of the continuing care services delivered from The Nook, where families are appropriately encouraged by the commissioner to raise concerns and share feedback openly and in a timely manner.

These discussions are actively supported through regular review meetings involving families, EACH, and the Integrated Care Board (ICB). This approach promotes transparency, early resolution of issues, and shared learning, and reflects a positive culture of openness and partnership working rather than an indicator of care quality concerns.

Following a successful 12-month pilot at The Nook, a second Care Manager post, has now been implemented across all three hospice sites. This has strengthened day-to-day management and leadership presence on the care floor, alongside increased support from the Clinical Education Team.

The enhanced visibility and accessibility of Care Managers may partly explain a decrease in recorded complaints (n=33, 2024-2025), as they are well-placed to engage with families, discuss concerns, and explore feedback in real time. This proactive approach supports a low threshold for raising concerns, with Care Managers encouraging appropriate use of the incident reporting system to ensure issues are captured early, addressed promptly, and used constructively for learning and improvement.

Themes of CYP/family member-related concerns and complaints in 2025-2026

Theme	Milton	The Nook	The Treehouse	2025-2026
Standards of care	2	5	2	9
Other	2	3	1	6
Communication	1	1	0	2
Staffing levels	0	1	0	1
Safeguarding	0	1	0	1
Eligibility	0	0	1	1
Amount of care and support	0	0	0	0
Total	5	11	4	20

Those marked as 'other' included the following:

- A service user's parent and carer entered the family end unsupervised without knocking or checking whilst a family were resident with their child who was receiving end of life care.
- Complaint received regarding the length of admission which took 3 hours.
- During EACHFEST a band performed a cover song that contained inappropriate lyrics.
- Complaint received regarding a Subject Access Request (SAR).
- A concern was raised after an item of clothing was not returned following a stay at the hospice.
- Parent felt unsupported when directed to take their child to hospital for a medical review as per the escalation plan.

Examples of changes to practice from the complaints include:

- A review of the complaints policy and procedure for Care including Director of Care oversight of investigator allocation to improve impartiality of complaint process and how we communicate our response with families.
- New Subject Access Review (SAR) training and guidance now in situ to support SAR requests.

3.2b Commendations

EACH received over 103 recorded commendations throughout the year, including from families about various elements of the service. The following are a sample of some of the commendations received. Locations of care have been removed, and details anonymised to protect the privacy of the families.

End of Life Care

"Thank you for all the wonderful care you gave to our precious grandchild and family. We will be forever grateful for all your compassion and kindness at all times, during the very sad journey we had to travel. Forever grateful". - *Family member*

"Just to pass on lovely words - both Mum and Dad were very complimentary of the care provided by the EACH team. They said your team have been incredible at supporting the family and facilitating X's wish to die at home. They said that your whole team were amazing and they feel they can't praise you enough". *Bereaved Family*

"Many thanks for the extra hours you have been able to offer us whilst in hospital it has been very helpful in allowing me a bit of time and space to get out of the hospital room for a bit of rest and recharge". - *Family Member*

Memory Day

“There is nothing I would change about the event today, it's been perfect. Our loss was very recent so this is the first Memory Day we've experienced & it has surpassed expectations for us. We'll come again for sure”. – *Bereaved family*

Help at Home Service

“Our volunteer has been amazing. Please thank him so much for me, it has made a huge mental difference” – *Family member*

“I wanted to say how wonderful X has been, she has absolutely transformed the outside of my house, garden and garage. She has gone over and beyond at every opportunity, she is so hard working and my house looks better than it ever has done! X is a wonderful listening ear, she kind, sympathetic and friendly. I feel so lucky to have had her support. Thank you so much to X and the volunteer aspect of EACH. It has reduced a massive burden from my shoulders”. – *Family Member*

“It's been a total game changer for us. A few hours of support may not seem like much to some people but it is truly enough to make a difference. I wish every family could have a volunteer like we've had.” – *Family member*

“Thank you so much for all your hard work on the outside of my house, you have transformed it! It has honestly never looked better. I admire the sheer amount of hard work and time you have put in. I will do my best to try and maintain it! You have been a wonderful support. Thank you so much”. – *Family member*

Wellbeing groups and activities

“I also just wanted to say I've really enjoyed Create again as always, I'm so grateful to you for running such a wonderful group with amazing activities, it always brings me so much joy and I love learning all the new things you teach us or the fascinating facts you always have, so thank you.” 😊 – *Family Member*

“Pure joy! It was such a wonderful experience. The signing, the multi-sensory approach and the company were extremely personable and evidently knowledgeable about working with children with additional needs. The staff were their usual amazing selves and were very caring and had the usual warm welcome”. – *Family Member*

“Firstly, I just want to say, thank you for arranging the Mocktail night. It was so nice to get out and not be just mum for one night. It also made a change for it not to be a sit round a table and talk event just like you do at toddler groups sometimes”. – *Family Member*

“Yesterday was YP’s first time at the sibz group, they loved their time and felt very supported by the team who were supportive for the YP and also mum who stayed with the lead child on the care floor and said that the care floor felt so welcoming, hearing the 2 teenage young people giggling and doing karaoke was a joy and seeing the PAT dog was lovely and her son really enjoyed seeing the dog which has created a lovely memory for her she described the whole day as pure magic”. – *compliment given to staff member by a parent*

Short Break Care

“Thank you so much for the lovely photos and thank you to all the staff at the weekend for making X’s stay possible despite the staffing issues. Much appreciated”. – *Family Member*

“I just wanted to email to say thank you for our self-care visit. We had a lovely time and most importantly I think X felt very content to be there, something that feels quite rare at the moment. He really enjoyed the craft activities and time in the snug watching a movie. I got to read a couple of chapters of a book which ticked my self-care box. Thank You also for the lovely lunch”. – *Family Member*

We currently have a total of [104 different family stories and 18 service-based films on our website](#). All contain very powerful and personal commendations about the services children, young people and families have received.

3.2c Incidents Reporting and Learning

EACH continues to promote a positive and proactive approach to incident reporting, underpinned by a strong organisational learning culture. All staff are encouraged to report incidents to support transparency, continuous improvement, and the delivery of safe, high-quality care.

Incidents are classified by type and severity using a standardised traffic light system: red (catastrophic), amber (major), yellow (moderate), and green (minor). Incidents rated as amber or red are routinely escalated and reported to both the Management Executive and the Board’s Clinical Governance Committee to ensure appropriate oversight and assurance.

Service user clinical incidents are categorised across a comprehensive range of areas, including care planning, clinical interventions, communication, consent, confidentiality, documentation, emergency protocols, infection prevention and control, manual handling, medication management (including controlled drugs and homely remedies), pressure care, resuscitation, and self-harm.

All incidents are subject to scrutiny through established governance structures. Specialist groups review incidents relevant to their area of expertise, including the Medicines Management Group,

Infection Control Group, and Information Governance Management Group, ensuring robust oversight and thematic analysis.

Clinical incidents and accidents are reviewed on a weekly basis by the Care Operational Leadership Team. This facilitates timely identification of learning and supports the consistent sharing of insights across teams. Learning is disseminated through a range of mechanisms, including daily team briefings, organisational newsletters, clinical meetings, and targeted training.

Trends in incidents, alongside associated outcomes, learning, and resulting changes to practice, are monitored on a quarterly basis by the Senior Leadership Team for Care and the Clinical Governance Committee. This oversight ensures that learning is embedded, improvements are sustained, and patient safety and quality of care continue to be strengthened across the organisation.

Service User Incidents - 1 April 2025 – 31 March 2026

During 2025–2026, a total of 215 incidents were reported, 214 of which were rated green or yellow, including 63 incidents related to medicines. There were no red (catastrophic harm) incidents, but one incident was coded as orange (major harm).

There were two notifiable Controlled Drug (CD) incidents reported which included a missing CD dose in a BCYP's home and a CD spillage.

During the reporting period, three safeguarding incidents were recorded. All were managed in line with established incident reporting and investigation processes, with full details and associated learning captured in quarterly performance reports shared with Trustees and Integrated Care Boards (ICBs).

There were no resuscitation incidents identified in 2025-2026.

Major harm Incident - Overview

A child/young person (CYP) sustained a thermal burn injury following the application of a heated wheat pack to the lower abdomen over clothing. The injury resulted in hospital admission and a referral to plastic surgery. The incident highlighted risks associated with non-pharmacological interventions in children with complex needs.

Safeguarding and External Review

The incident was referred to the Local Authority Designated Officer (LADO) in line with safeguarding procedures. Conclusion: No further safeguarding action required. While safeguarding thresholds were not met, the incident necessitated organisational learning and quality improvement actions.

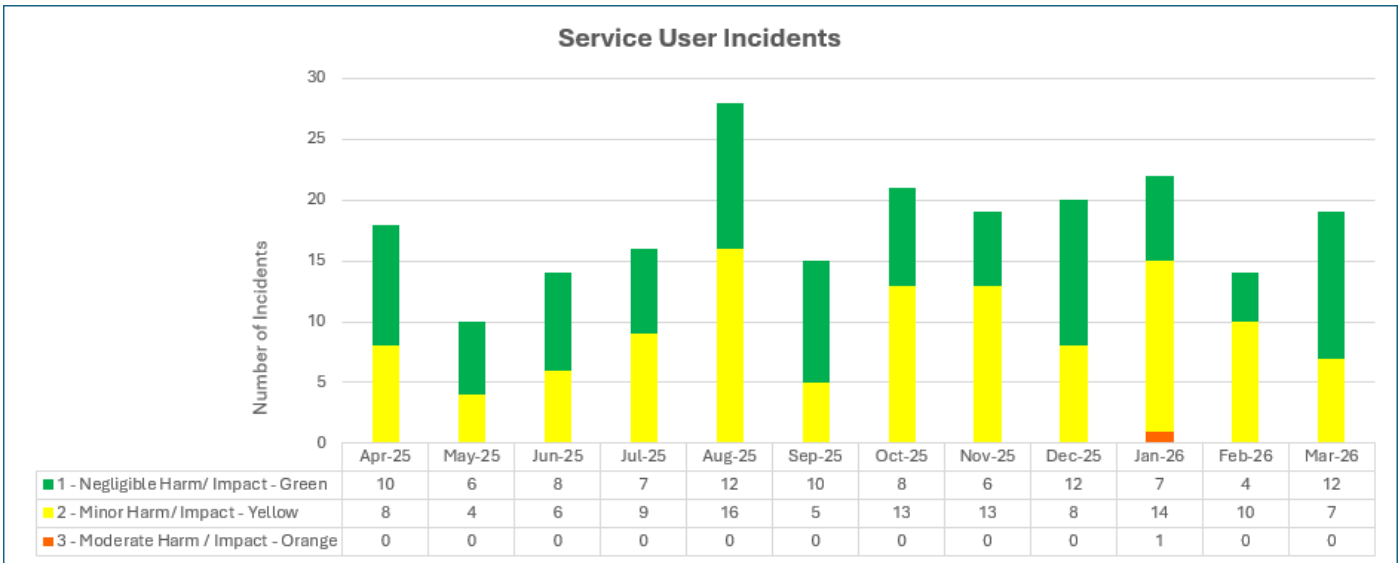
Key Risks Identified:

- Unsafe application of heat therapy for vulnerable children.
- Increased risk for CYP with sensory impairment, neuropathy, communication difficulties, or complex disabilities.
- Inconsistent staff knowledge and first aid training for burns.
- Gaps in incident management training.
- Inadequate documentation within care plans (pain management, hygiene, menstrual care).
- Insufficient visibility of clinical guidance for staff.

Actions and Recommendations:

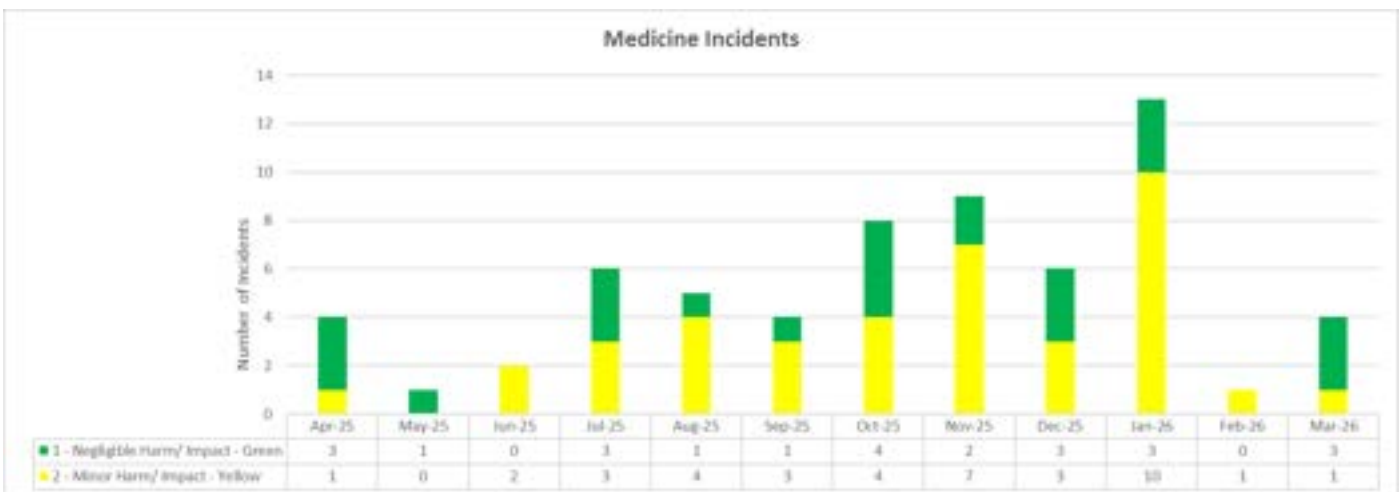
- Immediate suspension of heat/cold therapy for BCYP pending a full safety review.
- Review first aid training for care staff.
- Rollout of formal incident management training for staff.
- Mandatory risk assessments for children with sensory loss, neuropathy, or reduced pain communication.
- Routine recording of bath water temperatures.
- Reinforcement of accurate, signed medication reconciliation, including ketogenic compatibility.
- Strengthening of personal hygiene care plans, including menstrual cycle considerations.
- Improved documentation of approved non-pharmacological interventions.
- Introduction of Quick Reference Clinical Guidelines accessible in clinical areas and via SystemOne.
- Duty of Candour exercised with family fully updated throughout and informed of the outcomes and learning from the incident.

All identified actions are being progressed through established governance processes. An After-Action Review meeting was facilitated by a clinical trustee to support reflection and learning. The focus is on preventing recurrence, improving staff competence, and ensuring safe, individualised care for children with heightened vulnerability.



29% of these incidents (n=63) related to medicines management.

The frequency of medicines incidents reflects the nature and complexity of clinical interventions and treatment of children and young people we care for. On all occasions, appropriate and timely action was taken in terms of ensuring child/young person safety, seeking advice from a prescriber and observing for any adverse consequences.



3.2d Staff knowledge, skills and practice development

EACH is committed to ensuring that staff have the knowledge, skills, and competencies required to deliver safe, effective, and high-quality care. Evidence of ongoing learning and development activity demonstrates a strong organisational focus on continuous professional development and quality improvement.

A summary of key learning, training, and practice development undertaken during the reporting period is outlined in the sections below.

3.2d (i) Annual Mandatory Training

Annual mandatory training was provided to care staff in the following areas. EACH has a target compliance standard of 90%. The levels of compliance for the year 2025-2026 are as follows:

Topic	Compliance
Data Security Awareness	96%
Fire Safety (Advanced)	91%
Food Hygiene Catering (e-learning)	98%
Infection Prevention & Control	97%
Medical Gas Safety	98%
Moving & Handling (Clinical)	94%
Resuscitation & Anaphylaxis	96%
Safeguarding Adults – Level 2 (e-learning)	97%
Safeguarding Children (Clinical)	95%

The compliance figures do not include staff who are on long-term absence or within six weeks of their induction period. Training reminders are sent to all non-compliant staff and their managers.

3.2d (ii) External Practice Development Groups

Care staff participated in the following external groups:

<p>The East of England Children’s Palliative Care Managed Clinical Network (MCN) Clinical Steering Group –This is chaired by the EACH Medical Director. The steering group is attended by the Head of Nursing and Therapies, and the EACH Matrons.</p>
<p>The East of England Children’s Palliative Care Managed Clinical Network (MCN) Wellbeing Steering Group –The steering group is attended by the Head of Wellbeing and Spiritual Care.</p>
<p>East of England Children’s Palliative Care Forum and county-based palliative care networks. These are responsible for developing and implementing the priorities of the Managed Clinical Network. The Regional Forum has been attended by various members of EACH including the Director of Care, Transition Lead, and Business Development Manager. The county-based networks are attended by the Matrons, Service Managers and Clinical Education Lead.</p>

East of England Palliative & End of Life Care Strategic Clinical Network. The EACH Medical Director is CYP PEOLC Lead and attends this in their capacity as chair of the MCN.

Hospice UK community of Practice for Evidenced Based Practice. The group is attended by the Director of Care.

Directors of Care and Hospice Leaders networks. The Director of Care is part of both of these networks.

External groups attended by members of the EACH LTV team:

- LTV National Hospice Forum
- Complex Chest Regional Meetings
- LTV Champions Meeting
- UK Kids LTV Google Group
- Members of the team attended Breas Training Events, which involved networking with others in the LTV network
- Paediatric Critical Care Operational Delivery Network Lunch & Learn Webinar (LTV) one off session)
- Spinal Muscular Atrophy Respiratory Steering Group.

External groups attended by members of the Wellbeing team:

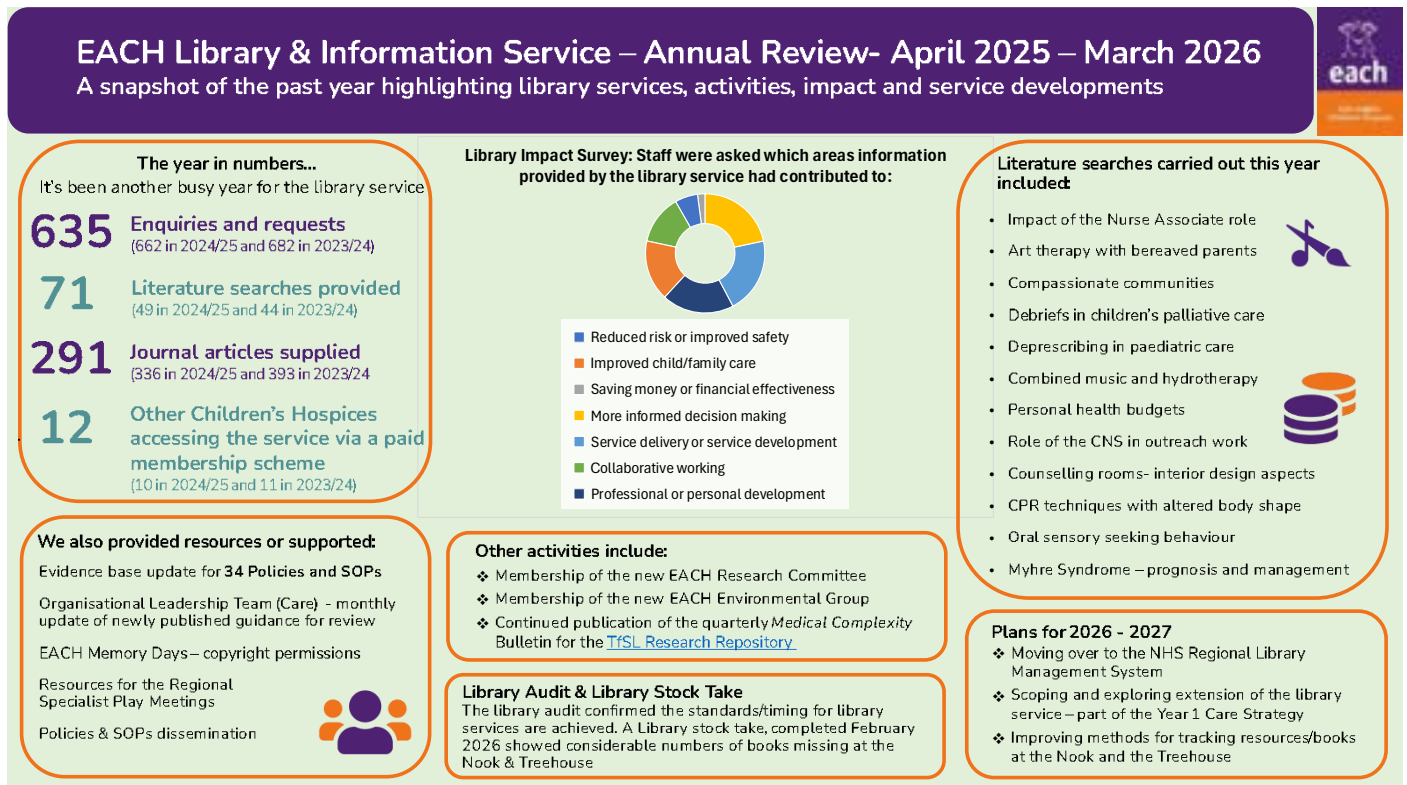
- Play Specialists from EACH meet regionally twice a year with other Play Specialists around the region to share ideas, best practice and get to know other environments. They also meet four times a year facilitated by the Regional Advice and Facilitation Team (RAaFT) focusing on Play in Palliative Care.

3.2d (iii) Scholarly Activity

- Layers of Care: Thematic Insights of Complexity in Specialist Paediatric Palliative Care Practice from Regional Multidisciplinary Caseload Meetings. L Maynard, L Fagg, C Cannon, E Cattaneo, D Vickers. Poster presented at the APPM Conference, November 2025
- Bringing Your Whole Self To Work. L Jenkins. Poster presented at the Hospice UK National Conference, November 2025
- Matron attended Education in Palliative and End of Life Care (EPEC) Paediatrics conference in Prague in February as a module writer to discuss timeline for a European update of EPEC syllabus and is currently committed to supporting updating two of the modules.
- An abstract of the EACH PEOLC training was presented as an oral presentation in May 2025 at the Together for Short Lives Conference by Laura Bunton
- Using Nursing Apprenticeships and Trainee Nursing Associate Apprenticeships to grow and invest in the workforce within a Children's Hospice presented in May 2025 at the Together for Short Lives Conference by Demi Brooks.

- Digital poster - Adapting basic life support training within a children's hospice to address potential alterations required for those with complex healthcare needs presented in May 2025 at the Together for Short Lives Conference by Laura Bunton and Nicola Moriarty.

3.2d (iv) Library & Information Service



3.2d (v) External Study and Conference attendance

EACH supported applications from care staff to undertake accredited modules/courses, study days, extended study learning and conferences during the reporting period. Examples include:

- Non-medical Prescribing – 1 Clinical Nurse Specialist completed
- Advanced Assessment Skills module- 1 - 1 Clinical Nurse Specialist completed
- MSc Cardiff Palliative Care Diploma / Masters – year 1 – 1 Clinical Nurse Specialist commenced
- Association for Paediatric Palliative Medicine (APPM) Nurses Networking & Education Day - 2 Clinical Nurse Specialists attended
- CAKES course introduction to clinical assessment - 1 CNS
- Aseptic Non-Touch Technique (ANTT) training - for internal cascade of training
- Hospice UK Strategic Leadership Programme - 1 SLT member
- Together for Short Lives Conference - 3 abstracts accepted for presentation
- Hospice UK - 1 abstract accepted for presentation
- Neuro Respiratory Study Day - CNS and Physiotherapy attendance

- Positive Behaviour (train the trainer) training - for internal cascade of training
- Paediatric Hydrotherapy Shallow Water rescue - 6 staff members for internal provision of Hydro
- Candle Children and Young People's Service - Working in Childhood Bereavement Courses 1 Wellbeing practitioner
- Moving & Handling refresher
- Physical Therapies Conference
- National Back Exchange (NBE) conference
- Wheelchair Accessible Vehicle (WAV) training - for internal cascade of training
- Making Music with Special Children – Jessie's Fund
- Aromatherapy conference CPD - 1 Matron to provide ongoing Aromatherapy service
- Resus Officer training - for internal cascade of training
- LTV collaborative conference in 2025 Growing Together: Patient centred strategies for the development of LTV care
- Fisher and Paykel LTV respiratory Care Convention - LTV team
- Breas conference - Colin Wallis Paediatric LTV meeting
- Thermal comfort in complex disability - OT completed
- Ready, Steady, Go - Transition Lead completed
- The Exceptional Assistant - Executive Assistant CPD.

3.2d (vi) Non-Nursing Student Placements

EACH continues to contribute to the development of the wider healthcare workforce through the provision of non-nursing student placements. Since 2019, this has included participation in the Cambridge General Practice Vocational Training Scheme, offering integrated training posts for GP trainees within children's palliative care.

These placements, primarily based at Milton, provide trainee GPs with the opportunity to work alongside multidisciplinary care teams and the Symptom Management Nursing Service under appropriate clinical supervision. Feedback from trainees has been consistently positive, highlighting the value of this experience in developing knowledge and confidence in paediatric palliative care.

The programme was temporarily paused in Summer 2024 to support team induction requirements and recommenced in February 2025, reflecting EACH's ongoing commitment to education, workforce development, and the delivery of high-quality care.

3.2d (vii) Commissioned Training

EACH continues to support workforce development across the region through the delivery of commissioned training and education. During the reporting period, 44 professionals accessed training provided via the MCN, including intravenous and subcutaneous medication management.

Additional specialist training was delivered by the Long-Term Ventilation (LTV) team to external organisations and families, supporting safe and effective care in a range of settings.

A further 575 professionals benefited from a comprehensive programme of education delivered by the Specialist Clinical Educator. This included palliative and end of life care training, resuscitation, clinical skills, neonatal and neurodisability education, and bespoke sessions for regional partners.

This programme of training demonstrates EACH's ongoing commitment to sharing expertise, building capability across the wider health and care system, and improving outcomes for children and families receiving palliative care.

3.2d (viii) Human Resources Indicators

Sickness absence

During the report period, the average sickness absence rate for care staff was 3.89% which is below comparable benchmarks in the NHS. The average sickness absence rate for the whole of EACH for the period 1st April 2025 – 31st March 2025 was 3.77%. Care staff absence was slightly higher than the EACH benchmark as a result of an increase in sickness over Q4 (January – March 2026).

The latest NHS data for December 2025 (published March 2026) puts the rate for Community Provider Trusts at 6.43% and 5.52% for Community Provider Trusts in the East of England. This is the closest type of provider to benchmark against.

Source: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/december-2025>

3.3 How children and families are involved in EACH and what they say about the service they received / Family Forums

EACH is committed to ensuring that children, young people and families are actively involved in decisions about their care and in shaping service development. Their experience and insights are highly valued, with a strong “you said, we did” approach embedded across the organisation to support continuous improvement.

Feedback is gathered through a range of methods, including Family Forums, surveys, digital platforms, and direct engagement during care and events. Governance is further strengthened through Trustee representation with lived experience of EACH services.

All eligible families participate in a holistic assessment following referral, identifying their individual needs, goals and priorities. These are reviewed regularly to ensure care remains responsive and centred on what matters most to each family.

As part of Year 1 of the Making More Possible, Reaching Further Together strategy (2026-2031), EACH has committed to strengthening co-production through the development of a formal co-production framework and the establishment of a Family Advisory Group. This will support children, young people and families to work in partnership with EACH to co-design priorities and objectives, ensuring services continue to be shaped by those who use them. We also plan to implement new digital opportunities for family feedback via text messaging service.

3.4 Involving EACH staff

EACH is committed to engaging with staff and ensuring their voices contribute to service improvement and organisational development. A range of structured forums are in place to support regular feedback and communication, including daily care planning meetings, weekly multidisciplinary meetings, and quarterly locality and tri-site forums. Staff also contribute to quality and safety and project groups, supporting continuous improvement in practice and care delivery.

Communication across the organisation is supported through regular care-focused newsletters, alongside locality-based communications to ensure staff receive relevant and timely information. The staff intranet is also used as a key communication platform, including dedicated resources such as safeguarding updates.

These approaches ensure staff remain informed, engaged, and actively involved in maintaining and improving the quality and safety of care provided by EACH.

Employee Engagement at EACH

In August 2025, EACH was awarded Silver status in Investors in People, recognising the strength of our leadership, staff engagement and commitment to continuous improvement. This followed a series of focus group meetings, 1-1 interviews and an all-employee survey to understand where we needed to focus on. As a result, we now have a focused action plan by team and implementation is underway to ensure we continue to enhance the experience of our people and the quality of our organisational practices. This includes a particular focus on providing a range of opportunities for staff to have a voice, including via anonymous methods and the planned introduction of a Freedom to Speak Up Guardian Provision.

The EACH Staff Intranet, Viva Engage Platform and our Weekly CEO Update

We have an established staff intranet available to all EACH employees and trustees, which includes key operational news, information, documents and processes, including policies and standard operating procedures, and a host of wellbeing resources. Monthly reporting demonstrates high user-activity across all departments. Other content includes individual hospice weekly staff newsletters and links to useful websites and resources, such as pension information, the EACH Strategic Plan, the full range of staff benefits and our Employee Handbook.

We also use Microsoft's employee social media/engagement platform, Viva Engage, for posting key information and items of interest. All staff can share their own content to the platform, comment on posts and work together in specific discussion groups.

Our Chief Executive also sends a 'Weekly Update' news email to all staff and trustees, which we know is received very positively by the vast majority of employees.

Leadership, Supervision and Staff Support

Line managers play a key role in ensuring staff are kept informed of policy changes and organisational decisions, acting as the first point of contact for work-related queries and support. Regular team meetings and quarterly locality days across all hospices support effective communication and team engagement.

Ongoing support is provided through regular one-to-one supervision and informal catch-up meetings, focusing on both performance and wellbeing. Staff performance is also reviewed annually through a formal appraisal process, ensuring opportunities for reflection, development and continuous improvement.

3.5 Statements from Lead Commissioners and Healthwatch

EACH provides services across Norfolk, Suffolk, Cambridgeshire and Essex. This Quality Account has been sent to Integrated Care Boards and Healthwatch in the above counties to provide the opportunity for comment and a statement.

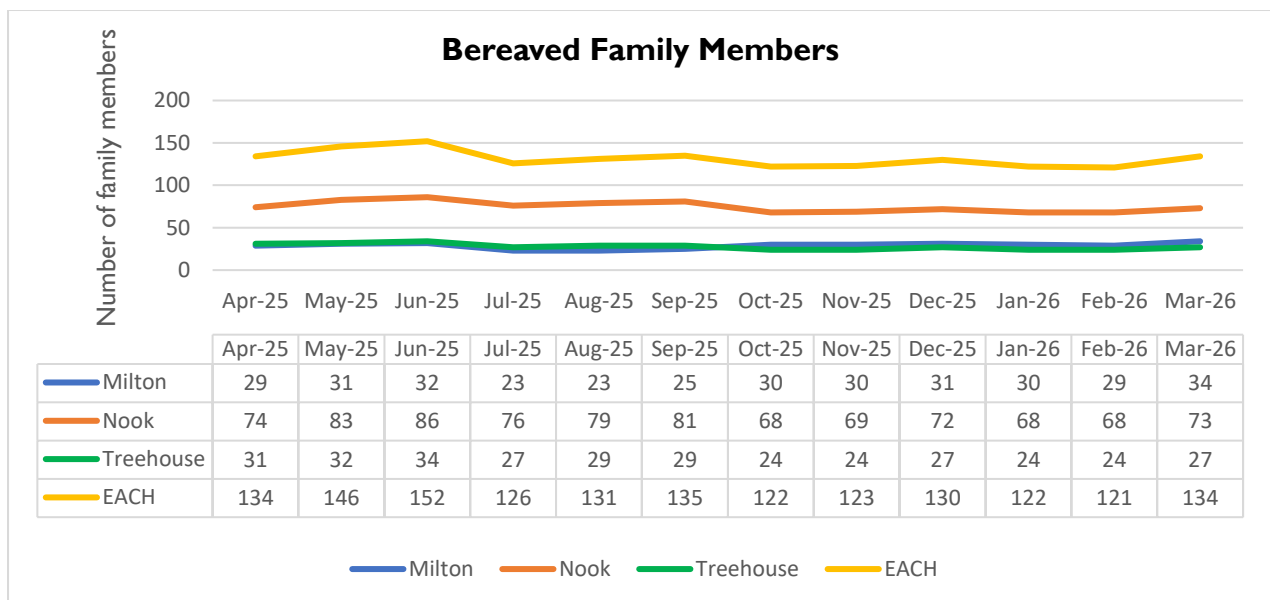
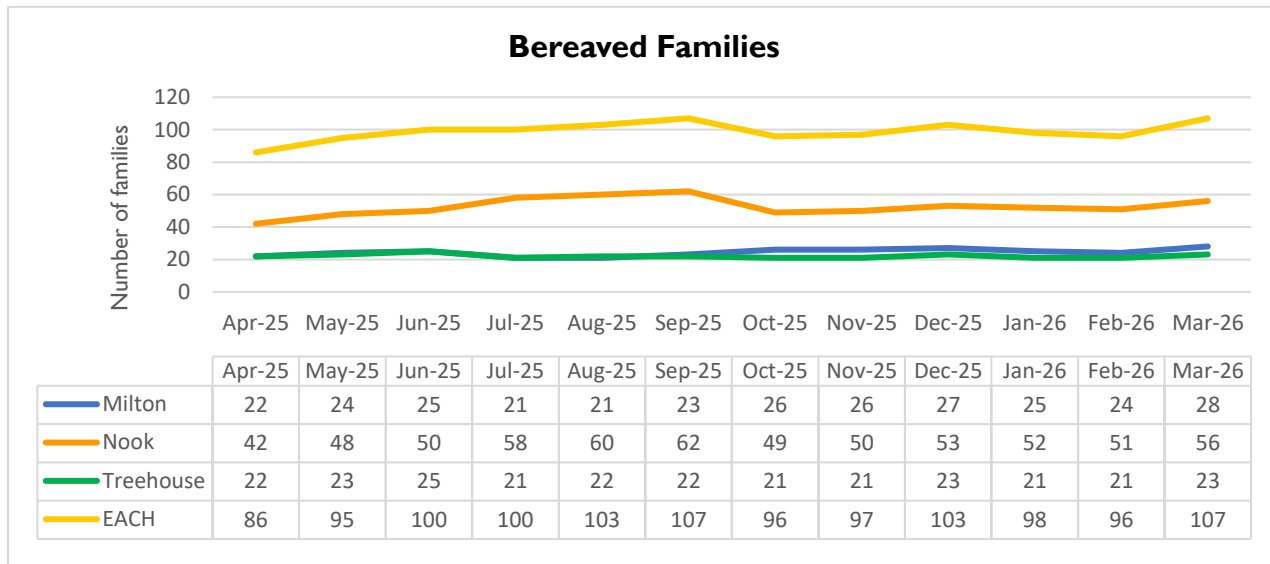
The list of those sent a copy is tabled in Appendix 1 with their responses shown in Appendix 3.

Appendix 1: Commissioners and Healthwatch contact details

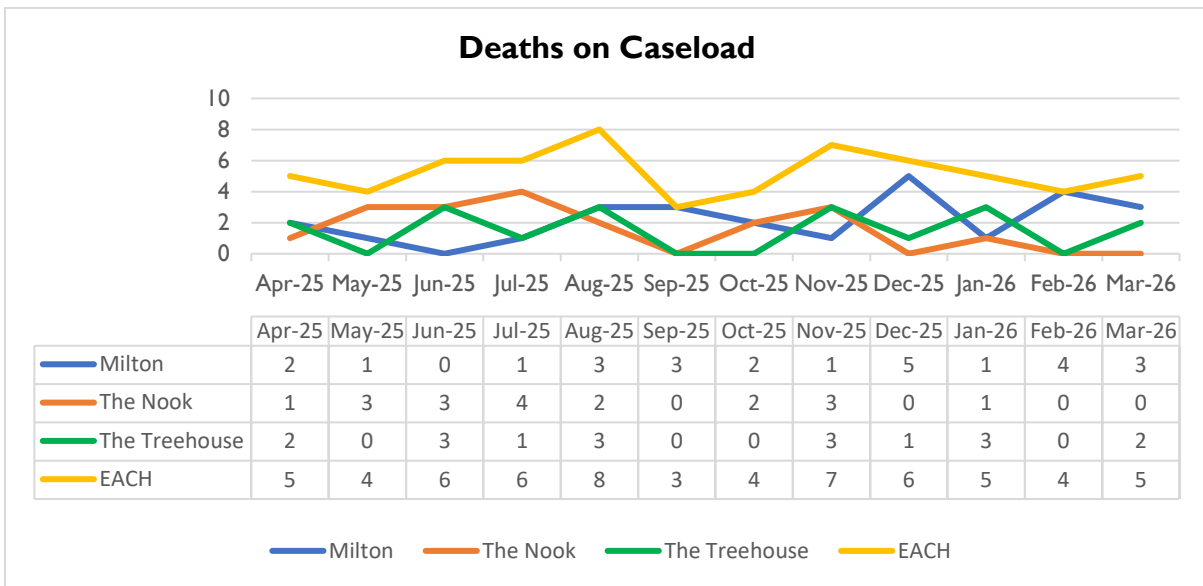
ICB area	Integrated Care Board (ICB)	ICB Contact	Healthwatch contact
Norfolk & Suffolk	Norfolk & Suffolk	Leanne.stelmaszczyk@nhs.net	Patrick Peal Chair (Norfolk) enquiries@healthwatchnorfolk.co.uk Tel: 0808 168 9669
		Anthea.christodoulides1@nhs.net	Andy Yacoub Chief Executive (Suffolk) Info@healthwatchesuffolk.co.uk Tel: 0800 448 8234
Central East	Comprising Cambridgeshire & Peterborough, Beds, Herts and Milton Keynes	cpicb.qualitydirector@nhs.net	Jess Slater Chief Executive, (Cams & P'boro) jess.slater@healthwatchcambspboro.co.uk enquiries@health-watchcambspboro.co.uk Caroline.Tyrrell-Jones@healthwatchcambspboro.co.uk Tel: 0330 355 1285
Essex	Comprising Mid & South, West and North East Essex	Susanna Vaughan susanna.vaughan@nhs.net mseicb-me.quality@nhs.net	Samantha Glover Chief Executive (Essex) info@healthwatchessex.org.uk 0300 500 1895

Appendix 2: Wellbeing service data

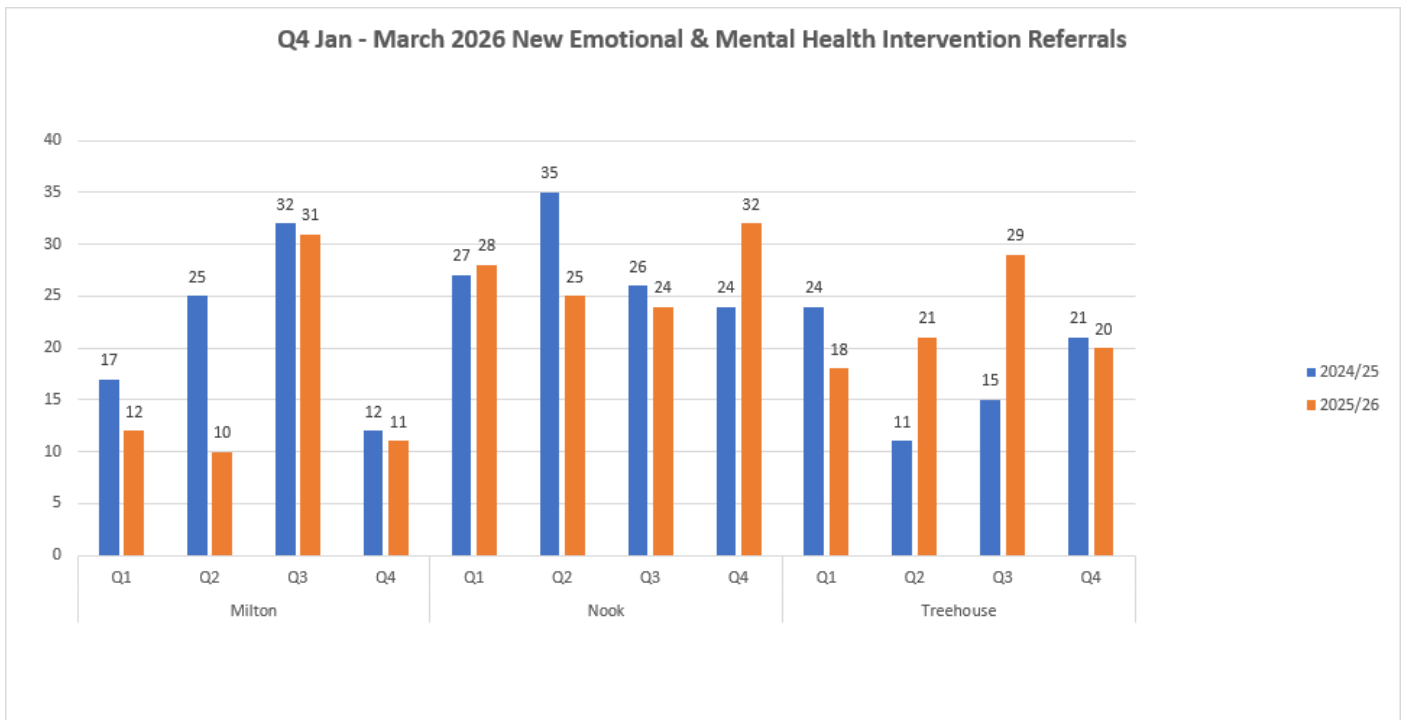
Number of bereaved families and family members on caseload for Q1 to Q4 (taken from the Q4 performance report):

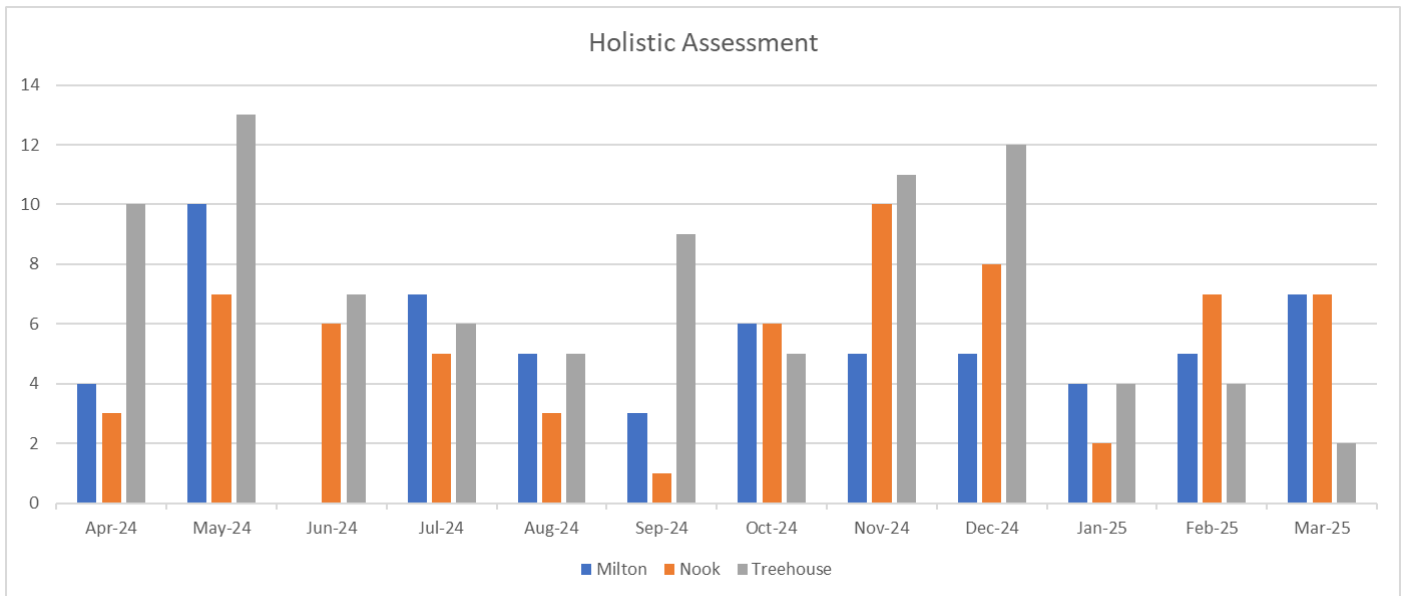
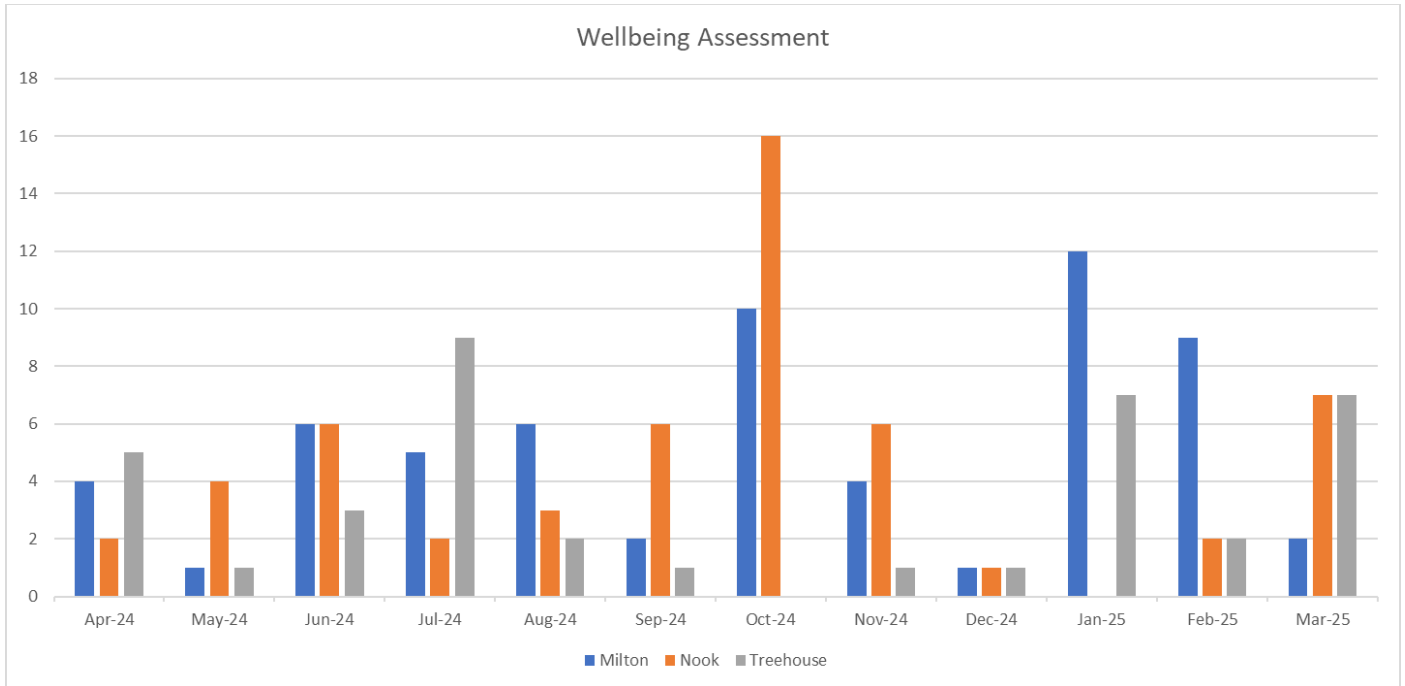


Deaths on caseload for Q1 to Q4 (taken from the Q4 performance report):



Emotional and Mental Health Interventions for Q1 to Q4





Appendix 3 Commissioners and Healthwatch Responses



NHS Central East Integrated Care Board response to the Quality Account of East Anglia's Children's Hospices (EACH) for 2025/2026

Central East Integrated Care Board (CE ICB) welcomes the opportunity to review the East Anglia's Children's Hospices (EACH) Quality Account for 2025/26.

The ICB considers that this Quality Account provides a clear, comprehensive and balanced overview of the quality of services delivered by the hospice. Over the reporting year, the ICB has maintained regular oversight and engagement with the provider, enabling assurance on the quality and safety of care delivered. This has been supported by established governance processes, triangulation of performance and patient experience data, and oversight of incident reporting and improvement actions.

The ICB welcomes the hospice's progress and achievements during the year, including:

- the continued emphasis on family engagement and coproduction, ensuring services reflect the needs and experiences of children, young people and families
- investment in workforce development and clinical education, supporting a skilled and resilient multidisciplinary workforce
- strengthened research activity and regional collaboration through the Managed Clinical Network
- a proactive approach to governance, quality assurance and safeguarding, with clear evidence of learning from incidents and feedback
- ongoing work to improve inclusion, transition support and equitable access to hospice and palliative care services

The proposed quality priorities for 2026/27 are well aligned with Place and system priorities, particularly the focus on:

- embedding the new organisational strategy, *Making More Possible, Reaching Further Together (2026–2031)*
- further strengthening workforce capability, wellbeing and sustainability
- enhancing access, responsiveness and experience for children, young people and families with complex and life limiting conditions

These priorities provide a balanced and appropriate basis for improving safety, outcomes and experience.

The ICB acknowledges the significant financial pressures facing hospices across the system. Despite these challenges, EACH has continued to provide responsive, flexible and compassionate care to babies, children, young people and families.

Central East ICB wishes to acknowledge and commend the staff and volunteers at EACH for their continued commitment to delivering high-quality, safe and effective care. We value the collaborative and transparent



relationship developed through regular quality review meetings, shared learning and service development discussions. We look forward to continuing to work in partnership with the hospice over the forthcoming year and hope that the hospice finds these comments helpful.

A handwritten signature in black ink that reads 'R Procter'.

Rowan Procter
Deputy Director Quality Assurance
NHS Central East Integrated Care Board

Response to East Anglia's Children's Hospices (EACH) Quality Account 2025-26 from Healthwatch Essex

Healthwatch Essex is an independent organisation that works to provide a voice for the people of Essex in helping to shape and improve local health and social care. We believe that health and social care organisations should use people's lived experience to improve services.

Understanding what it is like for the patient, the service user and the carer to access services should be at the heart of transforming the NHS and social care as it meets the challenges ahead of it.

We recognise that Quality Accounts are an important way for local NHS services to report on their performance by measuring patient safety, the effectiveness of treatments that patients receive and patient experience of care. They present a useful opportunity for Healthwatch to provide a critical, but constructive, perspective on the quality of services, and we will comment where we believe we have evidence – grounded in people's voice and lived experience – that is relevant to the quality of services delivered by East Anglia's Children's Hospices (EACH). We offer the following comments on the EACH Quality Account.

- We welcome the continued commitment by EACH to delivering holistic, family-centred care for babies, children and young people with life-limiting and life-threatening conditions across the East of England. It is particularly positive to see the emphasis placed on supporting families across a range of settings, including at home, in hospital and within hospice environments, recognising that flexibility and responsiveness are central to high-quality palliative care.
- It is encouraging to see the organisation's strong focus on emotional wellbeing, bereavement support and psychological care, including counselling, therapies, family support and spiritual care. We particularly welcome the recognition that support for families continues beyond the death of a child and the ongoing commitment to providing compassionate bereavement services.
- We welcome the organisation's commitment to co-production and strengthening the voice of children, young people and families in shaping services. The development of a Family Advisory Group and wider co-production framework has the potential to support more meaningful lived experience involvement in service development and improvement.
- It is positive to see the continued investment in workforce development, clinical education and structured career pathways. Supporting workforce sustainability within children's palliative care is critically important, particularly given the specialist nature of these services and wider workforce pressures across health and care systems.
- We welcome the organisation's ongoing commitment to continuous quality improvement through local clinical audits, governance arrangements and trustee quality visits. It is reassuring to see evidence of learning being translated into practical service improvements across areas including medicines management, safeguarding, documentation and infection prevention and control.

- It is encouraging to see the emphasis placed on collaboration across the wider health and care system through the East of England Children's Palliative Care Managed Clinical Network. Strengthening partnership working, education and shared learning across organisations is an important part of improving consistency and equity of access to specialist palliative care services.
- We welcome the development of research capacity within EACH, including the appointment of a Lead Research Nurse and strengthened partnerships with academic and regional research networks. Building the evidence base for children's palliative care is important in supporting future service development and improving outcomes for children and families.
- It is positive to see that EACH continues to promote openness, transparency and learning through its approach to complaints, concerns and feedback. We welcome the organisation's recognition of complaints as opportunities for learning and improvement, alongside the introduction of additional oversight arrangements to strengthen impartiality and consistency.
- We note the ongoing reliance on charitable and voluntary income to sustain and develop services, with statutory funding contributing only a proportion of overall organisational income. Sustainable long-term funding for children's hospice and palliative care services remains essential to ensuring equitable access to high-quality support for children, young people and families.

Listening to the voice and lived experience of patients, service users, carers, and the wider community, is a vital component of providing good quality care and by working hard to evidence that lived experience we hope we can continue to support the work of East Anglia's Children's Hospices (EACH).

Samantha Glover
Chief Executive Officer, Healthwatch Essex

June 2026

Healthwatch Norfolk
Review of 2025/26 Quality Account EACH

Healthwatch Norfolk (HWN) welcomes the opportunity to review the draft East Anglia's Children's Hospices (EACH) Quality Account for 2025/2026 and to comment on the quality of the services commissioned locally to meet the needs of residents in the Norfolk area.

Review question		Comments
1. Readability		
Is there an executive summary/CEO statement?	Yes	There is a very clear description of the Vision, Mission and Values and a clear ambition to embrace change to provide improved quality of services. There is a clear focus on the whole family both during delivery of the service and if necessary during bereavement follow-up.
Is the document well laid out, easy to read?	Yes	Clear description of the services provided.
Is there a glossary?	No	
Is the document available in different formats? e.g. electronic, hard copy, Braille, other languages	Not clear	Electronic version only provided for review.
Are priorities for the past year clearly identified?	Yes	
Have the priorities been achieved?	Yes	The Voice of the User (process implemented) but need more data on improved outcomes.
Are the priorities for the forthcoming year clearly identified?	Yes	Part of the 4-year strategic plan
2. Are the following areas included?		
Patient safety?	Yes	

Clinical quality and effectiveness?	Yes	Robust framework in place
Patient experience including the family & friends test?	Yes No FFT	Captured in a variety of ways. Impressive low number of Complaints and Concerns and many positive responses to Commendations.
Incident reporting & never events?	Yes	Strong evidence of learning from incidents
Complaints?	Yes	There is a very low number of Complaints and Concerns given the total number of service users. Evidence that the new Care Manager role is being effective.
Workforce?	Yes	Currently Investors in People (IIP) accredited and being reassessed in July 2025, including an all-employee engagement survey to review ongoing areas for development. Sickness rate is low. No information on staff turnover.
Audits including participation in national audits?	Yes	No national audits. Appropriate internal audits conducted and actions undertaken.
Data quality?	Yes	Strong data capture, easy to interpret, well reported
Feedback from CQC?	No	There have been no CQC inspections in the period.
New services?	No	New developments include roles added to team, capital investment in premises.
CQUIN?	No	Not eligible
PLACE results?	N/A	3 sites, data reported separately as well as aggregated
18-week target (where applicable)?	N/A	
IG Toolkit compliance?	Yes	

Strengths

- Workforce Development

There is a clear ethos of workforce development supported by a well established centralised function aligned with national standards.

- Improving care methods

The organisation is clearly open to implementing new innovative care regimes supported by modern technology and research.

- Service capability

There is a comprehensive range of holistic services both inhouse and in cooperation with other supporting external providers.

Other observations

- Strategic Objectives

The objectives, mirror the rest of the document, they are very process driven, very internally focussed. The reference to the term "customer" seems inappropriate in such a setting. There is not much about the child or family experience.

- Review of 2025-2026 Strategic Objectives

It would help when outlining progress against the "Voice of the service user" objective to include examples where the most notable differences had been made using real family stories.

- Service user engagement

The services are currently based at 3 locations but very little reference is made to the locations. Missed an opportunity to describe how each site is different, different experiences, different atmosphere, different staff experiences. Do families like different things? Do children have different experiences

- Funding

Given that only 15% of necessary funds are provided by NHS or Local Authority sources more information on how the deficit is made up would have been helpful.

- Staff Wellbeing

It was not clear whether staff have access to wellbeing support to cope with the emotional pressures of caring for BCYP with life limiting illness. Staff have regular

1:1 supervision meetings with line managers in which wellbeing is discussed but there was no clear information about pastoral support offered to them.

Spiritual care seems to have been rather lacking in the last 12 months.

Concerns

None.

Healthwatch Norfolk would welcome the opportunity to work with EACH to ensure that the views of their patients, their families and their carers are considered and to make recommendations for change, where appropriate.

Alex Stewart

Chief Executive Officer

June 2026

EACH Response:

Thank you for taking the time to read our Quality Account and provide useful feedback.

We are committed to ensuring information about EACH is accessible. We have an accessibility tool bar on our website (Recite Me) which enables content, including our Quality Account, to be adapted as needed, including availability in other languages and via audio.

Regarding Service User Engagement and Voice of the Service user, our new strategy includes our commitment to co-production which will involve us evidencing impact as you have rightly identified. We have a new EACH Engagement Group under recruitment with the aim that service users and those with lived experience will hold EACH to account on evidencing co-production.

Thank you for acknowledging our funding position. Our income generation is highlighted within our annual report which we would be happy to share with you.

We have a strong commitment to staff support, with a robust clinical supervision policy ensuring that alongside management supervision care staff receive appropriate clinical supervision for their role.

We have recognised the need to invest and improve our spiritual care provision and are currently recruiting into a new full time Spiritual Care Lead role which we hope will enable the development of effective spiritual care across our service working with local communities and faith leaders.

We greatly appreciate your constructive feedback and will consider how we can better represent the gaps in reporting you have identified moving forward.

Helen Finlinson
Director of Care
East Anglia's Children's Hospices (EACH)



By email

Giles.thorpe@nhs.net

23rd June 2026

Subject: NHS Essex Integrated Care Board response to East Anglia's Children's Hospices (EACH) Quality Account for 2025/2026

Dear Colleagues

Essex Integrated Care Board (EICB) welcomes the opportunity to review and comment on East Anglia's Children's Hospices (EACH) Quality Account for 2025/2026.

The EICB recognises the valuable contribution EACH continues to make in delivering high-quality palliative and end-of-life care services for babies, children, young people and their families across Essex and the wider East Anglia region.

We acknowledge the organisation's continued commitment to providing compassionate, safe and effective care, alongside emotional wellbeing, bereavement and family support services. The Quality Account demonstrates openness in reporting both achievements and areas for ongoing improvement and reflects a strong culture of quality assurance and continuous learning.

EICB particularly welcomes:

- The continued focus on person-centred care and family experience;
- Investment in workforce development and staff wellbeing;
- Ongoing quality improvement initiatives and service innovation;
- Partnership working across health, social care and voluntary sector organisations;
- The organisation's commitment to ensuring equitable access to hospice services.

We note the strategic overview and objectives for 2026–2027, with the next phase of development guided by the new five-year strategy, *Making More Possible and Reaching Further Together (2026–2031)*, which is due to launch in June 2026 during Children's Hospice Week. We welcome the organisation's focus on:

- **Co-producing care** – including the development of a co-production framework, family engagement groups and co-production training;
- **Promoting inclusivity** – through the introduction of new national categories of children's palliative care, extending the discharge age of siblings to 18, improving

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transition experiences, and establishing an inclusive model of spiritual care alongside an inclusive communication strategy;

- **Maximising existing resources** – including completion of the care capacity project and listening study, development of a new model for the use of hospice pools, and establishing a model of volunteer support within care services;
- **Transforming care through technology** – through the recruitment of a Business Intelligence Manager to support data-driven operations and impact reporting, alongside the commencement of care app co-production;
- **Enabling belonging** – by developing a Care Equity, Diversity and Inclusion strategy, reviewing translation and interpreter provision, and launching a Community Connector role for Peterborough;
- **Strengthening collaboration** – through engagement in new ICB cluster networks and hospice collaborations, and mapping opportunities for engagement across perinatal, neonatal and paediatric acute hospital services;
- **Advancing children's palliative care** – by developing a research strategy, exploring the scope and reach of the EACH library service, and exploring the Advanced Care Practitioner role.

We appreciate the dedication and professionalism shown by staff and volunteers throughout the reporting period, particularly in responding to increasing demand and complexity of need.

EICB looks forward to continuing to work collaboratively with EACH to support the delivery of high-quality, sustainable children's hospice services and to improve outcomes and experiences for children, young people and families across Essex and the wider East Anglia region.

In our view, the Quality Account presents a fair and balanced reflection of the quality of services provided during 2025/2026.

Yours sincerely,



Dr Giles Thorpe RN, DProf, MSc, Bsc (Hons), MIHM
Executive Chief Nurse / Caldicott Guardian

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