Annual Quality Account
2018 – 19

Mildmay Mission Hospital

Registered office:
19, Tabernacle Gardens
London E2 7DZ

Company No: 1921087  Charity No: 292058
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PART - 1

1.1 Executive Director’s Statement:

At Mildmay Hospital, our focus is to provide specialised and individually tailored treatment and rehabilitation for people living with complex or challenging health conditions associated with HIV within a supportive, compassionate and caring environment. We strive to accomplish the best possible outcomes and to support individuals to achieve and maintain the greatest possible degree of independence. Our expert team and holistic model of care transform lives.

On behalf of the Board of Trustees and Executive Team, I am proud to present the 2018 - 2019 Quality Account for Mildmay Mission Hospital. This account looks at our progress and achievements across 2018-2019 and looks forward to some of our key priorities for patients in 2019 - 2020.

At the beginning of 2018, the charity was steered by interim CEO Carol Stone. Carol had previously been a CEO of a large charity and stood down from her role as a Trustee to manage the organisation until the new CEO took up post. From the beginning of June, I arrived as the new CEO. I have been a CEO for over ten years and previously held the position of Director in an Acute Trust.

The year has been a challenging one and in whilst our clinical team have managed to maintain the high quality services that achieved an ‘outstanding’ CQC review, it was clear from the start that there were significant gaps in our finances. All of our NHS contracts were being heavily subsidised by fundraising for many years and over the past decade, this fundraising had been gradually reducing. In the autumn, we began the difficult task of restructuring in order to reduce costs whilst reviewing our vision and mission in order to ensure that the charity had a future. By the end of the financial year, we had managed to take over £150k out of our costs with the possibility of more savings within the following months. Whilst this did not address the full gap in funding, which was more than £300k, it went a considerable way.

In early 2019, the Trustees agreed a new vision, mission and strategy. Put simply, Mildmay would expand its work beyond HIV, opening up new specialty pathways. We would develop these pathways with our Commissioners, with the first of these pathways being developed by the end of 2019 and the second in 2020.

There is no doubt that the future ahead providing services commissioned by the NHS will be a challenging one, but to coin a typically English phrase ‘twas ever thus’.
Geoff Coleman,
MIHM DMS MA MBA,
CEO, Mildmay Mission Hospital
1.2 Statement on service quality at Mildmay

Mildmay provides rehabilitation in a modern hospital setting in London. The effectiveness of our interventions, our responsiveness to patient need, the safety of patients, visitors and staff, and the physical environment all remain our focus in providing care.

Patients referred into Mildmay come to us with HIV infection and other co-morbidities. They have issues with both physical and cognitive impairments, often coupled co-existent psychological ill health. Through a rehabilitation pathway which involves nursing, medical and therapeutic interventions, as well as social and peer support, approximately 90% of the patients were discharged to their own homes, either independently or with support, or to a long-term nursing home placement.

Even for patients who require a longer-term nursing home placement following their rehabilitation at Mildmay, we can evidence reductions in their dependency upon other people and improvement in cognitive function (using validated tools).

Our Friends and Family Test shows that 86.67% (2018-2019) of the patients surveyed have given positive feedback and all the patients who were surveyed said that they would recommend our service to a family or friend if they needed it.

Following a rehabilitation admission at Mildmay, the average weekly cost for patient’s care is reduced by £292 per week according to UK-ROC data.

Based on the above facts, I believe that Mildmay provides and maintains a high-quality service.

Dr Simon Rackstraw,
Medical Director
Mildmay Mission Hospital
1.3 About Mildmay

Mildmay is an HIV charity working to transform the lives of people who are living with and affected by HIV in the UK and East Africa.

In the UK, our hospital specialises in rehabilitation, treatment, services and care for people with severe and complex HIV-related health conditions, including HIV-associated brain impairment. Mildmay delivers services to the NHS through the mechanism of multilateral contracts with around 20 London Clinical Commissioning Groups (CCGs) and Local Authorities. It also accepts spot-purchased referrals from everywhere else in the UK.

HRH Prince Harry’s visit to Mildmay at the end of 2015 marked the official opening of our brand new, purpose-built hospital, which replaced earlier buildings. It comprises of 26 en-suite rooms over two wards, each with communal lounge, equipped kitchen, assisted bathrooms and secure entry/exit system.

Our Day Therapy wing includes a large lounge where our music and art therapy take place. It also incorporates our physiotherapy gym and Occupational Therapy Assessment Centre, digital inclusion suite and treatment rooms. Mildmay has a multidisciplinary, consultant-led approach - with doctors, nurses, speech and language therapy, occupational therapy, clinical psychology, physiotherapy, dietetics, social workers, chaplaincy and volunteers.

Our Vision:
Life in all its fullness for everyone in Mildmay’s care

Our Mission:
To transform and empower lives through the delivery of quality health services, treatment and care in the UK and Africa.

Our Values:
Mildmay’s inspiration and values come from our Christian faith. These values, enriched and shared by many people, including those of other faiths and of no religious faith, underpin all our work. We work in a multi-cultural society and are proud of our roots.
Mildmay values the contribution of everyone who works or volunteers for Mildmay, those who use our service, their families, other organisations and funders who work closely with us, and the community, churches and individual supporters who sustain our work. We are dedicated to upholding:

- Innovation, quality and learning.
- Commitment to open communication and respect of individual dignity.
- Development and encouragement of people to their full potential.
- Mildmay places the individual at the very heart of its planning, services and actions. Good stewardship of resources.

**Our Faith:**
Mildmay’s mission is to reach out to those in greatest need, providing care, love and compassion to the sick and vulnerable. It was set up as a Christian medical mission, in response to the cholera epidemic in 1860s London. Mildmay’s faith and strong sense of mission to educate, share knowledge and care for those in greatest need continues to underpin our work.
Our Chaplains:
In keeping with Mildmay Mission Hospital’s vision: “To transform and empower lives through the delivery of quality health services, treatment and care in the UK and Africa”, the main focus of the chaplaincy team is to offer appropriate religious, spiritual, pastoral, ethical and emotional support to patients, patients, staff, volunteers, and visitors including partners, family and friends. We aim to deliver services of the highest quality and constantly seek to improve through listening, reflecting, learning and action.

Our Hospital’s Foundation is Christian and we go to great lengths to ensure that we welcome and cater for the needs of persons of all faiths and none. In short, the chaplaincy presence touches all aspects of life at Mildmay, as the spiritual wellbeing of all individuals is our concern. Our approach is distinctly inclusive, ensuring we enjoy key working relationships with all at Mildmay, based on the belief that persons are spiritual though not specifically religious. Networking with faith-based HIV and other relevant organisations, where appropriate, forms helpful links to the chaplaincy and to Mildmay.

Registration Details:
Mildmay is registered with the Care Quality Commission and governed by a Board of Trustees who meet with the CEO and Senior staff quarterly. It is a registered company (1921087), registered charity (292058) and registered with the Care Quality Commission (1-2151037387, location number 1-2311760426).
1.4 Services at Mildmay

1. Mildmay Inpatient Care and Services:

Mildmay hospital provides care for adults with physical, cognitive and psychosocial difficulties associated with living with HIV. We aim to provide positive opportunities to promote independence, build confidence and strengthen abilities.

- Mildmay offers multidisciplinary assessment and rehabilitation services delivered on an inpatient or day therapy basis depending on the needs of the person.
- Our patient pathways encourage as much self-management as possible and aim to keep people out of hospital.
- Seventy-five per cent of NHS expenditure is spent on long-term conditions, and effective management of those conditions, including HIV. Mildmay provides a crucial service within a tough economic climate.

Below are three pathways for Inpatient referrals:

Pathway One: HIV Neuro Cognitive Impairment (HNCI) & Complex Physical Care Admission

AIMS:

- To maximise the independence of people living with complex HIV related conditions and to provide assessment and rehabilitative care for people to achieve maximum potential.
- Timescales for rehabilitation programmes vary based on patient clinical need. On admission, an estimate of the timescale is provided/agreed. During the admission based on regular assessment, extensions may be required due to patient individual clinical needs.

Pathway Two: Respite Admission

AIMS:

- To provide a short admission period to address patients that require regular medical and nursing support before returning to independent living
- To provide patients with adherence support.
- Symptom control, stabilisation and/or psychological support.
- To prevent acute hospital admission.
- To maintain the ability of patients to remain living as independently as possible with long term minimal community support.
- Timescales for respite admissions vary based on patient clinical need. At admission, an estimate of the timescale is provided/agreed. During the admission based on regular assessment, extensions may be required due to patient individual clinical needs.
Pathway Three: End of Life Care
AIMS:
- To provide expert symptom management, advice, spiritual, emotional and psychological support to palliative patients, families, friends and carers.
- To provide support after death to families, friends and carers.
- Timescales for end of life care admissions vary based on patient clinical need.

2. Day Therapy Service:
Where appropriate, Day Therapy provides specialist intervention for patients (outlined below) at various stages of rehabilitation via occupational therapy, physiotherapy, group and individual work. These interventions are designed to maintain and where possible, improve cognitive function, physical function and psychological and emotional well-being and quality-of-life.

Day Therapy will provide specialist intervention (outlined below) for patients at various stages of maintenance and rehabilitation. A variety of disciplines and practitioners deliver intervention across a four-day programme. This includes but is not limited to, occupational therapists, physiotherapists, art therapist, digital inclusion specialist, horticulture therapist, and a Yoga practitioner. Input is delivered predominantly via group work but individual sessions are also provided. These interventions are designed to maintain, and to promote improved cognitive function, physical function, and mental health for people living with HIV-related impairments.

Individuals living with HIV and with HIV Associated Neurocognitive Disorder (HAND) may experience multiple comorbidities and we recognise how these may interact with one another. We also recognise the potential impact of ageing and of living longer term with a chronic health condition upon people who attend our services.

The examples of some interventions offered by Mildmay are mentioned below. The programme is subject to change in order to meet identified needs and work towards achieving goals.

People may be referred on either a Maintenance or a Rehabilitation Pathway. They may move from one to another. The selected pathway will depend upon their clinical history, impairments, goals, and anticipated outcomes.

Below are some examples of current activities available
- Music Group – This activity provides the opportunity for people with various challenges in communication to express themselves via a medium other than speech. Music can also promote a sense of well-being through familiar and previously enjoyed songs, evoking
memories and potentially supporting recall. Impairments may include expressive language impairments, neurological, visual, and cognitive impairments. Alongside cognitive and psychological benefits, the use of musical instruments provides the opportunity for meaningful engagement in a physical activity, which can benefit people, particularly those who may have limited opportunities for activity within their community environments.

- Horticultural therapy is delivered by a community-based service, supported by our staff and volunteers. This offers the opportunity for patients to engage in physical activities such as digging and planting. These involve fine and gross motor skills such as grasp, release, and motor control. Activities can also provide cognitive stimulation such as promoting attention span through focused activity, problem-solving and task organisation. It also involves social skills such as working alongside others and turn-taking as well as providing the opportunity to learn new skills; engage in individual and group-work; socialise in a community setting which Activities are graded according to individual patient needs and abilities. Gardening also provides sensory stimulation for patients, including those with HIV related sight impairments, or other sensory loss.

- We offer a number of activities that benefit physical, cognitive and mental well-being: including use of our in-house gym. This has a range of equipment to meet diverse needs. Our specialist physiotherapists provide input to our programme throughout the week, and participants are supervised by our experienced rehabilitation assistants. We also offer mat and chair based Yoga once a week.

- Digital inclusion – we have an accessible computer suite, able to be used by wheelchair users and those who are ambulant. We have a large type keyboard available for use by people who have visual impairment, or physical/motor function challenges. Participants have the opportunity to learn new skills or refresh existing ones. Some people who attend Day Therapy have no access to such facilities when in their community environment, so the opportunity to carry out activities online can be an important part of social inclusion. As more and more everyday activities move online, the ability to engage digitally promotes community integration and independence, including in activities such as bidding for local authority properties, dealing with utilities, etc. These real-world skills are vital for those living independently; those aiming to return to work, or to volunteer for example.

- Real-world skills are also developed through the Kitchen Skills Group recently introduced by our occupational therapist. Participants take part in purposeful and meaningful activity, relevant to everyday life and function. The activities offer the opportunity for cognitive skill practice (e.g. concentration, following instructions, judging quantities),
physical skills (e.g. grip, rolling, cutting, manipulating objects), and psychological well-being (participating in a rewarding activity with a clear goal and outcome), as well as promoting safety awareness (use of knives, heat, and timing) and temporal orientation (timing of the group; cooking times).

- Discussion-based groups - these are facilitated and designed by our experienced staff, including our occupational therapist, and senior rehabilitation assistant. We currently offer an Expert Patient Group and a Healthy Living Group: These run once weekly and offer the opportunity for HIV-specific and non HIV-specific education. Participants have the opportunity to engage in learning and to share their experiences, in a supportive environment where they are talking with their peers, in a safe space.

- As an HIV-specific service we are aware of the challenges people commonly experience with regard to disclosure, stigma and discrimination. Participants have the opportunity to share experiences in a stigma-free environment. In addition to this, patients have the potential to learn strategies for managing certain situations and experiences.

All of our individual and group activities are graded to reflect the needs and abilities of the individual.

For people participating in Day Therapy for whom faith is an important part of their lives and well-being, we also offer the opportunity to participate in chapel services as part of meeting their spiritual psychological and emotional needs.

We have a dedicated team of skilled volunteers (DBS checked) who also support the Day Therapy programme of activities.

Admissions are managed by the Registered and Admissions Manager supported by an Administrator. The Admissions team responds rapidly to referrals, assessing each request for suitability for the intensive rehabilitation programmes at Mildmay. The team communicates with other health and social care professionals and secures funding for the admission. Mildmay employs a discharge nurse who is responsible for ensuring patients are discharged in a timely fashion and in a safe manner.

Mildmay has in-house catering (ensuring that individual dietetic requirements are met), a facilities team, a small administration team and a fundraising and communications team.
PART - 2

2.1  Looking Back: Priorities for Improvement 2018/19

Last year we identified four quality priorities. This section describes what we planned and what we achieved consequently.

**Priority 1: Development of electronic patient database system**

**Description:** Mildmay's patient records, although partially digitised, are in the main paper based. We look to move towards a comprehensive electronic patient record system. This will improve internal access to information and assist in the presentation of required data to the Commissioners and others.

**Target 1:**
- Led by our new Chief Executive and working with our provider we will appraise our manual system to improve the outputs from it and to assess its suitability for our ongoing needs.

**Progress:**
- We have begun the process of taking our current patient administration system and turning it into an electronic patient record system. Our current providers have been working with us to deliver on this target and there has been considerable work to try to redesign the system to meet our expectations. We have identified that there is a significant training requirement as the level of computer knowledge amongst clinical staff is quite low and the investment in this area will need to be greater than we had originally anticipated. This will continue to be a target for the next two to three years until completion of the project.

**Target 2:**
- We will set up the database system to transform the reports and data into a standardized format.

**Progress:**
- We have made considerable progress in developing our database structures to meet reporting standards and whilst this work is ongoing we are able to access all of our key patient administration data electronically. Once we have created electronic patient records we will also be able to more easily access this data. At present all of this information has to be collected manually from paper based patient records and then entered into spreadsheets ready for reporting.
**Priority 2: Accurate reports and analysis of patients’ data**

**Description:** The reports produced last year required improvement in the quality of data. It is important to generate patient data on a regular basis for internal reporting and for external commissioners. Improving our collection and management of Patient Data will help to provide the information required for analysis.

**Target:**
- We will conduct a review of our Data Management and establish a specific role of **Information Officer** in direct line management to the CEO.
- The post will work closely with the Management Team so that decision making is underpinned with reliable analysis of data in a timely fashion.
- It will facilitate improved reporting internally and externally to commissioners along with clinical nurse specialists and others.

**Progress:**
- We have made considerable progress in developing our reporting systems to meet the needs of our commissioners. We appointed an Information Officer to work directly with the CEO and other members of the Management Team. The number and complexity of the reports that we are now able to generate far exceeds anything that the charity has produced in the past. This has come at a cost and at a time when the charity is trying hard to reduce expenditure. We will continue to work with Commissioners in order to ensure that they have timely, accurate and complete data on which they can base commissioning decisions.

**Priority 3: Development of Day Therapy Services**

**Description:** Day Therapy aims to improve the quality of life for patients in a supportive environment. It also enables them to socialise with other patients, manage their condition and maintain their independence.

**Target:**
Led by an Occupational Therapist we will further develop the therapeutic programmes in Day Therapy to support patients to live as independently as possible in the community and it will give patients the opportunity to:
- Have one to one discussion with a member of Day Therapy staff to explore and identify
their needs.

- Participate in meaningful activities and learn new skills.
- Access therapies and treatments to improve sense of wellbeing.

**Progress:**

- We have made significant progress in the development of Day Therapy, implementing many of the changes needed to develop this service. However, if these changes are to be continued, then the service will need to increase the number of patients attending.
- We will therefore need to work closely with Commissioners to develop new pathways for patients accessing Day Therapy services.

**Priority 4: Team work across the Organisation:**

**Description:** Good teamwork is essential for high performance in any organisation. Certain features of organisations make teamwork even more important enabling better performance and other benefits.

**Target:**
We will increase the understanding of the various roles across the organisation and improve our working together to be more efficient and effective.

With improved awareness we will show greater support for each other and work together to meet our shared goals.

**Progress:**

- Over the past year we have made significant progress in breaking down barriers within the organisation.
- We have a much greater team spirit with all departments working closely to ensure that the hospital meets the needs of the patients.
- We will continue to monitor the situation but this is one target that we can confidently say ‘job done’.
2.2 Looking Forward: Priorities for Improvement 2019/20

Mildmay is committed to delivering quality care and we have worked in partnership with staff, members, commissioners, GPs and others to identify areas for improvement. This section will help us to describe our priorities for improvement for the year 2019/20.

The next year is the first year in our new strategic plan and so the priorities going forward will inevitably focus on these objectives.

Priority 1: Development of electronic patient database system

Description: we will continue the work we have started in transforming our current patient administration system into an electronic patient record system. The focus for the next year will be on the system development and training of staff. This important project is likely to take two to three years to complete.

Target:
- Development of the database to ensure that it is capable of collecting all of the fields of data required for our patient records.
- Training and development of the staff team to confidently use computer systems in their work.

Priority 2: Development of New Specialty Pathway

Description: Over the next year the charity will develop the first of two new pathways in order to increase the bed utilisation within the hospital. This work will be carried out in partnership with the CCGs and the CQC. The first pathway that we will be focusing on will be that of Liver Disease.

Target:
- We will work with the CCG and referring hospitals to develop the pathway
- We will ensure that the correct staff and equipment are in place
- We will sign contracts with the relevant CCGs
- By the end of the autumn we will have gained CQC approval for the new pathway
- Before the end of the year the hospital will have received the first patient
**Priority 3: Development of Day Therapy**

**Description:** Day Therapy aims to improve the quality of life for patients in a supportive environment. It also enables them to socialise with other patients, manage their condition and maintain their independence.

**Target:**
Led by the Day Therapy Manager we will further develop the therapeutic programmes in Day Therapy to support patients to live as independently as possible in the community and it will give patients the opportunity to:

- Have an individual assessment of their needs.
- Access clinical support and interventions as needed.
- Participate in diversional activities, learn new skills and crafts.
- Access therapies and treatments to improve sense of wellbeing.
- Open up Day Therapy service to new specialty pathway

**Priority 4: Cease Transport Services**

**Description:** Mildmay Hospital currently funds the transport for the majority of Day Therapy patients attending our service. This costs the hospital over £100k a year. This is not something that the hospital is contracted to provide and at a time of cost savings when attracting fundraising for this is not possible we need to cease this provision.

**Target:**
- We will cease providing transport services where this cost is not covered by either the Commissioners, the Local Authority or the patient by the end of June.
- We will establish a transport service for patients where those Commissioners or Local Authorities that are willing to pay the full cost of this service.
2.3 Statement of Assurance

Mildmay delivers services under NHS contracts in accordance with a service specification embedded within that contract. Three care and treatment pathways form part of our service specification:

- Assessment, Rehabilitation and Complex Symptom Control
- Minor rehabilitation/Respite Care
- End of Life Care

The Medical Director, Dr Simon Rackstraw, is a Consultant and a Fellow of the Royal College of Physicians of London and continues to be in demand for knowledge sharing and information exchange.

During the period, Mildmay submitted Quarterly Performance Reports to NHS Commissioners and referring clinical nurse specialists (CNSs) in the form of a Key Quality Performance Indicator (KPI) table with additional narrative and commentary.

The Mildmay Management Team meets monthly to discuss management and operational issues, and to drive forward the business plan. It supports the function of the Risk Management and Clinical Governance committees and it ensures that a range of monthly internal audits are undertaken as well as the quarterly Morbidity and Mortality meeting.

The Mildmay Governance Structure is provided here:
Mildmay Mission Hospital Governance Model for the Trustee Board:
- Voting by majority of quorate meeting
- Quorum: 3 for all meetings
- Framework to be reviewed annually

Trustee Board Meeting:
- Members: Mildmay Trustees
- Attendance: Staff by invitation of Trustees
- Objectives: to review the Strategy, Performance, Finance, Clinical Governance, Key Risk
- Meets Quarterly

Mildmay Senior Management Team (SMT)
Members: CEO, Medical Director, Head of Finance, Head of Human Resources
Objectives:
1. Contract Performance
2. Marketing & Communications
3. Finance & Fundraising
4. Human Resources
5. Operational
6. Risks for the main board
Directors will invite attendees as required.

Mildmay Management Team (Senior Management Team)
Members: CEO, MED Dir, Lead Nurse, Head of Finance, Admissions CNS, Head of Estates and Facilities, Head of HR and Registered Manager.
Objectives:
1. Contract Performance
2. Marketing & Communications
3. Finance & Fundraising
4. Human Resources
5. Operational
6. Estates & Facilities
7. Risks for the main board
Directors will invite attendees as required.
Clinical Governance Group
Members: Trustee (medical) Chair, Trustee (nursing), Trustee (Health Management), Trustee (medical/public health), CEO, Medical Director Lead Nurse, Therapies Representative, Registered Manager.

Objectives:
1. Oversight of clinical activities
2. Review of risks of service delivery
3. Staffing and compliment
4. Compliance
5. Quality improvement and Quarterly reporting
6. Clinical educating and training
7. Clinical policies
8. Information Governance

Timing: Quarterly

Finance & Fundraising Group
Members: Trustees (at least two, one of whom will Chair), CEO, Finance Manager, Trust Fundraiser.

Objectives:
1. Oversight of Finance
2. Oversight of Fundraising activities

Timing: Quarterly

Risk Management Group
Members: CEO (chair), Medical Director, Lead Nurse, Day Service Manager, Head of Estates and Facilities, Registered Manager, Finance Manager

Objectives:
1. Identify and manage operational finance, clinical and Information Governance risks as well as review incidents (monthly)


Communication & Marketing Group
Members: CEO (chair), Lead Nurse, Day Service Manager, Registered Manager, Trust Fundraiser, others as required by invitation

Objectives:
1. Oversight of the following activities:
   - Marketing Literature
   - Publications
   - Events
   - Conferences
1.3.1 Review of Services

Referrals are received each week and both wards have been open for most of the year (2\textsuperscript{nd} ward opens depending on the patient numbers). Mildmay is usually able to accept transfer into the hospital with little delay and all patients are assessed within 24 hours of admission.

Mildmay had an inpatient occupancy of 79\% over the last 2 years.

<table>
<thead>
<tr>
<th>Services</th>
<th>2018-2019</th>
<th>2017-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>73</td>
<td>98</td>
</tr>
<tr>
<td>Average length of stay per patient</td>
<td>68.32</td>
<td>58.91</td>
</tr>
<tr>
<td>Discharge (total)</td>
<td>71</td>
<td>98</td>
</tr>
<tr>
<td>Discharge home or to a long-term nursing home placement</td>
<td>90% (approximately)</td>
<td>90% (approximately)</td>
</tr>
<tr>
<td>Discharged to acute centre</td>
<td>8.4%</td>
<td>8%</td>
</tr>
<tr>
<td>Patients deceased during their stay at Mildmay</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Each patient is admitted onto a specific programme of care with a defined stay. Discharge plans are begun on admission and progressed throughout the stay. Patients who have reached the desired level of rehabilitation are discharged as soon as a safe transfer can be made. If for any reason the patient needs to remain at Mildmay for additional days, permission is sought from the authorising CNS and commissioner.
1.3.2 Funding
Mildmay is a charitable organisation that delivers care for a specific group of the NHS patients. As a charity, Mildmay raises a proportion of funds for each bed day through its activities. The Clinical Commissioning Groups (CCGs) funds approximately 90% of each bed day.

1.3.3 Participation in Clinical Audit
During this period Mildmay UK participated in 0% of national clinical audits and 0% of national confidential enquiries which it was eligible to participate in (none in the previous year). The national clinical audits and national confidential enquiries that Mildmay was eligible to participate in during the reporting period are as follows: NIL (0 in the previous year).

1.3.4 Internal Clinical Audits
Clinical Audits have taken place within Mildmay Hospital throughout the year and form part of the annual audit cycle programme within our clinical governance framework. The purpose of internal audit is to ensure that ward nurses conform to standards, rules, regulations and objectives of Mildmay.

The audit report considers below factors for determining the quality of the services:

- MUST (Malnutrition Universal Screening Tool) Analysis
- Medications Audit
- Prescription Chart Audit
- Hand hygiene/ Infection Control Audit
- Mattresses Audit
- Inventory and Disclaimer Audit
- Hoist Audit
- Falls Audit
- NHS Thermometer (Falls, Urinary Tract Infections, Catheters, VTE assessments, Pressure Ulcers)
- Student Placement Audit
- Volunteering on the Wards Audit

1.3.5 Participation in Clinical Research
The number of patients receiving NHS services provided or sub-contracted by Mildmay in this period, that were included during that period to participate in research approved by a research ethics committee was NIL.

Mildmay was involved in conducting NO clinical research studies in HIV during the reporting period.

NO clinical staff participated in research approved by a research ethics committee at Mildmay during this period.
1.3.6 CQUIN payment framework
NONE of the income of Mildmay Mission Hospital UK in 2018-19 was subject to CQUINs (Commission for Quality & Innovation payments) due to the complex nature of the service delivery. Therefore, NO income was conditional on achieving quality improvements and innovation goals through the Commission for Quality and Innovation payment framework. The 2019/20 contract also contains no CQUIN provisions.

1.3.7 The Care Quality Commission report summary
Mildmay is registered with the Care Quality Commission (1-2151037387) to deliver services under two regulated categories:
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

Mildmay received an announced CQC inspection on 5th/6th April 2017 and on 31st July 2017, Mildmay was rated as Outstanding.

In the summary, elements of care highlighted as Outstanding were as follows:
- support for patients beyond clinical care
- emotional support with personalised spiritual and social support
- extensive timetable of therapeutic activities
- comprehensive rehabilitation focus aimed at greater independence
- comprehensive volunteer support programme aimed in the main at reducing patient isolation
- Board representation from two HIV positive individuals, including a former service user
- patients involved in their own rehabilitation programme

1.3.8 Relevance of Data Quality
Capturing, storing and measuring data is necessary for measuring quality of services. Mildmay
uses i-Care for recording patient information, although it also maintains a paper-based notes system. i-Care meets information governance requirements and is a programme used by a range of health & social care providers, including specific NHS bodies, to provide robust, and accurate outcome data.

Mildmay follows the UK Rehabilitation Outcomes Collective (UKROC) data acquisition processes and provides information that is compliant with UKROC peer group comparison frameworks. This contributes towards the evidencing of the outcomes for patients who access Mildmay’s services.

1.3.9 Clinical Coding error rate
Mildmay was not subject to the Payment by Results clinical coding audit in 2018/19 by the Audit Commission.

1.3.10 NHS Number & General Medical Practice Code Validity
Mildmay has not submitted records during the reporting period for inclusion in the Hospital Episode Statistics as it is not a requirement of the contract with our commissioners. All patient identified information is protected – sent via nhs.net dedicated emails.

1.3.11 Summary hospital-level mortality indication (SHMI)
This indicator, which measures whether mortality associated with hospitalisation was in line with expected levels, does not apply to Mildmay as a tertiary health service provider.
PART 3

3.1 Review of Quality Performance
Mildmay Hospital maintains its monthly service data activity reporting and quarterly clinical commissioning group monitoring template reports.

3.1.1 Admissions and Discharge of Patients: Mildmay had 73 admissions and 71 discharges in 2018-2019.

3.1.2 Incidents:

<table>
<thead>
<tr>
<th>Incidents</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>14</td>
<td>10</td>
<td>4</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>Pressure Ulcer</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Theft</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Medication Management including Controlled drugs</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Aggression</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Accident</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>0</td>
<td>3</td>
<td>-</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Smoking</td>
<td>1</td>
<td>-</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Maintenance</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Oxygen provision</td>
<td>5</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Car Safety</td>
<td>1</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Dignity</td>
<td>0</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Catering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Laboratory</td>
<td>0</td>
<td>1</td>
<td>-</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Manual Handling</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Nursing Checks</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Equipment</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Initially reported as Safeguarding incident</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Safeguarding Concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Behaviour</td>
<td>1</td>
<td>0</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
The purpose of incident reporting is to document the facts of adverse occurrences, highlight any potential risks and concerns, learn lessons, change practices, mitigate against further occurrences and encourage transparency and a blame-free working culture. The incident reports document patient-related occurrences for example falls and pressure ulcers in addition to issues raised which affects the hospital and its staff – for example maintenance concerns and staffing issues. Incident reporting ensures that the patient safety, risk management and fulfilling legal and professional responsibilities is always a priority of the organisation and its staff. Mildmay uses its own, paper based system of incident reporting however this will be reviewed as the unit progresses to an Electronic Records System as part of its key priorities.

138 incidents were reported in 2018-2019, the summary of which is provided in the below table:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>6</th>
<th>0</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Risk/ Self-Harm</td>
<td></td>
<td></td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Staffing</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>SLT Guidelines</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Unwell</td>
<td>33</td>
<td>35</td>
<td>32</td>
<td>38</td>
<td>138</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>35</td>
<td>32</td>
<td>38</td>
<td>138</td>
</tr>
</tbody>
</table>

- 2 patients had deceased in Mildmay during the reporting period.
- There was 1 Serious Incidents (SI) (a patient made a serious allegation against two members of staff and this was thoroughly investigated and relevant actions were taken as a result of the investigation).
- There were no medically adverse incidents.
- There were no ‘Never Events’ (Never Events are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented. They include things like wrong site surgery or foreign objects being left in a person's body after an operation).
- There were no occasions where our Duty of Candour to inform patients of mistakes was required. Please note, the patient who had made the allegations in the Serious Incident was kept informed as the investigation progressed and reached a conclusion.
- There was no healthcare acquired infections during the year.
- Mildmay reported 20 notifications to the CQC: 13 DOLS (Deprivation of Liberty Safeguarding) outcomes, 2 incidents involving police, 1 notification of change in management, 2 deaths (patients referred for palliative care), 1 serious incident and 1 injury.
Being responsive to incidents and incident rates is important for the staff at Mildmay. When there was a rise in the incident rates we implemented patient and staff education and monitoring and took the necessary steps.

3.1.3 Patient Safety Incidents:
In Mildmay, patient safety is a top priority. We believe that strong health care teams reduce infection rates, put checks in place to prevent mistakes, and ensure strong lines of communication between hospital staff, patients, and families.

One serious incident was recorded during the year, and reported to the CQC and the relevant CCG.

3.1.4 Pressure Ulcers:
Pressure ulcers (also known as pressure sores or bedsores) are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin.

- At Mildmay, wounds are assessed, dressed and a care plan is developed by the nursing team.
- Patients are assessed by the medical team and referred to a tissue viability nurse as necessary. The nutritional requirements and pain management are reviewed. Pressure relieving mattresses are used.
- All pressure ulcers are reported as incidents at Mildmay, including patients who were admitted with pressure ulcers and those that have developed during admission.

<table>
<thead>
<tr>
<th>Brief Description</th>
<th>Number and Grade of Pressure Ulcers</th>
<th>Actions/Lessons Learned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure ulcers developed at Mildmay</td>
<td>2 (Grade 2)</td>
<td>Pressure ulcer care was implemented. Pressure mattresses were used for these patients. The wounds were assessed and a care plan was developed, wounds were dressed according to the care plan. The wound was reviewed by the medical team.</td>
</tr>
<tr>
<td>Patients admitted with pressure ulcers</td>
<td>1 (Grade 4)</td>
<td>The nursing and the medical teams collaborated with the specialists to manage the pressure ulcer. Follow up plans were made to continue to manage the wound post discharge</td>
</tr>
</tbody>
</table>
There was 1 incident report which highlighted the risk of a patient developing a pressure ulcer if not adequately repositioned.

| 1 | Pressure area care was undertaken. The areas were monitored and the observations were documented. A turning chart was commenced and a pressure mattress was ordered for the patient. Creams were applied and water low scoring was completed. Care plan was implemented for the patient and continence care was given to the patient. |

3.1.5 Falls

Falls are the most frequently reported type of incident and there have been 35 reported incidents in the 2018-2019. This has been audited by the Physiotherapy team – please see the brief analysis mentioned below in this section.

Reason for high number:

- Falls risk is greatly linked in with the acuity of patients, and increases, for example when a patient is confused, at risk of wandering and lacks insight into their abilities.
- Many patients admitted to the unit have an unsteady gait, and in some cases, are unable to mobilise at all.
- As part of a patient’s rehabilitation, goals are set for each patient for example a patient may progress from using a rollator frame to a walking stick.
- Because of the challenges due to the complexity of our patients and the fact that they are in rehabilitation program means that sometimes they are at a higher risk of falling.

Prevention measure for Falls:

- When patients are identified as being at high risk of falling, or after they have experienced a fall, physiotherapists develop or update individualised mobility care plans.
- Patients are observed more frequently by the nursing staff, for example every 15 minutes instead of a minimum of hourly.
- Patients may need to be transferred to a room closer to the nurse’s station so that they can be observed more closely.
- 1:1 carers may need to be booked if a patient is at high risk of falling and prone to wandering.

In response to a high number of fall incidents, the Lead Physiotherapist conducted a comprehensive Fall audit in order to understand the cause and the necessary measures to be taken which can reduce the occurrence of the Fall.
Analysis of the causes of Fall:

The severity of falls occurring over this period were mild with 88% of patient’s not requiring wound care.

It is also worth noting that a large percentage of falls can be attributed to “repeat fallers” who have sustained multiple falls over their admission. This can be explained by the complex cognitive and behavioural factors present in the HIV Neuro Cognitive Impairment caseload admitted to Mildmay Mission Hospital.

Physiotherapy Recommendations which are implemented are as follows:

<table>
<thead>
<tr>
<th>Measures Taken</th>
<th>% of reduction in Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of multiple bed and chair sensors and crash matts to mitigate the need for resource-intensive close supervision and regular observations.</td>
<td>23%</td>
</tr>
<tr>
<td>Regular applications for one to one care with various CCG’s with repeat fallers/high falls risk clients.</td>
<td>16%</td>
</tr>
<tr>
<td>Review of the Nursing Risk Assessment at Mildmay Mission Hospital to include a cognitive screen and a lying-standing blood pressure measurement.</td>
<td>18%</td>
</tr>
<tr>
<td>Regular bed control and nursing call bell placement audits.</td>
<td>5%</td>
</tr>
</tbody>
</table>
Review of the falls incident report document to include check boxes to prompt staff to contact medical doctors following a fall, ensuring 100% of falls receive medical review and 100% duty of candour is achieved.

2019 Falls Prevention Training with all staff

Complaints:
There were 3 formal complaints in the year 2018-2019.

<table>
<thead>
<tr>
<th>Describe the complaint that was made (i.e. state if it was a patient or staff member)</th>
<th>How the complaint was managed and the resolution process</th>
<th>Lessons Learnt</th>
</tr>
</thead>
<tbody>
<tr>
<td>A patient’s friend wrote to complain about the standard of hygiene in the room when the patient was admitted. They also complained about a maintenance issue regarding a toilet and a lack of remote control in the patient’s room.</td>
<td>The complaint was investigated, and actions were taken to prevent a recurrence. The Registered Manager, Clinical Lead Nurse and the Estates and Facilities Manager are working together closely to improve standards.</td>
<td>The unit takes all the complaints seriously and the management constantly endeavour to make improvements where they are necessary. The management team have taken the complaint seriously and changes to practice have been made. There are more frequent infection control ‘walk around’ undertaken by the management team. The admissions team are working in collaboration with the Estates Team to ensure that the rooms are always fully prepared for new admissions. A new cleaning schedule is being developed and changes to the working patterns of the domestic staff are being implemented.</td>
</tr>
</tbody>
</table>
A complaint was received from a Community Nurse Specialist (CNS) about a patient’s medication given to her as part of discharge planning. The CNS indicated that the patient was not given enough medication to take home and also the medication in the dossette box had been mixed up.

The complaint was fully investigated by the Clinical Lead Nurse and a response, including the evidence was sent to the CNS. The patient had been given enough medication to take home. Two nurses, one of whom was the Team Leader and Discharge Coordinator, had checked the dossette box. The medication to be taken away by the patient had been discussed with the patient and the patient had signed a self-medicating form on the day of discharge. All these actions were witnessed by a student nurse on placement. The CNS wrote back to indicate that the organisation had followed the right procedures and processes and was satisfied with the actions taken.

A complaint had been raised regarding the length of time it took to plan for a patient’s appropriate discharge, and the processes used to apply for their Continuing Healthcare Funding Application. The complainant also raised concerns regarding the management of this patient’s Best Interests Meeting.

The processes were analysed and reviewed by the Registered and Compliance Manager, the Discharge nurse and the social worker. Findings were fed back to the complainant.

The complaint has been taken seriously and the following actions were taken:

- All the discharged patients, if appropriate, would sign a form on discharge.
- Discharge planning would continue to be high on the agenda.
- Two nurses to continue to check all the dossette fingers/boxes and packets of medication.
- Nurses discharging a patient to write the summary of discharge in patient’s notes.

Health professionals to improve on documentation in patients’ notes and this is being disseminated at nursing handovers.

Processes were reviewed to implement changes and improve practice. A new template was introduced to document Best Interest decision-making procedures. Improvements need to be made in relation to the length of time for the applications for continuing health care. There needs to be more frequent communication with the external agencies in relation to the discharge planning.
3.1.6 Staff Feedback Procedure:

- Mildmay has a Whistleblowing policy which details how whistleblowing is handled within the organisation and how we ensure staff who whistle blow do not suffer detriment. This policy can be found on the intranet and is introduced to all staff during induction.
- We also have an Incident Reporting Procedure where staff can alert the Registered Manager of Incidents within the Hospital. These are investigated and recommendations are made. Feedback is always given to the concerned parties and Senior management team.
- Mildmay also has a Complaints procedure which staff can use to raise complaints. This is found on the intranet for easy access.

3.1.7 Staff Training:

Our training program helps employees learn specific knowledge or skills to improve performance in their current roles.
Below is the list of the training conducted in the year 2018-2019:

<table>
<thead>
<tr>
<th>Mandatory training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety and Welfare at Work</td>
</tr>
<tr>
<td>COSHH awareness</td>
</tr>
<tr>
<td>Basic Life Support level 1 and 2</td>
</tr>
<tr>
<td>Food Safety Awareness</td>
</tr>
<tr>
<td>Fire Safety Awareness</td>
</tr>
<tr>
<td>Information Governance and GDPR</td>
</tr>
<tr>
<td>Safeguarding of Vulnerable Groups level 1 and 2</td>
</tr>
<tr>
<td>Safeguarding Children Level 1 and 2</td>
</tr>
<tr>
<td>Conflict Resolution and Lone Working</td>
</tr>
<tr>
<td>Equality, Diversity and Human Rights</td>
</tr>
<tr>
<td>Moving and Handling Level 2</td>
</tr>
<tr>
<td>Prevent Awareness</td>
</tr>
<tr>
<td>Deprivation of Liberties and the Mental Capacity Act training</td>
</tr>
<tr>
<td>Moving and Handling training including Practical</td>
</tr>
<tr>
<td>Pressure Ulcer Prevention training</td>
</tr>
<tr>
<td>Training in Maintaining Professional Boundaries, Conflict Resolution and Managing behaviour that challenges</td>
</tr>
<tr>
<td>Infection Prevention and Control Training</td>
</tr>
<tr>
<td>Data Security and Protection Training</td>
</tr>
<tr>
<td>Medical gas training</td>
</tr>
</tbody>
</table>
Refresher Training

- Fire Safety training
- Controlled drugs training
- Infection control workshop

Continuous Professional Development (CPD)

- Feeding tubes training
- Drug and Alcohol Training
- Mentorship Update training
- Humidifier Training
- Level 3 training in Education and Teaching (3 nurses)
- Continuing Health Care (CHC) Training
- HIV Awareness Training (Bart’s Health) for the Nurses and the Rehab Assistants
- NHIVNA conference attended by 4 nurses
- The BHIVA conference
- Rehabilitation Assistant Competency Training
- Communication skills training
- Self-Awareness training
- Motivational Interviewing training
- The Respiratory System and Deep Suctioning training
- Training related to Dementia/HIV related brain impairment, Diabetes and HIV
- Training in observations
- A ‘sign off’ training workshop was attended by Nursing Team Leader
- Personality Disorders Training
- Domestic Violence awareness
- Conference on ‘Effectively Regulating the Voluntary Sector’ - Registered manager
3.2 Other Quality Initiatives

Various other quality initiatives have been implemented in Mildmay in by management and employees.

**Patient Led Assessment of the Care Environment (PLACE)**

Mildmay scored above the National Average for the Patient Led Assessment of the Care Environment (PLACE) across the categories of Cleanliness; Privacy, Dignity and Wellbeing; Condition, Appearance and Maintenance.

<table>
<thead>
<tr>
<th>Category</th>
<th>National Average 2018</th>
<th>Mildmay Score 2018</th>
<th>National Average 2017</th>
<th>Mildmay Score 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness</td>
<td>98.5%</td>
<td>98.92%</td>
<td>98.4</td>
<td>99.5</td>
</tr>
<tr>
<td>Food</td>
<td>90.2%</td>
<td>87.12%</td>
<td>89.7</td>
<td>69.6</td>
</tr>
<tr>
<td>Privacy, Wellbeing and Dignity</td>
<td>84.2%</td>
<td>85.53%</td>
<td>83.7</td>
<td>90.8</td>
</tr>
<tr>
<td>Condition, Appearance and maintenance</td>
<td>94.3%</td>
<td>93.70%</td>
<td>94</td>
<td>92</td>
</tr>
<tr>
<td>Dementia Care</td>
<td>78.9%</td>
<td>74.30%</td>
<td>76.7</td>
<td>65.8</td>
</tr>
<tr>
<td>Disability</td>
<td>84.25%</td>
<td>82.49%</td>
<td>82.6</td>
<td>63</td>
</tr>
</tbody>
</table>

**PLACE Inspection Scores**

![PLACE Inspection Scores Diagram]
Overall feedback was very positive, the general impression of ward and premises were highly positive. Improvements within the food service and catering were noted in this year’s inspection. Improvements in signage were also noted.

**Cleanliness** There was a slight drop in the cleanliness standard in this year’s PLACE inspection, but still the scores are above the national average level. The Estates and Facilities, Clinical Lead Nurse and the Registered Manager have collaborated to improve the standards of cleanliness. Improvements included allocating specific domestic staff to specific clinical areas in order to promote ownership. Clinical areas have recently been reaudited by external Infection Control Specialist Nurses and have scored highly.

**Condition, Appearance and Maintenance**
After a slight drop last year, this has now risen again. There was very positive feedback in relation to the maintenance of the building. A few issues were noted regarding the garden, including maintenance of the bench, and the tidiness of the smoking area. The Estates team were informed about it and appropriate measures are taken in relation to the issues.

**Food**
Significant improvements were noted and the overall score has risen. Quality and taste scored very highly. The food service appeared more organised this year and complied with the health and safety standards e.g. temperature probing, trolley kept food warm for longer.

**Privacy, Dignity and Wellbeing**
The score dropped slightly this year but is still above the national average score, due to single occupancy rooms and facilities such as WIFI, and freeview TV. The underlying causes of the drop in score are currently being analysed and will form the basis of an improvement plan.

**Dementia Care**
This score increased, mainly due to improvements in signage. Improvements can be made e.g. in relation to flooring, if relevant, but the score is now close to national average.

**Disability**
There has been a significant increase this year. The unit is disability friendly and the score is now close to national average. Key points include clear signage, the use of braille and accessible toilets and lift access.
3.3 Feedback from Service Users

3.3.1 Friends and Family Test:

Mildmay places great importance on feedback from people who use our services – feedback that is gained from patients, referring clinical nurse specialists and other professionals.

In 2018-2019, feedback was collected from 21 patients when they were discharged, which accounts to 40% of the inpatients.

On an average, we had positive response from 86.67% of the patients and 100% of the patients agreed they would recommend Mildmay if their friends and family require it.

Below is the summary of patient’s feedback:

- Most feedback is dealt with in real-time, either at the bedside or in day services and leads to an immediate action.
- Day Services has a regular user forum to take feedback about the service and make adaptations.
• Recent and current service users also form part of the PLACE inspection team (details on page 35)
• The introduction of the improved acuity management will ensure that the right balance of input between the high and low dependent patients is maintained. Mildmay also has a catering steering group to get feedback on food served at Mildmay.
• Regular updates are provided to the referrers, suggestions from the CNS are reviewed and where we can we have made sure to make the necessary adaptations based upon specific feedback.
• Individual feedbacks are also taken by the Occupational therapy and Physiotherapy Department to ensure good delivery of interventions and practices.
3.3.2 Captured Comments and Case Studies:

**Volunteer Comments**

“Everyone is very welcoming and understanding. The people are friendly and easy to talk to and I admire how much Mildmay does to make their patients and colleagues comfortable and wanting to learn more.”

“I find my time very rewarding and I feel that I am gaining invaluable skills that I can carry with me throughout my life.”

**Staff Quote:**

“"As a member of the multi-disciplinary team, the chaplain is there to offer a listening ‘ear’ in all circumstances pertaining to the patient’s personal, on-going and ‘end of life’ care. Other responsibilities include preparing, animating and leading chapel services, maintaining the chapel as a sacred space for peace and tranquillity and, contributing to the general life and development of Mildmay whilst maintaining good communication by treating all persons with the utmost respect”.

**Ward Patient Comments:**

“I have nothing but praise for the quality of work at the Mildmay and the friendly helpful and courteous attitude of all the staff at all times. My grateful thanks” “to everyone.

Excellent physiotherapy.

I would like to thank all the staff on all levels for their kindness always smiling, always willing to help and support on all levels. Many thanks to you all.
3.3.3 Case Study 1:
V was referred to Mildmay’s Day Therapy for rehabilitation. V was referred for focused programmes of therapy for his physical disability and cognitive impairment. On admission V was using two crutches to support himself whilst walking, sitting and standing; and was generally confused and struggling to adjust to the new environment. V used two crutches due to severe right sided weakness, with spasticity and weakness of his arm and leg and pain on the affected side.

Since attending Mildmay’s Day Therapy, V has engaged in a rehabilitation service that has aimed to promote his skills, confidence and psychosocial wellbeing, helping him to lead a healthy and an independent lifestyle. V has engaged in his physiotherapy sessions and continued to work on his mobility, and has achieved significant improvements in his right sided weakness. He can now manage to transfer himself from chair to chair and uses one crutch to support himself. With his engagement in the Health Promotion Awareness sessions and Expert patient Programme discussions, he has increased his basic understanding of HIV/AIDS and is able to assess his current knowledge for self-management of his long-term illness.

V has commented “I can now do things I was not able to do by myself. I can now communicate with my friends, family and peers. This has increased my confidence, removed feeling of shame/guilt, improved my mental health, and I can now take care of some of my daily activities.”

V has become more confident with a higher self-esteem, is able to communicate well with his peers, and is more relaxed and positive in his outlook. He is now making an additional effort to increase his recommended exercise regimen. Currently, V is being reviewed so that he can engage in a more vigorous gym exercise programme. V is an extremely enthusiastic and appreciative attendee of Mildmay’s Day Therapy Service.

-Petronilla Duru
Day Therapy Assistant
Case Study 2:

B is a 61-year-old patient. He was diagnosed with HIV in 1985. Prior to his admission here, he was admitted to King’s College Hospital. A neighbour was concerned as he was not seen for several days. He was found in a delirious and confused state and an ambulance was called for him. He was treated for sepsis secondary to community-acquired pneumonia. He was also commenced on treatment for distal aortic thrombus.

He was admitted here on 14/2/19. On his admission here, B presented with confusion and was not engaging with therapists, nurses and doctors. He reported that he might not have been taking his medications since October 2018. It was suspected he was suffering from HIV encephalitis.

He had episodes of tachycardia and low systolic blood pressure, which were asymptomatic. During the course of his admission, blood tests revealed he had a drop in HB with no evidence of melena, haematuria or hematemesis. He was transferred to Royal London Hospital to find the source of Haemoglobin drop but nothing was identified. He was transferred back to Mildmay but absconded from the RLH discharge lounge. This was reported to the police and they brought him back to Mildmay.

He continued to decline to engage with the therapists. He was taking his medications under direct supervision since admission. On most episodes, he would refuse to take them as prescribed, often asking to be left alone. He spent most of the day in his room. He became easily irritable with no obvious cause. He was verbally aggressive, swore at staff, and declined to engage in washing and dressing or even changing clothes. A capacity assessment was done and he was placed on The Deprivation of Liberty Safeguards (DoLS) to treat him in his best interests.

Socially, he did not have anyone coming to visit him or making contact with him. He had expressed his wish not to let anyone even his next of kin know about his admission here. A home visit was carried out and his property was found to be inhabitable at that time. He declined assistance to have it cleared to allow cleaning as recommended by environmental health and said he would do it himself. He had lost a lot of weight and required dieticians input.

B was persuaded to engage with care by the team as a whole. By the time of discharge, he had demonstrated continued improvement in his cognition, behaviour, mobility, medication adherence and his health and well-being improved dramatically. He started taking his medications under supervision without telling staff to leave him alone. He progressed to self-medication from a dossett box by the time of discharge. He started coming out of his room to join others in the communal lounge and garden. He engaged with dieticians and took supplements as prescribed. He had gained 10kg by discharge.
He engaged with the physiotherapists and was able to mobilise into the community independently, at first by taxi and eventually by public means with an escort. He was reviewed for DOLS and was found to have capacity. His behaviour had changed and was no longer aggressive. At the time of discharge, he was going out by himself and returning with no issues. He was refereed to floating support service for support post discharge.

-Hellen Wanbui (Team leader nurse and Discharge coordinator)
3.4 Commissioners’ Statement for 2018 - 2019 Quality Account - Mildmay Mission Hospital

NHS Newham CCG works with CCGs from North East and North Central London as part of a shared commissioning arrangement to ensure that Mildmay Mission Hospital (Mildmay) meets its contractual quality and performance obligations.

We welcome the opportunity to provide this statement on the Quality Account for Mildmay, but are disappointed in the delay in receiving the initial and revised drafts of the Account.

The work carried out by Mildmay to meet its 2018/19 priorities is acknowledged, in particular, improving the accuracy of reporting and analysis of patient data (priority two) and team working across the organisation (priority four).

It is good to see the continual improvement in results of the 2018/19 Patient-Led Assessment of the Care Environment (PLACE) survey, in particular in the Food, Dementia Care, and Disability categories, and we encourage the organisation to continue to focus on improving patient experience.

Mildmay’s aim to continue to progress the 2018/19 priority to develop an electronic patient database system is welcomed. However, as requested, it would be useful to understand how the other 2019/20 priorities will result in improved quality and patient experience.

We encourage the organisation to continue its efforts to develop a quality improvement programme based on the outcomes of its clinical audits, with particular emphasis on falls prevention.

The information contained within the Quality Account has been reviewed and checked against data sources where these are available to us as part of existing quality and performance monitoring discussions, and that it is accurate in relation to the services provided.

We look forward to continuing to work with Mildmay to improve the quality of services provided to patients.

Jane Milligan
Accountable Officer
NHS North East London Commissioning Alliance (City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)

Senior Responsible Officer North east London Sustainability and Transformation Partnership

NHS North East London Commissioning Alliance (City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)

Senior Responsible Officer North east London Sustainability and Transformation Partnership
Annex 1: Supporting statements
In compliance with the regulations, Mildmay sent copies of our Quality Account to the following stakeholders for comment prior to publication.

- The lead commissioners, commissioners and CNS
- The Overview & Scrutiny Committee (OSC) of the London Borough of Tower Hamlets or its Health Board.
- Healthwatch
- The Friends of Mildmay

Annex 2: Statement of directors’ responsibilities for the quality report

Statement from Geoff Coleman (CEO) and Dr Simon Rackstraw (Medical Director) of Mildmay Mission Hospital is already published in Part 1 of this report
Mildmay

Transforming the lives of people with HIV

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Camilla Hawkins- Lead Occupational Therapist and Day Therapy Manager