

Mildmay Mission Hospital UK  
Registered office;  
2 Austin Street  
London E2 7NB

Company no: 07512950

Charity no: 1140807



## QUALITY ACCOUNT 2010-11

### QUOTES ON QUALITY

***"I will to express sincere thanks for the care the (patient name) received while she was at the Mildmay. I would like the whole team to be made aware of my appreciation for the wonderful work that you do. (Patient name) has found her stay at the Mildmay to be extremely beneficial in building her weight, an excellent virological response, and an appreciation of adherence in her future well being."***  
SIGNED BY A COMMUNITY CONSULTANT.

***"The Mildmay has made it easier for me to remember to take my meds"*** PATIENT EXIT INTERVIEW FORM.

***"Thank you for listening, thank you for caring, thanks for the help in getting me back on my feet."*** PATIENT EXIT INTERVIEW FORM.

***"May the (PATIENT NAME) family express their admiration for all at Mildmay who made our son's last days so comfortable, he spoke of the kindness, thoughtfulness, care and consideration he was receiving and your efforts to deliver dignity and your respectful attention to detail. Thank also your Chaplain for her supportive and encouraging comments."*** MOTHER OF PALLIATIVE CARE PATIENT.

## Part 1 – Responsible Individual's Statement

Mildmay Mission Hospital UK (herein after referred to as Mildmay UK) delivers services to the NHS through the mechanism of a contract with 25 London Primary Care Trusts (PCT's) and by accepting duly scrutinised spot purchased referral from any other UK source that could include PCT's, acute hospital Units, self payers or EU funding sources.

On behalf of the board of trustees, I would like to thank all our staff and volunteers for their achievements over the past year. Despite the current economic climate, Mildmay UK has continued to provide high quality services and has been recognised to be a valuable resource to the NHS. Mildmay UK is financially sound and has a robust scrutiny of income and expenditure involving all budget holders in partnership with the senior management team to monitor and manage its budget.

Quality is paramount for Mildmay UK and the Spencer House Unit is an international beacon of good practice in the specialist field of HIV related Neuro Cognitive Impairment (HNCl) and has hosted visitor from Norway, Japan & the Ukraine in the past year.

Mildmay UK is registered with the Care Quality Commission to deliver services under four regulated categories, they are;

**Long Term Care (LTC)** – this is a category that encompasses our work in the ongoing medical & nursing care and support of people, living with complex HIV related conditions.

**Rehabilitation (RHS)** this is aimed at people living with complex HIV related conditions and HIV related Neuro Cognitive Impairment (HNCl)

**Palliative Care ((HPS)-** Mildmay continues its pioneering work in the field of hospice end of life care of people with HIV related conditions.

**Diagnostic & Screening Services (DSS)** – this category enables Mildmay to assess, screen, stabilise and rehabilitate people with complex HIV related conditions.

Following submission of our self assessment in 2009 the care quality commission identified no shortfalls in service delivered. The senior management team has

attributed this to the continuing hard work of staff who have embraced the challenge of change and embedded quality improvements in practice at our Spencer House Unit.

The safety, care and support experience and the outcomes for patients and day service users are of paramount importance in the understanding of what Quality looks like at Mildmay.

Through effective clinical governance, the Mildmay UK Clinical Governance Committee oversees the clinical, nursing and rehabilitative care and support delivered by Mildmay UK receiving reports from a range of internal and external groups and key officers.

I am responsible for the preparation of this report and its contents. To the best of my knowledge, the information reported is accurate and compliant with the requirements of the Health Act of 2009.

**Michael Albero**

Interim Director

Mildmay Mission Hospital UK

10<sup>th</sup> June 2011

## **Part 2 - Planned Priorities for Improvement 2011-12**

### **2.1 Objectives**

#### **2.1.1 Objective 1**

Establish a programme of training and roster rotation to ensure all clinical staff will attend a 'Managing Challenging behaviour' course. This can be monitored by a review of the training plan, the staff development plans and the annual staff appraisal system. This task is delegated to the Unit General Manager as a cascaded objective.

#### **2.1.2 Objective 2**

Improve the quality of staff completion of incident reporting forms to make them an effect tool for learning. This will be by one to one support by line management, by short workshops and teaching sessions. The efficacy of the activity can be monitored by the senior management team conducting a review of all month 10 incident reports in the period and comparing them with the month 10 of 2010-11.

#### **2.1.3 Objective 3**

Capture patient journey comments in a manner that ensures their efficacy in affecting change on the Unit. The improved and more consistent use of exit interviews, patient surveys, access by the Independent Patient Champion and reporting by day service client forum, consultation with referrers and other key stakeholders will contribute to the monitoring of this objective.

#### **2.1.4 Objective 4**

Establish an office manager post to be the administrative contact between patients, carers and to develop the patient information pack as a principle aid to admission. The effectiveness of this action will be monitored by a review of admission, six month review of the new post and its impact and the production and approval of a new patient information pack.

### **2.2 Statements of Assurance from the Board.**

During 2010-11 Mildmay UK consolidated its occupation of the Spencer House Unit as part of the planned relocation from the original Victorian (soon to be demolished) old Mildmay Mission Hospital into a temporary site.

During the period Mildmay UK submitted quarterly reports to commissioners and referring officers in the form of a traffic light table with commentary. Mildmay UK also submitted quarterly reports to the board including snapshots of cases, budget statistics and a progress report on meeting key objectives and explanations about opportunities and obstacles encountered.

Mildmay UK delivered services under contract and in accordance with a service specification embedded in that contract. Its staff survey resulted in Mildmay being identified in the Healthcare 100 in 2010, an accolade which brings us pride because it came from practitioners in healthcare.

The closing of the year with no reportable 'red or amber' indicators in our quarterly report to commissioners reflect considerable effort by the healthcare professionals to raise standards and meet the monitorable elements of quality service delivery identify in the contract.

The Senior Management Team (SMT) met at least three weekly and reviewed incidents, staff performance, operational issues, progress on strategy and the business plan. It oversaw the work of a number of standing committees (Risk Management, Clinical Governance, Staff Forum, Budget & Resource Review) and it ensured that a range of monthly internal audits were presented as well as the quarterly Morbidly Audit.

The 2010-11 year has seen an efficient consolidation despite a challenging financial environment, and the design of the draft service specification for 2011-12 evidenced continued measures to improve quality service delivery at Mildmay.

## **Part 3 - Review of Quality Performance 2010-11**

### **3.1 Objectives 2010-2011**

#### **3.1.1 Establish an Independent Patient Champion**

Mildmay UK has successfully trailed a volunteer post that has consolidated the process of gathering information and has enabled staff to direct comments to a post holder who can coordinate the patient voice at Mildmay.

#### **3.1.2 Review Day Service Provision**

Mildmay UK has implemented a thorough review of the delivery of day services at the Spencer House site and has redesigned the Day Service to enable greater therapeutic input, to widen the range of groups and activities on site and to deliver a patient focused key working process.

#### **3.1.3 Construct Indicative Treatment Pathways**

Mildmay has established a set of pathways, consulted with commissioners and have had them integration into the service specification for to 2011-12 contract. This work outlines the expected timescales of activity, who take responsibility for moving the pathway along, what are the mechanisms for resolving blockages and what accountability there is to ensure delivery of person centred holistic variation of care planning based on an agreed guiding pathway.

#### **3.1.4 Establish key working for patients admitted for a) HNCI assessment & rehabilitation & b) complex physical needs.**

Mildmay UK enters the 2011-12 period with a tested key worker system in place that allocates three named individuals to track the admission to discharge of all patients referred to these pathways. Staff are trained on the key working role, the system is part of new staff induction and the system is tested by exit interviews, staff assessments, audits and use at discharge planning meeting and weekly reviews.

#### **3.1.5 Embed the Healthcare Associated Infection action plan**

The plan was incorporated into a new policy that is subject to both spot checks by the Clinical Lead Nurse and is ultimately monitored by an external independent visit from the Infection control; contract with Homerton Hospital. The Clinical Governance Committee received these reports w and its minutes are made available to the board.

#### **3.1.6 Develop a Role of a Rehabilitation Technician**

The Unit General Manger has recruited to this post and designed the role to enhance the rehabilitation journey of patients. This post holder is trained by key therapists to ensure that the rehabilitation assistance interventions are supported to maintain the rehabilitation programmes in the evenings and weekends. This action

is monitored by the weekly case review meeting and as part of the Interdisciplinary Team (IDT) weekly case review. There will be a report on the progress of the role within the first six months of deployment.

### **3.2 Patients and Day Service User feedback**

Day service clients have a client forum for each operational day and it can call any officer of Mildmay to account. It can comment about any aspect of the experience of being a service user and it can hold to account the management of the day service team.

Feedback from in-patients is obtained from a range of methodologies; Independent Patient Champion interviews, exit interviews, feedback forms (with anonymity) feedback to key workers, contribution to care planning and access to senior staff or feedback via their community nurse specialist.

Feedback from next of kin, carers, friends, visitors, relatives and significant others is encourage in face to face encounters and by the provision of feedback forms and suggestion boxes on the Unit.

### **3.3 Mandated statements**

#### **3.3.1 Review of Services**

During 2010-11 Mildmay UK provided 4666 in-patient bed nights and 2509 day service placements. The Mildmay has reviewed all the data available to them on the quality of care in 100% of these services which were all funded by the NHS.

The income generated by the NHS services reviewed in 2010-11 represents 100% of the total income generated from the provision of NHS services by the Mildmay for this reporting period.

#### **3.3.2. Clinical Audits**

During 2010-2011 NO national clinical audits and NO national confidential enquiries covered NHS services that the Mildmay provides. During this period Mildmay UK participated in 0% of national clinical audits and 0% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquires that Mildmay was eligible to participate in during the reporting period are as follows; NIL.

The local clinical audits and local confidential enquires that Mildmay was eligible to participate in during the reporting period are as follows; NIL.

#### **3.3.4. Research**

The number of patient receiving NHS services provided or sub contracted by Mildmay UK in this period that were recruited during that period to participate in research approved by a research ethics committee was NIL.

Mildmay UK 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.

Two members of staff conducted research as part of their doctoral studies.

### **3.3.5 CQUIN**

NONE of the income of Mildmay UK in 2010-11 was subject to CQUIN 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.

### **3.3.6 Statement from the CQC**

Mildmay UK has met the two conditions of the 24th June 2009 report which recommended Mildmay i) develop a Child, Protection Procedure for Visitors to the Unit and ii) create a policy about the use of the Deprivation of Liberty Standards(DOLS). Mildmay has achieved registration under the new requirements for October 2010.

### **3.3.7 Data Quality**

Mildmay's in house records are compliant with NHS records good practice requirement but Mildmay maintains a mainly paper based record system at present, supplement by a lotus notes internal; email system that does not have capacity to be sent beyond the registered in-house email accounts.

Mildmay UK will be taking the action to improve data quality by developing peer group review and by improved induction processes.

### **3.3.8 NHS Number & General Medical Practice code validity**

Mildmay UK has not submitted records during the reporting period to the secondary uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data as it is not a requirement of the contract with our commissioners, and it a measure which protects the confidentiality of people living with a condition which still experiences stigma and discrimination in the community.

### **3.3.9 Information Governance Toolkit attainment levels**

Mildmay UK has never taken a Information Governance Assessment Report score and is not subject to the IGT rating scheme.

### **3.3.10 Clinical Coding error rate**

Mildmay UK was not subject to the Payment by results clinical coding audit in 2010-11 by the Audit Commission.

### **3.3.11 Complaints & Incidents**

A total of fifteen comments were received of which three were treated as complaints that were satisfactory resolved at the second stage in complaint handling. Other comments resulted in some changes of practice and in procedural reviews and were referred to standing committees (catering, risk management, staff forum).

A total of twenty untoward incidents and two serious untoward incidents were reported, they were reviewed by the Senior Management Team and resulted in improvements in practice.

9 medically adverse incidents were analysed by the Medical Director and resulted in the identification of training needs and better induction of rotation doctors, agency & bank nursing staff.

A breach of confidence occurred when a medical student 'lost' photocopies of patient paperwork. Disciplinary action was taken by his college and a face to face encounter with the patient was enabled (at the request of the patient) leading to a satisfactory conclusion from the perspective of the patient.

## **3.4 Mildmay UK's action in the three quality domains;**

### **3.4.1. Domain 1 Patient Safety**

Mildmay UK hold patient safety to be its paramount concern and hold regular reviews of the patient experience in particular peer group incident review meeting when it is considered that there are lessons to be learned or when there was an unsatisfactory discharge.

Consideration of safety begins with a comprehensive induction process and proceeds with assessment and review of need.

Key working is in place to maximise advocacy for each patient and to be a mechanism to direct person centred holistic service delivery.

Weekly case reviews, daily medical rounds and weekly psychiatric rounds add to the systems for consideration of risk and well being.

### **3.4.2. Domain 2 Clinical Effectiveness**

Mildmay UK has a matrix of mechanisms to ensure clinical effectiveness overseen by the Clinical Governance Committee. It receives reports from;

- Risk management meeting

- Staff forum
- Independent Infection control
- Registered Manager & Nominated individual

All practitioners have access to clinical supervision, training updates

All practitioners are strongly encouraged to participate in their own discipline's personal & professional development forums and Mildmay will target its training resources to enable research, presentations or study group activity.

Mildmay prides itself on being a training environment and promotes the question of what we do, why we do it, why we do it this way by student placements use of interns and other learning & exchange opportunities. Mildmay was voted by the nursing students of City University to a 'Commended' placement status in 2010.

Mildmay uses its Monthly Quality Audits and quarterly Morbidity & Mortality Audits to consider various elements of practice on the unit.

### **3.4.3. Domain 3 Patient Experience**

Mildmay UK has an Independent Patient Champion who can track the patient journey and who is accessible to patients, day service users, their family, friends and carers as an advocate and who can hold Mildmay to account. The day service has four consultation forums to give a voice to the day client journey. The Directorate of the Unit makes themselves available to attend on an annual basis.

The Independent Patient Champion advocate role has been established to add an external voice to the patient experience and to explore new ways to gather the views of patients, day service clients and others.

The exit interview process captures view at discharge.

The suggestion box (at reception) provides opportunity for comment, compliment or complaint.

A set of meeting with key stakeholder offers opportunity to comment on service delivery and the experience of clients / patient while at unit. The meeting with the referral sources are particularly valuable in this regards.

## **ANNEX Supporting statements**

In compliance with the regulations, Mildmay UK sent copies of our Quality Accounts to the following stakeholders for comment prior to publication.

- The lead commissioner Tower Hamlets PCT
- All 22 known commissioner part of the Pan London Mildmay Commissioning Group
- All 23 referring CNS's in receipt of monthly reports
- The East London Learning Involvement Network LINK
- The Overview & Scrutiny Committee OSC
- The MMHUK Independent Patient Champion
- Friends of Mildmay
- The Barts & London Psychiatric support service

### **At the point of publication the following comments had been received:**

Three Community Nurse Specialists (Community Matrons) recommended re write of comment at 3.3.11.

One Commissioner commented "The account reflects the progress made at Mildmay and the consolidation of quality improvements and mirrors data shared with commissioners in quarterly reporting."

One external stakeholder commented "Comment on the confidentiality breach and its conclusion would be useful." (Added to draft, now forms the last paragraph of 3.3.11.)

The O.S.C. did not have time in its business plan to comment but indicated that it might seek to visit the Unit when its induction plan is written for newly appointed officers/members.

The Friends of Mildmay commented "The skills and experience of such a committed team continue to grow and we welcome the objectives set for the year ahead which focuses on learning, teaching and listening to the patient's experience."

There have been no other comments received by the time of the submission of this document but Mildmay has learned that future documents need to be drafted at an earlier stage to increase the period of potential consultation.

#### ACTIONS;

Submitted to stakeholders for comments 16-5-2011

Submitted to the Secretary of State & uploaded NHS Choices 30-6-2011

Uploaded to Mildmay's website for public view 1-7-2011