# MILDMAY MISSION HOSPITAL

## ANNUAL QUALITY ACCOUNT

April 2019–March 2020

MILDMAY

Transforming Lives

**REGISTERED OFFICE:**

**MILDMAY**
19 Tabernacle Gardens
London, E2 7DZ

Company No. 1921087
Registered Charity No. 292058

# Introduction

Mildmay UK is delighted to present our Quality Account for 2019-2020. As Mildmay provides healthcare services that are commissioned by NHS England and Clinical Commissioning Groups (CCGs, we are required to publish an annual Quality Account. The Quality Account is an important way for Mildmay to report on the quality and improvements in the services we deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided. This includes information on how how well we are doing, continuously improving the services we provide, and how we respond to checks made by regulators like the Care Quality Commission (CQC).

# PART 1

## EXECUTIVE DIRECTOR'S STATEMENT


**Geoff Coleman, MIHM DMS MA MBA**
**CEO, Mildmay Mission Hospital**

On behalf of the Board of Trustees and the Executive Team, I am proud to present the 2019-2020 Quality Account for Mildmay Mission Hospital. This account looks at our progress and achievements across 2019-2020 and looks forward to some of our key priorities for patients in 2020 - 2021.

At Mildmay Hospital, our focus is on providing 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.

At the beginning of 2019, the Charity faced the question, 'what do we do now'. With referrals for HIV care dropping much faster than expected it was clear that a new direction needed to be found quickly. Throughout 2019 we worked on several different possible strategies including Neuro 2B services, Hepatology, Dementia and Mental Health. By the autumn there were only two possibilities; in Neuro 2B and Hepatology. The Hepatology service was not sustainable on its own. By the end of the autumn, the Neuro 2B option had been taken off the table and the charity spent an anxious few weeks looking for something else, rather than close down our clinical services in London. By the end of November, an answer of sorts came to us. We would explore the possibility of providing step-down care for homeless patients discharged from acute London hospitals. This potential service overlapped significantly with what we already did and so, with the support of Pathway, a London homeless charity and the Healthy London Partnership we put together a proposal. Alas, it was not to be. In January it was felt that more time was needed to identify alternative options to Mildmay and so the charity made plans to close down the clinical services at the end of March.

Then everything changed. In the second half of March, the country went into lockdown as a result of COVID-19 and Mildmay was asked if we could provide the step-down care for homeless patients that needed to be rapidly discharged from London hospitals. We were also asked to take HIV patients sooner than we would normally have, to free up hospital beds in the overall system. So as we reached the final days of March the charity changed gear completely from shutting down to continuing with increased capacity. By the end of the month, the

hospital had more referrals than we had seen since it opened its new building nearly six years before. So, the story of Mildmay hospital in London is to continue. For the time being.

## STATEMENT ON SERVICE QUALITY AT MILDMAY

**Dr Simon Rackstraw**
**Medical Director, Mildmay Mission Hospital**

Patients are referred into Mildmay who are living with HIV infection and other complicating co-morbidities. Our patients often have both physical and cognitive impairments, frequently coupled with co-existent psychological ill-health. They often live in difficult social circumstances which make their access to the care that others take for granted very difficult. Through a rehabilitation pathway which involves nursing, medical and therapeutic interventions, as well as social and peer support, patients are invariably discharged in a better state of health to live as independently as possible.

As an integral part of our service delivery, we seek to demonstrate the value of our clinical interventions through measurement by audit and clinical outcome measures. We contribute data to the UK ROC - UK Rehabilitation Outcomes Collaborative, and through this, we can demonstrate the clinical effectiveness of our interventions and cost-effectiveness of our service. For example, over the last year we can evidence that following a rehabilitation admission at Mildmay, the average weekly cost of a patient's care is reduced by **£485** per week.

We seek feedback continuously from patients, their loved ones, our staff and other clinicians; and try and incorporate recommendations generated from that feedback to try and improve the quality of our services. Our Friends and Family Test shows that **90%** 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.***

Mildmay Hospital provides care and rehabilitation for patients living with HIV infection, often at a difficult point in their lives 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.

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

# 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 some London CCGs (Clinical Commissioning Groups). 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 a communal lounge, kitchen, assisted bathrooms and secure entry/exit system.

Our Day Therapy wing includes a large lounge where our music and art therapy sessions 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 services, 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 the 1860s, in response to the cholera epidemic in the East End of London. Our faith and strong sense of mission to educate, share knowledge and care for those in greatest need continue 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 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 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), a registered charity (292058) and registered with the Care Quality Commission (1-2151037387), location number 1-2311760426).

# MILDMAY'S SERVICES

## 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
- Sixty-two per cent of NHS expenditure is spent on long-term care and effective management of those conditions, including HIV. Mildmay provides a crucial service within a tough economic climate by providing a cost-effective service for persons living with HIV who have complex health needs.

## There 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 multidisciplinary rehabilitative care to support patients to achieve their maximum potential and regain their independence.

### Pathway Two: Respite Admission

AIMS

- To provide a short admission period to support patients who 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 live as independently as possible with long term minimal community support if required.

## Pathway Three: End of Life Care

AIMS

- To provide expert symptom management, advice, spiritual, emotional and psychological support to patients who require end of life care and their families, friends and carers.
- To provide support after death to families, friends and carers.

## New Homeless Specialist Step Down Care

SERVICE OVERVIEW: This specialist medical respite will aim to meet the needs of homeless people with tri-morbidity, i.e. physical ill-health or injury complicated by a history of mental illness and problems related to substance misuse and possibly COVID-19. Patients will be sufficiently recovered to no longer need high cost acute medical or surgical hospital care, but still need a further period of convalescence and community care planning before a safe hospital discharge can be achieved.

GOALS AND OUTCOMES
Mildmay's aims are to deliver:

1. No rough sleepers die on the street
2. No one is discharged from a hospital to the street
3. There is equal and fair access to healthcare for those who are homeless.

## Day Therapy Service

Mildmay's Day Therapy Service provides specialist interventions 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 long term with a chronic health condition on people who attend our services.

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 activities that were available throughout the year:

- Music Group - This activity provides the opportunity for people with various challenges in communication to express themselves through 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 provides the opportunity for patients to engage in physical activities such as digging and planting, activating fine and gross motor skills such as grasp, release, and motor control. Activities can also provide cognitive stimulation such

as promoting attention span through focussed 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 in 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 several activities that benefit physical, cognitive and mental well-being: including the use of our 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 accommodate wheelchair users and those who are ambulant. We have a large type keyboard available for use by people who have a 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 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 are run 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 conversing with their peers in a safe space.

- As an HIV-specific service, we are aware of the challenges people commonly experience concerning 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 Day Therapy and Inpatient activities.

## Admissions

Admissions are managed by the Admissions Administrator. The Admissions team rapidly responds 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 a safe manner.

## Supporting Teams

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.

### Meals prepared by Mildmay in-house catering team

Fish goujons with roasted vegetables and 5-bean salad

Quorn roast with baby potatoes, vegetable and bean stew with parsley sauce

# PART 2

## Looking Back: Priorities for Improvement 2019/20

### Priority 1: Development of an electronic patient record system for Improvement

Description:

We said that we would continue the work we started in transforming our current patient administration system into an electronic patient record system to provide timely data for decision making to improve patient welfare. Much of this work was put on hold and will continue next year with system development and training of staff. This important project is likely to take two to three more years to complete. Some things were completed as shown below.

Target:

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

### Priority 2: Development of New Speciality Pathway

Description:

We said that over the next year the charity would develop the first of two new pathways to increase bed utilisation within the hospital. This work was to be carried out in partnership with the CCGs and the CQC. The first pathway that we were to focus on was Hepatology (liver disease). This did not happen and towards the end of the year, the focus changed to step-down care for homeless patients.

Target:

- We worked with the CCGs and referring hospitals but we encountered some challenges in developing this pathway. However, as a result of the COVID-19 pandemic, NHS England has granted Mildmay with a fixed-term contract to to

enable us to begin admitting homeless step-down patients. Planning for this pathway is ongoing.

## 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 intended to further develop the therapeutic programmes in Day Therapy to support patients to live as independently as possible in the community and to 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 a sense of wellbeing
- Open up Day Therapy service to new speciality pathway.

This was in-progress until COVID-19 and national restrictions to group therapies led to the suspension of all Day Therapy Services until further notice.

## Priority 4: Normalising Transport Services

Description:
The aim is to normalise the transport experience in line with other health care providers.

Mildmay Hospital funded the transport for the majority of Day Therapy patients attending our service. This cost the hospital over £100,000 a year and exceptional in comparison to the offer of other healthcare providers. In consultation with the CCGs, this provision came to an end on 30 June 2019.

Target:

- We intended to cease providing transport services where this cost is not covered by either the CCGs, the Local Authority or the patient, by the end of June. This target was met.
- We intended to establish a transport service for patients where the CCGs or Local Authorities were willing to pay the full cost of this service. This target was met.

## Looking Back: Initiatives for Quality Improvement 2019/20

### Staff Support/Speak Up Guardian

An anonymous staff survey was conducted using SurveyMonkey. Managers were consulted and results disseminated and analysed. Some actions were taken in the light of consultation with staff.

We have had an unofficial staff support system in place for over 15 years. This process was formalised and we now have a named '*Speak up Guardian'*. Mildmay formally instituted a *Speak up Guardian* to schedule monthly meetings with staff to provide consistent support.

During the COVID-19 crisis, staff had access to additional psychological support. Telephone appointments were set up either with our clinical psychologist or one of our chaplains.

### Falls Management

In implementing the recommendations of our falls audit, we aimed to have a medical review for all falls.

This was achieved with the 26 falls in 2019-2020. The medical team was notified of all falls and we achieved 100% medical review.

## Looking Forward: Priorities for Improvement 2020/21

### Priority 1: Sustainability:

Description:

The 2020-21 financial year is all about sustainability, the capacity to endure and having the potential for long-term maintenance of relevance and viability. To this end we have several targets:

- To continue to provide Neuro-HIV step-down care and rehabilitation services for London and the rest of the UK by:
    - Maintaining the existing HIV contracts or transfer to a Pan-London contract if possible.
    - Growing the number of referrals from hospitals across London and the UK.
- To establish a new step-down care service for homeless patients in London.
- To identify other potential step-down services for local Acute Trusts.
- To re-establish our Day Therapy services to meet the needs of our existing and new cohorts of patients.
- To work with other third sector partners in both the HIV and Homeless sectors to develop the new services and forge long-term relationships.
- To continue to develop our electronic patient record system (EPR) to better meet the needs of our patients and demonstrate the outcomes that the hospital can achieve.

## Looking Forward: Priorities for Quality Improvement 2020/21

### Priority 1: Clinical Effectiveness

We have been able to demonstrate the clinical effectiveness of our HIV services using UKROC-validated measurement indices. This is not yet clearly defined with our new homeless service.

We aim to develop tools and processes to demonstrate clinical effectiveness in our homeless step-down care.

### Priority 2: Food and Food Service

Following our annual PLACE[1] inspection, we identified areas that require improvement within our food service. We aim to continue to improve menu choices and food services at Mildmay and use feedback from our patient survey to develop this aspect of the service.

We will establish a Task and Finish Group to drive through the necessary changes involving a range of clinical and non-clinical professionals. We will then establish a regular forum for discussing ongoing improvements based on concerns from patient feedback.

### Priority 3: Continuous Staff Support

Following the implementation of our new homeless service, there has been an increased risk of verbal assault by patients to staff, as has been demonstrated in the first quarter of the year.

Our priority is to train our staff in managing challenging behaviour and to provide other forms of support such as counselling sessions, as well as one-to-one discussions using our *Speak Up Guardian*. Towards the end of the year, we will carry out an audit to understand whether the initial changes have had the desired impact and what further changes are necessary to support staff.

[1] Patient-Led Assessments of the Care Environment. PLACE assessments will provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

## Priority 4: Holistic Patient Experience

In light of COVID-19, managing patient visitors became a challenge. We have adapted our Visitors Procedure to reflect national guidelines. We aim to continue facilitating visits where possible; balancing safety, national guidelines and the holistic care of patients.

## Statement of Assurance

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

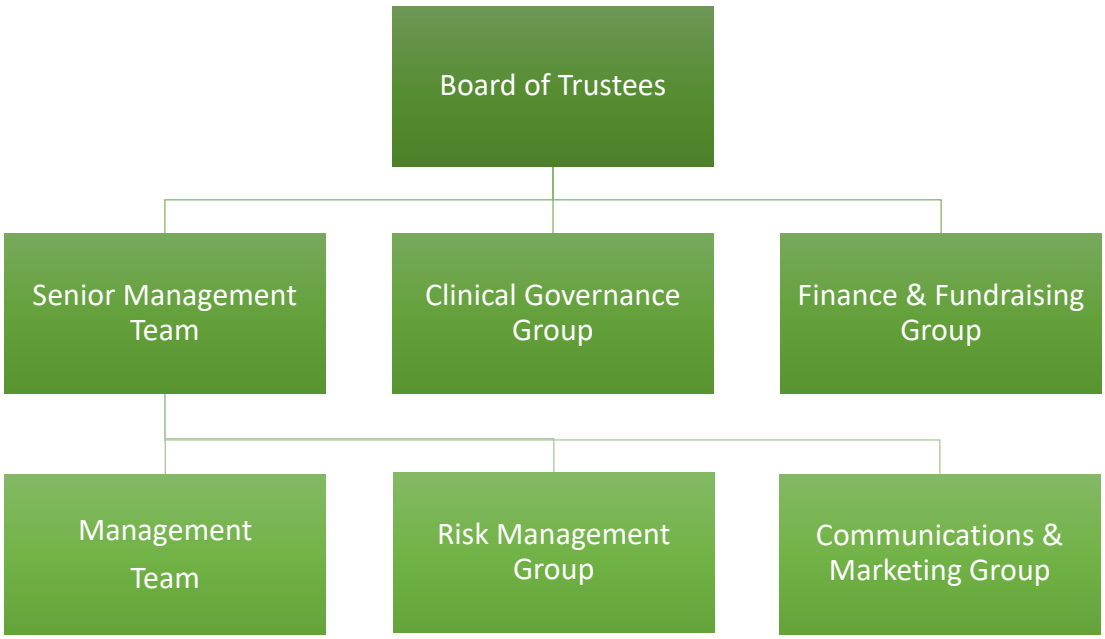
- Assessment, Rehabilitation and Complex Symptom Control
- Minor rehabilitation/Respite Care
- End-of-Life Care

Dr Simon Rackstraw, Mildmay's Medical Director, 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 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 ensures that a range of monthly internal audits are undertaken as well as the quarterly Morbidity and Mortality meeting.

## Mildmay's Governance Structure




### Mildmay Mission Hospital governance model for the Trustee Board

- Voting by the majority of a quorate meeting
- Quorum: 3 for all meetings
- The 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 Resourcess
5. Operational
6. Risks for the main board

Directors will invite attendees as required.
Timing: Monthly

## Mildmay Senior Management Team (SMT)

Members: CEO, Medical Director, Clinical Lead Nurse, Head of Finance, Admissions CNS, Head of Estates and Facilities, Head of Human Resources 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.
Timing: Monthly

## 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 chairs), CEO, Finance Manager, Fundraising Manager

Objectives:

1. Oversight of Finance
2. Oversight of Fundraising activities

Timing: Quarterly

## Risk Management Group

Members: CEO (chair), Medical Director, Clinical Lead Nurse, Head of Estates and Facilities, Registered Manager

Objectives:

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

Timing: Monthly

## Communication & Marketing Group

Members: CEO (chair), Lead Nurse, viceservice Manager, Registered Manager, Fundraising Manager, others as required, by invitation.

Objectives:

1. Oversight of the following activities:

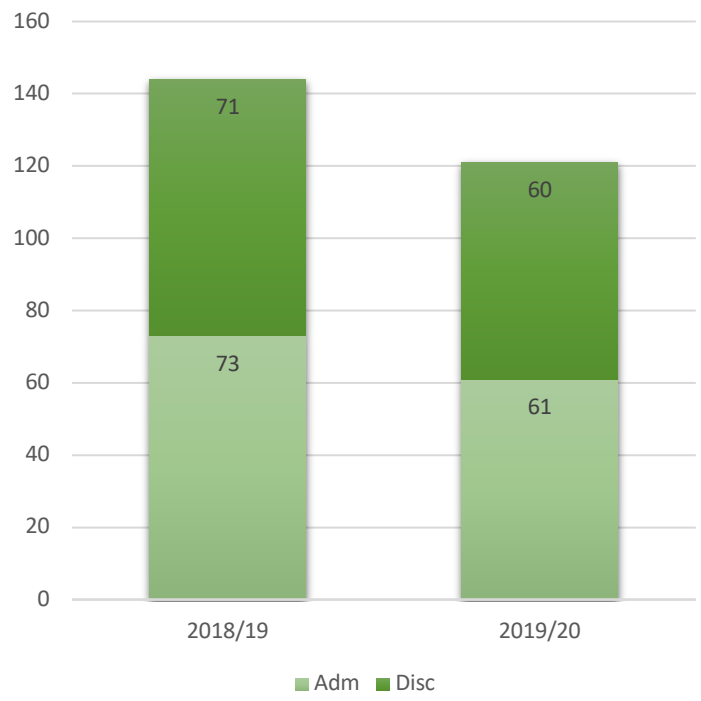
- Marketing Literature
- Publications
- Events
- Conferences
- Website
- Social Media

Timing: usually monthly

## Review of Services

Referrals are received by telephone or email mostly from Clinical Nurse Specialists (CNS). Mildmay is usually able to accept transfer promptly once funding has been approved. All patients are assessed within 24 hours of admission. Mildmay had an inpatient occupancy of 50.62% over the last year.

## Admissions versus discharges




| Services | 2018-2019 | 2019-2020 |
|---|---|---|
| Admissions | 73 | 61 |
| Average length of stay per patient (days) | 68.32 | 55 |
| Discharge (total) | 71 | 60 |
| Discharge home or to a long-term nursing home placement | 90% (approx) | 90% (approx) |
| Discharged to acute centre | 8.4% | 5% |
| Patients deceased during their stay at Mildmay | 2 | 5 |

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.

The average length of stay was 55 days with 5 outliers staying between 304 and 822 days. The Patient with the 822-day admission was on a separate pathway, placed at Mildmay for Continuing Health Care due to their complex needs.

## Funding

Mildmay is a charitable organisation that delivers care for a specific group of NHS patients. As a charity, Mildmay raises a proportion of funds for each bed day through its activities.

**Clinical Commissioning Groups (CCGs)** fund approximately 80% of each bed day.

## 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).**

## 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 practices conform to national standards as well as the regulations and objectives of Mildmay.

The audit report includes the following audits to demonstrate the quality of Mildmay's services:

- MUST (Malnutrition Universal Screening Tool) Analysis
- Medications Audit
- Prescription Chart Audit
- Hand hygiene/ Infection Control Audit
- Mattress Audit
- Inventory and Disclaimer Audit
- Hoist Audit
- Falls Audit
- NHS Thermometer (Falls, Urinary Tract Infections, Catheters, VTE assessments, Pressure Ulcers)
- Social Work Audits

## 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.

## Care Quality Commission report summary

Mildmay is registered with the CQC (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
- an extensive timetable of therapeutic activities
- comprehensive rehabilitation focus aimed at greater independence
- comprehensive volunteer support programme aimed at the main at reducing patient isolation
- Board representation from two HIV positive individuals, including a former service user
- patients involved in their rehabilitation programme

## The relevance of Data Quality

Capturing, storing and measuring data is necessary for measuring the 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 UKROC (UK Rehabilitation Outcomes Collective) data acquisition processes and provides information that is compliant with UKROC peer group comparison frameworks. This contributes to the evidencing of the outcomes for patients who access Mildmay's services.

## Clinical Coding error rate

Mildmay was not subject to the Audit Commission's Payment by Results clinical coding audit in 2019/20.

## 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.

## 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

## Review of Quality Performance

Mildmay Hospital maintains its monthly Service Data Activity reporting and quarterly Clinical Commissioning Group monitoring template reports.

## Admissions and Discharge of Patients

Mildmay had 61 admissions and 60 discharges in 2019-2020.

## Incidents

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 or pressure ulcers. Incident reporting ensures that patient safety, risk management and fulfilment of legal and professional responsibilities is always a priority of the organisation and its staff.

Additionally, it highlights areas in Mildmay's procedures and processes which may require review. For example, incidences reported about the measurement of liquid controlled medications resulted in changes to Mildmay's internal medicines management procedures in line with national guidelines. Mildmay uses a word-based incident reporting template, located on its shared domain.

67 incidents were reported in 2019-2020, summarised in the table below.

| Incidents | Q1 | Q2 | Q3 | Q4 | Total |
|---|---|---|---|---|---|
| Falls | 1 | 6 | 15 | 4 | 26 |
| Pressure Ulcer/Wounds | 1 | 1 | | | 2 |
| Theft | | 1 | 1 | | 2 |
| Medication Management including Controlled drugs | 6 | 6 | | | 12 |
| Aggression | 2 | | | | 2 |
| Absconding | 1 | | | 2 | 3 |
| Accident | 1 | | 1 | 1 | 3 |
| Confidentiality | 1 | 1 | | | 2 |
| Smoking in rooms | | 1 | | | 1 |
| Maintenance/Estates/Security | | 3 | 1 | | 4 |
| Oxygen | 1 | | | | 1 |
| Boundaries | | 1 | | | 1 |
| Catering | 1 | | | | 1 |
| Laboratory | | | 1 | | 1 |
| Discrimination | | | 1 | | 1 |
| Nursing Checks | | | 2 | | 2 |
| Substance Misuse | | | 1 | | 1 |
| Behaviour | | | | 1 | |
| Safeguarding | | | | 1 | |
| **Total** | 15 | 20 | 23 | 9 | 67 |

Being responsive to incidents is important to the staff at Mildmay. To understand the cause and the necessary measures to be taken when there is a rise in incidents, causes are ascertained and solutions found and implemented. Solutions may include patient and staff education, monitoring, auditing and reviewing of procedures, protocols and processes.

## Controlled Drugs Incidents

There were 12 incidents regarding Controlled Drugs submitted to the London Intelligence Network in the first and second quarter. Feedback from the Accountable Officer resulted in changes in procedures.

The nursing team had reported all losses as incidences, including very small losses of liquid medications, for example, of a volume under 5ml. However, if liquid medications are dispensed frequently several times a day, small losses are expected due to cumulative small leakages over time. Procedures have therefore changed so that only losses of liquid medications of a volume greater than 5% are now reported as an incident (for example, a loss greater than 5ml in a 100ml bottle of Oramorph would now be reported as an incident).

The new procedure for monitoring Controlled Drugs is as follows:

- Liquid medications are measured in full every week.
- Only losses of liquid medications of a volume greater than 5% are now reported as an incident.
- Staff should use the same type of syringe (purple enteral syringes) whilst measuring medications to improve consistency.
- Controlled Drugs are audited by the Clinical Lead Nurse
- Any discrepancies in tablet and capsule medication need to be reported as incidents

The nursing team undertook Medications Management training. Monitoring, training & supervision on the safe management of controlled drugs is ongoing.

All non-stock controlled drugs should be destroyed as per procedure as soon as possible after the patient has been discharged or after a drug is no longer being prescribed. Controlled drugs are being destroyed as per procedure.

There was a drastic reduction in the number of incidents due to the changes in procedure.

## Falls

Falls are the most frequently reported type of incident and there have been 26 reported incidents in 2019-2020. This is comparable to figures for 2018-2019. We continue to implement recommendations following falls analysis of 2018-2019.

### Reason for high number

- Falls risk is linked 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 a rehabilitation programme 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 usual hourly minimum.
- Patients may need to be transferred to a room closer to the nurses station so that they can be observed more closely.
- A 1:1 carer may need to be booked if a patient is at high risk of falling and prone to wandering.

### Implementing Physiotherapy recommendations for falls

It is 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-Neurocognitive Impairment caseload admitted to Mildmay Mission Hospital.

We also aim to ensure that all falls receive a medical review.

100% of falls were medically reviewed in 2019-2020.

## Complaints

There were **3** formal complaints in the year 2019-2020.

| **Formal complaint 1** | |
|---|---|
| **Complaint** | **Staff Attitude** |
| Describe the complaint that was made (i.e. state if it was a patient or staff member) | An Advocacy Organisation complained about the attitude of a member of staff they had liaised with via the telephone and via emails. |
| How the complaint was managed and the resolution process | The Registered Manager, Human Resources Manager and the Medical Director discussed the complaint with the member of staff, in particular about communication skills. This needs to be revisited in the member of staff's supervision sessions with their line manager. All staff need to access communication training as part of their mandatory training package. Customer care training to be arranged for all staff in the future, although there have been delays to this due to the COVID-19 restrictions. |
| Lessons Learned | Valuable lessons can be learnt about self-awareness and customer care, and improved communication skills can be used to improve and build relationships with external agencies. |

| Formal complaint 2 | |
|---|---|
| **Complaint** | **Discharge Processes** |
| Describe the complaint that was made (i.e. state if it was a patient or staff member) | A patient's relative complained about a patient's discharge processes and the care they had received – to summarise, the complaint related to falls the patient had sustained whilst an inpatient at Mildmay, concerns re an outpatient appointment, concerns re the wrong type of equipment being supplied on discharge and delays to some items of equipment being supplied on discharge, delays to discharge medications, concerns re the discharge process appearing rushed, concerns re communication with Mildmay about the discharge plan and concerns re pain control issues. |
| How the complaint was managed and the resolution process | Mildmay continued to liaise with the patient's family and external agencies post-discharge, in an attempt to resolve the discharge concerns. Before discharge Mildmay had recommended that the patient's admission needed to be extended, as the patient's needs were increasing as a result of his medical condition progressing, and the team were concerned that the patient and his family would experience significant challenges if the patient was discharged home. Unfortunately, the extension was not granted and the patient was discharged home.<br><br>Upon investigation, the concerns re the outpatient appointment related to acute centre procedures, unrelated to Mildmay. It was unfortunate that the patient had sustained falls whilst at Mildmay, this was a reflection of his deteriorating condition – duty of candour was applied, he continued to receive physiotherapy and medical input, and nursing observations increased. The patient was assessed for home equipment before discharge however due to the patient deteriorating, some of this equipment was no longer adequate post-discharge. Mildmay's team liaised with external agencies re the delivery of equipment and there were delays to this process. Concerns re medications and pain management were addressed by the medical team. |

| | |
|---|---|
| Lessons Learned | Significant lessons were learnt as a result of this complaint, in relation to patient's changing needs on discharge and the importance of joined-up working and effective communication between Mildmay's multidisciplinary team and external agencies, such as social services, suppliers of community equipment, community therapy teams and most importantly NOK and patient's families. Mildmay will continue to recommend interventions based on assessment and raise concerns re discharge plans, requesting for extensions where these are deemed necessary. |

| **Formal complaint 3** | |
|---|---|
| **Complaint** | **Delayed Discharge** |
| Describe the complaint that was made (i.e. state if it was a patient or staff member) | A community CNS team raised concerns re a lengthy discharge process for one particular patient, who had been referred for CHC (continuing health care) funding. |
| How the complaint was managed and the resolution process | The discharge process was analysed and documented by the Mildmay team. A detailed chronology of actions was produced by Mildmay's Multidisciplinary team and this was shared with the complainant. There were no further concerns raised and the patient was later discharged. |
| Lessons Learned | The complaint and subsequent analysis highlighted barriers to swift discharge, and the need for more effective, joined-up working with external agencies, particularly about CHC processes. |

## Staff Feedback Procedure

Mildmay has a complaints procedure which staff can also use to raise complaints. This is easily accessed on the intranet.

We also have an incident reporting procedure for staff to 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 the Senior Management Team.

Mildmay's Whistleblowing Policy details how whistleblowing is handled within the organisation and how we ensure staff who whistleblow do not suffer detriment. This policy can be found on the intranet and is introduced to all staff during induction.

## Staff Training

Our training programme helps employees learn specific knowledge or skills to improve performance in their current roles. Individual staff members will also do additional training in line with professional responsibilities. Below is the list of the training conducted in the year 2019-2020.

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

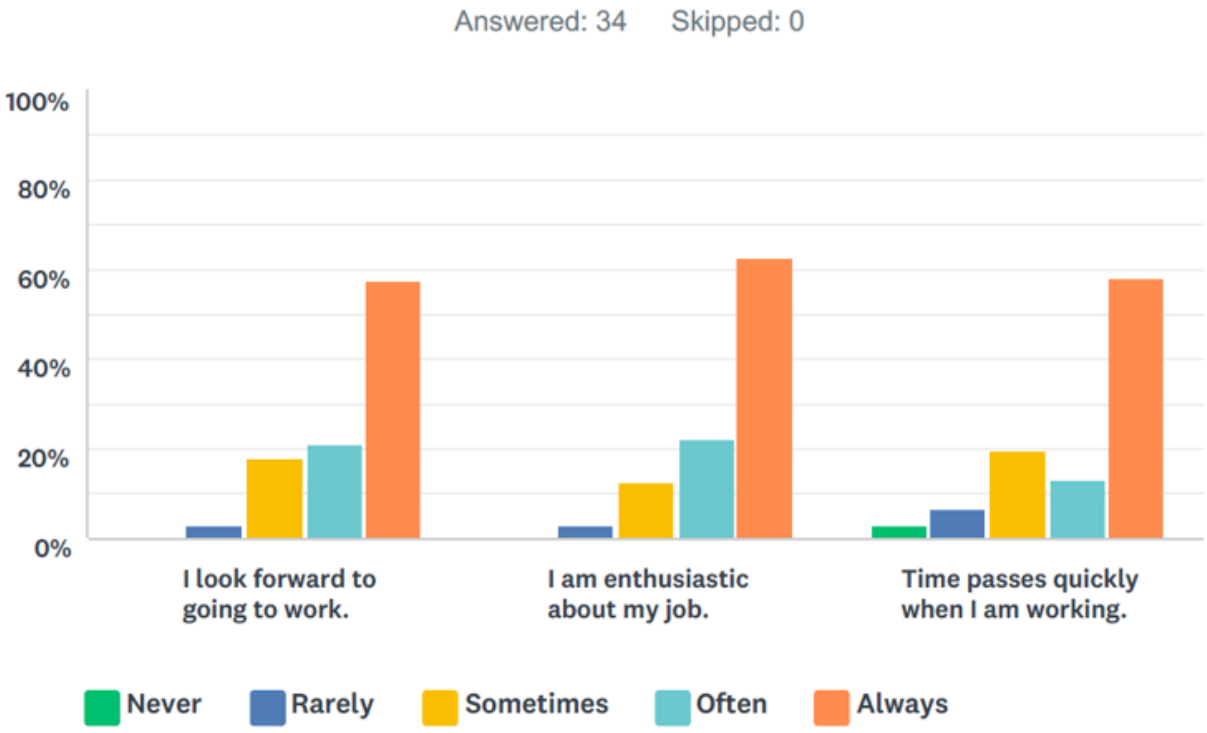
| Refresher Training |
| --- |
| Medication Management Training |
| Tracheostomy Training |
| IV training |

| Continuous Professional Development |
| --- |
| 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 |
| **COVID PPE Training (Bart's Health) Nurses** |
| 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 |

## Staff Survey

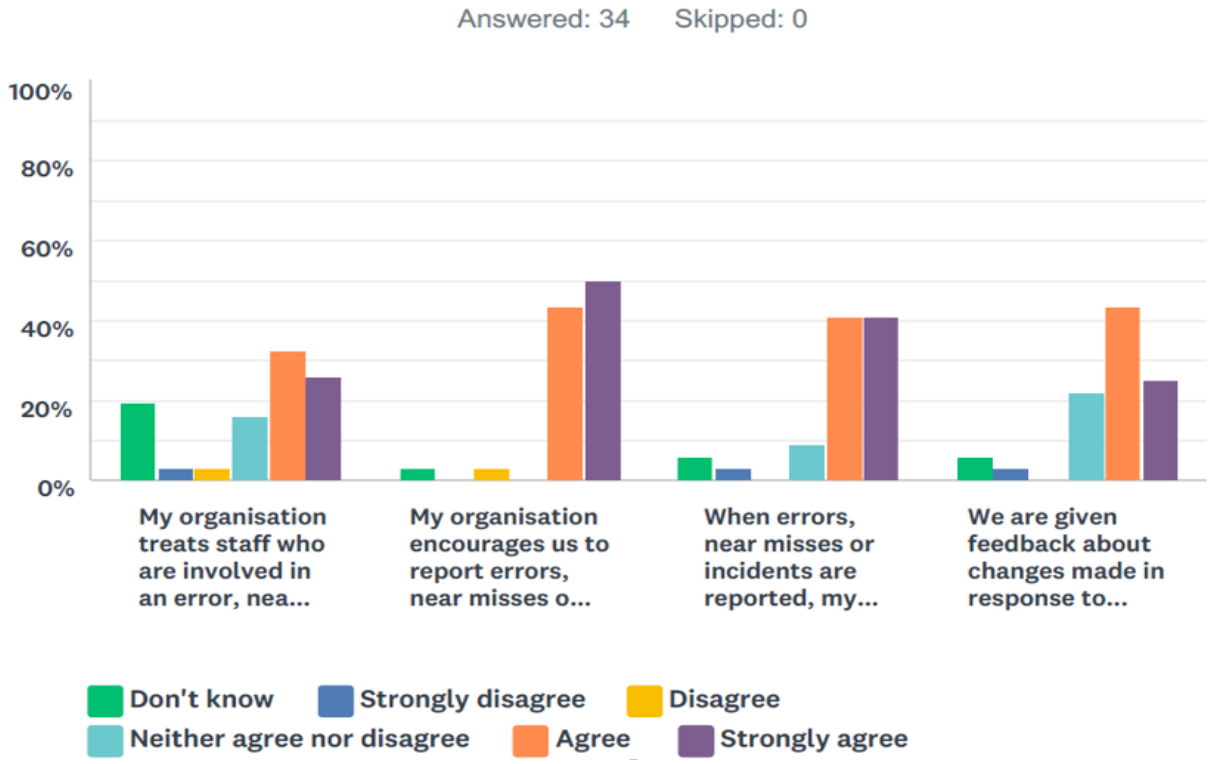
An anonymous staff survey was conducted using SurveyMonkey in June 2019, which gave the results.

### How do you feel about your job?

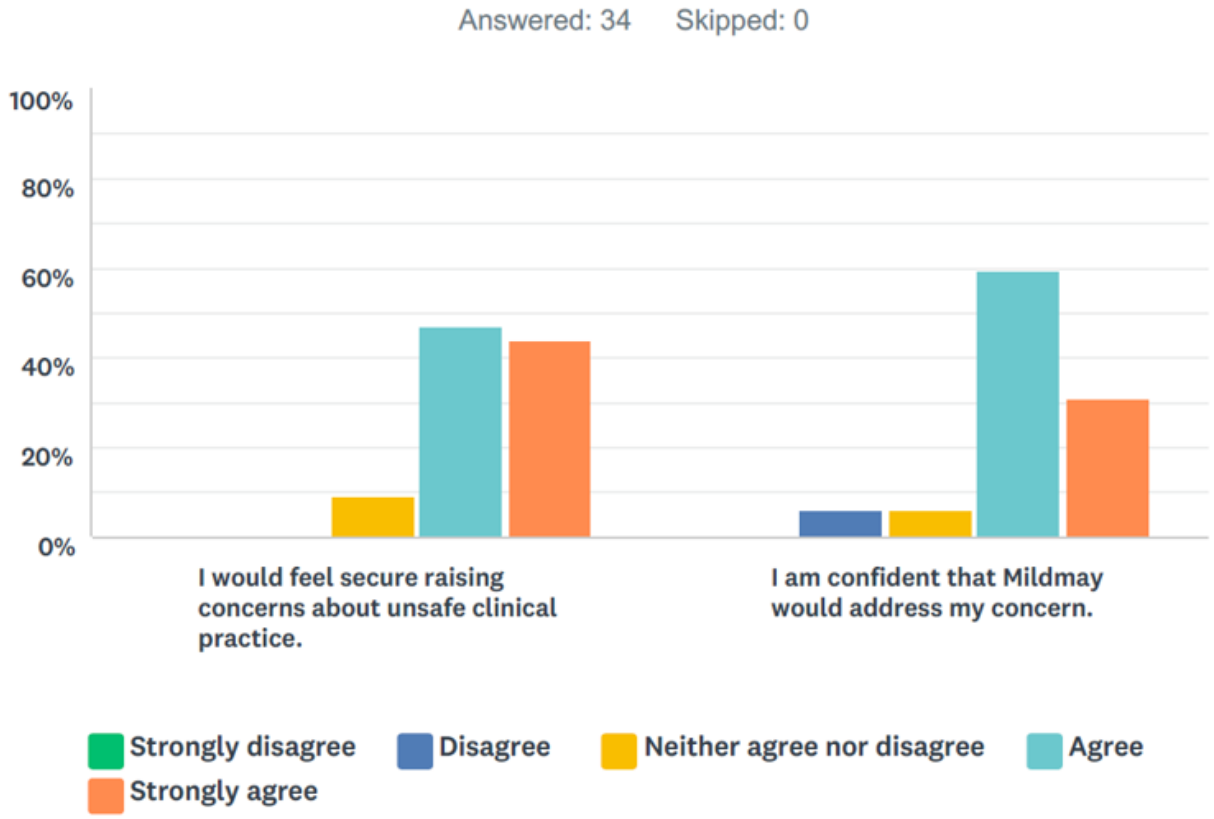



| | NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS | TOTAL RESPONDENTS |
|---|---|---|---|---|---|---|
| I look forward to going to work. | 0.00%<br>0 | 3.03%<br>1 | 18.18%<br>6 | 21.21%<br>7 | 57.58%<br>19 | 33 |
| I am enthusiastic about my job. | 0.00%<br>0 | 3.13%<br>1 | 12.50%<br>4 | 21.88%<br>7 | 62.50%<br>20 | 32 |

**To what extent do you agree or disagree with the following?**



**To what extent do you agree with the following statements about unsafe clinical practice?**




**If you were concerned about unsafe clinical practice, would you know how to report it?**

| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Yes | 97.06% | 33 |
| No | 0.00% | 0 |
| Don't know | 2.94% | 1 |
| Total Respondents: 34 | | |

## Patient-led Assessment of the Care Environment (PLACE)

The 2019 PLACE established new baseline scores which are not comparable with any previously published. The PLACE team for 2019 did not have current or previous service users from Mildmay.

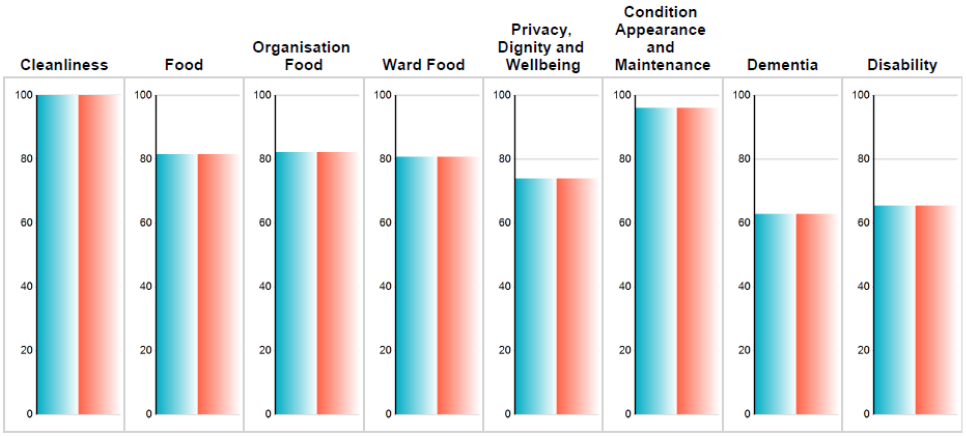
Mildmay scored above the National average in Cleanliness. All other domains were below the national average. Results were discussed and actions were taken after consultation with managers and staff.

### Comparison table of PLACE National averages to Mildmay

| | National average 2018 | Mildmay Score 2018 | National average 2019 | Mildmay score 2019 |
|---|---|---|---|---|
| Cleanliness | 98.5% | 98.92% | 98.6% | 100% |
| Food | 90.2% | 87.12% | 92.2% | 82.22% |
| Privacy, wellbeing and Dignity | 84.2% | 85.53% | 86.1% | 73.91% |
| Condition, appearance and maintenance | 94.3% | 93.70% | 96.4% | 96.05% |
| Dementia care | 78.9% | 74.30% | 80.7% | 62.28% |
| Disability | 84.25 | 82.49% | 82.5% | 65.36% |

2

## MILD MAY MISSION HOSPITAL- Collection: 2019




| | Cleanliness | Food | Organisation Food | Ward Food | Privacy, Dignity and Wellbeing | Condition Appearance and Maintenance | Dementia | Disability |
|---|---|---|---|---|---|---|---|---|
| Achieved Score (Actual) | 348.0000 | 137.0000 | 74.0000 | 63.0000 | 68.0000 | 146.0000 | 49.0000 | 68.0000 |
| Available Score (Actual) | 348.0000 | 168.0000 | 90.0000 | 78.0000 | 92.0000 | 152.0000 | 78.0000 | 104.0000 |
| Site Score | 100.00% | 81.55% | 82.22% | 80.77% | 73.91% | 96.05% | 62.82% | 65.38% |
| Organisation Average | 100.00% | 81.55% | 82.22% | 80.77% | 73.91% | 96.05% | 62.82% | 65.38% |

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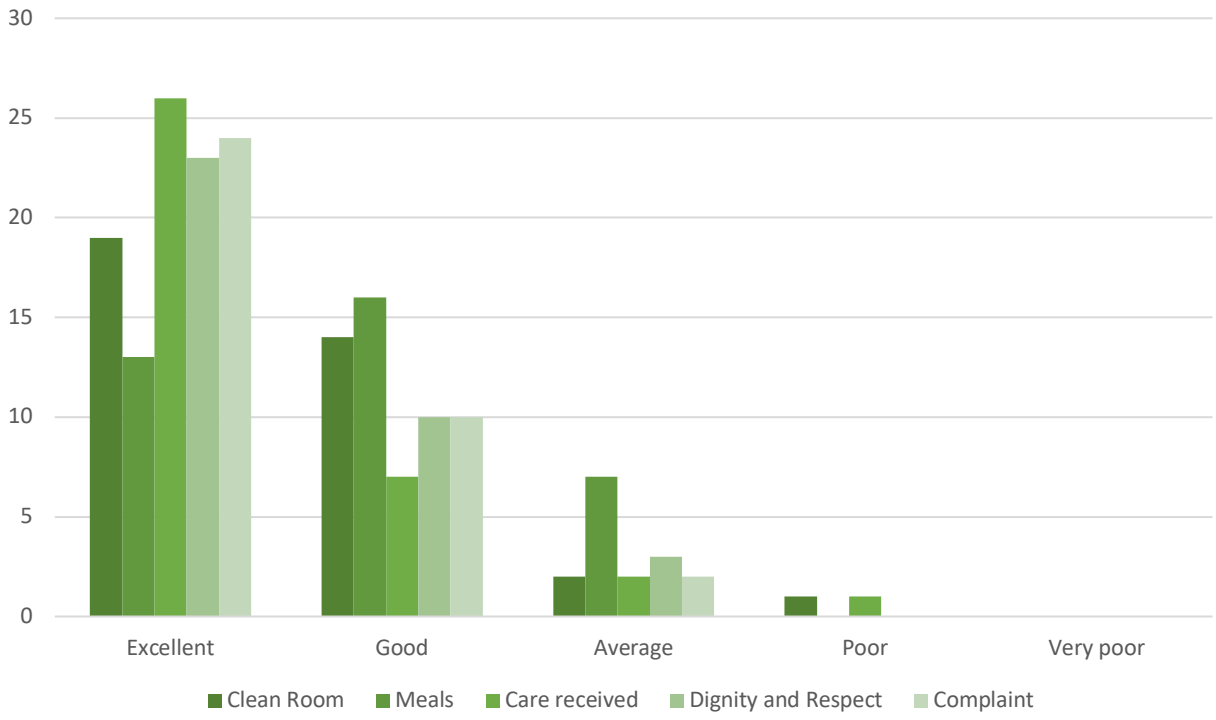
## Feedback from Service Users

### Friends and Family Test:

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

In 2019-2020, feedback was collected from 36 patients when they were discharged, accounting for almost 60% of the discharged patients. On average, we had positive responses from 90% of the patients (excellent and good) and 100% of the patients agreed they would recommend Mildmay if their friends and family require it.

### Analysis of patient feedback




- Most feedback is collected in real time, either at the bedside or in Day Therapy Services before a patient is discharged. Concerns from feedback are dealt with immediately. Compliments are fed back to staff and recorded in monthly dashboards and quarterly reports.
- Day Therapy Services has a regular user forum to take feedback about the service and make adaptations

- 92-94% of patients gave positive feedback (Excellent and Good) about cleanliness, care received, being treated with dignity and respect and making a complaint.
- 80% of patients gave positive feedback (Excellent and Good) about food. This supports the PLACE assessment and informed **Priority 2 Food and Food Service** for our Quality Improvement priorities for 2020-2021.

## Captured comments and case studies

### Clinical staff:

"My time here at Mildmay has been wonderful. Albeit challenging at times, it has been rewarding to be able to work with orthopaedic cases also presenting with complex psychological and social histories. As a musculoskeletal physiotherapist, I particularly enjoyed having the gym and outdoor garden space to use as part of physiotherapy sessions. It has been a pleasure to be able to make even the smallest of differences to these patients' rehabilitation journey."
*Locum Physiotherapist*

"I have thoroughly loved my time at Mildmay and could not have asked for a better place to do my management placement. You are all so lovely and kind and made me feel like a part of the team from day one. The way you care for patients is outstanding and working alongside you has driven me to be more compassionate nurse and to really appreciate all the differences every patient has and how great impact I am able to make when care is so personalised to each individual. My experience has been invaluable and that is down to all of you. It has been an absolute privilege working with you all."
*Student nurse*

### Ward patients:

"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."

"I only have one-word brilliant. I've receive help and support from everyone; doctors, nurses, therapist who go beyond their dutied to ensure I am okay and comfortable."

"I could not walk before I came here. But now, I can walk and eat properly."

## Case study 1

### Background:

GE is 39 years old man, diagnosed with HIV in 2014. He has a history of decompensated liver disease, ascites and a history of alcohol dependence; under the care of the liver team in his acute centre. He also has a history of Hepatitis C and commenced Hepatitis C treatment on 12 November. In addition, he has a history of calcification of coronary arteries, osteopaenia, severe cavitatory lung disease, poor dentition and previous drug dependence.

## Events leading to admission:

GE was admitted on 25 October 2019 having become acutely unwell with abdominal pain, diarrhoea, ascites, and was subsequently treated for decompensated liver failure. He developed spontaneous bacterial peritonitis, which was successfully treated, and for which he is to remain on prophylactic antibiotics. During his admission, GE also had an acute kidney injury, which resolved. He had episodes of haematemesis, which settled spontaneously; a gastroscopy showed oesophageal ulceration. GE also reported haemoptysis in the context of known lung disease, and also brief episodes of epistaxis, rectal bleeding and haematuria, which have also settled. He was also treated for a UTI during admission, as well as prostatic abscess following traumatic catheterisation. GE developed a Grade II pressure sore as an inpatient. Given significant malnutrition and physical deconditioning, GE was referred to Mildmay for further rehabilitation.

### Progress at Mildmay

GE was originally referred for 4 weeks' rehabilitation. On arrival, GE was severely malnourished and underweight. Despite receiving dietetic and nutritional support, nutrition was initially difficult and GE continued to lose weight on the ward. He was reviewed by the medical team and commenced on treatment, both his appetite and his general outlook improved, and GE continued to make steady progress in terms of weight and nutrition up until the point of discharge.

In December, blood tests revealed a picture consistent with haemolytic anaemia. This was felt most likely a side effect of the recently started medication for Hepatitis C treatment. The liver team were consulted, and under their advice GE received 2 units of RBC at the Mildmay with significant improvement. His energy level increased following this, as did his appetite, mood, and engagement with physiotherapy.

GE complained of urgency during his stay. A urine dip test was negative. A trial of medication was commenced at a reduced liver dose with the aim of reducing urgency and improving continence. GE found this helpful, particularly at night where he found was better able sleep through without frequent visits to the bathroom. He developed slightly ulcerated penile lesions which resolved with emollient use and a course of antivirals.

He was admitted with grade 2 sacral pressure sore. He received medical treatment to cover for the possibility of HSV involvement in his sacral wound; a positive HSV swab was never obtained. He received daily wound care in addition to medication. His sacral wound had healed at the time of discharge.

GE received weekly psychiatric review; initially GE appeared to be in some denial in terms of how alcohol had impacted his life and health, but over the admission became accepting, and was able to demonstrate reasonable insight into some of the underlying issues driving his dependence. The psychiatrist and the medical team feel GE probably still requires significant psychological support, particularly with regards to future alcohol abstinence. During his inpatient stay, GE was assessed by the Substance Misuse Team from his borough, with a possible view to inpatient alcohol rehabilitation. He was assessed as being more appropriate for outpatient rehabilitation and has been referred to an outpatient programme which will commence on discharge.

On admission, GE was able to transfer on/off his bed, chair and toilet independently but was unsteady and complained of shortness of breath on minimal exertion; he was mobile with one elbow crutch in his right hand, he walked with a stooped posture and a shuffling gait pattern and could manage approximately 20 metres before needing to rest. He was unable to manage steps when assessed, his main problem being power in his left lower limbs when ascending, predominantly his left side plus his extreme shortness of breath when attempting any exertion, e.g. stair practice. GE is now independently mobile and with the input from the physiotherapy team, has become increasingly confident on the stairs and longer distances. It is felt he is safe to manage his stairs at home.

On admission GE struggled to take his medications at the prescribed times. He reported feeling full and could not manage to take fluids enough to swallow the medications. He would take them at any time and missed some doses due to overlap. The issues he was experiencing then have resolved. He is now self-caring and managing his own medications with a dossette box with confidence.

From a nutritional point of view, GE was admitted to Mildmay with a BMI of 17.30kg/m2 consistent with being underweight. When adjusted for ascites, this was even lower at 16 kg/m2. Due to decompensated liver disease the patient was likely to have raised energy and protein requirements, requiring close dietician supervision. Initially GE was having issues with early satiety, possibly due to ascites and malaise. GE was weighed regularly, and had his abdominal girth monitored for reaccumulation of ascites. As the admission progressed, and with the assistance and encouragement of the dietician and nursing staff, abdominal girth measurements reduced as intended, while weight and mid upper arm circumference increased, demonstrating

healthy weight gain. GE was also encouraged to attend his dentist, as poor dentition was noted, and GE had outpatient appointments with the dentist on two occasions.

*Dr Mark Isherwood (SHO to Dr. Rackstraw)*

## Case study 2

AG is a 35-year-old woman, originally from Sierra Leone. She was diagnosed with HIV in 2012, but disengaged from care & stopped taking ART in 2017. She was admitted to Guys & St Thomas' Hospital in November 2019 with increasing confusion and memory decline, on a background of uncontrolled HIV. MRI brain scan showed extensive bihemispheric/infratentorial white matter abnormalities consistent with florid Progressive Multifocal Leukoencephalopathy (PML).

Symptomatic progression resulted in expressive and receptive dysphasia, significant cognitive impairment and dysphagia, requiring NGT insertion to support nutritional intake. She had a PEG tube in situ through which she was being fed. Her swallow subsequently improved during the admission and she was tolerating a level 6 diet and thin fluids. She had weakness in her left limbs, with spasticity in the left arm/hand.

AG remained significantly cognitively impaired with significant dysphasia, making assessment of cognition challenging and learning of new skills difficult. She was initially frequently tearful and distressed. She required lots of reassurance. However, following psychiatry review, uptitration of mirtazapine to 45mg and commencement of Olanzapine 10mg, her mood improved and her mental state constantly monitored.

## Physiotherapy

### *Range of movement:*

AG demonstrated good strength and range of movement in her right arm but global weakness and restrictions in both her legs. There was some general resistance felt on handling left leg in particular.
In lying:

Left leg - hip flexion 3/5 (passive range limited to approximately 100o), extension 2/5, internal and external rotation 2/5, abduction 3-/5, adduction 3/5 (passive range generally limited around hip), knee extension 3+/5 (passive range limited), knee flexion 3+/5, ankle and toe movement 4/5 (passive range generally limited around foot / ankle).
Right leg - hip flexion 4/5 (passive range limited to approximately 100o), extension 3/5, internal and external rotation 3/5, abduction 3/5, adduction 3/5 (passive range generally limited around hip), knee extension 3/5 (passive range limited more than left), knee flexion 3/5, ankle and toe movement 3/5 (passive range generally limited around foot / ankle).

### *Strength:*

On admission, AG had marked functional weakness in her left upper and lower limb, especially left hand grip, poor left knee extension against gravity, weak elbow extension and lacked active left ankle dorsiflexion.

### *Functional activities*

### *Transfers:*

On admission, AG was able to roll independently to both sides but demonstrated decreased dissociation of legs to trunk to pelvis. AG needed assistance with bed mobility, possibly due to her understanding and ability to follow instructions as well as slowness of movement. She was able to sit over the edge of the bed with assistance of two.

### *Balance in sitting and standing:*

AG was able to maintain a sitting position and move a small way out of her base of support but fatigued quickly. She would attempt to initiate a stand but required maximal assistance of two people and was unable to bring her weight forwards over her feet. Even when supported to stand using the Arjo standing hoist, she needed verbal and physical prompting to bring her weight forwards and help to maintain hip and knee stability.

### *Mobility and exercise tolerance:*

AG was immobile on admission. AG fatigued easily and sessions had to be limited to 15-20 minutes which included practicing bed transfers.

### *Progression in physiotherapy:*

AG had been referred to Mildmay for neurocognitive and physical rehab. She was very emotional and it was initially difficult to engage in any of the physio sessions. However, with daily support, she demonstrated greater willingness to participate and was much less emotionally labile.
AG demonstrated good strength and range of movement in her right arm but global weakness and restrictions in both her legs. There was some general resistance felt on handling left leg in particular.

Treatment then centered on improving her own awareness of her left limbs and was encouraged, on a daily basis, to use her left limb with washing/dressing activities; left lower limb activity was encouraged with supported standing which eventually progressed to stepping. AG began to be much more consistent in her engagement, motivation and physical ability and appeared to settle emotionally and was engaging in therapy and even agreeing to come off the ward to the gym

Prior to discharge, AG was able to get from lying to sitting over the side of the bed with moderate assistance at her left upper limb and hips; she was able to stand from the bed with the assistance of 2 and step transfer onto her chair, wheelchair and toilet. She was able to mobilise, in therapy sessions, approximately 20 metres with one person on either side. Standing balance was variable with the patient not feeling confident enough to stand without support and having a tendency to fall back onto her heels if left without support but with repetition, can correct this if given time to adjust. She will continue her ongoing rehabilitation after discharge with a goal of being able to transfer and mobilise independently.

*Greg Murphy – Locum Physiotherapist*

# ANNEXES

## Annex 1: Supporting statements

In compliance with the regulations, Mildmay sent copies of our Quality Account to the following stakeholders for comments 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
- Mildmay Trust

## 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 in Part 1 of this report

## Annex 3: Management Team:

Geoff Coleman
Chief Executive Officer

Dr. Simon Rackstraw
Medical Director

Justine Iwala
Head of Human Resources

Jennifer Dean
Head of Finance

Comfort Adams
Clinical Lead Nurse

Teri Milewska
Registered Manager

Camilla Hawkins
Lead Occupational Therapist and Day Therapy Manager

Mildmay Annual Quality Account 2019-2020

MILDMAY

Transforming Lives

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