NHS
Mildmay Mission Hospital

Annual Quality Account

April 2021–March 2022

Cover image: Simon Lee

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Introduction

Mildmay Mission Hospital presents our Quality Account for April 2021-March 2022. 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 Department of Health and Social Care requires all providers producing Quality Accounts (NHS and non-NHS) to upload their Quality Account to an appropriate page on the organisation's website by June 30 each year.

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).

Every Quality Account will include:

- A signed statement from the most senior manager of the organisation
- Answers to a series of questions all healthcare organisations are required to provide
- A statement from the organisation detailing the quality of the services it provides.

For more information about Quality Accounts, visit the NHS website: bit.ly/2U3jCsC

PART 1

Chief Executive's Statement

On behalf of the Board of Trustees and the Executive Team, I am proud to present the 2021-2022 Quality Account for Mildmay Mission Hospital. This account looks at our progress and achievements across the 2021-2022 financial year and looks forward to some of our key priorities for patients in 2022 - 2023.
At Mildmay Hospital our focus has been on two pathways. The first provides specialised and individually tailored treatment and rehabilitation for people living with complex or challenging health conditions associated with HIV. The second provides intermediate rehabilitation and care for homeless patients stepped-down from NHS Acute hospitals across London. 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 2021, the Charity was looking at a world still in the midst of the Coronavirus pandemic. Like all hospitals across London we had been severely tested with large numbers of patients at a time when staffing services was challenging. The service had to cope with shortages in food supplies and lock-downs that tested the whole country, if not the world. We also saw a huge response from volunteers and never before has the health system come together to face the challenges together. In many ways the hospital felt more a part of the NHS than it had since it left in the 1980s and it was clear that we were all in this together.

The hospital had to face other challenges as well. In the late summer we had a Care Quality Commission review of our services that was unexpected. Having achieved 'outstanding' at the previous review in 2017 the expectations were high. In the end with the introduction of a new service and the pressures of the pandemic we still managed to achieve 'good' with elements of 'outstanding'. There were lessons to take away from this review, the primary one being that we absolutely had to introduce our Electronic Patient Record system. This would be the priority for the next eighteen months.

Without doubt this has been a demanding year that has tested the entire hospital team to its limits. But it is with a degree of pride and respect that I look back at the achievements of my team in the face of those demands.

Geoff Coleman MIHM DMS MA MBA
Chief Executive Officer

Statement on service quality at Mildmay

Patients who are referred into Mildmay are living with HIV infection and its complications; or have become homeless, or are living with homeless because of 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 our rehabilitation pathways, which involve 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 seek feedback continuously from patients, their loved ones, our staff and other clinicians; and try to incorporate recommendations generated from that feedback to try and improve the quality of our services. Our Friends and Family Test shows that 95.2% 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, 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. We have sought, and I believe succeeded in doing this with the added difficulty of the coronavirus pandemic complicating the delivery of care.

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

Dr Simon Rackstraw FRCP
Medical Director

About Mildmay

Mildmay was re-established in the 1980s as 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 2020 this changed to include intermediate medical care for homeless patients who are referred from NHS Acute hospitals across London.

In the UK, our hospital specialises in rehabilitation, treatment, services and care for patients from both of the above pathways. The primary contract for the homeless pathway is through North East London ICS on behalf of all London CCGSs. In addition, there are two further HIV contracts with North West London ICS and Lambeth, Southwark and Lewisham Local Authority. The hospital 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. This number will increase to 28 in the next financial year as we look to gradually increase our capacity to meet a growing demand for services.

Our Day Therapy wing ceased in March 2020 and this space has now been used to expand our physiotherapy services to meet the needs of our growing patient numbers. Our ground floor space also incorporates our Occupational Therapy Assessment Centre 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, drug and alcohol workers, housing support 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
- Mildmay places the individual at the very heart of its planning, services and actions
- Development and encouragement of people to their full potential
- 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 continue to underpin our work. This is why people from many different faiths choose to work with us.

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.

Whilst our hospital's foundation is Christian, 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 Mission Hospital 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 has historically provided care for adults with physical, cognitive and psychosocial issues associated with living with HIV. Mildmay strives to provide positive opportunities to promote independence, build confidence and strengthen abilities. Since 2020 Mildmay in addition to its HIV Pathway, has developed an inpatient step-down care pathway for patients who are homeless and experiencing a wide range of co-morbidities and trimorbidities including mental health and substance misuse as well as a wide range of physical health concerns.

- Mildmay offers multidisciplinary assessment and rehabilitation services delivered on an inpatient basis dependant on the individual needs of the person
- Our patient pathways encourage as much self-management as possible
- Mildmay aims to support its patients to be discharged to independent living in the community, as far as is appropriate and practicable. Under the Homeless Pathway this also includes aiming to house patients on discharge
- 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.

In 2021-22, there were two pathways for inpatient referrals:

Pathway One: HIV Care Pathway (Incorporating Neuro-Cognitive Impairment (HNCI) Rehabilitation, HIV Complex Physical Care, HIV Respite and HIV related End-of-Life Care)

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.
- 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, or recurrent admissions
- To maintain the ability of patients to live as independently as possible with long term minimal community support if required.
- 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.

Pathway Two: Homeless Specialist Step Down Care

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 reduce the incidence of acute hospital admission
- To provide a safe environment and ongoing nursing, medical and therapy input following an acute hospital admission
- To link patients in with housing teams and access appropriate housing, thus positively impacting on the prevalence of street homelessness in London and its associated morbidity and mortality.

Admissions

Admissions are managed by the Admissions Manager supported by an 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.

PART 2

Looking Back: Priorities for Quality Improvement 2021/22

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. This is to provide timely data for decision making to improve patient welfare. Whilst much of this work was put on hold during 2020-21, it continued at pace throughout 2021-22 with the ongoing development of the in-house system and the selection of a commercial system to be implemented during 2022. This important project was initially planned to complete by 2023 but has been prioritised as a result of the specific actions from the CQC review in the summer of 2021.

Review:

- The development of an in-house database to ensure that it is capable of collecting all the fields of data required for our patient records was completed.
- Training and development of the staff team to confidently use computer systems in their work was completed but is an ongoing task.
- The selection of a commercial system to replace the Patient Administration System and in-house EPR developed in 2021 was completed. The chosen system is EMIS.

Priority 2: Development of the Homeless Intermediate Care Pathway

Description:

We said that over the next year the charity would continue to 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 Healthy London Partnership, London ICS's and the CQC. The first pathway that we have focussed on is the homeless intermediate care pathway for patients referred from across London's NHS Acute Trusts. The contract is for fourteen beds although this pathway incorporated an element (between two and four beds) that were specifically for patients with -19.

Review:

We worked with referring hospitals, Pathway charity and the Healthy London Partnership to ensure that the referral pathways were robust and that patients were appropriately discharged at the completion of their treatement. Whilst in terms of the number of patient referrals this pathway has been extremely successful it has presented the hospital with a number of challenges working with Local Authority Housing Officers and other community services.

Priority 3: Development of a Third Pathway

Description:

The charity felt that whilst two pathways would be better than one, a third pathway would provide for a much more secure future. It was decided that work on establishing the third pathway would be carried out with a view to implementing at some point during the 2022-23 financial year.

Review:

After considerable work with both the Healthy London Partnership and the City of London it was agreed that Mildmay would be suited for the provision of step-down detox care services for homeless patients referred from Guys and St Thomas'.

There was a tendering process in the autumn of 2021 and in February of 2022 Mildmay was awarded the contract, to begin in April 2022.

Looking Forward: Priorities for Quality Improvement 2022/23

Priority 1: Sustainability

Description:

The 2022-23 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 build on the initial successes of the new intermediate care service for homeless patients stepped down from NHS Acute hospitals across London by
    - Continually improving patient outcomes
    - Continually improving the discharge process for patients in terms of both quality and destination
- To establish the third pathway ensuring that it is successful and becomes a part of the hospitals long-term services offering. We will do this by:
    - Continuing to work with other stakeholders in both the HIV and Homeless sectors to develop the new services and forge long-term relationships.
    - Continue to collect, analyse and share the results for all aspects of service provision in order that we can continually improve the services that we provide.
- 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.

Statement of Assurance

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

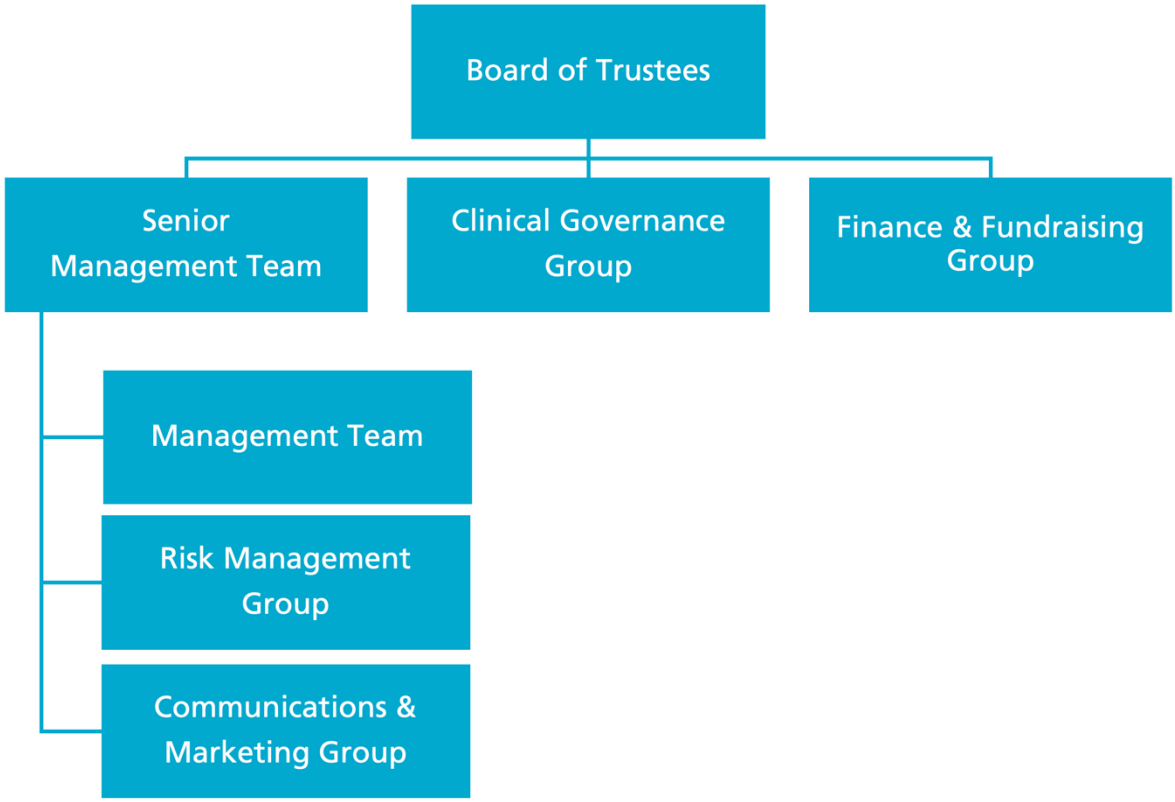
- HIV Assessment, Rehabilitation and Complex Symptom Control, Minor rehabilitation/Respite Care and HIV associated End-of-Life Care
- Homeless Specialist Step-Down Care Pathway

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 Mildmay Management Team meets weekly 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 is 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 Management Team (MT)

Members: CEO, Medical Director, Clinical Lead Nurse, Head of Finance, Admissions Manager, Head of Estates and Facilities, Head of Human Resources and Registered and Compliance Manager.

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: weekly

Clinical Governance Group

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 and Communications 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

Communications & Marketing Group

Members: Trustees, CEO (chair), Fundraising and Communications Manager, others as required, by invitation.

Objectives: Oversight of the following activities:

- Marketing Literature
- Publications
- Events

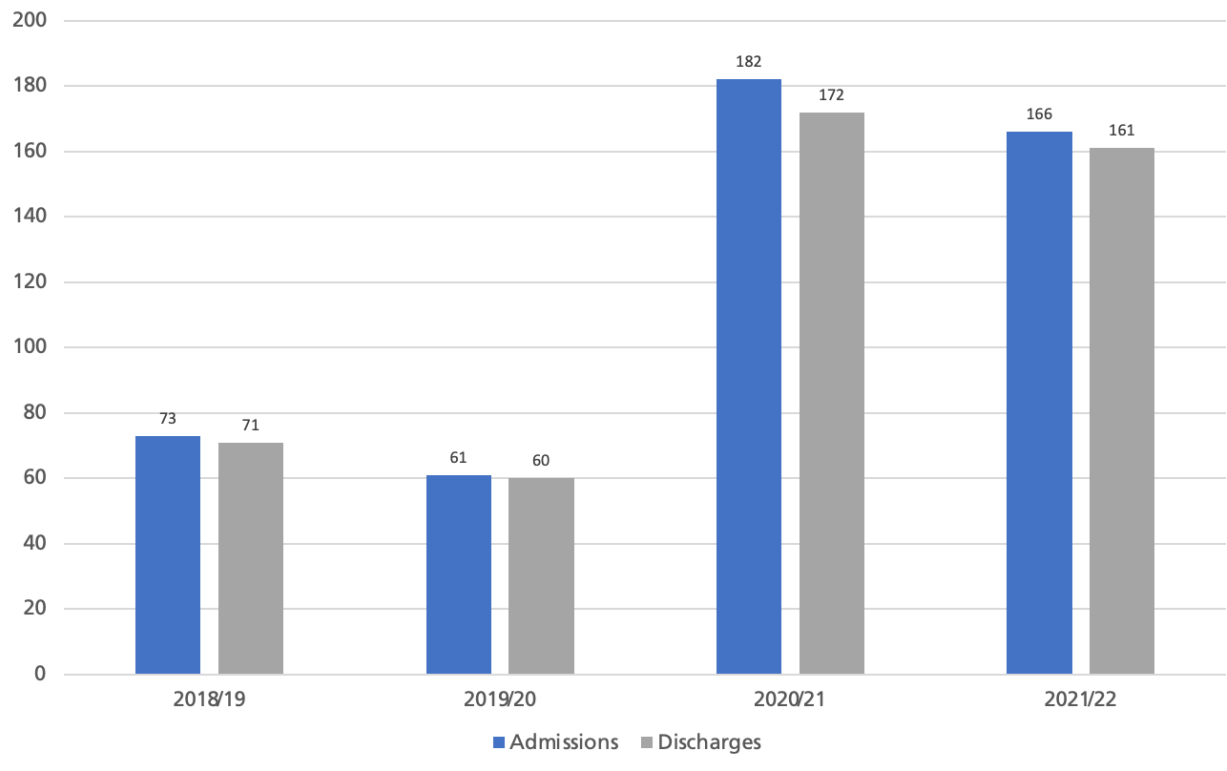
- Conferences
- Website
- Social Media

Timing: usually monthly

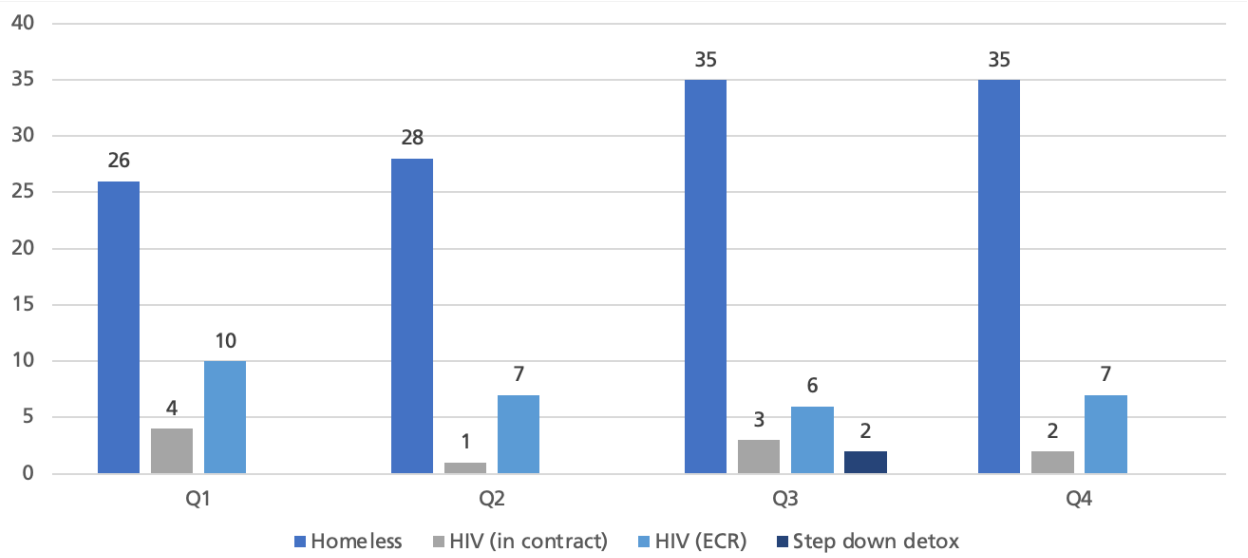
Review of Services

Patients admitted under the HIV Pathway are referred by HIV CNS's and specialist HIV medical teams and in order to obtain funding, commissioners are approached directly by referrers on a case by case basis. Patients suitable for referral under the Pan-London Homeless Step-Down Care Pathway are referred directly by acute hospitals, with frequent but not exclusive involvement by Homeless Pathway teams. The new Post-Detox Rebuild Pathway will require referral by community substance misuse teams, and suitable patients will be admitted to Mildmay following completion of their detox. All patients are referred via secure NHS.net email account and the Admissions team are able to liaise directly with referrers via telephone and email.

Admissions versus discharges

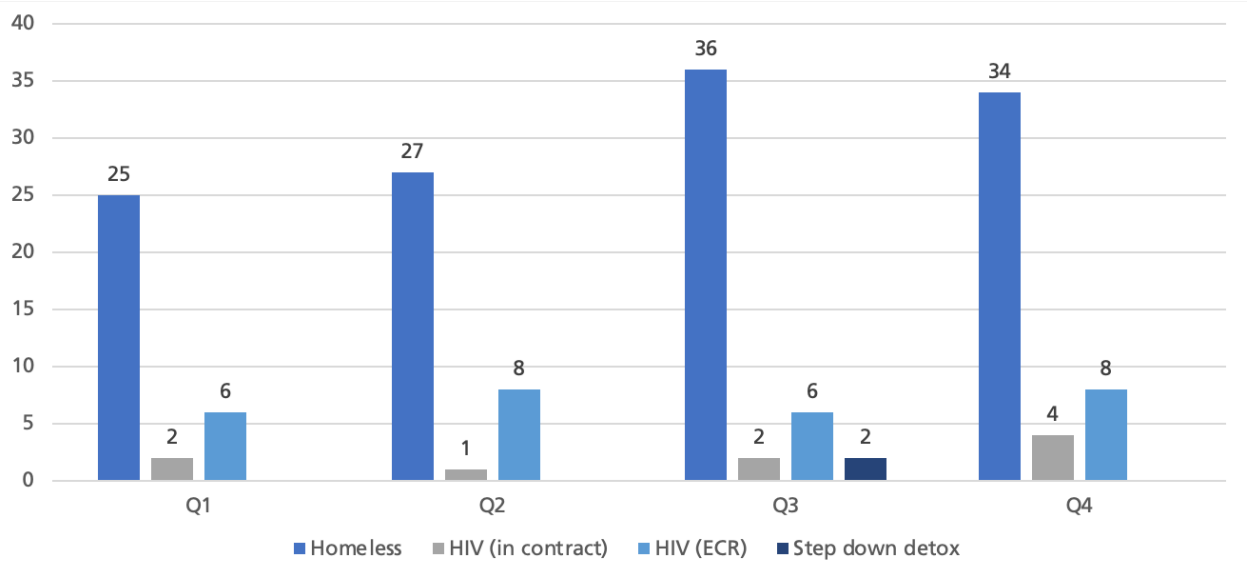


Patients admitted to Mildmay 2021/22:



Admissions	Q1	Q2	Q3	Q4
Homeless	26	28	35	35
HIV (in contract)	4	1	3	2
HIV (ECR)	10	7	6	7
Step down Detox			2	
Total	**40**	**36**	**45**	**44**

Patients discharged from Mildmay 2021/22:



Discharges	Q1	Q2	Q3	Q4
Homeless	25	27	36	34
HIV (in contract)	2	1	2	4
HIV (ECR)	6	8	6	8
Step down Detox			2	
Total	**33**	**36**	**46**	**46**

For HIV patients only:

Services	2018-2019	2019-2020	2020-2021	2021-2022
Admissions	73	61	43	40
Discharges	71	60	40	37

For Homeless patients only:

Services	2020-2021	2021-2022
Admissions	134	124
Discharges	128	122

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.

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 90% 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
- Controlled Drugs Audit
- Prescription Chart Audit
- NHS Thermometer (Falls, Urinary Tract Infections, Catheters, VTE assessments, Pressure Ulcers)
- ABC Chart Audit
- Nursing Risk Assessment Audit
- Mattress Audit
- Inventory and Disclaimer Audit
- Health and Safety Audit

- Discharge destination Audit
- Consent Form Audit
- Falls Audit
- Student Placement Audit
- DNAR Audit
- Voluntary Services
- Staff Training and Compliance

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 a registered company (1921087), registered charity (292058), and is registered with the care quality commission (1-2151037387, location number 1-2311760426). The hospital was inspected by the Care Quality Commission (CQC) in the last quarter and Mildmay was rated 'Good' across all five key areas.

The breakdown is as follows:

Community health inpatient services

Safe:	Good
Effective:	Good
Caring:	Good
Responsive:	Good
Well Led :	Good
Overall:	Good

The CQC's summary of the inspection is as follows:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse.
- The service was visibly clean and well maintained. Staff managed infection risk well.
- The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff assessed risks to patients and acted on them. They provided effective care and treatment, gave patients enough to eat and drink, and offered pain relief when patients needed it.
- Staff worked well together for the benefit of patients, supported them to make decisions about their care and provided information to enable them to lead healthier lives. They were focused on the needs of patients receiving care.
- Staff treated patients with compassion and kindness and respected their privacy and dignity. Staff provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people. People could access the service when they needed it and did not have to wait too long for treatment.

- Leaders ran services well using reliable information systems. Staff felt respected, supported and valued. The service engaged well with patients and the community and all staff were committed to continually improving services.

However:

- The service used both paper and electronic records and information was not always easy to find in patient care records. This meant staff unfamiliar with the system might not be able to find information about patients' needs promptly.
- Patient risk assessments were not always completed within 48 hours of admission.
- There was an inconsistent approach to care planning. We found a few gaps where patient needs were identified but there was no care plan or insufficient detail. Most care plans did not show evidence of patient involvement.
- Staff did not keep written records of the multidisciplinary team meetings. This increased the risk of important information being lost.

We found the following outstanding practice:

- There was a comprehensive volunteer support programme providing one-to-one social time and support to patients to reduce their risk of social isolation. Although -19 had placed limitations on the recruitment and activities of volunteers, the hospital had adapted the volunteer programme to continue to provide support to patients.
- The hospital was given the go-ahead to provide step-down services for people who are homeless just a few days before it was due to close as it was no longer being commissioned. They quickly mobilised to provide the first pathway of its kind in London.

Action the service SHOULD take to improve:

- The provider should ensure that records are stored consistently so that patient information is accessible to all staff including agency staff, promptly.
- The provider should ensure that risk assessments of all patients are completed promptly on admission and that clear care plans or risk management plans are in place to address the risks and needs identified.
- The provider should ensure that care plans are person-centred and demonstrate patient involvement.
- The provider should ensure that discussions and decisions made in the multidisciplinary meeting are recorded in the patients' notes.

Progress on Actions since the Inspection:

- An Inpatient Electronic Records System is currently being rolled out, with EMIS as the identified provider
- An Inpatient Electronic Records System was initially piloted internally via Access, to help determine Mildmay's requirements
- Patient Risk Assessments will form part of the new Electronic Patient Records System and the existing nurse–led Risk Assessment form is being adapted as part of this process. The new Risk Assessment will have a multidisciplinary approach
- The Clinical Lead Nurse continues to support the nursing team in relation to care planning
- A new system for documenting Multidisciplinary Team Meetings has been developed and is currently being utilised
- A needs assessment in relation to IT training amongst staff has been undertaken

PART 3

Review of Quality Performance

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

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. Mildmay uses a word-based incident reporting template, located on its shared domain.

108 incidents were reported in 2021-22, summarised in the table below.

Incidents	Q1	Q2	Q3	Q4
Falls	11	10	8	2
Wounds-Other		1		
Medication-Other		2		1
Behaviour – Other		5		
Safeguarding		2		
Emergency		1		
Pressure Ulcers - on admission	1			
Infection Control				1
Medication - Controlled Drugs	1		2	
Absconscion	3	2	1	
Theft/loss of property	1			
Self Harm	1			
Maintenance/Estates/Security/Catering issues	7	1	3	2
Alcohol	2	3		
Verbal Aggression	5	2	4	2

Physical Aggression	2	1		1
Allegation	1			
Smoking	1		3	1
Documentation	1			
Speech and Language Therapy	2	1		1
Substance Misuse			1	
Confidentiality			1	
Dignity			1	
Visitors			1	
Discharge				2
Total number of incidents	**39**	**31**	**25**	**13**

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.

Complaints

There were 2 formal complaints in relation to Mildmay's clinical services in the year 2021-2022.

Complaint 1

Description of complaint

A former patient raised a formal complaint regarding the Deprivation of Liberties (DoLS) that he had been placed under during his inpatient stay at Mildmay several months prior. He was greatly offended that he had been placed under Deprivation of Liberties under the Mental Capacity Act 2005. He also felt that aspects of his discharge paperwork had been inaccurate.

How the complaint was managed and the resolution process

The Registered and Compliance Manager spoke to the patient on the telephone to discuss his complaint. The patient was invited to a meeting with the Medical Director and the Registered and Compliance Manager. During the meeting the patient was given the opportunity to discuss his concern in detail. Following the meeting, the Registered and Compliance Manager summarised the discussion in a letter and sent this to the patient.

Outcome

- The Medical Director explained the Deprivation of Liberties process to the patient in detail. The patient's records had been checked and the correct process had been followed. The patient was informed of this
- It appeared that the patient had previously lacked understanding of the purpose and process of Deprivation of Liberties. He was given the opportunity to ask questions during the meeting
- It was recognised that the process could have been communicated to the patient with greater clarity during his inpatient stay
- Mildmay apologised to the patient for the breakdown in communication and for causing any offense of distress
- The patient was also advised to contact his local authority if he required any additional information re his DoLS
- The patient was also advised to contact his acute hospital re the documentation he had received, as part of the documentation he had referred to had been completed there, and not at Mildmay
- The above was summarised in a letter and sent to the patient following the meeting

Lessons Learned

- The complaint enabled the team to learn lessons in relation to accurate communication of the Deprivation of Liberties process to patients
- It is evident that patients may require further information re DoLS if they are placed under this – this should be given in writing, and for example via web links, as well as verbally
- It must be noted that when a patient is assessed as lacking capacity, they may not retain or understand information that is given to them. Therefore it is helpful to provide information in a range of forms
- All members of the multidisciplinary team may participate in communicating the above information to patients. This may include therapists, social workers, managers and nurses as well as doctors.

Complaint 2

Description of complaint

A medical practitioner specialising in homelessness raised a formal complaint referring to the discharge planning of two patients. The first concern related to what was felt to have been inadequate onward referral to community support services on discharge, particularly when taking into consideration the specific vulnerabilities of the patient, which included significant substance misuse and a previous suicide attempt. The second concern related to a patient being discharged to a homeless charitable organisation with what was felt to be significant care needs including incontinence, mobility issues and impaired speech. The complainant also raised a concern that the patient had been discharged with an inadequate supply of medications and that they were not registered with a GP. There were complex social and immigration issues in relation to this patient.

How the complaint was managed and the resolution process

Mildmay's Multidisciplinary team and members of the management team reviewed both discharges in detail, referring to specialist therapy reports, patient records and housing and social work feedback. The findings including lessons learnt and impact on practices and procedures were summarised in a formal letter to the complainant and discussions also took place with the complainant. A further review meeting is scheduled for July 2022.

Outcome

- With reference to the first patient, it was evident that Mildmay's team had not been made aware on the referral documentation of all the preceding clinical information including the severity of the past suicide attempt, as well as the patient's prior links with Rough Sleepers Services.
- The patient had been assessed as having capacity with regard to his housing needs despite his vulnerability and he was able to make clear choices and understood the implications of those choices in relation to his housing support. During his admission, there were often concerns with the level that the patient was willing to engage with staff, including the Housing Officer. The patient was frequently away from the unit for long periods and was therefore not always available to receive support.
- On the day of his discharge, he was inconsistent about whether he would engage with a housing assessment. He was referred to a placement which accepts clients who have chronic alcohol issues, but only partially engaged with the assessment. He had also been referred to Social Services and he was previously known to them.

- With reference to the second patient, it was noted that the patient had been discharged with one month's supply of all medications with an additional supply of some medications in previously opened packets. She was registered with a GP already, and was going to using her former GP, and re-register if necessary once she was clearer about where she was going to reside longer term.
- Sady, there had been few options available for this patient, as she had no recourse to public funds (NRPF). The team had worked with a variety of agencies to plan the patient's discharge.
- The patient had been referred to Adult Social Care who informed MMUK that they had concluded that the patient was not eligible for support by the NRPF team.
- Family members in the UK did not want to support the patient in any way, and the patient declined the option of exploring support from her family in Europe, as well as the option of VRS (Voluntary and Assisted Return) to her home country.
- The patient was referred to an external homeless charity and our team discussed the patient's situation with the external team. However, due to the fact that the solicitor was still in the process of gathering information and had not yet submitted the application, we were advised that the organisation could not assist her.
- On the day of her discharge, the patient was referred to another homeless charity and Mildmay explained to them about her situation and were advised that they could assist and that the patient should attend the charity on the day in order to be assessed. This was also relayed to the referring homeless pathway team and other relevant parties. She was allocated accommodation there initially for for 7 days not 4 days as stated in the complaint.
- The clinical presentation relayed to us on presentation to the charity were not the same as on discharge from Mildmay. On discharge the patient had been independently mobile, and walking on the treadmill at a fast pace. The feeling of urgency regarding passing urine was a longstanding issue, preceding her strokes, and she was not incontinent in the sense of being 'wet' for example. She did not use continence pads during her admission.
- Access to food and money was limited by her No Recourse to Public Funds status. Mildmay was informed prior to discharhge that the receiving charitable organisation would provide food.

Lessons Learned

- With reference to the first patient, it would have been helpful for Mildmay to have been given more detailed information regarding services previously involved in this patient's care. Mildmay may need to adjust the Mildmay Referral Form in order to capture this information, and continue to develop a range of methods of collaborating with referrers and the wider homeless professionals networks to obtain this. Mildmay will proactively explore this with individuals in future

- It was felt that it would be useful to have a professionals meeting, either at the 3/4 week stage or possibly via an initial meet of all the relevant parties, for patients with particular vulnerabilities or for whom there are likely to be difficulties in obtaining suitable accommodation.

- With reference to the second patient, Mildmay's multidisciplinary team felt that it would be helpful for Mildmay to be advised of some additional agencies which may be able to assist patients with No Recourse to Public Funds, and to consider a professionals meeting again with outside referrers to look at the options for discharge in this case.
- If there is no safe discharge option available for a patient, we believe that developing a more robust escalation process with external agencies would be helpful.

Staff Feedback Procedures

- 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 Management Team.
- Mildmay has a Whistleblowing policy which 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 2021-2022.

Mandatory training

Face-to-face / Mandatory online training	% of completion
GDPR for Health & Social Care	92.6%
Moving & Handling of People and Objects	92.6%
Handling Violence & Aggression / Managing Behaviour that Challenges	92.6%
Safeguarding Adults	92.6%
Basic Life Support	88.2%
Bullying and Harassment	88.2%
Equality, Diversity and Inclusion	88.2%
Fire safety for Health & Social Care	88.2%
Food Safety & Hygiene	88.2%
Health & Safety Training Level 2	92.6%
Infection Prevention & Control	88.2%
Coping with Stress	88.2%
Communication Skills	88.2%
Complaints Handling	88.2%
Conflict Resolution	88.2%
Consent for Health & Social Care	88.2%
COSHH	88.2%
Countering Bribery & Corruption	88.2%
Dementia Awareness	88.2%
Dignity, Privacy and Respect Training	88.2%
Emergency First Aid	92.6%
Information Governance	88.2%

Learning Disability Awareness	88.2%
Lone Working	88.2%
Mental Capacity & DOLs Training	88.2%
Mental Health Awareness	88.2%
Preventing Radicalisation Training	92.6%
Professional Boundaries in Health & Social Care	92.6%
Safe Handling of Medications (clinical)	80%
Safeguarding Children	88.2%
Chaperone for Health & Social Care	88.2%

Staff Survey

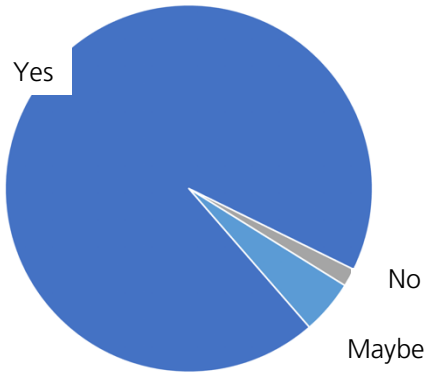
An anonymous staff survey was conducted on SurveyMonkey in June 2021. A detailed report is available.

Feedback from Service Users

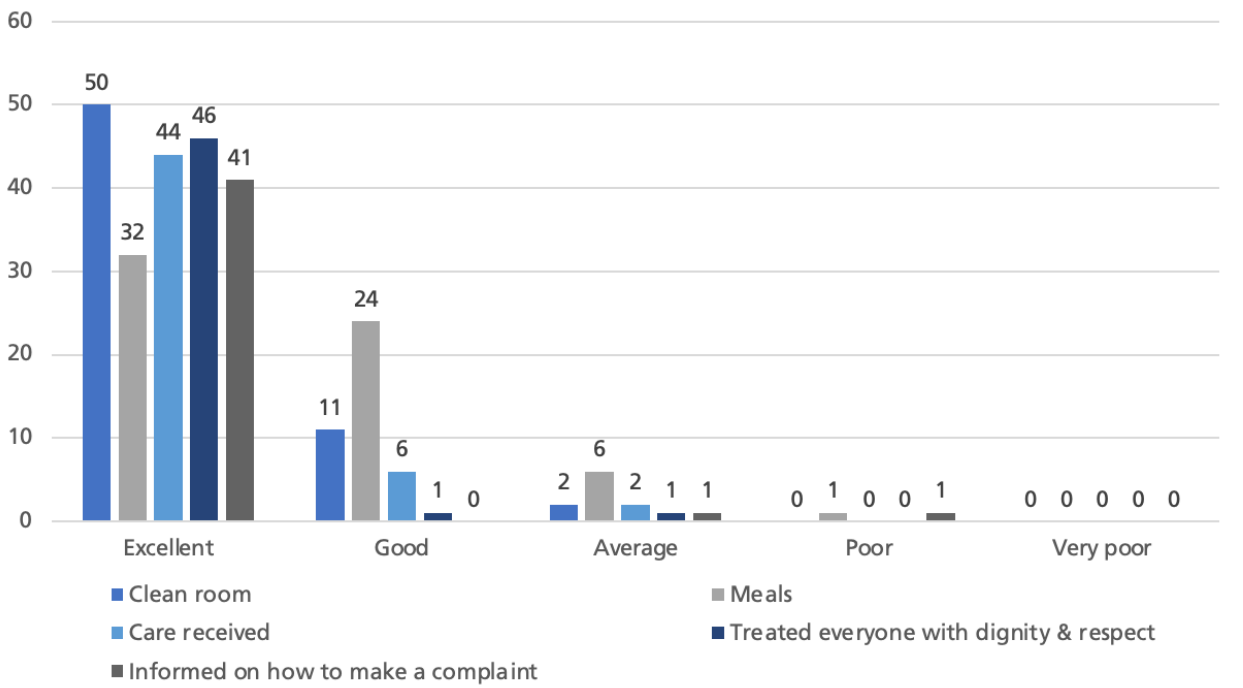
Friends and Family Test:

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

In 2021-2022, feedback was collected from 63 patients when they were discharged. On an average, we had positive responses (excellent and good) from 95.2% of the patients (excellent and good) and 98% of the patients would happily recommend Mildmay if their friends and family requires the facility.



Analysis of patient feedback



Most feedback is collected in real-time at the bedside before a patient is discharged. Concerns from feedback are dealt immediately. Compliments are fed back to staff and recorded in monthly dashboards and quarterly reports.

Captured comments and case studies

"The staff are very professional and have offered me support throughout my stay at Mildmay. I appreciate the staff for their care, kindness and support. Thank you again Mildmay"

"Pleased with the care and the service at Mildmay and will surely recommend Mildmay to friends and family''.

"Thank you very much for looking after my well being''.

Case Study

Dietetic Case study February 2021 – July 2021

Background:

Mrs. X was admitted to King's college London (KCH) for management under the HIV team where she was treated for PML IRIS, right-sided partial seizures, limb spasticity and aspiration pneumonia secondary to a compromised swallow. She was transferred to the Mildmay on the 25.2.2021, for neuro-rehabilitation following a recent diagnosis of progressive multifocal encephalopathy resulting in significant functional decline.

Presentation:

Her mobility significantly deteriorated on arriving to Mildmay, where she was bedbound, doubly incontinent and largely non-verbal. She had a naso-jejunal (NJ) feeding tube in situ and was nil by mouth (NBM).

Dietetic handover on transfer:

Anthropometry: weight: 64.75kg; height: 1.7m; body mass index (BMI): 20.7kg/m^2; malnutrition universal screening tool (MUST) score of 2.

Clinical: No biochemistry provided; Bowels open type 4 stools.

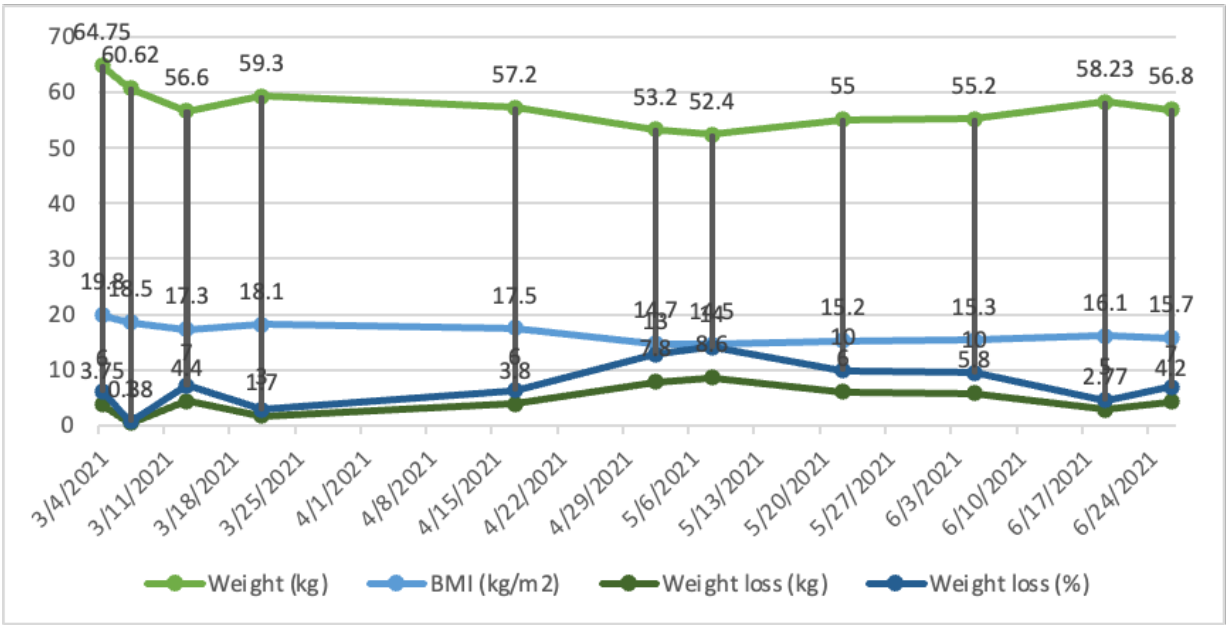
Estimated Nutritional Requirements: Energy: 25kcals/kg x 1.1 PAL = 1760kcals; Protein: 1-1.2g/kg = 64g-77g; Fluids: 64.75 x 35ml =2.26L/day

Speech and language therapist (SLT): started oral trials

Nutritional support: For transfer NJ 8Fr tube was insertion on the 22/2/21 (100cm, left nostril with bridle in place). Artificial feed regime was Nutrison Multifibre 85ml/hr x 20hrs; provided 1700ml, 1700kcals, 68g protein, nil tolerance issues noted.

Dietetic intervention and events during admission:

Anthropometry: On admission her MUST score was 5; weight was 61kg, height of 1.9m was reported by family, actual weight taken by physiotherapy was height 1.81 m (22/4/21), BMI of 18.6kg/m^2 which was classified as underweight.



ESPEN Guidelines on Enteral Nutrition: wasting in HIV and other chronic infectious diseases (Ockenga J. *et al* 2006) recommends nutritional therapy should be considered when the BMI is <18.5kg/m2 (Level of recommendation is GRADE C).

Nutritional support:

Cross check medication does not interact with feed:

X was on **EDURANT** rilpivirine which can be taken with food and **TIVICAY** dolutegravir which can be taken with or without food. These were switched to injectable on discharge. She was also on Adcal D3 for bone health, does not require any feed break before or after administration but it can bind to phosphate in feeds therefore requires good water flushes when using NJ and NG.

A. Enteral (artificial) with NJ/NG

4th March NJ blocked, team tried several recommended methods to de-block but these failed. Her requirements, hydrations and medication was dependent on access. The NJ was replaced with a Naso-gastric (NG) tube. In agreement with nursing staff NG regime for continuous and bolus were provided, to use pending on what X was able to tolerate:

A. NG continuous feeding of Fresubin original fibre 1000ml and Fresubin energy fibre 500ml @ 100ml per hour for 15 hrs with 9hrs rest. Pre and post water flushes of 50ml with each feed bag. This provided 1750kcal, 66g, 1700ml per day. 520ml of water remained for flushes with medication. Start at 6pm to feed overnight.

B. Bolus option Fresubin Energy Fibre X6 (1800kcals, 67.2g protein); Water flushes 50ml pre and post bolus feed; This provides 1800ml, this leaves 460ml for water flushes with medication.

Feed tolerance: 2nd March: No issues with feed but she had loose stools overnight; 3rd March bowels open type 4. 6th March type 6 stools, then bowels did not open

Increasing oral intake: H/O 10 teaspoons of jelly, SLTs started her on three yogurts per day with assistance (360kcal, 12g protein), 20% of her requirements.

B. Enteral (artificial) with PEG

X pulled the NG tube daily which cause distress and discomfort. X was transferred to KCH to have a percutaneous endoscopic gastrostomy (PEG) tube was places for longer term nutritional support. A 16 Fr Corflo PEG tube was inserted using the pull technique to a skin level of 3cm (16/03/21).

X was transferred back to Mildmay with PEG feed (17/03/21). 18/3/21 Full regime was started @ 18:00

- Day 1 Fresubin original 1900ml at 100ml/hr for 19 hours with 5 hrs rest
- Day 2 Fresubin original 1900ml at 110ml/hr for 17:30 hours with 6:30 hrs rest
- Day 3 Fresubin original 1900ml at 120ml/hr for 16 hours with 8 hrs rest
- 30ml Water flushes pre and post each feed bag.
- Provides 1900kcal, 74g protein, 2020ml per day

Feed tolerance: Bowels open, large stools type 7. On the 19/3/2021 nurse in charge reported loose stool type 7 open more than 3 times overnight, this continued until 22nd March overnight. Feed was stopped at 9:00. BNO after.

PEG site: has been kept clean, no rotation of advance as per Post PEG placement, it was planned to start 10 days post placement ~ 26/3/21.

MDT reported she was saying more words, and correct responses. Described her tattoo and where she lives. She was standing with physiotherapist, and improving with SLTs (see that section).

On the 23/3/21 she started complaining of abdominal pain cramps in the afternoon. Feed was stopped at 9:00 AM but medication and water flushes were given. During the day she sat out, had physio session at 14:00, bowels did not open all day. Overnight feed was restarted at 18:00 PM. 24/3/21 She deteriorated on the and was transferred to KCH for investigation.

C. Parenteral nutrition (PN)

At KCL they performed a laparotomy with washout for PEG displacement and peritoneal feed contamination. She was started on PN post-surgery and weaned to oral intake but she continued with loose stools for 2-3 weeks. The stools were not infectious and she was on Codeine phosphate 60mg x2 per day (maximum dose) and Loperamide to help control her stools. It was possible the PN induced temporary ‘intestinal failure.’ Stools were brown in colour, with no mucus or oily in appearance.

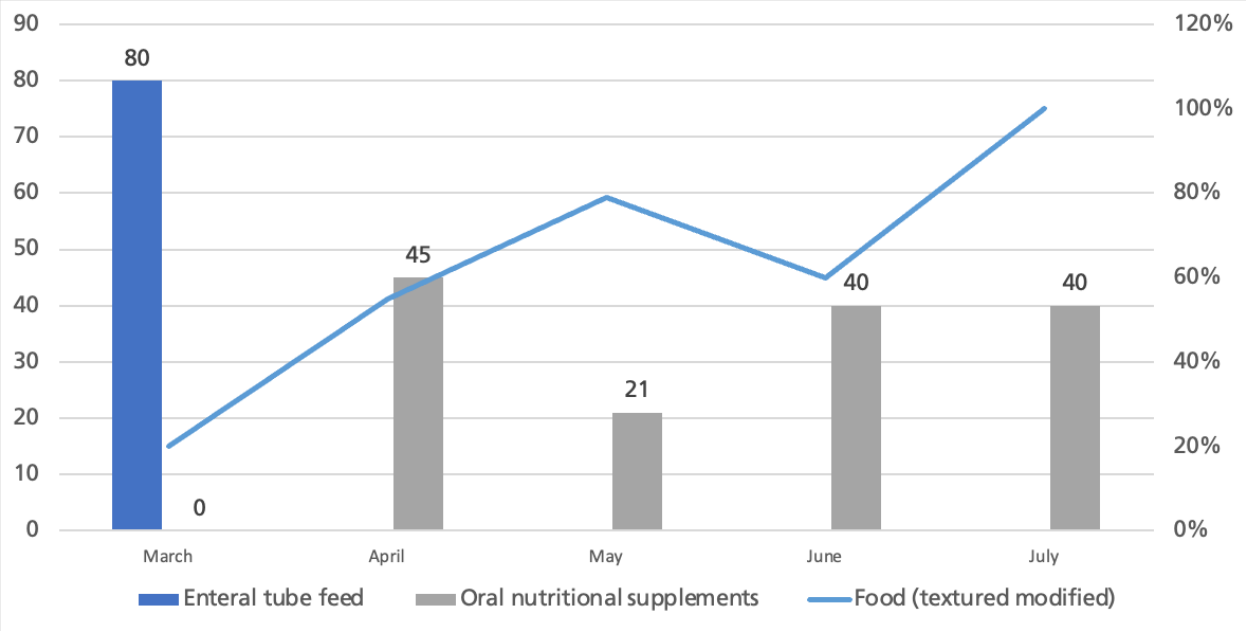
Increasing oral intake: SLT recommendation level 5 foods and sips of thin fluids.

Increasing oral intake: 24/3/21: Moderate oropharyngeal dysphagia characterised by extended mastication and difficulty initiating transfer of mashed banana in her mouth. Penetration +/- aspiration on continuous sips of thin and mashed banana. Appeared to tolerate single sips of thin and puree diet. Upgraded to puree diet and single sips of thin fluids with supervision. She could have jelly, cream, fresubin etc.

D. Wean to oral intake

In April 2021 bowels resolved and with SLTs guidance and recommendations on textured diet was upgraded to Level 5 minced and moist diet and thin fluids level 0. She moved to having porridge, custard, soft chicken, cakes, cottage pie, sausage and mash, juice, etc. She was also on Calshake (ONS) and was managing 3 per day.

Nutrition contributing to requirements by percentage (%)



She improved from NBM and tube feeds to totally oral intake with ONS support over her admission. She was discharged to a nursing home with 1 Fresubin compact and 2 Fresubin energy protein ONS to help with weight gain.

Kattya Mayre-Chilton
Specialist Dietitian

References

Ockenga J. *et al.* ESPEN Guidelines on Enteral Nutrition: wasting in HIV and other chronic infectious diseases. Clin Nutr. 2006 Apr;25(2):319-29. doi: 10.1016/j.clnu.2006.01.016. Epub 2006 May 15.

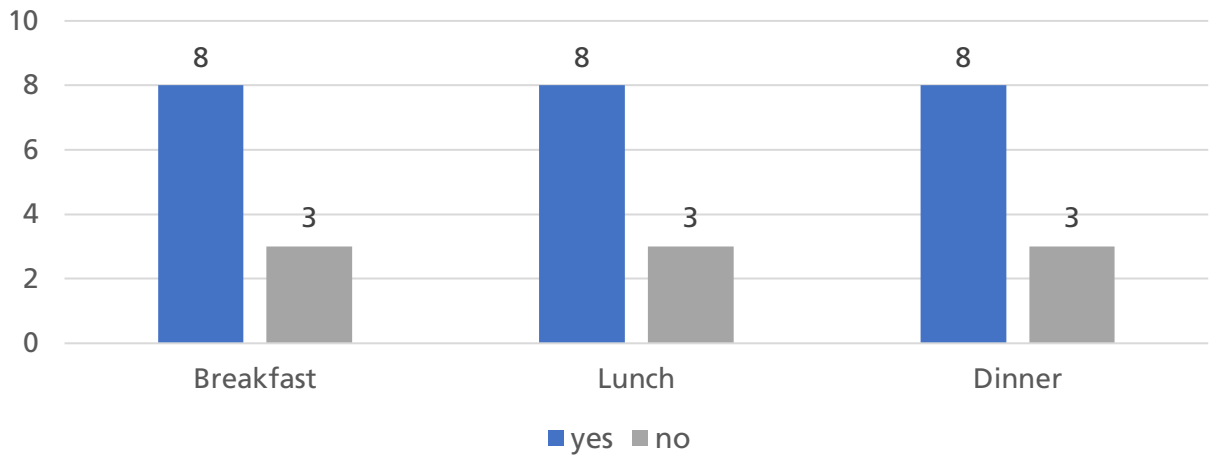
Surveys designed by Dietician:

1) Patient survey:

The student dietician, Sima, had developed a survey for the patients. The survey was taken by asking patients the questions 1:1. The dietitian Kattya and the therapy assistant Mariane have also helped with collecting answers from patients. The survey was analysed, based on 13 answers from 5 HIV patients and 8 homeless patients.

- Answers were unable to be collected from 3 patients, 2 tube-fed patients, and one who had absconded.

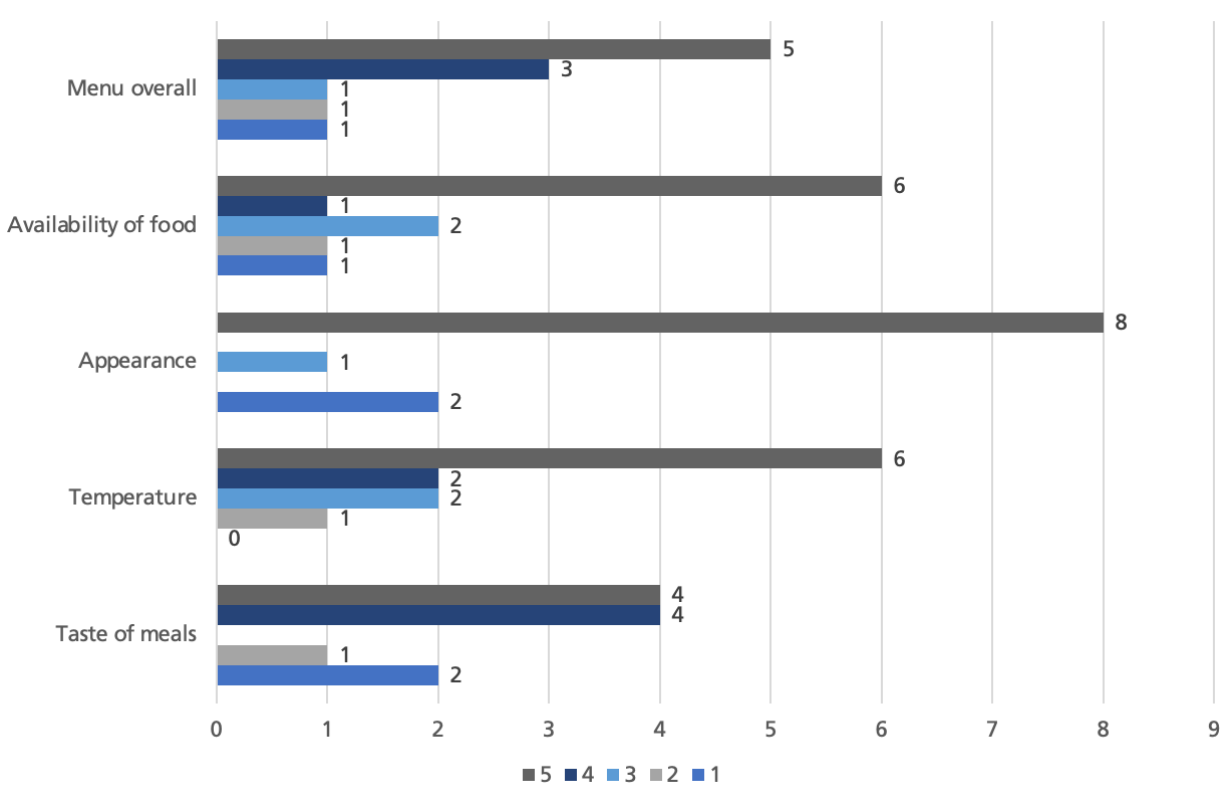
Question 1: Are there enough menu choices for:



What would you like to see more of on the menu?

- A larger variety of vegetarian food, ie: spinach, aubergine, white beans
- Fresh fruits- Not only green fruits options
- Salads for appetizers
- Roast potatoes and Puddings -more often
- Good food
- Fried eggs/African foods/ veg
- Fruit

Question 2: On a scale of 1-5 , how would you rate the following :



Ratings 1 (Worst) - 5 (Best)	1	2	3	4	5
Taste of meals	2	1		4	4
Temperature	0	1	2	2	6
Appearance	2		1		8
Availability of food	1	1	2	1	6
Menu overall	1	1	1	3	5

Question 3: What do you think of the portion size? :

Too big	5
Good	7
Too small	0

Question 4: Are there any meals that you disliked?

Yes	4
No	7

Please specify:

- Too many vegetables served
- Shepherd's Pie
- African food and too much sauce
- Fish
- Fish/ rice pudding

Question 5: Do you go out at mealtimes?

Yes	2
No	9

Question 6: When you are outside the hospital, where do you get food from?

- Only get biscuits from the off-licence store on the corner/sometimes family brings in food
- Tesco: Hummus, white cheese
- Visitors: baguette
- Wetherspoons: burgers, fries and beer
- Rawlala: enjoys smoothies.

Question 7: How much do you typically spend on meals?

- £3 ~ £4

Question 8: Do you look at nutritional information when buying food outside? If so, what exactly do you look at and why?

- While speaking to patients, felt this was an irrelevant question because most patients said they don't often go outside the hospital.

Question 9: Do you usually go for walks outside the hospital? If so, where?

- 3 answered 'yes'
- 10 answered 'no'
- Around the church
- Tesco Max

Question 10: Do you have any comments or suggestions?

- Cook food better
- Serve small portions
- Lunch options : offer sandwiches or lighter options.
- Better food
- More choice/make it warmer/have more puddings
- All good
- Have more salads

2) Staff survey:

This report is based on a survey questionnaire conducted by a student dietitian. The survey was completed online via survey monkey by the staff at the hospital. Analysis was based on 10 answers only due to limited access to survey monkey features.

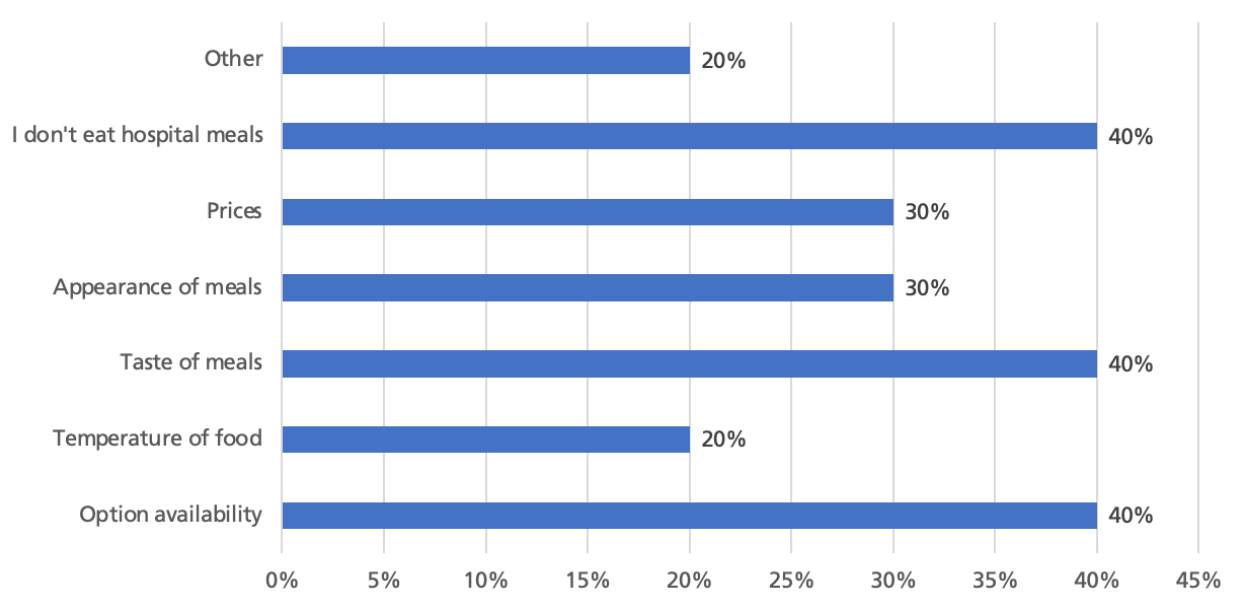
Question 1: How often do you eat cooked hospital meals?

Always	0%
Sometimes	60%
Never	40%

Reasons for not eating meals at the hospital were:

- Have to be careful with allergies
- Forgetting to order because of a busy day
- Specific about calorie intake
- Portion size is too big
- Forgetting to bring food from home

Question 2: What do you like about the meals provided at the hospital?



Two of the staff's comments on Hospital meals :

"The only thing I like is sautéed vegetables. Generally there is too much salt and coriander in hospital food for me."

"They look good"

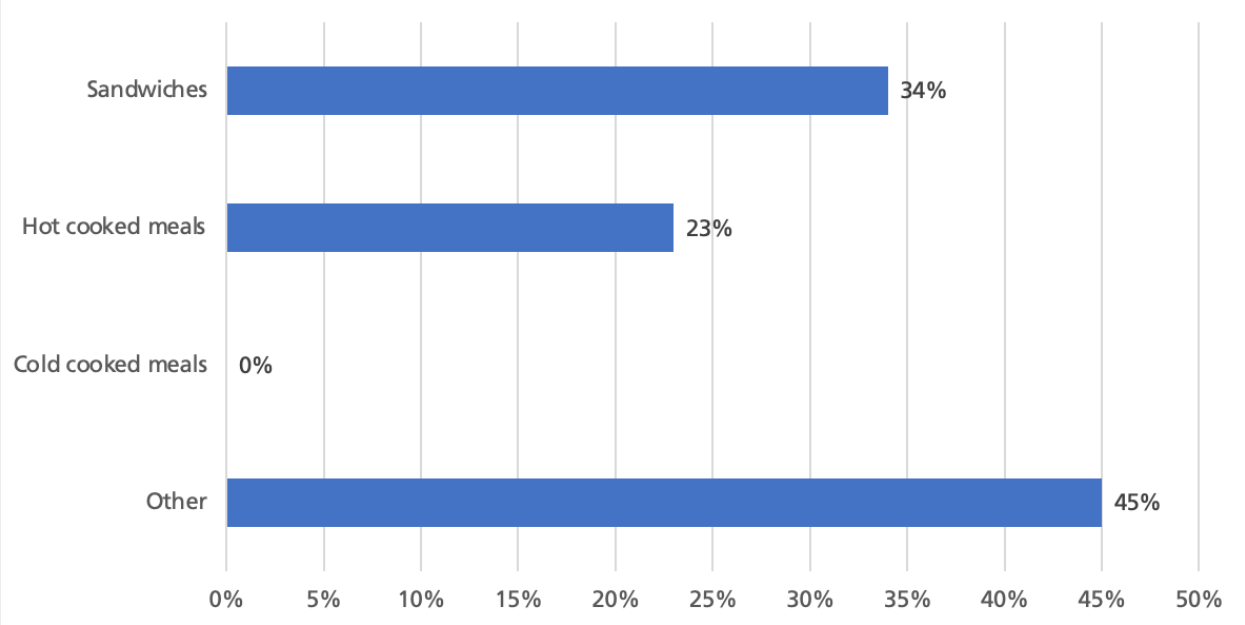
Question 3: How often do you bring your own meals from home?

Always	40%
Sometimes	30%
Never	30%

Reasons for bringing own meals from home:

- Ability to control the ingredients and portion of the meal.
- When there are leftovers from the night before.
- Prefer to cook the meal by themselves
- Prefer a light meal

Question 4: What types of meals do you usually bring with you?



Other responses:

"Quick to make"

"Soups, yogurts, fruit

Question 5: How often do you eat out at lunchtime?

Always	10%
Sometimes	10%
Never	80%

Some of the comments:

- Not enough time to leave the hospital to have lunch outside
- Cautious about food and calorie intake
- Skip lunch

Q6: What types of meals do you go for when eating out?

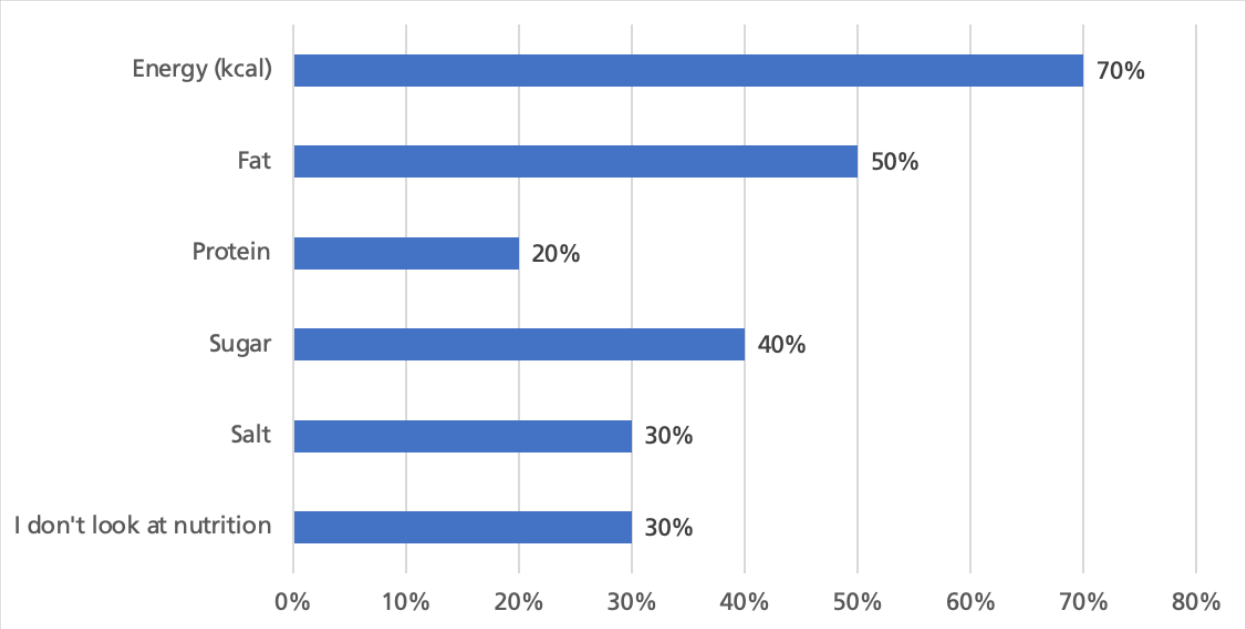
Meal deals	45%
Ready meals	0%
Other	55%

Respondents have answered N/A for "Other - please specify" .

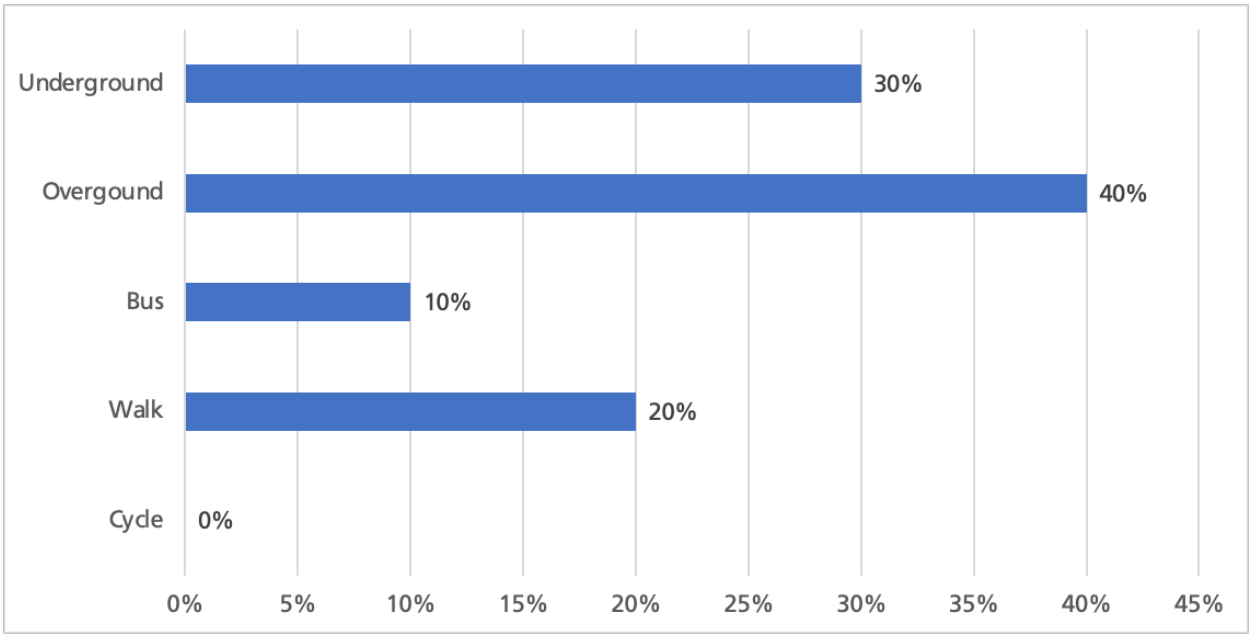
Question 7: Where do you get your meals from when eating outside the hospital, and how much would you typically spend?

- Most respondents answered "Tesco" and would spend between "£3~£5"

Question 8: what nutritional information do you pay attention to?



Question 9: How do you travel home from Mildmay?



Some of the stations the staff go to when going back home:

- Old Street
- Shoreditch High Street
- Bethnal Green

Question 10: Do you keep track of your daily steps?

- 80% of the respondents liked to track their daily steps
- Staff's average daily steps were 8,000 steps.

Notes and observations :

- 70% of the respondents reported that they look at the energy content of meals. It might be worth adding the nutritional information of hospital meals for the staff to look at and make appropriate choices accordingly.
- Some staff find no time to eat out during lunch or find it hard to each lunch due to a busy day. This may be because that the staff may not know that some places that offer affordable meals are only 5 minute walking distance from the hospital.
- Some of the staff eat hospital meal and many due to lack of time to prepare lunch at home. This observation is based on the survey answers and my conversation with the staff. Staff have liked the hospital meals due to it's affordable price. However, they believe it might be too heavy for them. Additionally, it seems that the temperature of the meals served is mostly disliked by the staff. This was also perceived when I spoke to patients. Some did complain about the meals not being warm enough.

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

Statements from Geoff Coleman (CEO) and Dr Simon Rackstraw (Medical Director) of Mildmay Mission Hospital are 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

Norma Martin
Head of Finance

Comfort Sagoe
Clinical Lead Nurse

Teri Milewska
Registered and Compliance Manager

Camilla Hawkins
Lead Occupational Therapist

Patricia Nkansah-Asamoah
Admissions Manager

Miklos Kiss
Fundraising and Communications Manager

Mildmay began as a charitable institution over 160 years ago.

It has specialised in HIV since the 1980s and continues to deliver quality care and treatment, prevention work, rehabilitation, training, education and health strengthening in the UK and East Africa.

Mildmay Mission Hospital

Chief Executive Officer: Mr Geoff Coleman MIHM DMS MA MBA

President: The Rt Hon the Lord Fowler

Patrons: Dame Judi Dench, Sir Cliff Richard, Sir Martyn Lewis CBE

Registered Office: 19 Tabernacle Gardens, London E2 7DZ, UK

Registered Charity No. 292058

MILDMAY

Transforming Lives

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