

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

Company no: 07512950

Charity no: 1140807



QUALITY ACCOUNT 2011-12

QUOTES ON QUALITY

“xxxx”

TO BE ADDED

AFTER RESPONSES

FROM CONSULTATION

Part 1 – Responsible Individual’s Statement

Mildmay Mission Hospital UK (herein after referred to as 'Mildmay') is a voluntary charitable hospital and rehabilitation unit that delivers services to the NHS through the mechanism of a contract with 24 London Primary Care Trusts (PCT's). It also accepts duly scrutinised spot purchased referrals from any other UK source that could include PCT's, acute hospitals, self payers or E.U. funding sources.

It is a tertiary healthcare provider of specialist care and rehabilitation of people living with complex HIV related conditions, particularly HIV Associated Neurological Disorder (HAND) also known as HIV Related Neurological Impairment (HNCI).

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

Quality and Patient Safety are paramount for Mildmay and the Spencer House Unit is an international beacon of good practice in the specialist field of HIV related Neuro Cognitive Impairment (HNCI) and has hosted international visitors and had interns from Europe, Africa & Canada.

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

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

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

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

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

Following submission of our self assessment in 2009 the care quality commission identified no shortfalls in service delivered. The senior management team attributes this to the continuing hard work of staff who have embraced the challenge of change and embedded quality improvements in practice at our Spencer House Unit.

The safety, care and support experience and the outcomes for patients and day service users are of paramount importance in the understanding of what Quality looks like at Mildmay, and Mildmay voluntarily completed a Patient Environment Action Team assessment in February 2012 which has contributed actions to the continuous improvement action plan for the Unit. The score of 'GOOD' at 82% was limited by some design issues limiting day service use and which will be significantly addressed when we move to the new unit in the Autumn of 2013. The infection control team particularly welcomed the 99.2% cleanliness and appearance score.

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

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

Michael Albero

Interim Director

Registered 'Responsible Individual'

Mildmay Mission Hospital UK

31st March 2012

Part 2 - Planned Priorities for Improvement 2012-13

2.1 Objectives

2.1.1 Objective 1 - Maximise Occupancy

We will seek to achieve a more sustainably occupancy profile. Occupancy is the key to stability for Mildmay. Investment may be needed to significantly change the mechanisms for patient acquisition. Free external consultation from a large corporation executive volunteer scheme has generated a systemic review of marketing and stakeholder consultation that will lead to more 'active' acquisition methods begin deployed in the year ahead.

2.1.2 Objective 2 - Maximise Voluntary income

We will seek to increase voluntary income to the charity. Diversification of income is step that can reduce the risk of dependency on a single contract and can contribute to achieving other objectives such developing an education and training resource, & innovation in service delivery. This work is underway with a fit out cost capital fundraising appeal for our new hospital. We will explore cope for sponsoring of some functions of the hospital.

2.1.3 Objective 3 – Awareness Raising

We will seek to raise awareness of the HNCI/HAND work of Mildmay building our stakeholder base, creating tranche of training and development materials and develop a medial engagement strategy. We will focus our marketing on the launch of the new Unit in the autumn of 2013 and will seek to develop a marketing strategy that balances the needs of confidentiality and awareness.

2.1.4 Objective 4 – Move to new Site

We seek to achieve an effective and efficient move to the new hospital on our former site. We will oversee the fit out and manage the building handover and systems testing in a four week window. We wish to minimise disruption to the patients on site at the point of move but to participate in the build process to ensure the management need and functionality of the new building meets the needs of our service and enables future flexibilities.

2.1.5 Objective 5 –Innovation

We will continue to explore the design of new services. We will build on our experience of innovation in the delivery of appropriate services for people living with complex HIV conditions.

2.2 Statements of Assurance from the Board.

During 2011-12 the old Mildmay Mission Hospital has been demolished. The move in 2008 to our current site at Spencer House (which was the former mother and baby unit) was always seen as a temporary move and brought about restrictions due to the limitations of the site and the unavailability of space and the lack of some key facilities (such as a central dining room).

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

Mildmay delivers services under contract and in accordance with a service specification embedded in that contract. Its Medical Director was noted by the Evening Standard to be one of the 1000 most influential Londoners and was one of only 22 medical personnel in that list.

The closing of the year had only one reportable 'red indicator, that of occupancy. This year has been a roller coaster with some PCT's being very defensive in their spending and some diversion of potential patients to different (less specialised?) facilities. That has led to the board questioning our financial stability; being such a small unit the large variations in numbers will have a dramatic effect on cash flow.

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

The 2011-12 year has seen an efficient consolidation despite a challenging financial environment, and the redesign of the draft service specification for 2011-12 evidenced continued measures to improve quality service delivery at Mildmay, by providing clear pathways for the care of patients, these pathways were accepted by the 2012 European Conference of Integrated Care Pathways as a good practice example.

Part 3 - Review of Quality Performance 2011-12

3.1 Objectives

3.1.1 Objective 1

Establish a programme of training and roster rotation to ensure all clinical staff will attend a 'Managing Challenging behaviour' course. This has been achieved and is now part of a programme of in-house training.

3.1.2 Objective 2

Improve the quality of staff completion of incident reporting forms to make them an effective tool for learning. This has been partly achieved, turnover and shift pattern has prevented ALL staff attending, but training needs have been picked up into a rolling training programme.

3.1.3 Objective 3

Capture patient journey comments in a manner that ensures their efficacy in affecting change on the Unit. There has been an improved and more consistent use of exit interviews, patient surveys, and reporting by day service client forum, consultation with referrers and other key stakeholders will contribute to the monitoring of this objective, which will now form a part of service expectations.

3.1.4 Objective 4

Establish an office manager post to be the administrative contact between patients, carers and to develop the patient information pack (PIP) as a principle aid to admission. This post is now in place. There has been noticeable improved communication between patient, carers, family & staff as a result. The ownership of the PIP will shift to the office manager when her annual appraisal sets objectives for the year ahead.

3.2 Statements of Assurance from the Board.

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

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

Mildmay delivered services under contract and in accordance with a service specification embedded in that contract.

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4. Commentary

4.1 Patients and Day Service User feedback

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

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

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

4.2 Mandated statements

4.2.1 Review of Services

During 2011-12 Mildmay had capacity for 5840 in-patient bed nights and 3200 day service placements.

In 2011/12 we provided 3414 in-patient bed nights for 101 people and 2139 day service placements for 77 community clients and 35 inpatients.

Of these services, 97% were funded by the NHS and 2% by social services (continuing care) and 1% self funded.

The Mildmay has reviewed all the data available to them on the quality of care, and its entire management team have responded to lessons learned from incidents, admission difficulties & reviews. The senior management team at Mildmay also pass mater to its risk management committee and clinical governance committee as well as the staff forum, to seek to improve practice on site.

The income generated by the NHS services reviewed in 2011-12 represents 100% of the total income generated from the provision of NHS services by the Mildmay for this reporting period.

4.2.2. Clinical Audits

During 2011-2012 **NO** national clinical audits and **NO** national confidential enquiries covered NHS services that the Mildmay provides. During this period Mildmay UK participated in **0%** of national clinical audits and **0%** of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

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

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

4.2.4. Research

The number of patient receiving NHS services provided or sub contracted by Mildmay in this period that were recruited during that period to participate in research approved by a research ethics committee was **ONE (Social cognition and HIV)**.

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.

4.2.5 CQUIN

NONE of the income of Mildmay Mission Hospital UK in 2011-12 was subject to CQUINs (Commission for Quality & Innovation payments) due to the complex nature of the service delivery. Therefore NO income was conditional on achieving quality

improvements and innovation goals through the Commission for Quality and Innovation payment framework.

The 2012/13 contract may contain CQUIN stipulations, Mildmay awaits clarification from its commissioning group.

4.2.6 Statement from the CQC

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

4.2.7 Data Quality

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

Mildmay will be taking the action to improve data quality by developing peer group review and by improved induction processes. We will be introducing 'iCare' as our new patient information system which is 'Ne complaint' which will allow better data transfer to & from our NHS colleagues.

4.2.8 NHS Number & General Medical Practice code validity

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

4.2.9 Information Governance Toolkit attainment levels

Mildmay has never taken a Information Governance Assessment Report score and is not subject to the IGT rating scheme, but will be in 2012 as it shifts to a nN3 compliant system.

4.2.10 Clinical Coding error rate

Mildmay was not subject to the Payment by results clinical coding audit in 2011-12 by the Audit Commission.

4.2.11 Complaints & Incidents

A total of 12 comments were received of which 7 were treated as complaints that were satisfactory resolved at the second stage in complaint handling. Other comments resulted is some changes of process, practice and in procedural reviews.

A total of 91 untoward incidents and three serious untoward incidents were reported; they were reviewed by the Senior Management Team and resulted in improvements in practice.

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

A breach of confidence occurred when an agency healthcare worker spoke to relatives / visitors of a patient with information which disclosed diagnoses by saying that "all the patients here have HIV". This was reported as a serious untoward incident and action has been taken to improve agency induction but it raised a complicated issue that anyone could go to Mildmay's website and see we are a HIV specialist Unit and as most patient and relative data seeks to explain our work in supporting adherence to medication, healthy living advice for people living with HIV & we have a range of leaflets about the management of the condition. Nevertheless, control of disclosure is the right of the patient and due to the stigma and potential discrimination still experienced in society by people living with HIV, this is a very pertinent issue to Mildmay.

It is to be noted that 'healthcare assistants' are not a registerable profession (unlike home care, domiciliary and care home workers) and Mildmay feel that a vital element of external accountability may be missing in the health & social care field.

4.3 Mildmay's action in the three quality domains;

4.3.1. Domain 1 Patient Safety

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

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

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

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

Sometimes people fall in a unit with a rehabilitation focus and while people are encouraged to take normalising risks, the management of these risks is mediated by therapeutic observation and input.

4.3.2. Domain 2 Clinical Effectiveness

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

- Risk management meeting
- Staff forum
- Independent Infection control visit
- Registered Manager & Nominated individual observations
- Patient Environment Action Team (PEAT) assessments

All registered practioners have access to clinical supervision, training updates

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

Mildmay prides itself on being a training environment and promotes the question of what we do, why we do it, why we do it this way by student placements use of interns and other learning & exchange opportunities. Mildmay was yet again voted by the nursing students of City University to a 'Commended' placement status in 2012.

Mildmay uses its Monthly Quality Audits and quarterly Morbidity & Mortality Audits to consider various elements of practice on the unit, and encourage staff at all levels to participate in the process.

4.3.3. Domain 3 Patient Experience

Mildmay has a role of Independent Patient Champion (IPC) that is currently vacant, the role can track the patient journey and the IPC is accessible to patients, day service users, their family, friends and carers as an advocate and who can hold Mildmay to account. The day service has five consultation forums to give a voice to the day client journey.

The exit interview process captures views at discharge, but other comment are captured throughout their stay.

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

Key working session enable an exploration of patient experience at the unit.

Reviews are held in compliance with our published care pathways where external advocate for the patient can also contribute their views about the patient journey.

17% of patients in the year were subject to Deportation of liberty standards (DOLS) due to their experience of Brain Impairment or significant behavioural or cognitive problems associated with their complex HIV condition. These patients may then be supported by an Independent Mental Health Advocate (IMCA).

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

ANNEX Supporting statements

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

- The lead commissioner Tower Hamlets PCT
- All 22 known commissioner part of the Pan London Mildmay Commissioning Group
- All 24 referring CNS's in receipt of monthly reports
- The East London Learning Involvement Network LINK
- The Overview & Scrutiny Committee OSC of the London Borough of Tower Hamlets
- The Friends of Mildmay

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

ENTER RESPONSES HERE

ACTIONS;

Draft submitted to board for comment 1-3-2012 (with follow updated check by 10-4-2012)

Submitted to stakeholders for comments 10- 4-2012

Revision (if any) 13-5-2012

Revised draft Submitted to OSC (scrutiny date of) 5-4-2012(WITHOUT CONSULTATION COMMENTS)

Revision to take into account comments (if any) from stakeholders 10-6-2012

Board sight if final version 10-6-2012

Submitted to the Secretary of State & uploaded NHS Choices 30-6-2012

Uploaded to Mildmay's website for public view 1-7-2012