

<p>Subject:</p>	<p>Quality Performance Report (August position)</p>
<p>Prepared by:</p> <p>Sponsored by:</p> <p>Presented by:</p>	<p>Fiona McNeight, Head of Governance and Patient Safety Tracey Stenning, Governance Compliance Manager</p> <p>Julie Dawes, Director of Nursing Nicky Lucey, Deputy Director of Nursing</p>
<p>Purpose of paper <i>Why is this paper going to the Trust Board?</i></p>	<p>Discussion requested by Trust Board Regular Reporting For Information / Awareness</p>
<p>Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i></p>	<ul style="list-style-type: none"> • HCAI (National target and Quality Contract) <ul style="list-style-type: none"> - MRSA: 0 (zero) cases in August. Year to date position: 1 against a trajectory of 2. - C.Diff: 5 cases in August. Year to date position: 39 against a trajectory of 35. Action plan in place to address. • VTE (National CQUIN target and Quality Account) <ul style="list-style-type: none"> - 88.86% compliance in August, compared to 85.1% in July. This figure includes 100% risk assessments undertaken in Day Surgery, where manual recording is undertaken. • Single Sex Accommodation (National target and Quality Contract) <ul style="list-style-type: none"> - Two breaches, due to a delay in transfer from Respiratory High Care. Eight patients in total affected (same 4 patients affected twice). • SIRIs (Quality Contract) <ul style="list-style-type: none"> - 5 SIRIs reported in August of which two were pressure ulcers. • Never Events (Quality Contract) <ul style="list-style-type: none"> - No reported Never Events. • Falls (Quality Contract and Quality Account) <ul style="list-style-type: none"> - 1 amber reported incident in August. Total of 11 against a year to date trajectory of 20. • Pressure Ulcers (Quality Contract) <ul style="list-style-type: none"> - 2 grade 3 and 4 hospital acquired pressure ulcers reported in July. Total 16 against an upper trajectory of 25. • Complaints (Quality Contract) <ul style="list-style-type: none"> - Total of 53 complaints compared to 52 in July 2011. - The overall trust monthly target is 42 therefore; August exceeded the target by 11 complaints. • Medication (Quality Contract and Quality Account) <ul style="list-style-type: none"> - Allergy status on target to achieve year end target of 71.5%. Currently 76%. - Medicines reconciliation currently not on target to achieve the minimum year end target of 77% although improved position. Currently 71%. • End of Life Care – Patients placed on LCP (Quality Contract) <ul style="list-style-type: none"> - Improvement seen from July. Currently 46%.

	<ul style="list-style-type: none"> • Safeguarding adults <ul style="list-style-type: none"> - 13 safeguarding alerts raised in August. - 11 raised by Trust staff.
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	Nil decisions required.
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	Ongoing monitoring of all metrics and regular Board reporting.
Consideration of legal issues (including Equality Impact Assessment)?	Considered – None.
Consideration of Public and Patient Involvement and Communications Implications?	<ul style="list-style-type: none"> • VTE compliance – below national target. • C.Difficile – over trajectory.

Quality Heatmap

Portsmouth Hospitals NHS Trust

Executive Lead: Julie Dawes

August performance dashboard

Dashboard remains under development

Key Quality Targets Dashboard		2011/12 Targets	Monitoring Period	Quarter 1	Jul-11	Aug-11	Quarter 2	Change month on month	Yr to date 2010/11	On Plan to Achieve	Areas of Concern
National & National CQUIN Targets	Healthcare Acquired Infection - MRSA	< / = 4	Monthly	1	0	0	0	↔	1		
	Healthcare Acquired Infection - CDI/F	< / = 78		30	4	5	9	↑	39		
	Venous Thrombo embolus screening	90%		85.6%	85.1%	85.5%	85.3%	↑	85.9%		
	Mixed Sex Accommodation Breaches	0		4	0	2	2	↑	6		
	Patient Satisfaction (5 key questions)	75%		-	80.3%	80.7%	80.5%	↑	80.5%		
Trust and Contract Targets	Serious Untoward Incidents (excluding HCAI)	Reduce	Monthly	18	6	5	11	↓	29		
	Never Events	0		0	0	0	↔	0			
	Falls (moderate and severe)	10% reduction		9	1	1	2	↔	11		
	Pressure Ulcer Incidents (category 3 & 4)	25% reduction		11	3	2	5	↓	16		
	Hand Hygiene Compliance	95%		-	96.8%	97.2%	-	↑	97.0%		
	NPSA Audit Compliance	95%		96.6%	96.9%	97.2%	97.1%	↑	96.9%		
	Patient Safety Incidents (excluding SUI)			2063	659	169	828	↓	2891		
	Number of Complaints	50% reduction		136	52	53	105	↑	241		
	PALS Contacts			469	150	123	273	↓	742		
	Patients Moved >2 times	Reduce		1868	623	591	1214	↓	3082		
	Medication Errors (red / amber)	Reduce	7	1	0	1	↓	8			
	Medication (recording of allergy status)	Improve to 71.5%	69%	67%	76%	71.5%	↑	70%			
	Medication (reconciliation of medicines)	Improve to 77%	63%	63%	71%	67%	↑	65%			
	End of Life Care (% of patients dying on LCP)	50%	44%	28%	46%	37%	↑	40.5%			
	Unplanned returns to theatre (per 100 cases)	Reduce	0.17%	-		-					

↑	Performance improving
↓	Performance worsening
↔	Performance the same

	No concerns. Target achievable
	Some concerns. Action required to keep on track
	Significant risk to achieving the target

National and National CQUIN Targets

- **Healthcare Associated Infections (HCAs)**

Incidence of MRSA bacteraemia more than 48 hours after admission (PCT/SHA trajectory for 2011/2012 is 4).

There were no cases in August. The trajectory for August was 0 cases. Thus, the year-to-date position at the end of August is 1 case against a trajectory of 2.

Incidence of C.Difficile more than 72 hours from admission (PCT/SHA trajectory for 2011/2012 is 78).¹

There were 5 cases recorded in August. The trajectory for the month was 5 cases. Thus the year-to-date position at end of August is 39 cases against a trajectory of 35.

The Trust met its C.Difficile target for the month of August and the C.Difficile action plan continues to be implemented in full.

Additional actions from those reported last month include:

1. Trust-wide chlorine cleaning of all flooring for a three week period.
2. C.Difficile sample vetting with enforcement of the four hour time to isolate target by the Infection Prevention Team.

- **Venous Thromboembolism (VTE)**

Risk assessment figures for August is 88.86%, however, this data is currently being validated and may be subject to change. It is anticipated that the validation process will not affect the compliance significantly.

Day Surgery undertakes manual data collection rather than using VitalPAC. There is a process in place whereby patients will not proceed to surgery unless a risk assessment has been undertaken; therefore, 100% of patients have a risk assessment recorded within the Day Surgical Unit. This is reflected in the 88.86% compliance for August.

The low compliance is mainly attributable to the embedding of the new VitalPAC module.

Additional actions from those reported last month:

1. Enforcing accountability at CSC and consultant level for the risk assessments completed in clinical areas. This has been further strengthened by the introduction for key staff to be able to assess VTE compliance 24/7 through VitalPAC in real time.
2. Review of resource to deliver training and support to clinical areas. Extra resource added to supporting the risk element of VTE this free up greater support at the clinical interface for VTE assessment compliance
3. VTE has featured heavily in National Patient Safety Week at the Trust.

- **Single Sex Accommodation**

There were nil mixed sex occurrences within MAU or the general wards in August.

However, there were two patients who were delayed being transferred from Respiratory High Care, which were declared as breaches. The same four patients were affected by each breach, but for DH reporting purposes, a total of 8 people were affected.

- **Patient Experience**

Currently on target with 5 key questions (internal monitoring).

¹ Please note the change to the C.difficile terminology from 48 hours from admission to 72 hours from admission. The way these are counted has not changed, the Trust has been using the incorrect terminology.

Trust and Quality Contract targets

- **Serious Incidents Requiring Investigation (SIRIs)** (excluding HCAs and as reported on STEIS)
One report was presented to SIRG in August this report was signed off and submitted to the PCT.

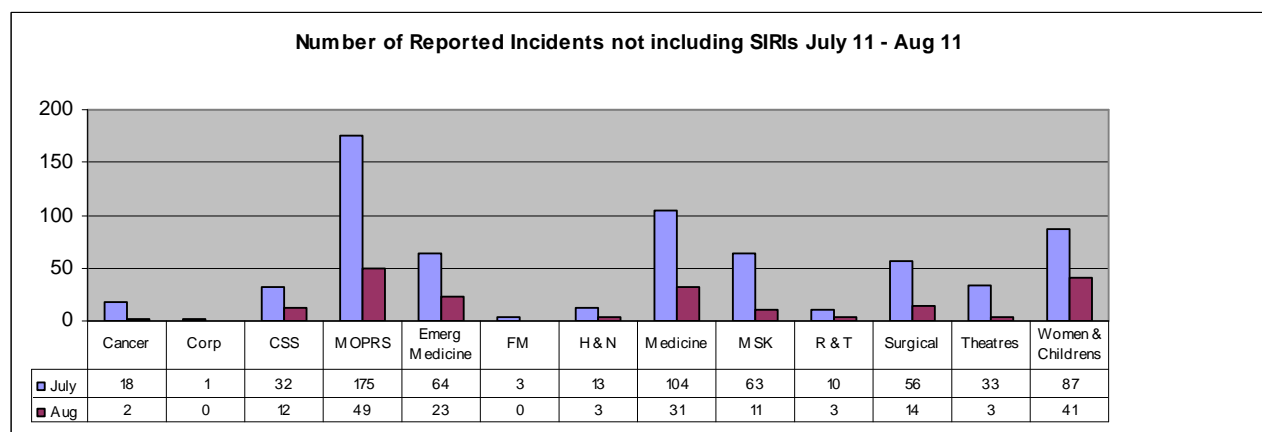
Six SIRIs were reported in August of which two were grade 3 and 4 pressure ulcers and one grade 4 plaster sore which was subsequently down graded by the Commissioners. This compares to three pressure ulcers in July, four in June, seven in May and zero in April. It should be noted that previously ten pressure ulcers were reported in May and four in July, the difference in figures is due to the downgrading of the SIRI by the Commissioners.

There are two SIRIs that have exceeded the target date for completion as further work was requested to be undertaken. Both will be presented to SIRG on 26 September.

SIRIs August 2011	
SIRI	Clinical Service Centre (CSC)
1 x Grade 3 pressure ulcer	Medicine
1 x Grade 4 pressure ulcer	MSK
Patient Identifiable Information	MOPRS
In patient suicide	Medicine
Neonatal death	Women and Children

- **Never Events**
Zero 'Never Events' were reported in August 2011.
- **Incidents**

Incidents August 2011		
Month	Incidents	
	Adjusted to include receipt of late reports	Previously reported
August 2011	169	
July 2011	659	224
June 2011	678	664
May 2011	635	627
April 2011	750	705



The top three reported incidents in August 2011 at the time of reporting: slips, trips and falls, the administration or supply of a medicine from a clinical area and in joint third place is Patient case notes or records and adverse events that affect staffing levels.

Statistical Process Charts (SPCs) continue to be presented to the Patient Safety Working Group. The Group continues to receive presentations on areas of high reporting with a VTE status report being presented in August 2011. Updates on action plans associated with areas of high reporting will continue to be received on a rolling basis apart from the medicines management action plan, which will be presented monthly.

- **Falls**

The Trust is on target to achieve compliance with the year end target of 39 red and amber events, based on 10% reduction from 2010/2011. There was 1 amber fall against a monthly trajectory of 4.

- **Pressure Ulcers**

A total of 2 grade 3 and 4 hospital acquired pressure ulcers (HAPUs) were reported in August. This brings the total to sixteen HAPUs against an upper trajectory of twenty five. Therefore, the Trust is currently on trajectory to achieve the 25% reduction target.

- **Complaints and PALS**

August 2011 saw an increase of one complaint compared to July, with 53 having been reported. The internal Trust overall target is 42 for the month, therefore, August exceeded the target by 11 (the target was exceeded by 10 in July).

Comparison of themes for complaints			
Complaint theme	July 2011 total	August 2011 total	Variance
All Aspects of Clinical Treatment	29	24	▼5
Communication to Patients	11	10	▼1
Admission, Discharge & Transfer Arrangements	4	5	▲1
Attitude of Staff	3	5	▲2

▼ Decrease compared to previous month

▲ Increase compared to previous month

▶ The same compared to previous month

Parliamentary Ombudsman

The Trust is aware of 4 reported cases which were referred to the Parliamentary Ombudsman in August 2011.

Complaint Acknowledgement Rate

100% of all 53 complaints were acknowledged within the 3 day target in August 2011.

PALS Contacts April 2011

There were 123 PALS contacts in August 2011 regarding the Trust. This is a decrease of 27 compared to July where 150 contacts were made.

Comparison of themes for PALS contacts			
PALS theme/reasons for contact	July 2011 total	August 2011 total	Variance
Contacts Received	150	123	▼27
Communication to Patients	50	37	▼13
Appointment Delay/Cancellation Outpatients	49	34	▼15

Comparison of themes for PALS contacts			
PALS theme/reasons for contact	July 2011 total	August 2011 total	Variance
Appointment Delay/Cancellation Inpatients	8	4	▼4

▼ Decrease compared to previous month

▲ Increase compared to previous month

► The same compared to previous month

Reported Plaudits

It is important to balance the data the Trust provides about the number of complaints received against the number of plaudits received, therefore CSCs are requested to ensure that all plaudits received are reported to the Patient and Customer Services Department. A total of 1,376 plaudits were received in August compared to 1,351 in July.

• Medication Errors

Analysis of July data demonstrates that medication-related incidents continue to occur most commonly in three stages of the medication process: administration (62%), prescribing (23%) and dispensing (10%). This data is in line with national data. The NPSA, Safety in Doses analysis demonstrates that, nationally, nearly half of all medication incidents happen within the administration process with smaller percentages seen in the other stages of the process.

Missed dose incidents continue to be reported and appear in the Trusts top three medication-related incidents. This mirrors the national position. During August, all CSCs have been completing self assessment data on missed doses, data is now being collated and actions are to be developed and good practice is to be shared.

A workforce restructuring process in Pharmacy was initiated in April 2011. The consultation and subsequent implementation process has been in hand through the summer months. Part of this restructuring is the appointment of an Operations Manager to lead the Technician team in delivering service improvement. That appointment has been made as of 1st September 2011. Recruitment to the new structure, deployment and reorganisation and prioritisation of workflow will be enabled by this appointment in the coming weeks.

Patient Safety Federation Data

Patient Safety Federation compliance		
Indicator	August 2011	Minimum target 2011/2012
Allergy status	76%	71.5%
Medicines Reconciliation	71%	77%

The Trust is currently achieving the allergy status indicator and showing an improved position for the medicines reconciliation indicator. As can be seen on the quality heatmap, there has been an increase in achievement in both indicators since Quarter 1 submission.

• End of Life Care

The Trust has a contractual target for 50% of patients that are identified as dying being placed on the Liverpool Care of the Dying Pathway (LCDP). As can be seen from the quality heatmap, a decline in numbers was seen in July, however, an improvement has been seen in August.

The following actions are in progress to address compliance:

- Summarising ward teaching available from MOPRS and HSPC teams.
- Funding from NHS Hampshire has been agreed for a time limited LCDP facilitator whose sole role it will be to promote LCDP for approximately 9 months in post.

- Deaths are being looked at ward by ward to identify areas of special interest/need for End of Life Care trainers and LCP facilitator to specifically target.

- **Unplanned returns to theatre**

This is reported quarterly.

Quality Indicators

- **Safeguarding adults**

There were 13 safeguarding adult alerts raised in August, of those, 11 were raised by Trust staff in response to concerns during a patient's admission assessment or in-patient stay. The cause for concern related to potential neglect prior to admission by care staff or family, financial abuse by carers, suspected assault and an actual assault occurred on a patient whilst in hospital during a diagnostic procedure. The assailant was arrested by the police. Two alerts were received by the Trust relating to general hospital care. These are under investigation.

Safeguarding adults presentations have been provided at the Trust Board away day, Senior Management Team and General Managers meeting. This has led to the development and distribution of a very simple guide for how to access safeguarding advice in and out of hours.

- **Safeguarding children**

Nil to report.

- **Emergency Department Quality Indicators**

Enabling feedback in a busy Emergency Department (ED) has always provided a challenge. As part of the Trusts' work to ensure feedback is enabled in even the most difficult circumstances, and to support the delivery of the ED indicators, a pilot of a "counter system" has been undertaken in ED. The system enables different questions to be asked of patients and they can then rate their experience. To date patients have been asked to comment on their pain management, the environment and whether they were kept informed about their treatment and care with very positive results. Detailed information will be provided in the next Patient Experience Board report.

- **Releasing Time To Care Bundle Programme (Productive ward)**

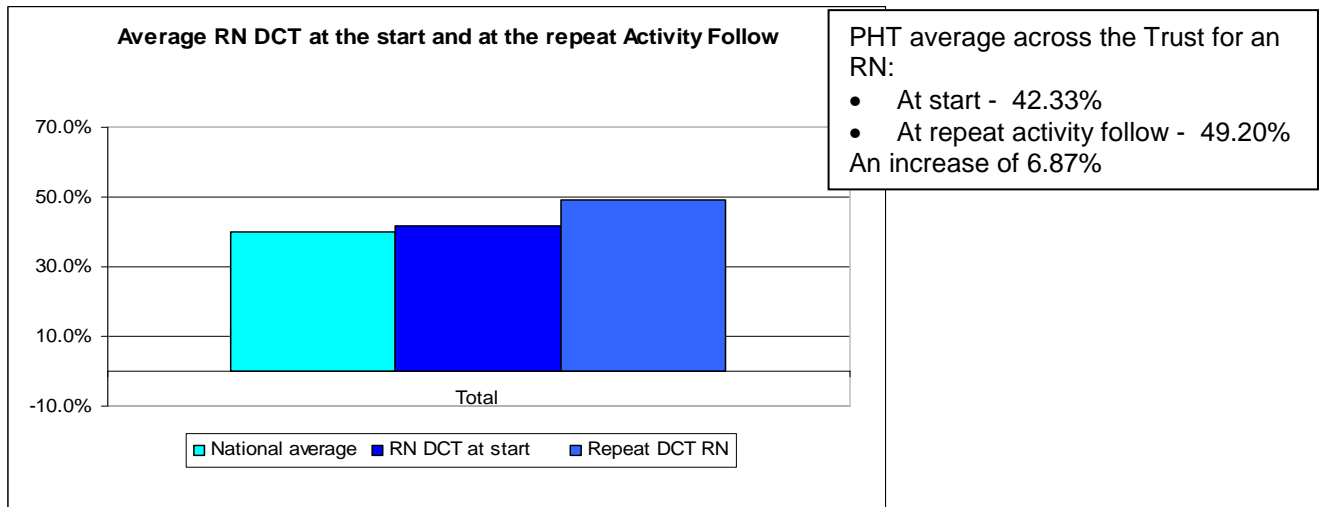
All 41 wards continue on the programme, with the in-house documentation module to be commenced in October 2011. Progress on the NHS Institute for Innovation and Improvement modules are outlined in the table below.

Module	Wards commenced	Wards Completed
Knowing How We are Doing	41	28
Well Organised Ward	41	28
Patient Status At A Glance	41	41
Hygiene	0	0
Nursing Procedures	0	0
Ward Round	0	0
Patient Observations	41	22
Admissions and Discharges	41	23
Handover	0	0
Medicines	41	20
Meals	41	20

The modules are being completed in line with the clinical needs of the teams. All areas except two medical wards and MOPRS wards are within the tolerance of delivering to the plan. Additional action has been taken in Medicine and MOPRS to support their progress.

RTTC bundle outcomes

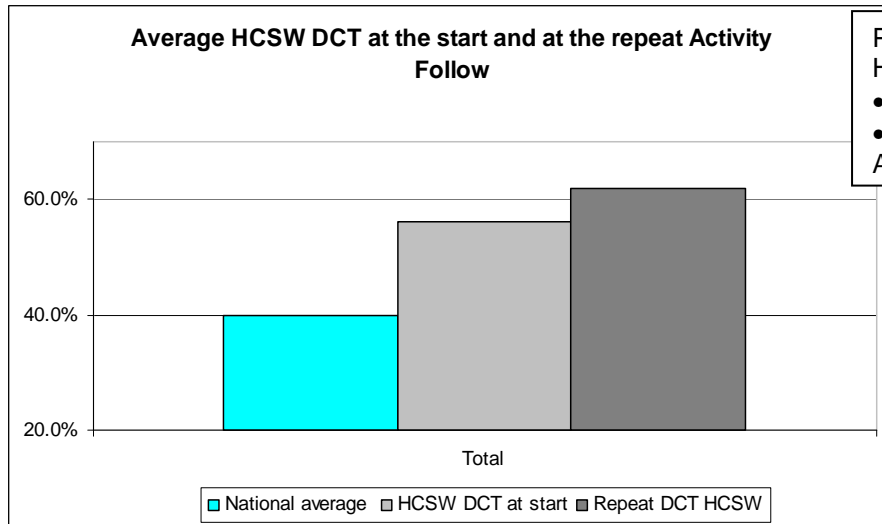
Along with the direct care time improvements (see tables below) the motion has decreased for the Registered Nurse (RN) by 5.74% and 5.53% for the Health Care Support Worker (HCSW). Interruptions have also been seen to decrease by 59% for the RN and by 75% for the HCSW. This time saved is reinvested into patient care supporting improvements in direct care time.



PHT average across the Trust for an RN:

- At start - 42.33%
- At repeat activity follow - 49.20%

An increase of 6.87%



PHT average across the Trust for a HCSW:

- At start - 56.12%
- At repeat activity follow - 62.0%

An increase of 5.88%

The Productive Operating Theatre (TPOT)

Head & neck Theatres

TPOT have continued to make good progress with the Max Fax patient turnaround session held in August 2011. Key actions agreed to optimise Max Fax theatre time, including the aim of retaining the theatre staff in theatre through improvement in the collection of patients from theatre and access to the patient notes in a timely way by the appropriate healthcare professional. ENT patient turnaround workshop on 16th September focused upon improving ENT theatre time, by sharing findings to date.

Trauma & Orthopaedic Theatres

The Clinical TPOT lead, Chief of Service and programme lead launched TPOT in MSK consultants meeting in September 2011. A MSK TPOT lead has been identified to help take forward the programme.

- **Manchester Patient Safety Framework (MaPSaF)**

This tool was developed to understand the safety culture within an organisation. The NPSA has endorsed the MaPSaF to assist in assessing and developing a safety culture. A pilot of the tool has been undertaken in MSK.

The pilot identified that:

- The tool was viewed very positively and instigated constructive debate regarding safety.
- It was viewed as a useful exercise.
- The use of a facilitator enhanced the understanding for the groups completing the questions.
- Two approaches were used, one using staff grouped by band, the other using a team consisting of all bands of staff. The results between the two approaches varied (lower results were seen for the team score), but this did not affect achieving a baseline position.

The pilot results were discussed at the Patient Safety Working Group (PSWG) and a proposal is being developed on how to take this forward across the organisation, and will be presented to the next PSWG in October.

- **Facilities Management**

During the month of August 2011 all of the FM Services provided by Carillion operated within the parameters laid down by the PFI Contract.

- **Portering Service**

This month saw continued intense activity requiring additional CSL Portering staff on several days within the month. As a result of the increased resource, the service performance stabilised within the boundary of the SFP threshold of 235 SFPs at 167 SFPs from 11,734 reactive tasks logged via the FM Helpdesk. Patient movement to and from the discharge lounge have been responsible for some PMS failures due to the unpredictability with bed movements between E4 and cardiac day unit also impacting as the trust opened up extra bed capacity. A second dispatcher is now in situ within the Porters lodge which has been an influential factor in the team incurring reduced SFPs in comparison to the previous month.

Questioning of the use of the *Urgent* tasks continues in addition to the discharge lounge tasks being monitored and managed with additional Portering staff.

- **Estates Service**

The Estates service this month continues to see further improvement and control with the team producing an in month service performance of 220 SFPs, below the monthly threshold of 360 SFPs, from 2773 reactive tasks logged via the FM helpdesk. Work is progressing to improve the process for small works (improvements/adaptations). During the month there were two failures of the Renal Dialysis drainage system resulting in the closure of parts of the HSDU. Works took place out of hours to replace large sections of the drainage system. The impact of the closures and resulting claims are being discussed between PHT and CSL.

- **Security**

The Security team were audited by an external consultancy company in preparation for a formal audit by the SIA. Feedback was extremely positive; the auditors were impressed and felt that the service demonstrated many areas of best practice. The Security team have measures in place to continue to maintain the security of the maternity department, whilst the baby tagging system has been turned off. A further covert operation is being arranged.

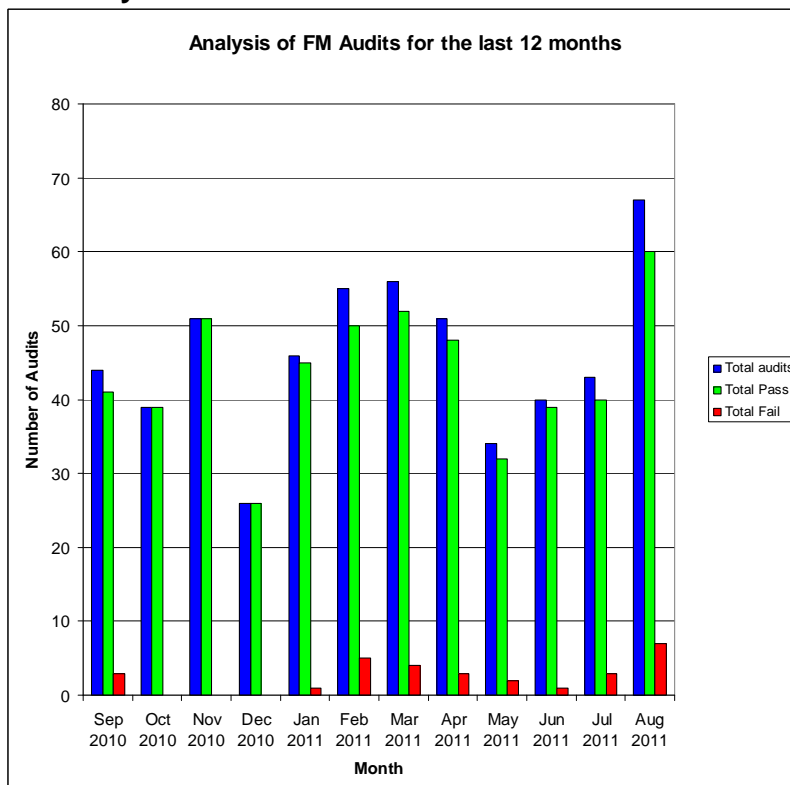
- **Domestic Service**

56 Audits took place during the month with 3 marginal failures in clinical areas and 2 failures in non clinical areas. Remedial works have taken place immediately. Actichlor plus is now being used in all clinical areas and toilets following a decision by PHT's Control of Infection Team. The long term effect of this more aggressive cleaning product needs to be assessed with regards to it's impact on the facility A situation arose where additional significant infectious cleans were being requested when not actually required. This has since been addressed and booking requirements have agreed with PHT Control of Infection. A potential outbreak of scabies was averted by the quick thinking and good practices of the managers and staff within the patient services department and in partnership with the Occupational Health Team.

- Telephone Service
The roll-out of the Trust's new mobile phone contract with O² is scheduled for the end of September. The new aerial system is being tested to ensure that prior to changeover that 70% coverage across the site is achieved. All staff have been advised of the process to swap their old phones.
- Helipad
During the month 14 helicopter flights were received, including 2 test landings from the coastguards to ensure pilots are fully compliant with regulations when landing on an elevated helipad. 2 landings were in breach of the landing times incurred as a result of the Air Ambulance requesting a landing ETA of 17:45, with the patient becoming unstable at the scene, which resulted in the delay of the transfer. The local press and radio have seen support from across Hampshire for the application to extend the timing restrictions currently in place. A decision is expected to be reached by the end of September.
- EMERGO Major Incident Exercise. On the 31st August FM staff trained with PHT clinical teams in a Major Incident exercise simulating a mass casualty event (150+ casualties)

The Patient Environment Partnership Group (PEPG) continues to meet with meetings in July and August.

Summary of Audits undertaken in the last 12 months



There have been 67 Soft FM audits carried out in the month with eight domestic cleaning failures, which were in A Level Staff Change Area, Job Shop, Pharmacy Dispensary and offices, Wards D8, G6, & F5 and re-checks on Wards E7 & E8. CSL have acted immediately to rectify the areas of concern. The A Level Staff Change, Job Shop, D8 and Pharmacy Dispensary and Offices have since been re-audited and have passed successfully, with improvements seen in these areas. Ward G6 is being jointly re-audited on 12th September by representatives from the Trust Monitoring Team and Carillion Patient Services. Although the remedial audit of F5 passed overall at 91%, there are still some concerns regarding patient bedrooms so a further check on

progress will be made. In addition to domestic audits, the other Soft FM services inspected include Patient Food Tasting, Porterage and Grounds.

The Captain's Rounds continue to be carried out each month and are found to be beneficial to the FM services as well as to the overall environment of the hospital. The main findings from the Captains Round continue to be aesthetic issues and are being addressed.

Formal Complaints received via the CSL Help Desk in the last 12 months

The table below shows only the formal complaints received as reported using the Project Agreement payment mechanism. The Development Team continue to work with the Trust Complaints Team on any formal Facilities Management related complaints received through them.

The total numbers of complaints received has shown a small increase overall from the previous month. This is due to a decrease in complaints relating to Car Parking, but an increase in the number relating to Catering and Estates. The number of complaints relating to Estates increased from 3 in July to 11 in August. The users are encouraged to report both compliments and complaints.

Formal complaints received via the CSL Help Desk in the last 12 months												
Service	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Catering	1	2	1	5	1	3	1	3	2	2	0	3
Car parking	0	0	0	0	0	0	1	1	1	13	9	3
Domestic	3	3	2	2	1	5	9	7	2	6	4	1
Estates	6	9	10	9	8	6	10	5	5	2	3	11
Helpdesk	0	2	2	0	0	0	0	0	0	0	0	0
Housekeeping	0	4	2	2	0	1	3	1	3	2	1	0
Linen	0	2	1	3	4	1	1	0	0	0	0	0
Pest	1	1	0	0	0	1	0	0	0	0	0	0
Portering	6	7	10	4	7	7	6	7	1	2	7	7
R&D	0	0	0	0	0	0	1	0	0	0	0	0
Security	0	0	1	0	0	1	1	0	1	0	1	1
Telecomms	2	0	1	2	2	2	0	0	1	0	0	1
Post	0	0	0	0	0	0	0	0	0	0	0	0
Waste	0	0	0	0	0	0	0	0	0	0	0	0
Totals	19	30	30	27	23	27	33	24	16	27	25	27

At the July Board meeting it was requested that a breakdown be provided on the key issues that patients are raising in relation to car parking. There are circa 25,000 using the cars parks in any one month, and as can be seen there has been a continued reduction in the number of complaints since June 2011. The three complaints in August referred to:

- Pay machine in the multi-storey car park not giving change x 2 complaints. The change was provided to the complainants.
- Car parking fine following wait for prescription. There has been a delay in responding to the complaint due to annual leave, apologies have been given and this is being investigated through the parking company.

The themes arising from previous complaints relating to car parking are:

- Having to pay to park on site (National issue).
- No Pay station outside of the Rehabilitation building in the North Car Park.

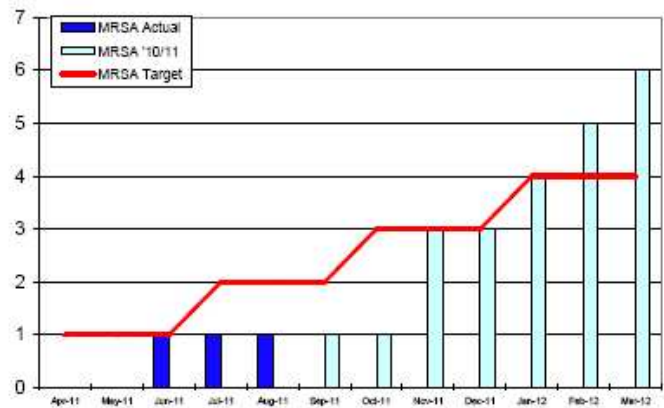
- Delays in departments leading to extended time in car parks that leads to additional costs not expected when arriving on site.

As mentioned above the number of complaints has reduced largely due to better signage, information leaflets and more visitor awareness of the layout of the revised geography of the site. The number of parking penalties has also reduced, and of this ticketed 30% are rescinded at appeal.

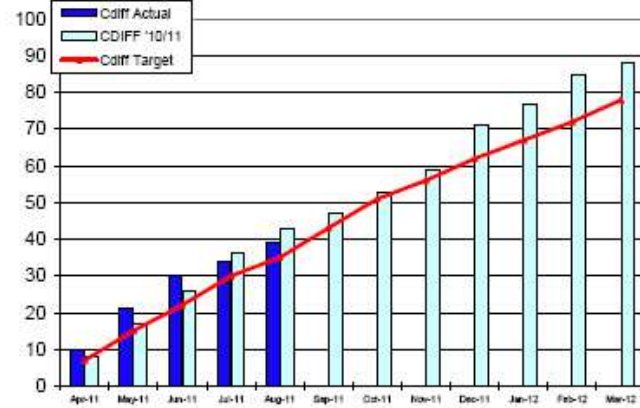
Portsmouth Hospitals Quality Dashboard

Aug-11

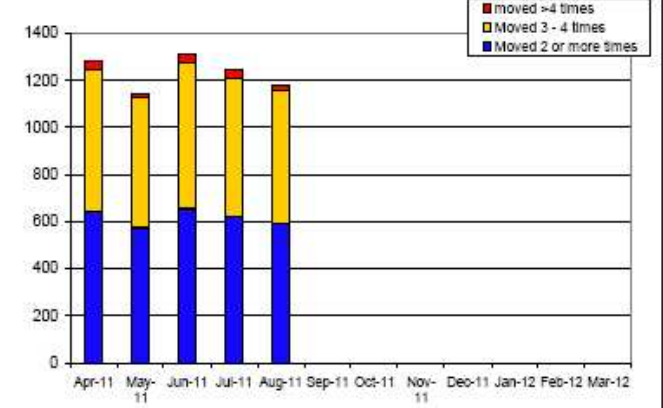
Healthcare Acquired Infection - MRSA Yr to Date



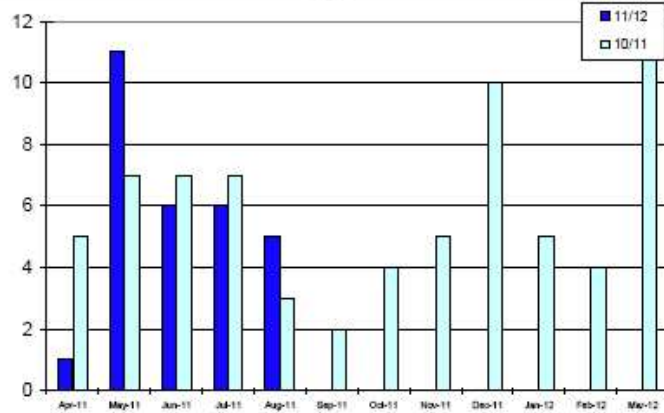
Healthcare Acquired Infection - CDIIF



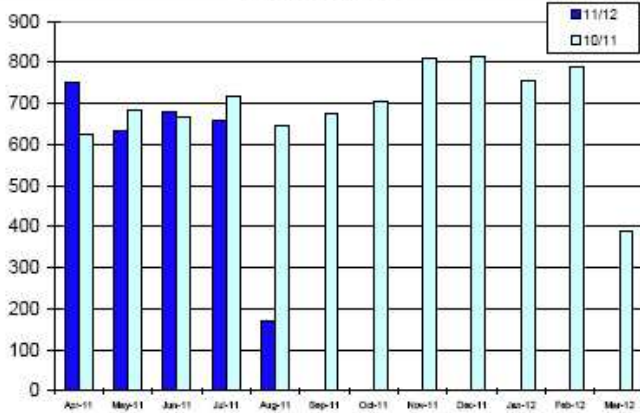
Patient transfers & moves



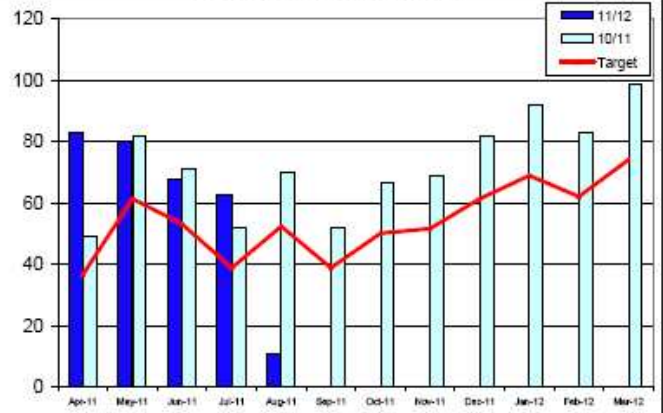
SUIs



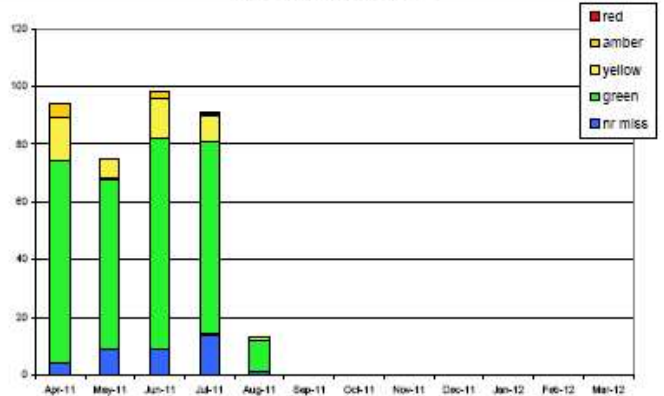
Total Incidents



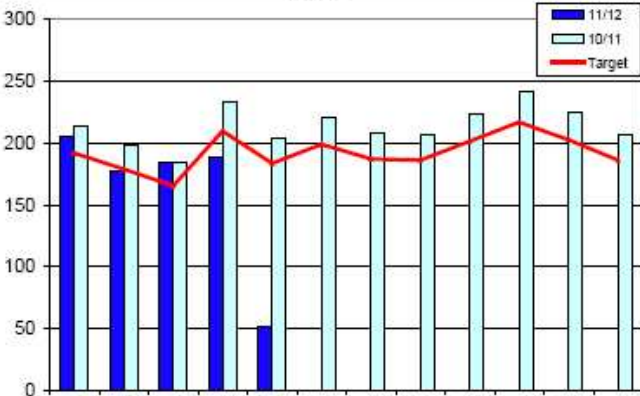
Pressure Ulcer Incidents



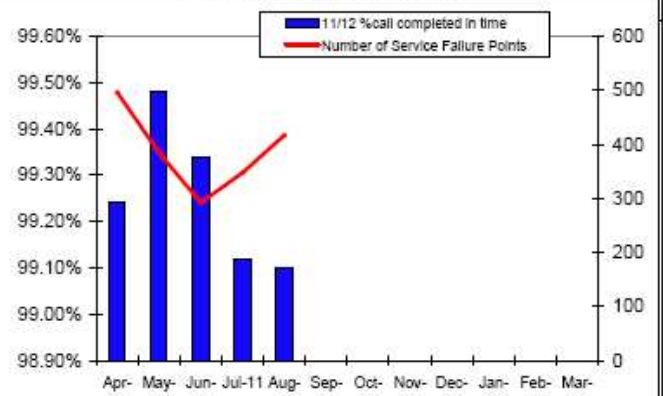
Medication Errors



Falls



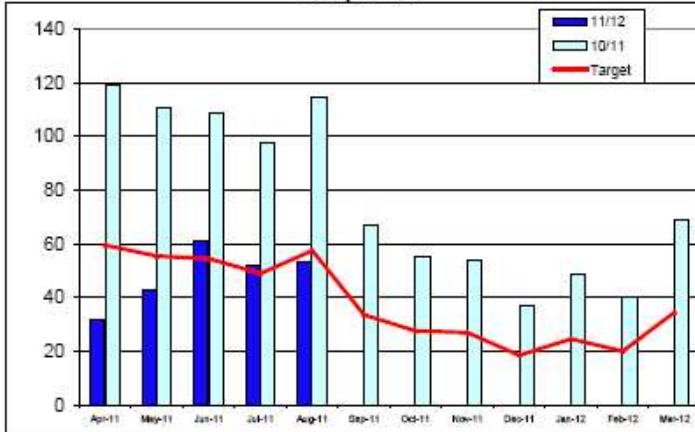
FM Services Performance



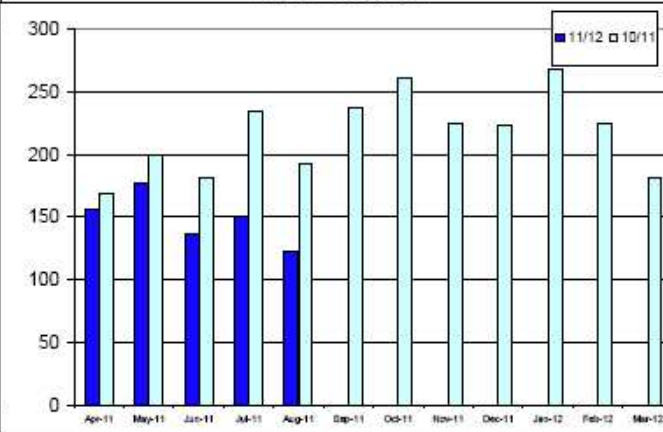
Portsmouth Hospitals Quality Dashboard

Aug-11

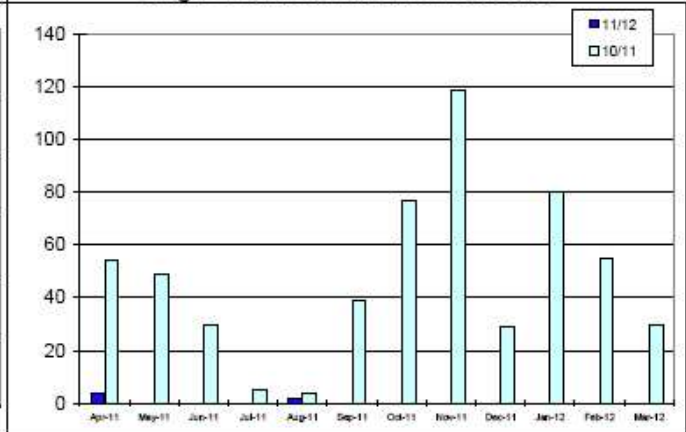
Complaints



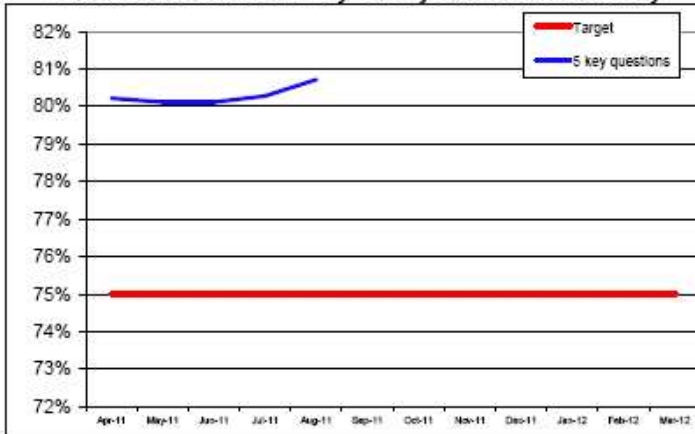
PALS Contacts



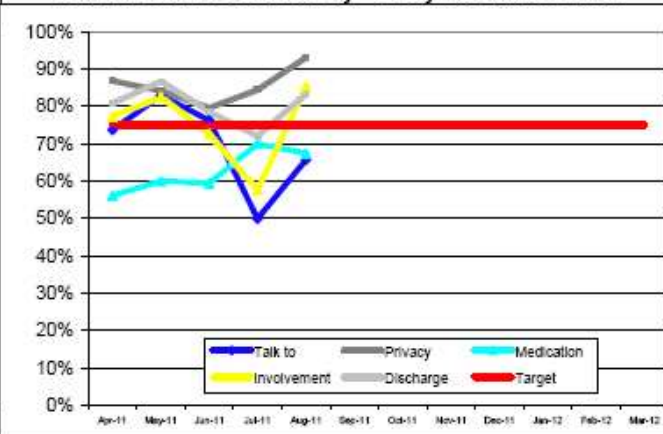
Single Sex Accommodation Breaches



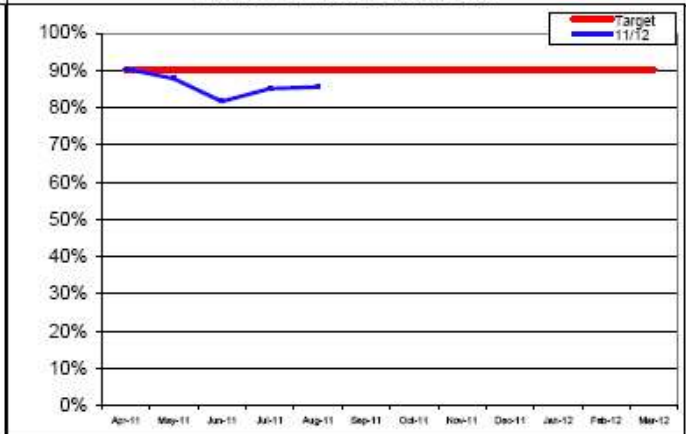
Patient Satisfaction Survey - 5 Key Questions Summary



Patient Satisfaction Survey - 5 Key Questions Detail



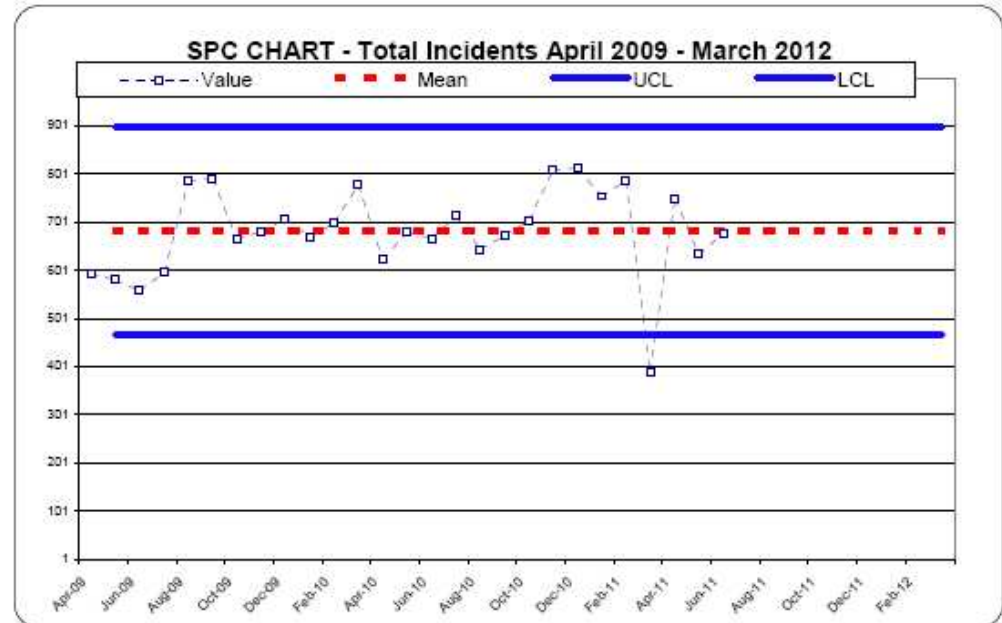
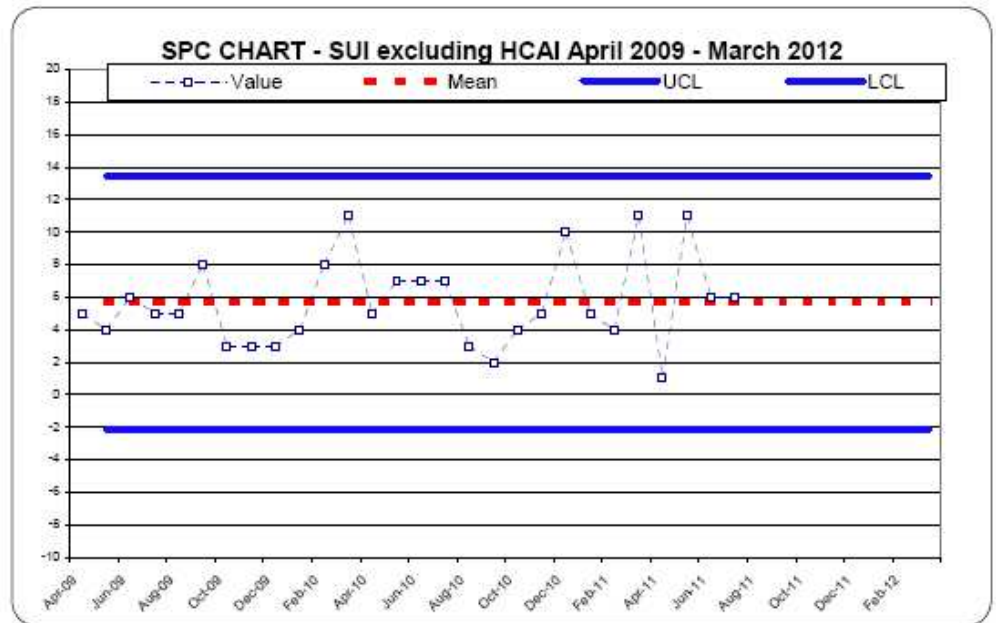
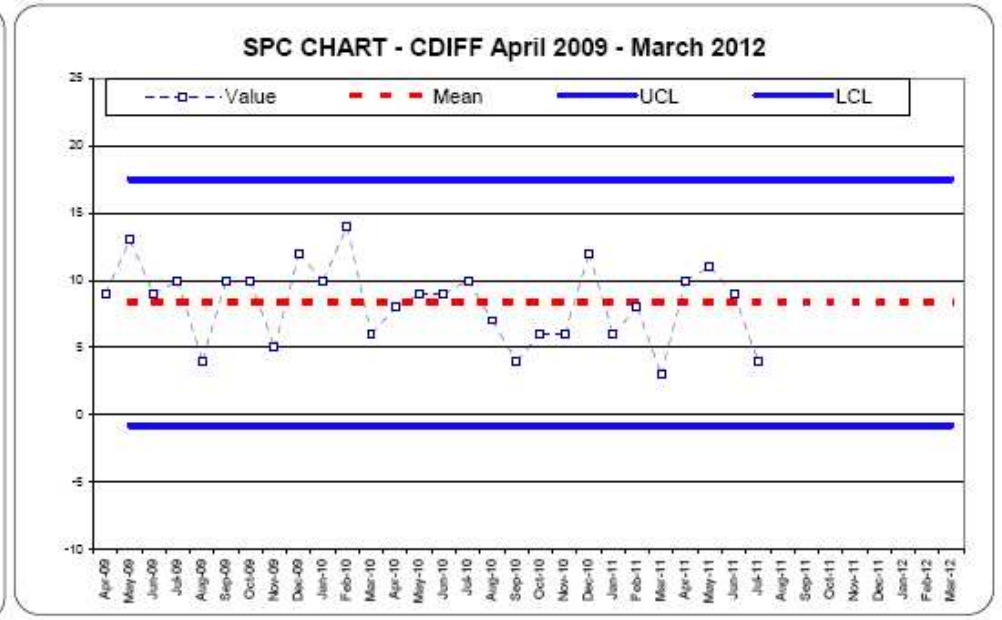
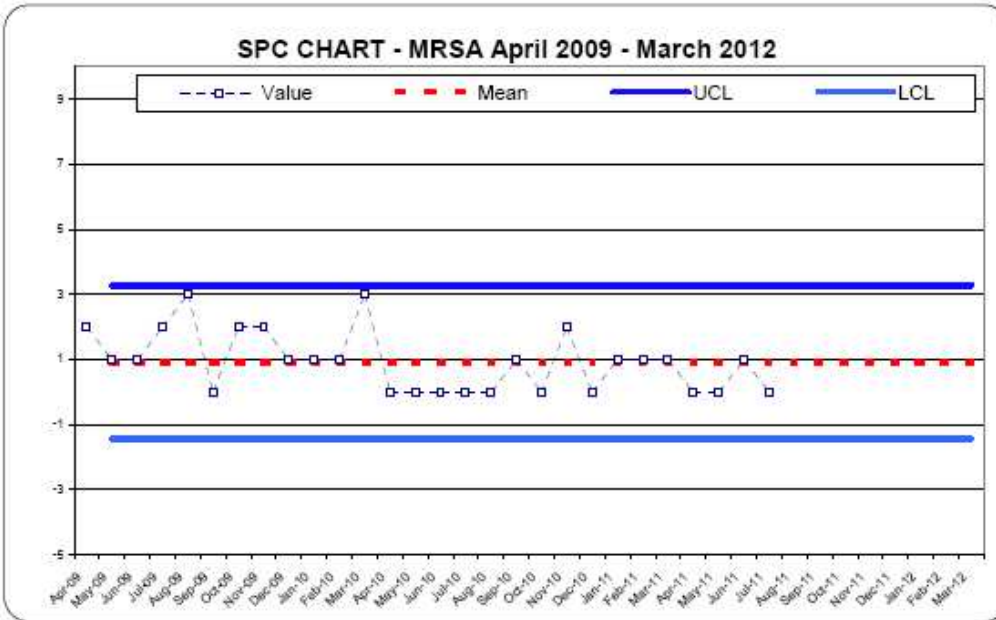
Venous Thrombo-embolism



Appendix 2: Statistical Process Control (SPC) format

Portsmouth Hospitals Board Reporting Pack

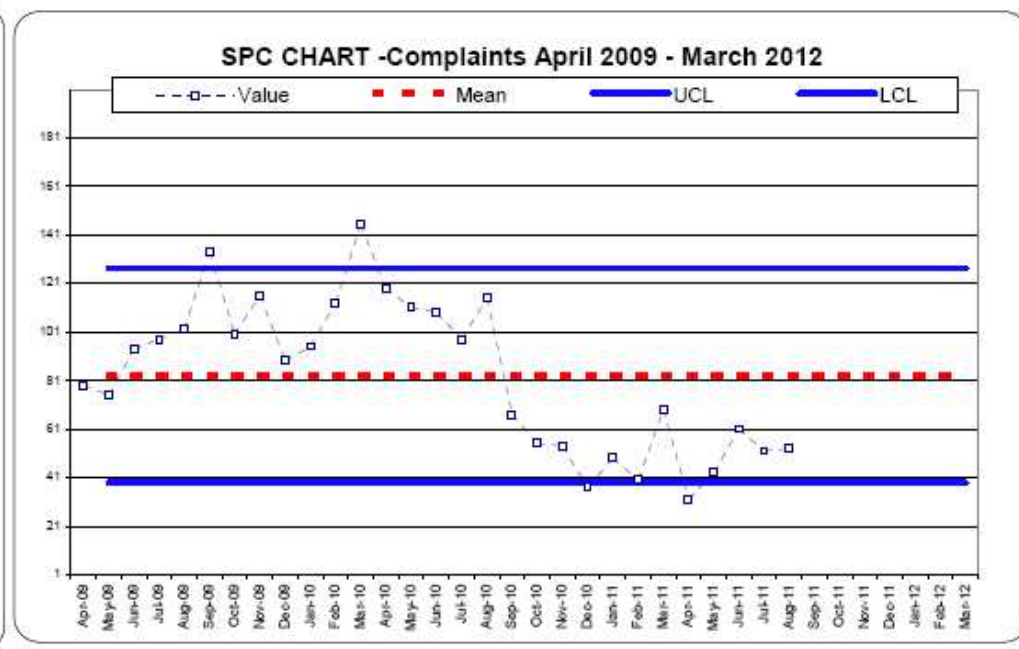
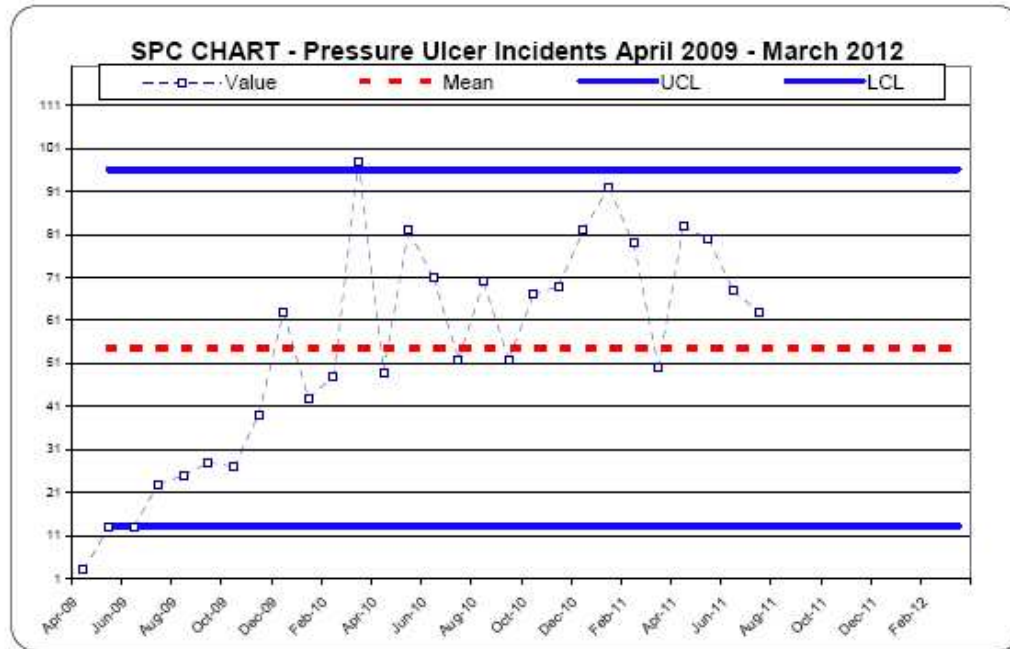
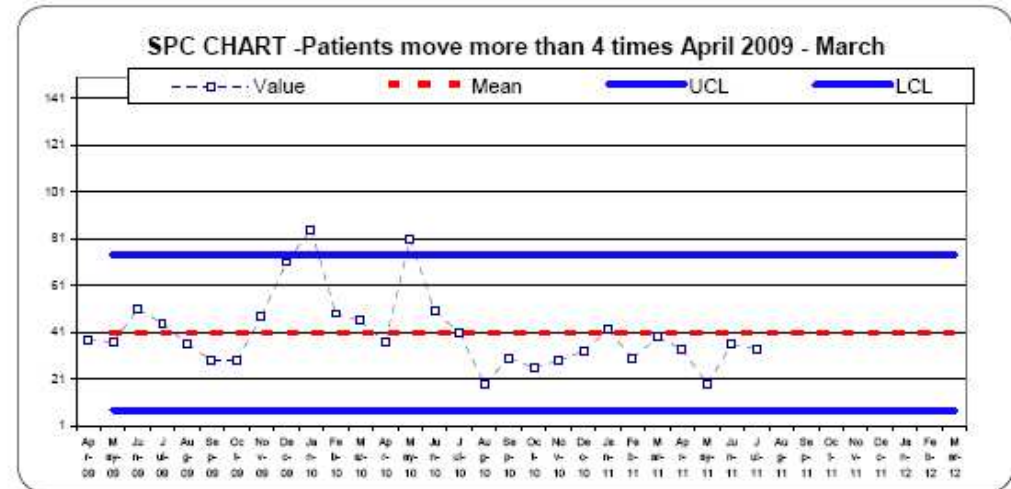
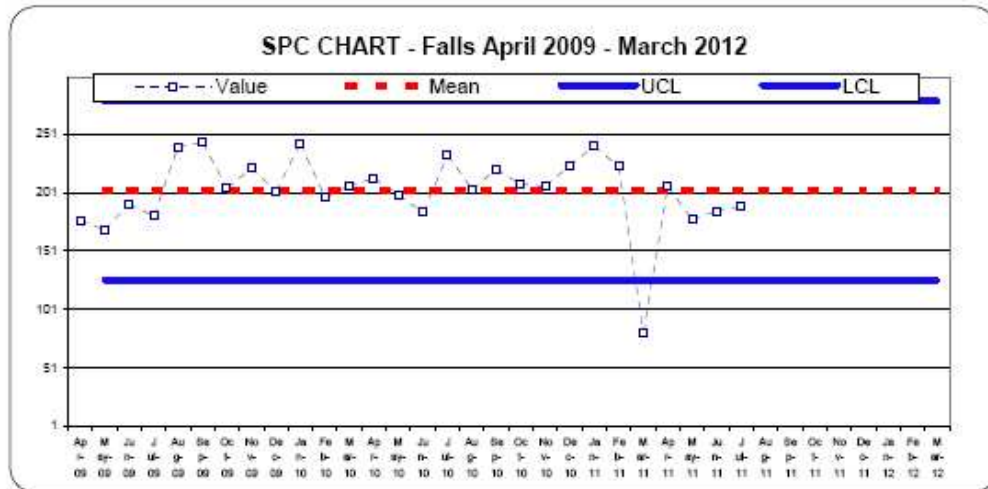
Quality Metrics



Appendix 2: Statistical Process Control (SPC) format

Portsmouth Hospitals Board Reporting Pack

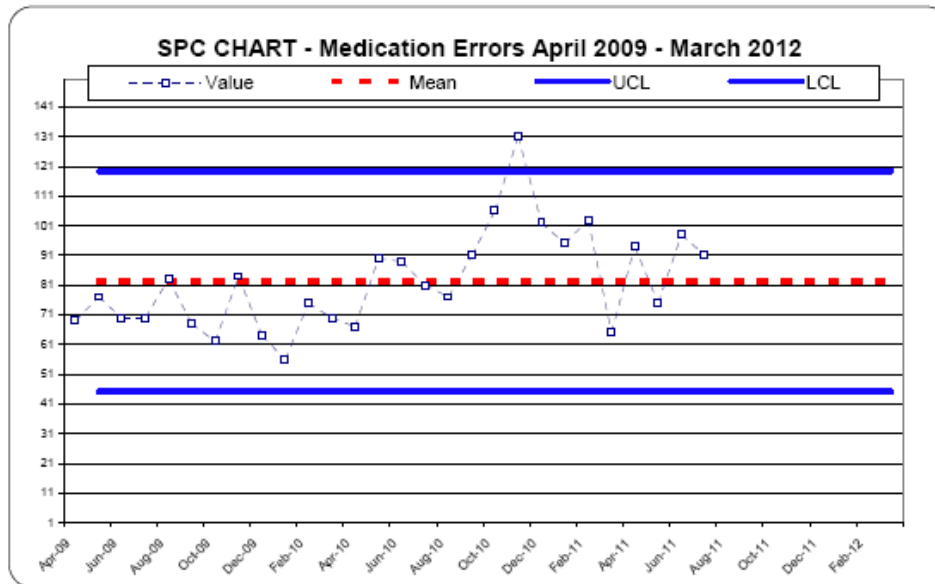
Quality Metrics



Appendix 2: Statistical Process Control (SPC) format

Portsmouth Hospitals Board Reporting Pack

Quality Metrics



Appendix 2: Statistical Process Control (SPC) format