

<p>Subject:</p>	<p>Quality Performance Report (December 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 Julie Dawes, 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: Zero cases in December. Year to date position: 4 against a trajectory of 3. - C.Diff: 2 cases in December against a trajectory of 6. Year to date position: 61 against a trajectory of 62. • VTE (National CQUIN target and Quality Account) <ul style="list-style-type: none"> - 90.6% compliance in December (subject to validation) compared to 93.7% compliance in November. • Single Sex Accommodation (National target and Quality Contract) <ul style="list-style-type: none"> - Nil mixed sex breaches in December. - One clinically justified occurrence in MAU. • Patient Experience – 5 key questions (CQUIN and Quality Accounts) <ul style="list-style-type: none"> - It has been identified that overall patient satisfaction has been inadvertently reported in previous months, rather than the overall satisfaction for the 5 key questions. The quality heatmap has been updated to reflect the correct scores which are lower than previously reported. The overall satisfaction score will continue to be reported. - In December the Trust scored 86.14%, compared to 75.18% for November and 72.52% for October. • SIRIs (Quality Contract) <ul style="list-style-type: none"> - 7 confirmed SIRIs reported in December of which 3 were VTE events. - 3 grade zero incidents awaiting PCT review to confirm whether classified as SIRIs. • 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 red incident reported in December, no amber incidents recorded (subject to validation). Total of 22 against a year to date trajectory of 32. On trajectory to achieve 10% reduction. • Pressure Ulcers (Quality Contract) <ul style="list-style-type: none"> - 2 grade 3 and 4 hospital acquired pressure ulcer reported. Total 30 against an upper trajectory of 45. On trajectory to achieve 25% reduction. • Complaints (Quality Contract)

	<ul style="list-style-type: none"> - Total of 47 complaints in December against 61 in November. - The overall trust monthly target is 42 therefore; December exceeded the target by 5 complaints. • Patient Moves (Quality Contract) <ul style="list-style-type: none"> - Increase in the number of times patients moved between 2 and 4 times due to operational pressures. • Medication (Quality Contract and Quality Account) <ul style="list-style-type: none"> - Allergy status year end target of 71.5%, 68% in December, compared to 64% in November. - Medicines reconciliation year end target of 77%, 60% in December compared to 62% in November. • End of Life Care – Patients placed on LCP (Quality Contract) <ul style="list-style-type: none"> - December position 51% compared to 52% in November. - Achieving year end target of 50%. • Safeguarding adults <ul style="list-style-type: none"> - 25 cases in December compared to 19 cases in November. All raised by hospital staff. • Releasing Time to Care <ul style="list-style-type: none"> - 11.08% increase of direct care time for Registered Nurses in December against, a 9.6% increase in November. - 4.0% increase of direct care time for Health Care Support Workers in December against, a 3.6% increase in November.
<p>Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i></p>	<p>Nil decisions required.</p>
<p>Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i></p>	<p>Ongoing monitoring of all metrics and regular Board reporting.</p>
<p>Consideration of legal issues (including Equality Impact Assessment)?</p>	<p>Considered – None.</p>
<p>Consideration of Public and Patient Involvement and Communications Implications?</p>	<p>MRSA over trajectory.</p>

Key Quality Targets Dashboard		2011/12 Targets	Monitoring Period	Quarter 1	Quarter 2	Oct-11	Nov-11	Dec-11	Quarter 3	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	1	2	0	3	↑	4		
	Healthcare Acquired Infection - CDI/F	< / = 78		30	19	6	4	2	12	↑	61		
	Venous Thrombo-embolus screening	90%		85.6%	88.5%	91.7%	93.7%	90.6%	92.1%	↓	89.0%		
	Mixed Sex Accommodation Breaches	0		4	2	0	0	0	0	↔	6		
	Patient Satisfaction (5 key questions)	>68.7		72.7%	79.3%	72.5%	75.2%	86.1%	76.6%	↑	76.2%		
	Overall Patient Satisfaction			80.2%	80.6%	80.7%	80.6%	80.7%	80.7%	↔	80.5%		
Trust and Contract Targets	Serious Untoward Incidents (excluding HCAI)	Reduce	Monthly	18	13	9	6	10	25	↓	56		
	Never Events	0		0	0	0	0	0	0	↔	0		
	Falls (moderate and severe)	10% reduction		11	3	3	4	1	8	↑	22		
	Pressure Ulcer Incidents (category 3 & 4)	25% reduction		11	5	6	4	4	14	↔	30		
	Hand Hygiene Compliance	95%		-	97.3%	96.8%	96.0%	97.3%	97.0%	↑	97.2%		
	NPSA Audit Compliance	95%		96.6%	97.0%	97.2%	97.0%	98.0%	97.1%	↑	97.0%		
	Patient Safety Incidents (excluding SUI)			2116	2096	769	737	39	1545	↔	5757		
	Number of Complaints	50% reduction		136	150	43	61	47	151	↑	437		
	PALS Contacts			469	391	171	153	147	471	↔	1331		
	Patients Moved >2 times	Reduce		1868	1828	598	631	698	1927	↓	5623		
	Medication Errors (red / amber)	Reduce		7	2	2	1	1	4	↔	13		
	Medication (recording of allergy status)	Improve to 71.5%		69%	71%	81%	64.0%	68.0%	71%	↑	70.3%		
	Medication (reconciliation of medicines)	Improve to 77%	63%	68%	79%	62.0%	60.0%	67%	↓	66%			
	End of Life Care (% of patients dying on LCP)	50% year end	48.0%	44.0%	60%	52%	51%	54%	↔	49.0%			
	Unplanned returns to theatre (per 100 cases)	Reduce	0.17%	0.03%	-	-	-	0.3%	↓	0.16%			

↑	Performance improving		No concerns. Target achievable
↓	Performance worsening		Some concerns. Action required to keep on track
↔	Performance the same		Significant risk to achieving the target

National Targets and National CQUIN

- **Healthcare Associated Infections (HCAs)**

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

There were 0 (zero) cases reported for December against a monthly trajectory of 0 (zero). Thus, the year-to-date position at the end of December is 4 cases against a trajectory of 3. The annual output trajectory for 2011/2012 is 4 cases.

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

There were 2 cases recorded in December. The trajectory for the month was 6 cases. This is the third month in a row that the Trust has come under its monthly trajectory and the first time it is under trajectory in the year-to-date position; 61 cases against a trajectory of 62.

The Trust C.Difficile action plan continues to be implemented, and the Trust is slowly starting to reap the benefits of Glutamate Dehydrogenase (GDH) testing for C.Difficile carriage. Since the first week in November, 44 patients have been identified as being GDH positive compared to only 13 who were toxin positive. The patients with carriage are now isolated and nursed with transmission precautions thus reducing cross infection to patients, the environment, staff and visitors. Further work is ongoing to address the issues surrounding timely (<4hrs) isolation of symptomatic patients. The isolation average for the week 19th – 25th December 2011 was excellent but has decreased in the first week of January due to Trust operational pressures. Further work is ongoing to address clinical cleaning standards as evidenced by high Adenosine TriPhosphate (ATP) readings for beds and patient chairs in some areas (all counts in excess of 80 are considered excessive).

- **Venous Thromboembolism (VTE)**

The VTE risk assessment figure for December is 90.6% (subject to validation), compared to 93.7% in November. The Trust has achieved a quarter 3 figure of 92% compliance, thereby achieving the quarterly target of 90% of patients being risk assessed.

This decrease from November is due in part to the changeover of medical staff, although actions were in place to mitigate the effect of the changeover, and some Vitalpac/PAS issues which have now been resolved. Areas with reduced compliance have been communicated with, and assistance given to enable teams to achieve 90% and over.

- **Single Sex Accommodation**

There were nil mixed sex breaches within MAU or the general wards in December. However, there was one clinically justified mixed sex occurrence in MAU.

- **Patient Experience (5 key questions)**

It has been identified that overall patient satisfaction has been inadvertently reported in previous months, rather than the overall satisfaction for the 5 key questions. The quality heatmap has been updated to reflect the correct scores which are lower than previously reported. The overall satisfaction score will continue to be reported.

In December the Trust scored 86.14%, compared to 75.18% for November and 72.52% for October.

The question “who to contact after discharge” scored the highest in December, with “finding someone to talk to” scoring the lowest.

Trust and Quality Contract targets

- **Serious Incidents Requiring Investigation (SIRIs)** (excluding HCAs and as reported on STEIS)
Of the five reports presented to the Serious Incident Review Group (SIRG) in December, all were signed off.

There are no SIRIs that have exceeded the target date for completion.

SIRIs December 2011	
SIRI	Clinical Service Centre (CSC)
1 x Grade 3 pressure ulcer	MOPRS
1 x Grade 4 pressure ulcer	Surgery/Cancer
1 x Grade 4 pressure ulcer (Grade zero - unavoidable)	MOPRS
1 x Grade 4 pressure ulcer (Grade zero - unavoidable)	MOPRS
1 x Breach of Person Identifiable data (Grade zero as advised by PCT)	Surgery/Cancer
1 x PE/DVT	Medicine
1 x PE/DVT	MOPRS
1 x PE/DVT	Surgery/Cancer
1 x Fall	Surgery/Cancer
1 x Maternity Incident	Women & Children

In December the Trust had a total of 7 confirmed SIRIs, three of which are VTE incidents (of which reporting as SIRIs commenced 1st December 2011). There are also 3 grade zero incidents which could potentially become confirmed SIRIs following PCT review (highlighted in grey). An incident is reported as a grade zero if it is unclear if an actual SIRI has occurred, and is then either confirmed as a SIRI or not by the PCT.

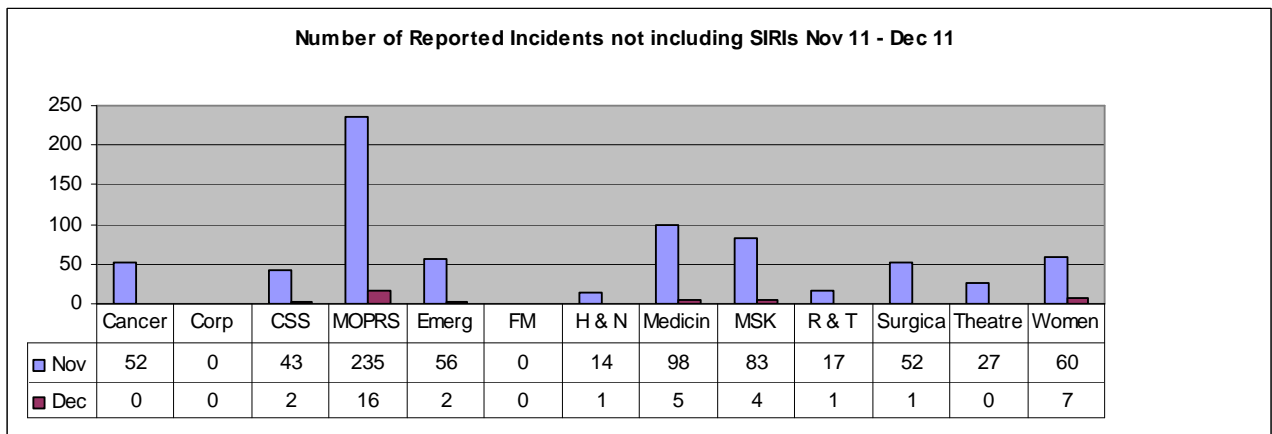
The outcome of the PCT review of the remaining three grade zero incidents is awaited, at which time they may or may not be classified as SIRIs. An update will be provided in the next Board report.

Four SIRIs were reported in November and nine were reported in October. It must be noted that two additional grade zero pressure ulcers have been reported in November to the PCT but these are yet to be confirmed as SIRIs.

- **Never Events**
Zero 'Never Events' were reported in December 2011.

- **Incidents**

Incidents December 2011 (as at 13 th January 2012)		
Month	Incidents	
	Adjusted to include receipt of late reports	Previously reported
December	39	
November	737	269
October	769	735
September	691	690
August	710	706



The top three reported incidents in December 2011 at the time of reporting were:

- The administration or supply of a medicine from a clinical area
- Pulmonary embolism
- Preparation of medicines/dispensing in pharmacy.

It should be noted that at the time of preparing this report only 39 incidents have been inputted onto the Datix system therefore the top 3 reported incidents may change.

• Falls

One red incident and zero amber incidents have been reported in December. It must be noted that additional amber incidents may have occurred and are yet to be input onto Datix which could influence the overall figures for December.

An additional two amber incidents have been reported for November, giving a total of 3 amber and 1 red incidents.

To the end of December Trust has had a total of 22 incidents reported against a trajectory of 32 and is therefore on target to achieve compliance with the year end target of 39 red and amber incidents. This is subject to validation once all forms are on Datix.

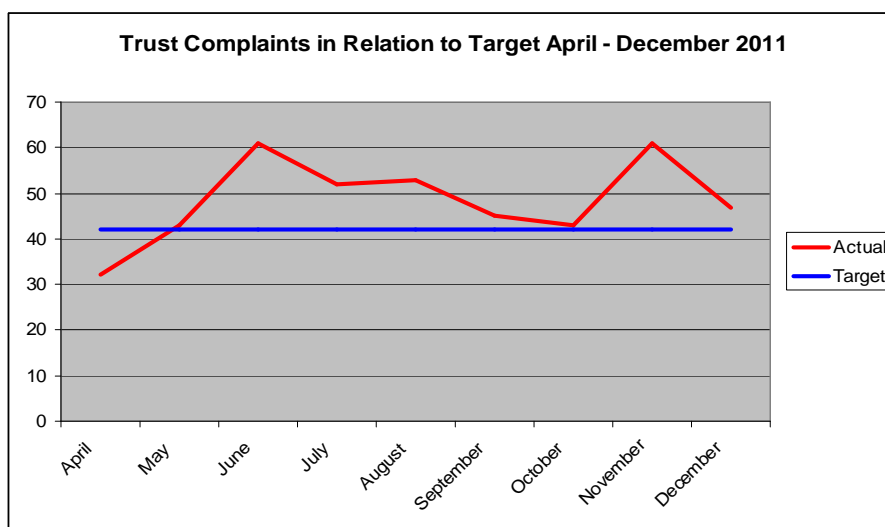
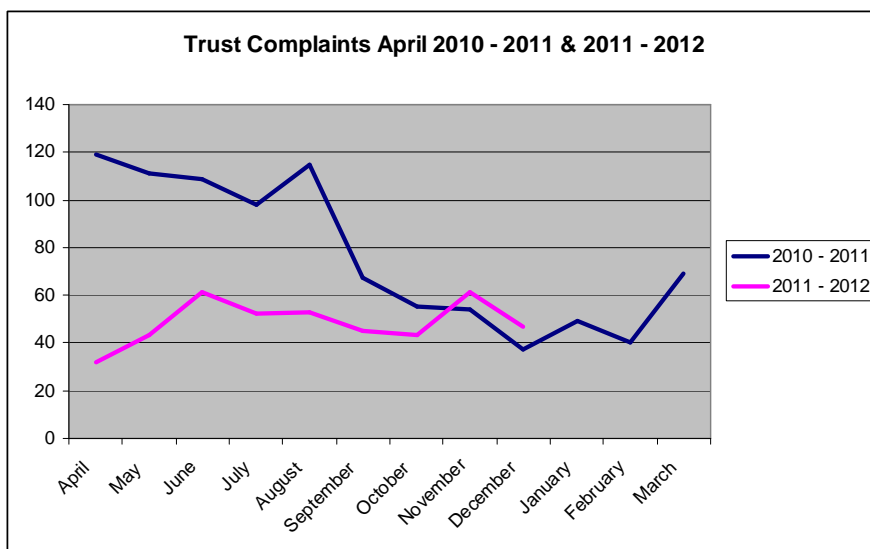
• Pressure Ulcers

A total of 2 grade 3 and 4 pressure ulcers were reported in December. Currently the Trust is reporting 30 grade 3 and 4 pressure ulcers against a target of 45. The Trust remains on target to achieve 25% reduction in grade 3 and 4 pressure ulcers.

• Complaints and PALS

A total of 47 complaints were received in December, against 61 in November. The internal Trust overall target is 42 therefore December exceeded the target by 5, compared to 19 in November, 1 in October, 3 in September and 11 in August.

Month 2011 - 2012	Complaints Received	Variance on previous month
April	32	-
May	43	▲ 11
June	61	▲ 18
July	52	▼ 9
August	53	▼ 1
September	45	▼ 8
October	43	▼ 2
November	61	▲ 18
December	47	▼ 14

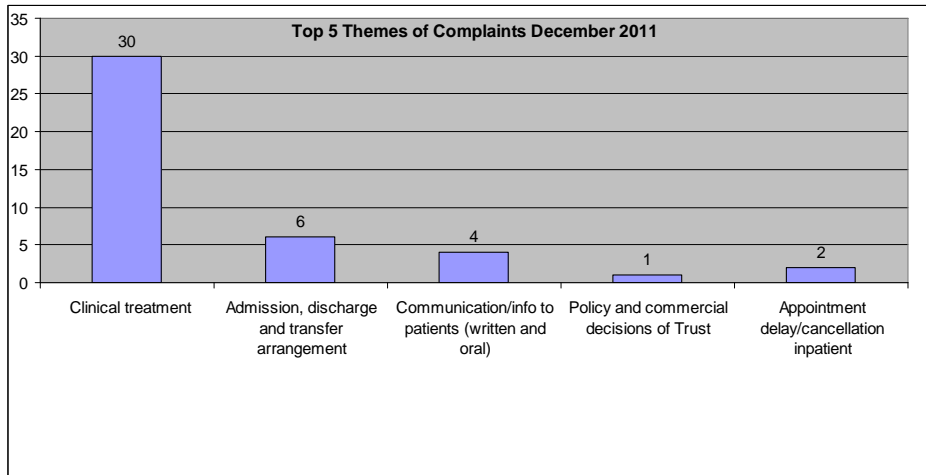


The following table illustrates the target for each CSC in relation to the actual number of complaints received in December 2011:

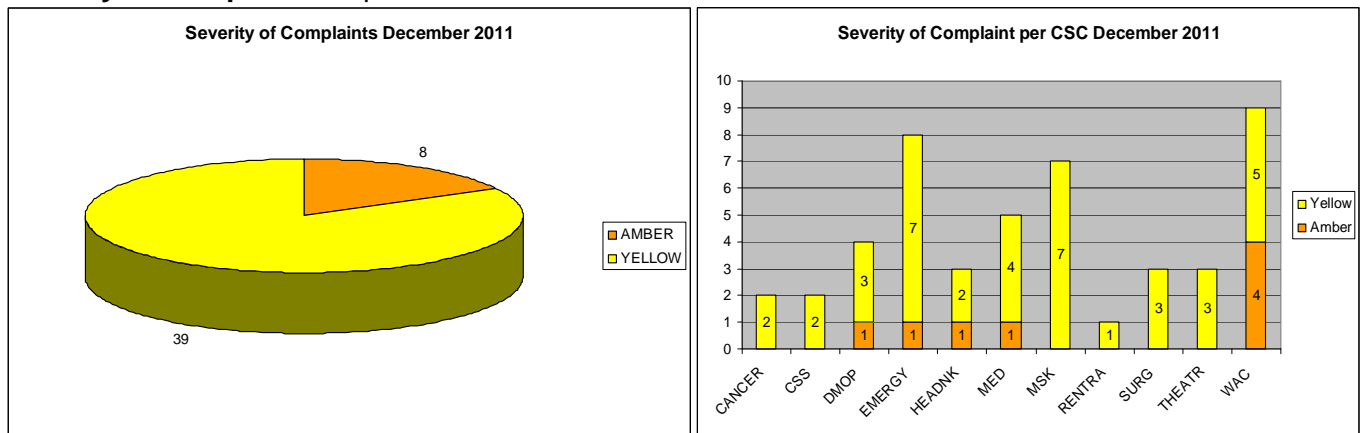
CSC	Target	Actual	Plaudits
Corporate	1	0	3
FM	1	0	0
CHAT	1	3	67
CSS	3	2	1
MOPRS	4	4	55
Emergency	3	8	22
Head & Neck	3	3	96
Medicine	5	5	203
MSK	7	7	151
Renal	1 per 1/4	1	58
Cancer	2	2	1
Surgery	7	3	75
Women and Children	5	9	1,291
Total	42	47	2,023

■ On/Under target
■ Over target

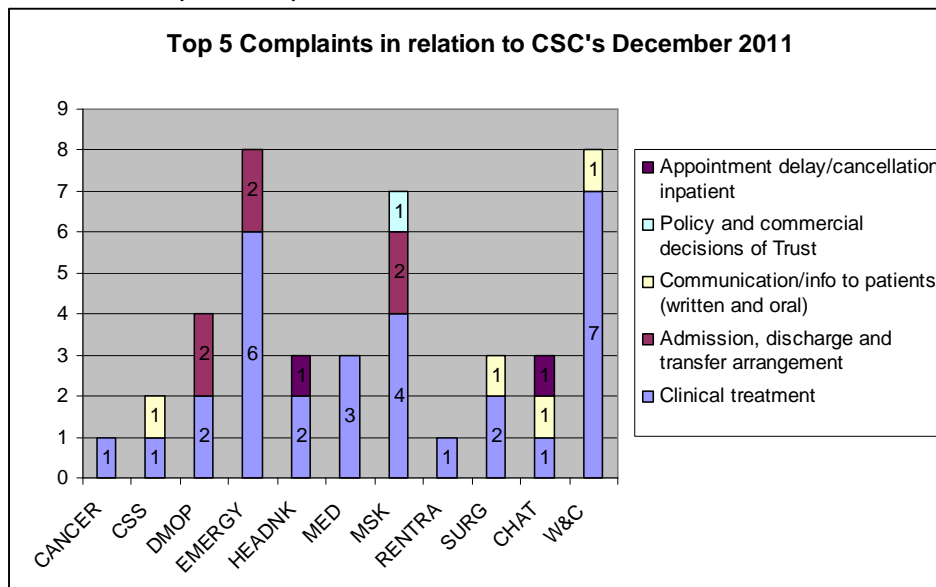
Category of Complaints Top 5 December 2011 – All Clinical Service Centres



Severity of Complaints Top 5 December 2011 – All Clinical Service Centres



Where the Top 5 Complaints Related to



Comparison of themes for complaints			
Complaint theme	November 2011 total	December 2011 total	Variance
All Aspects of Clinical Treatment	31	30	▼1
Communication to Patients	14	4	▼10
Admission, Discharge & Transfer Arrangements	5	6	▲1
Attitude of Staff	3	0	▼3

- ▼ Decrease compared to previous month
- ▲ Increase compared to previous month
- ▶ The same compared to previous month

Parliamentary Ombudsman

The Trust is aware of one complainant referring their complaint to the Parliamentary Ombudsman in December.

Complaint Acknowledgement Rate

100% of all 47 complaints were acknowledged within the 3 day target in December 2011.

PALS Contacts

There were 147 PALS contacts in December 2011 regarding the Trust. This is a decrease of 6 compared to November where 153 contacts were made. 26 of the contacts were requesting information or advice.

Comparison of themes for PALS contacts			
PALS theme/reasons for contact	November 2011 total	December 2011 total	Variance
Contacts Received	153	147	▼6
Communication to Patients	36	26	▼10
Appointment Delay/Cancellation Outpatients	27	15	12
Appointment Delay/Cancellation Inpatients	16	9	▼7

- ▼ Decrease compared to previous month
- ▲ Increase compared to previous month
- ▶ The same compared to previous month

Reported Plaudits

A total of 4,997 plaudits were received in December, compared to 1,620 plaudits in November and 1,354 plaudits in October.

- **Patient Experience**

Reported in the quarter 3 quality report.

- **Patient Moves**

There has been an increase in the numbers of patients moved between 2 and 4 times and a slight decrease in the numbers of patients moved greater than four times. Winter pressures are at their peak. The winter pressure ward is open plus additional winter capacity, which has a knock on effect on the number of times patients are moved. This affects most CSCs.

- **Medication Errors**

There were no reported SIRIs related to medication in December.

As can be seen in the table below, there has been a decline in compliance with the medicines reconciliation indicator. This is mainly due to the impact of winter pressures, long term sickness and maternity leave in the Ward Pharmacy Teams. This has been rectified in the short term by locum staff. In the longer term, appointment to substantive posts within the pharmacy

department will improve this further. In addition, the training of pharmacy technicians has begun to enable wider roll out of the Near Patient Pharmacy Service.

Patient Safety Federation Data

Indicator	Baseline	September 2011	October 2011	November 2011	December 2011	Min.target 2011/12
Allergy status	65%	71%	81%	64%	68%	71.5%
Medicines Reconciliation (within 24 hours)	70%	71%	79%	62%	60%	77%

- **End of Life Care**

The number of appropriate patients identified as dying being placed on the LCP for December was 51%, compared to 52% in November.

Month	All Adult deaths	Deaths on LCP	% all deaths on LCP	% ward deaths exc. ED and theatres (previous reported figure)	% ward deaths exc. ED, theatres and Critical Care (new reporting method)
Nov-11	185	79	43%	48%	52%
Dec-11	203	79	39	47%	51%

The Trust is already achieving the contractual year end target of 50% of appropriate patients on the LCP.

Quality Indicators

- **Safeguarding adults**

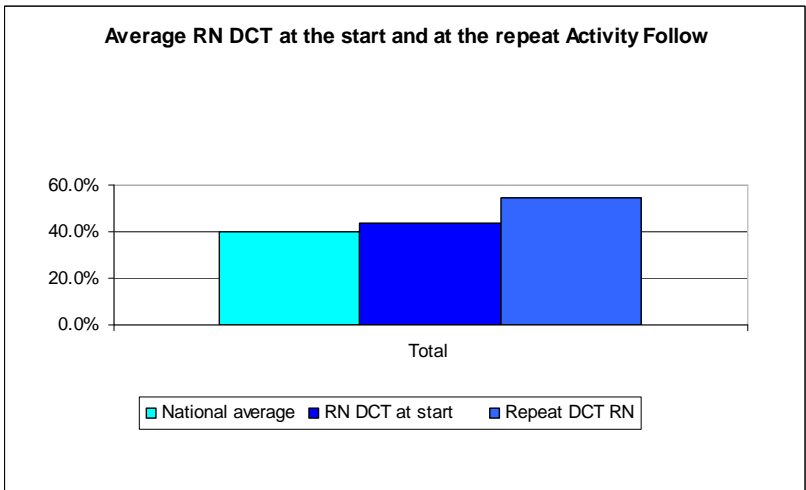
25 Adult Safeguarding Cases were raised in December compared to 19 in November and 17 in October. All were raised by hospital staff and 22 related to care prior to admission including community acquired grade 3 and 4 pressure ulcers, general carer concerns and allegations of financial abuse by relatives of a vulnerable adult.

Process mapping of the Alert and referral system for Safeguarding Adults has been undertaken and a clear simplified process for hospital staff raising alerts should be implemented in early 2012. The Trust is still awaiting an agreed single system of referral for Hampshire and Portsmouth City Councils to be implemented.

The results of the November Audit of the Competency Assessment Tool (amended) - Safeguarding Adults will shortly be available, however, provisional results indicate a significant improvement. The second session of a bespoke Mental Capacity Act and Deprivation of Liberty Safeguards Training is scheduled for January 2012.

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

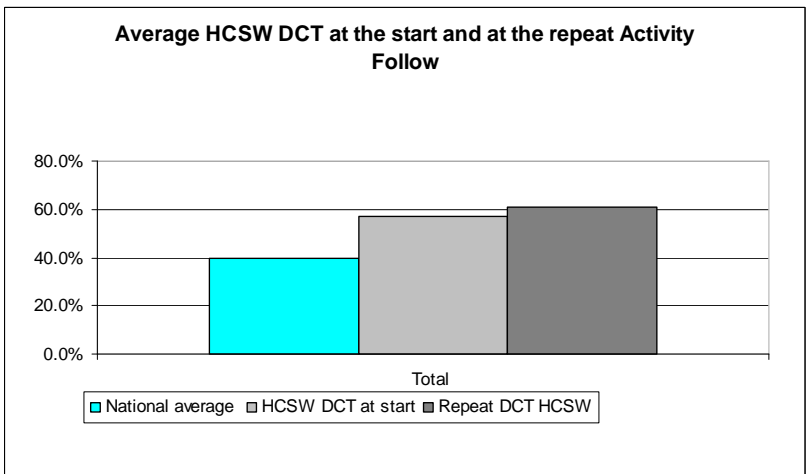
Since the last board report the releasing time to care (RTtC) bundle programme continues to demonstrate improvements. This can be seen in the increase of direct care time (DCT) for the Registered nurse (RN) and Health Care Support Worker (HCSW) since the beginning of the programme (see tables below).



Average across the Trust for an RN:

- At start - 43.68%
- Currently - 54.76%

An increase of 11.08%



Average across the Trust for an HCSW:

- At start - 56.86%
- Currently - 60.86%

An increase of 4%

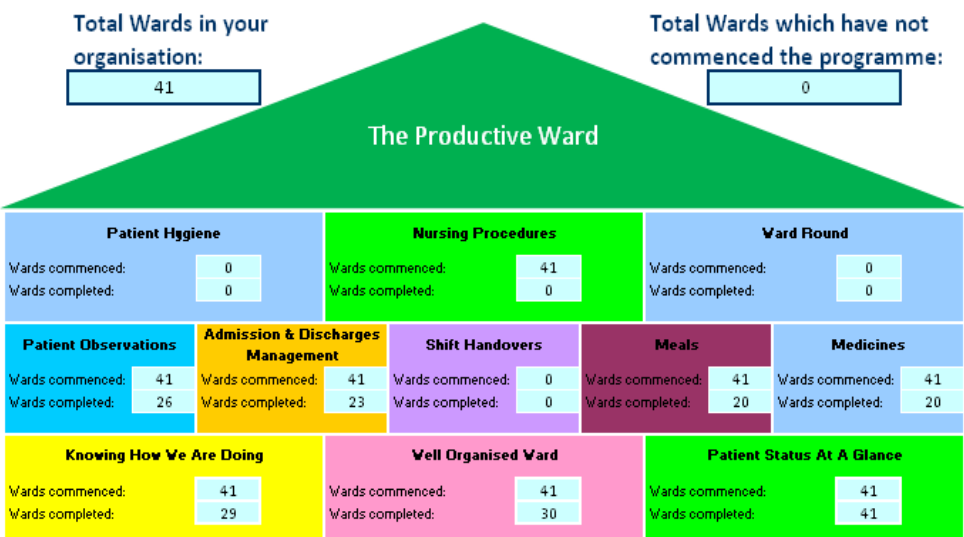
Along with the direct care time, the decrease in motion (walking) continues and is currently for both the RN and HCSW, 17.81% lower than at the start of the programme. Interruptions are also showing improvements and is currently 56.32% lower than at the start of the programme.

Wards are currently at various stages of the programme and the following was submitted to the SHA. Completion in terms of the SHA reporting is defined as all aspects of work completed and ended. It is to be noted that the SHA report does not report on progress with the Trust bundle programme (which includes Essence of Care), only the NHS Institute of Innovation and Improvement Productive ward modules. The Trust bundle programme is monitored every 30 days, reporting to the CSCs.

Portsmouth Hospitals NHS Trust Progress update Productive Ward SHA return

Organisation Name:

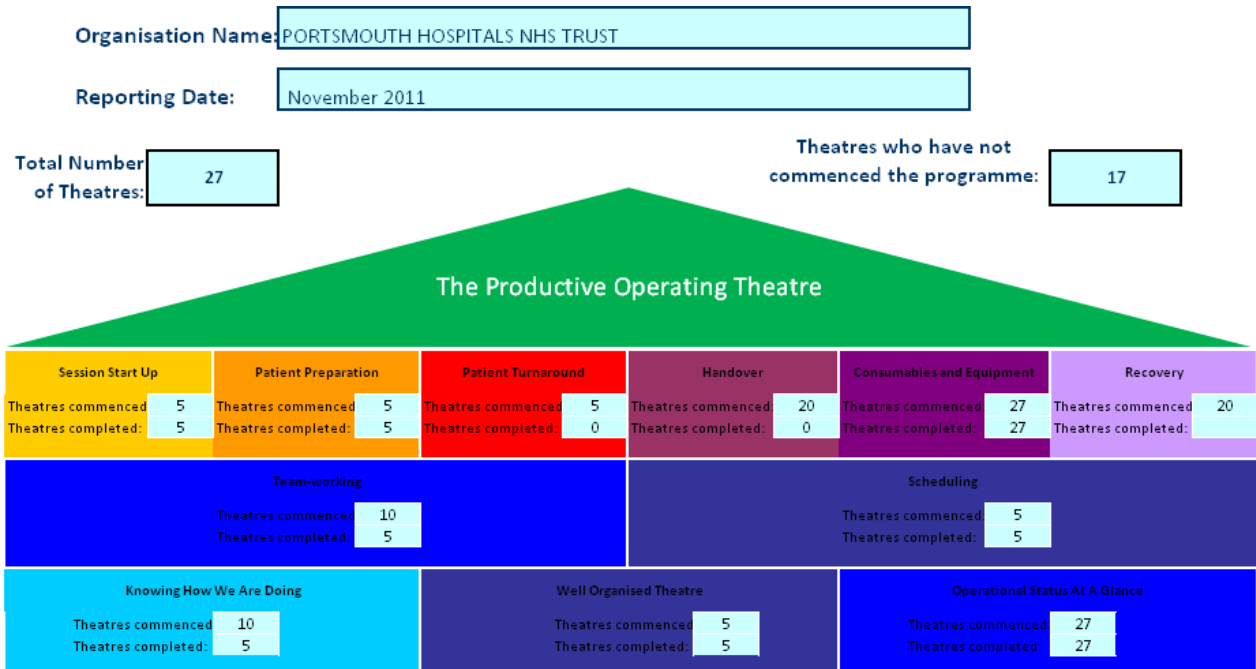
Reporting Date:



The Productive Operating Theatre (TPOT)

Further to the CSC Board presentation there have been further developments, although it is to be noted that challenges continue for the TPOT rollout programme with the current demand of patient backlog clearance increasing staff workload. Additional information is contained within the quarter 3 quality report.

Portsmouth Hospitals NHS Trust Progress update TPOT SHA return



- **Facilities Management (FM)**

During the month of December 2011 all of the FM Services provided by Carillion Services Limited (CSL) operated within the parameters laid down by the PFI Contract. However, retrospective penalties applied by the Trust for failures in Estates and Pest Services have placed these services over the six-monthly threshold. These specifically related to unavailability claims and issues related to non-completion of tasks within the due time.

- **Portering Service**

Service performance was maintained within the boundary of the Service Failure Points (SFP) threshold of 235 SFPs at 180 SFPs from 11,741 reactive tasks logged via the FM Helpdesk. Although there was a small increase in the number of failures, this was partially caused by the operational hours of CT scanning being extended to 10pm on 2 days.

The Infection Control Team has been working with the service to enhance control of infection procedures carried out by Porters when moving patients between wards and departments. The correct hand washing regime is being promoted to reduce the risk of infection transference.

- **Estates Service**

The Estates service continues to see steady progress during the month. However, the service has sustained a number of retrospective penalties (see above) with the Trust Development Team evidencing a task, which had been closed incorrectly, resulting in a continual failure event reoccurring since April. Also caused by the application of a number of penalties related to unavailability which occurred in August/September of some areas for some periods of time.

Specifically the tasks related to are:

- Incorrect closure of a task relating to defective street lighting in Nightingale Road has resulted in backdated SFPs and deductions being applied. These cover the period from 8th April 2011 to 30th November 2011. Temporary lighting has been installed since the 30th November to supplement the lighting in the area.
- The unavailability of the Hydrotherapy Pool for 3.5 days in August.
- The G5 issue relating to the *missing* nurse call handsets not being in store.
- The impact on the Estates Service of the unavailability of the Shipwreck flood carries a Category E weighting (20 SFPs per day) and appropriate deductions.

With respect to the renal flooding affecting the Hospital Sterilization and Disinfection Unit (HSDU) department, CSL have received the summary costs for the insurance claim for Renal and have requested supporting timesheets and cost backup for the loss adjuster as part of the joint claim process.

Without these events, the CSL Estates team produced an in month service performance of 324 SFPs below the monthly threshold of 360 from 2,695 reactive tasks logged via the FM Helpdesk. Planned Preventative Maintenance (PPM) completion has improved being finalised at 93.27% for October, (reported 1 month in arrears). The Trust team continues to review those not completed.

- **Security**

Following changes in clinical staff in C5, work is ongoing with the ward manager and staff to ensure that the staff panic alarm system in C5 is used effectively. Regular testing of the system is being carried out.

An unusually large number of security card access changes have been undertaken during December, to accommodate 24 hour access to the Library on E Level for Southampton University students. This is to replace usage of the Library at the St Mary's Education Centre.

- **Domestic Service**

36 domestic cleaning audits, spot checks and re-checks were carried out in December, with 4 failures and 2 areas passing overall but requiring re-checking of certain rooms or areas which had failed individually to meet the required standard. The team have continued to manage the challenges experienced by a continuing high demand for clinical cleans.

- **Waste management**

Representatives from the Environment Agency (EA) attended both the December Patient Environment Partnership Group (PEPG) meeting with senior nursing management and modern matrons and also the quarterly Waste Review meeting between the Trust, CSL and the waste contractors, with a view to assisting the Trust in the introduction of an offensive waste stream.

CSL and the Trust, working in partnership, have continued preparations towards the introduction of recycling and offensive waste streams during 2012. A pilot will be carried out during February, prior to a phased site-wide roll out.

- **Telephone Service**

Most outstanding issues following the switch-over of mobile phone network and issuing of new handsets have now been resolved, with only a few minor issues remaining.

Some technical problems have been experienced during the latter part of December with the 'Tiger' call logging system. A full data recovery process is underway with the rebuilding of main and backup hard drives.

- **Grounds**

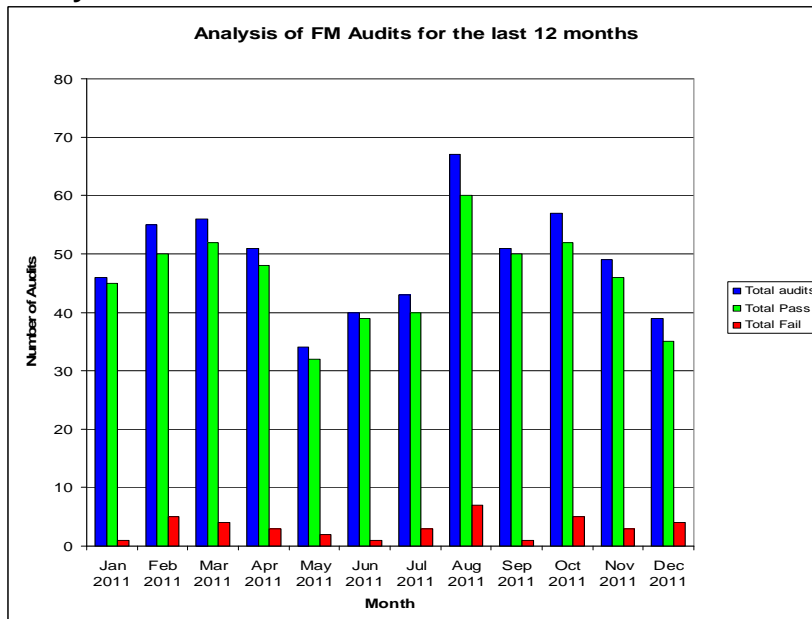
Earlier in the year a survey undertaken by the grounds contractor identified damaged areas of the site grounds and tree stock which required replacement or enhancement. Approval has now been obtained for these works to be carried out, and will be undertaken in order of priority.

- **Helipad**

During the month a total of 10 helicopter flights were received.

New recruits to the CSL Helipad Response Team are undertaking their 5 day training programme with the Southampton Airport Fire Department during January 2012.

Summary of Audits undertaken in the last 12 months



There have been 39 Soft FM audits carried out in the month with four domestic cleaning failures, which were D Level Endoscopy Unit, Medical Assessment Unit (MAU), Cardiac Catheter Laboratories and the Mortuary

Endoscopy Unit

Although the scoping procedure suites were to a high standard, the cleaning was not acceptable in the Recovery area and some patient consulting rooms. Also, the cleaning in offices and some staff support areas was found to be poor. A big improvement was seen on the re-check, with a pass achieved at 92%.

MAU

MAU is an area requiring cleaning to an exceptionally high standard. Due mainly to dust on items at patients bedsides in some MAU wards, the audit initially failed, but an improvement was seen for the area to pass the remedial audit at 95%.

Cardiac Catheter Laboratories

There was some confusion regarding the cleaning of vision panel screens at control desks, which contributed to the failure. After discussions between the clinical staff and CSL this has now been resolved, and the remedial audit passed at 98%.

Mortuary

Offices and staff facilities in the Mortuary were not consistently being cleaned to an acceptable standard. Following discussions with CSL management this situation has now been rectified and the remedial audit passed at 96%.

In addition to domestic audits, the other Soft FM services inspected include patient food tasting and Pest Control.

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. As agreed the allocation of floors to Captains has changed for 2012.

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

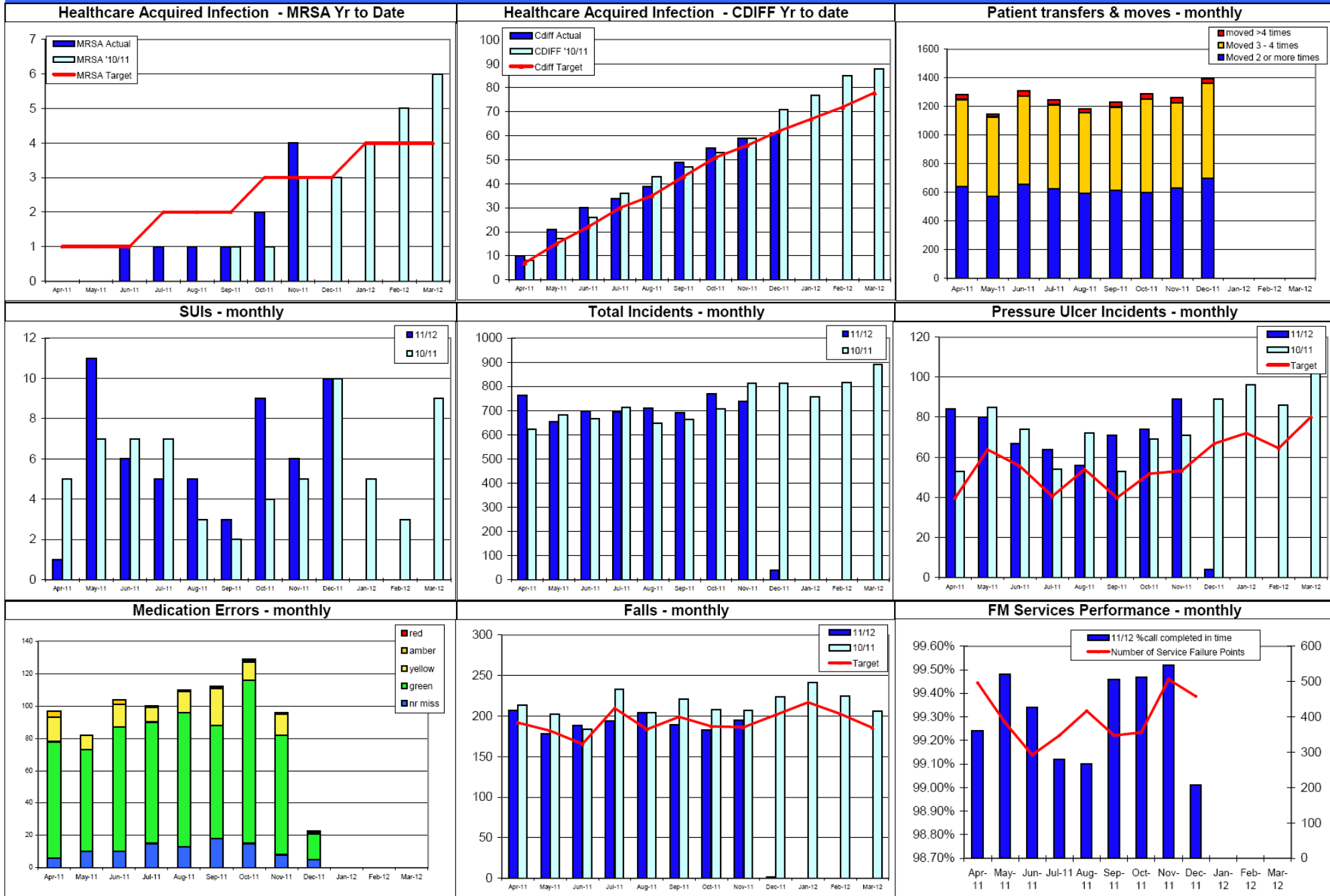
The table below shows only the formal complaints received as reported using the Project Agreement payment mechanism. The Development Team continue to work with the Trust Complaints Team on any formal Facilities Management related complaints received through them.

The total number of complaints received has shown an increase overall from the previous month. This is partly due to small increases in complaints relating to Domestic, Waste and Estates. It is noted that the number of complaints relating to Portering increased to a total of 7 in December. The users are encouraged to report both compliments and complaints.

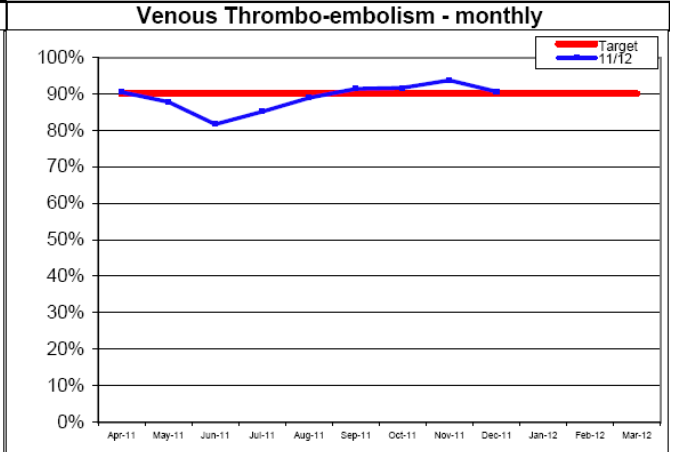
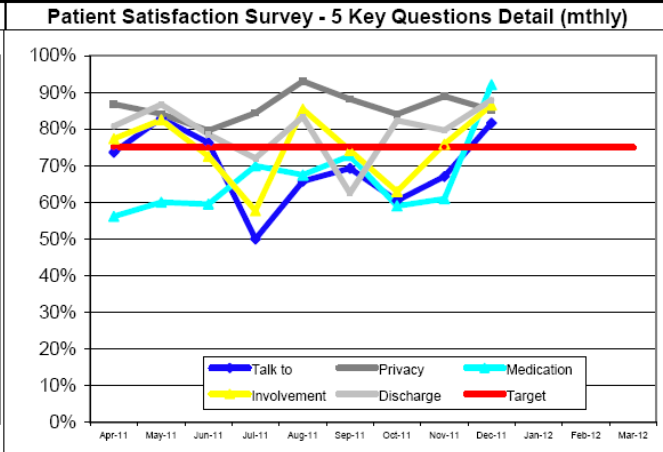
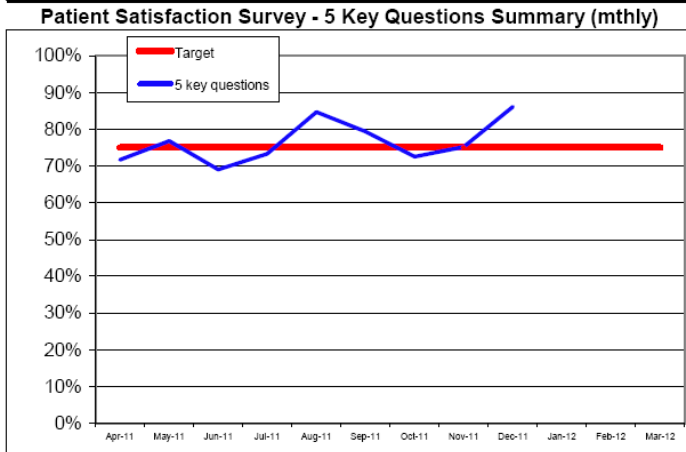
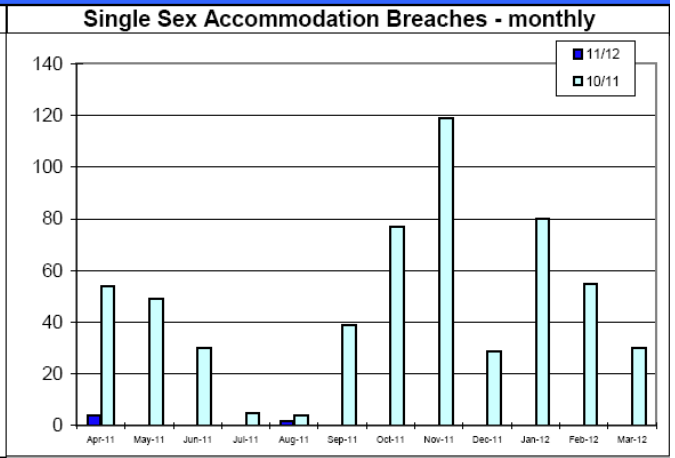
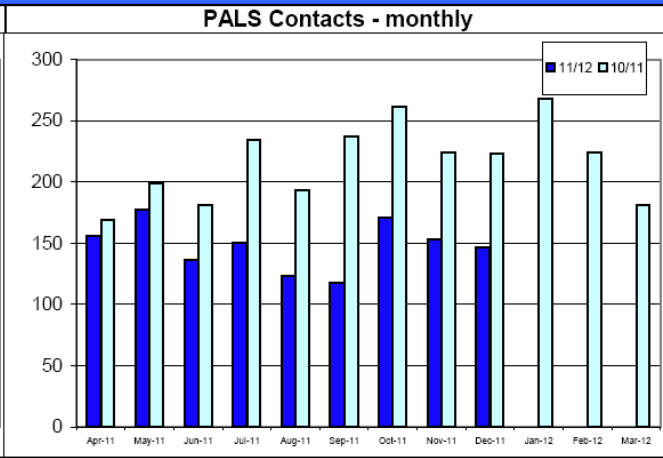
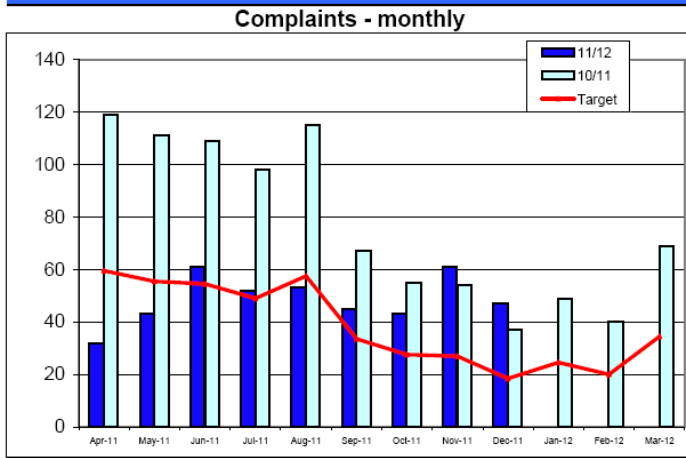
Formal complaints received via the CSL Help Desk in the last 12 months												
Service	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Catering	1	3	1	3	2	2	0	3	1	1	2	1
Car parking	0	0	1	1	1	13	9	3	0	0	0	2
Domestic	1	5	9	7	2	6	4	1	1	1	5	8
Estates	8	6	10	5	5	2	3	11	5	8	4	5
Helpdesk	0	0	0	0	0	0	0	0	0	0	0	0
Housekeeping	0	1	3	1	3	2	1	0	1	2	0	0
Linen	4	1	1	0	0	0	0	0	0	0	0	0
Pest and Grounds	0	1	0	0	0	0	0	0	2	0	0	0
Portering	7	7	6	7	1	2	7	7	5	3	1	7
R&D	0	0	1	0	0	0	0	0	0	0	0	0
Security	0	1	1	0	1	0	1	1	0	1	1	0
Telecomms	2	2	0	0	1	0	0	1	0	1	0	0
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	1
Totals	23	27	33	24	16	27	25	27	15	17	13	24

There were two car parking complaints declared for December. The details of car parking complaints are shown below:

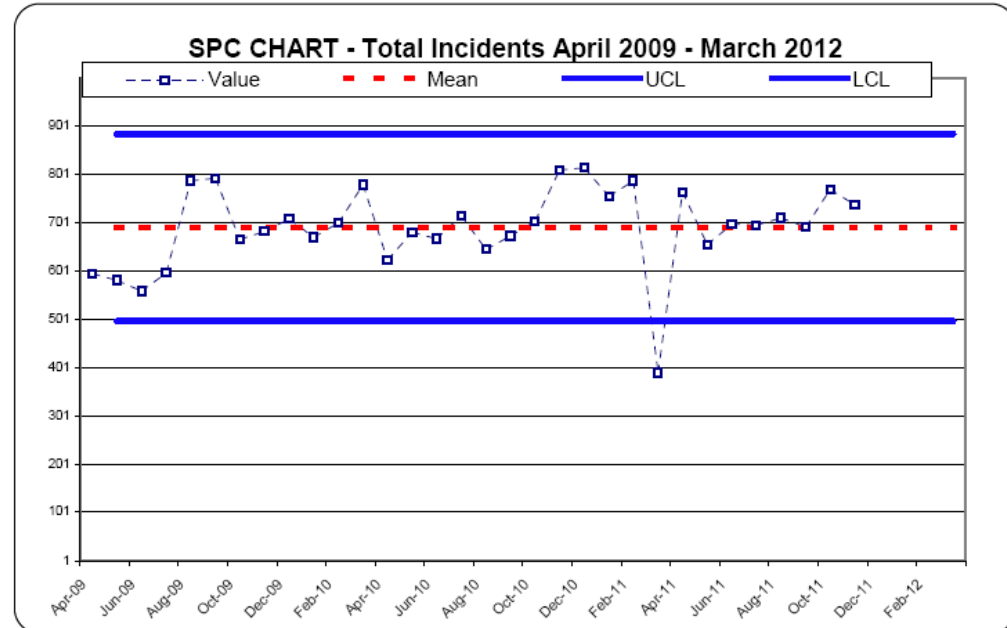
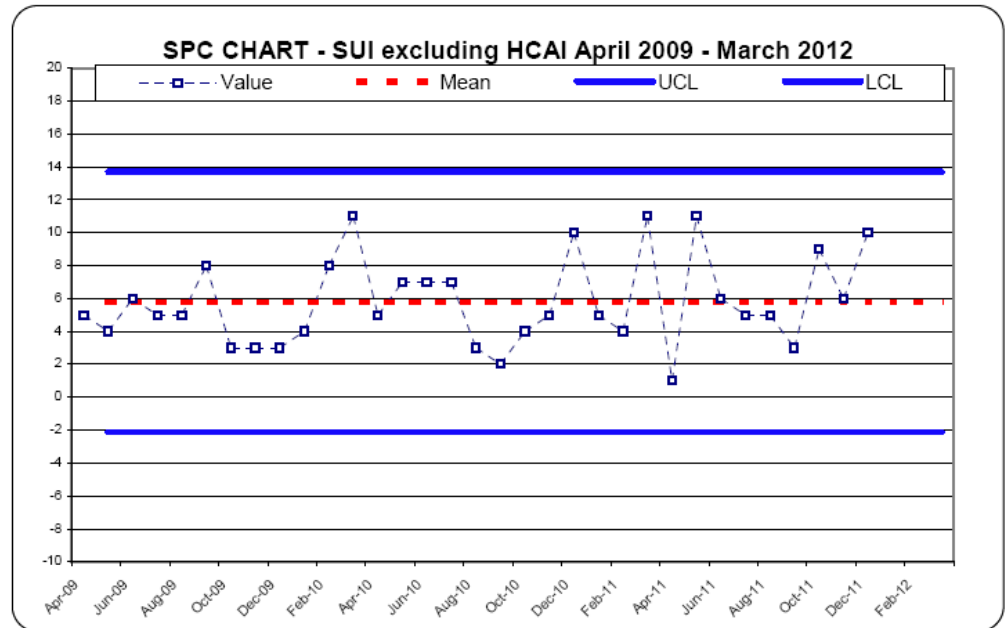
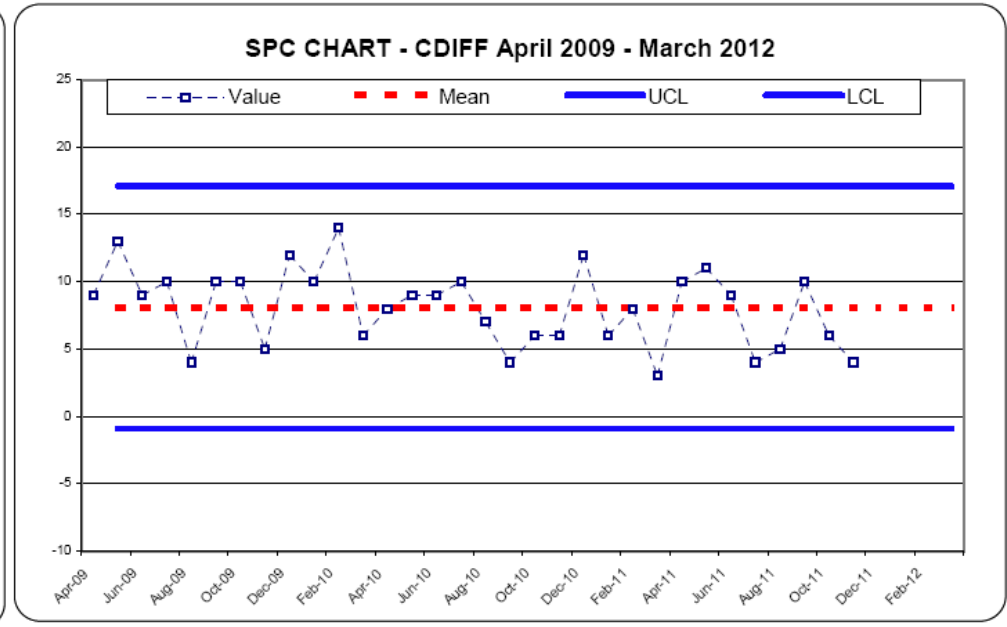
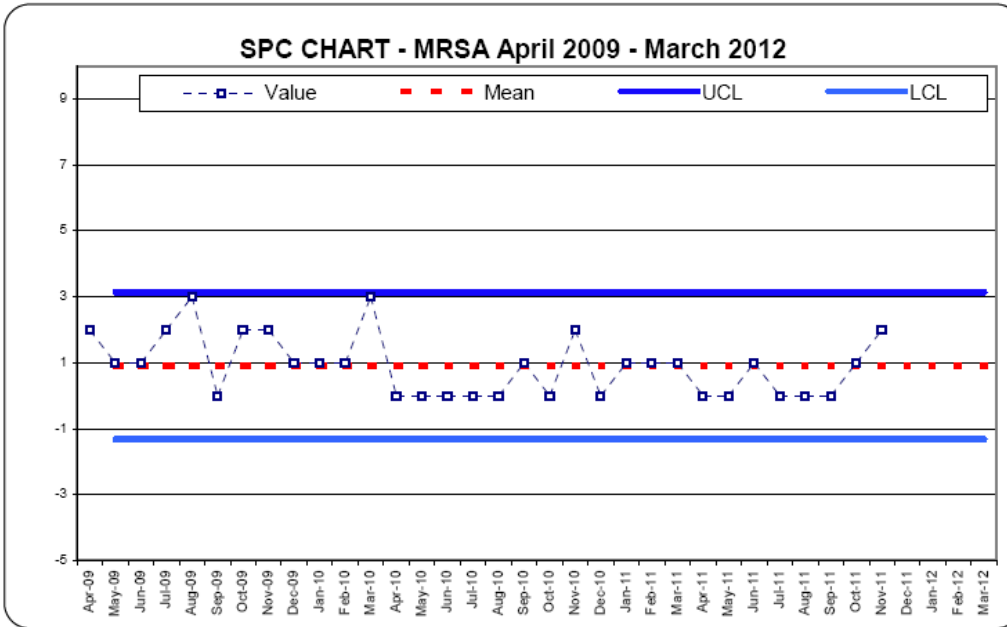
Log Date	Location	Category	Complaint detail	Event Comments (CSL)
02/12/2011	Public Car Parks	Complaint	Complaint by a member of the public. That the parking machine in the multi-storey car park gets too busy – with the queues being so long that it cost him more where he was waiting for so long.	In response to the complaint, all car parks and pay machines are monitored by the Security Control Room and CCTV. In the unfortunate event when there may be a problem with the pay machines and/or queues, these are responded to as soon as possible to alleviate.
21/12/2011	N/N - Grounds		Caller states that following an appointment with his wife one morning there was a long queue, approx 15 minutes ,at the car parking ticket machine. This has meant that he has gone in to the next hour of his parking ticket which has cost him an extra pound which he would like back. Also the people in the queue were complaining that there was only one machine indoors which had an even longer queue. This meant they were outside for a considerable amount of time and whilst it was dry on the day it could easily of been wet and windy.*	The caller was spoken to and apologised for the inconvenience he experienced, it is unfortunate that at this point the delay was due to a high use. All machines are barriers were operating correctly £1 has been sent first class post today to the individual.



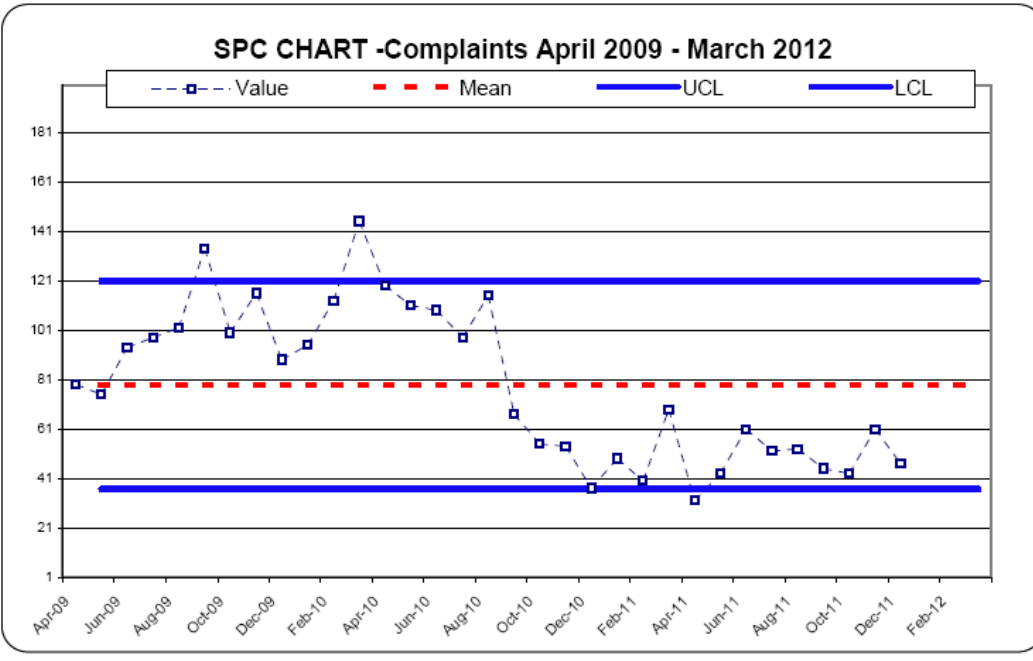
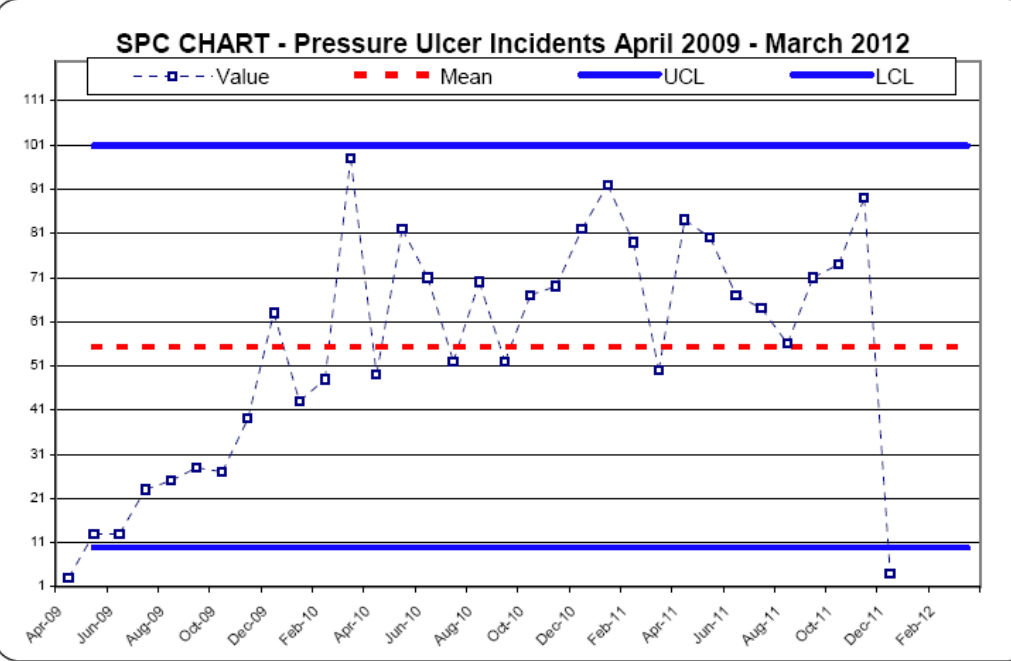
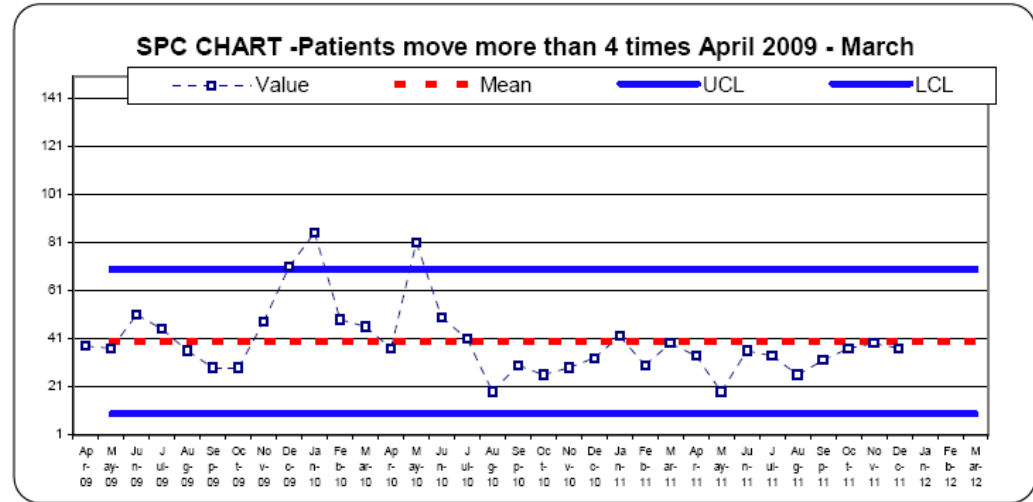
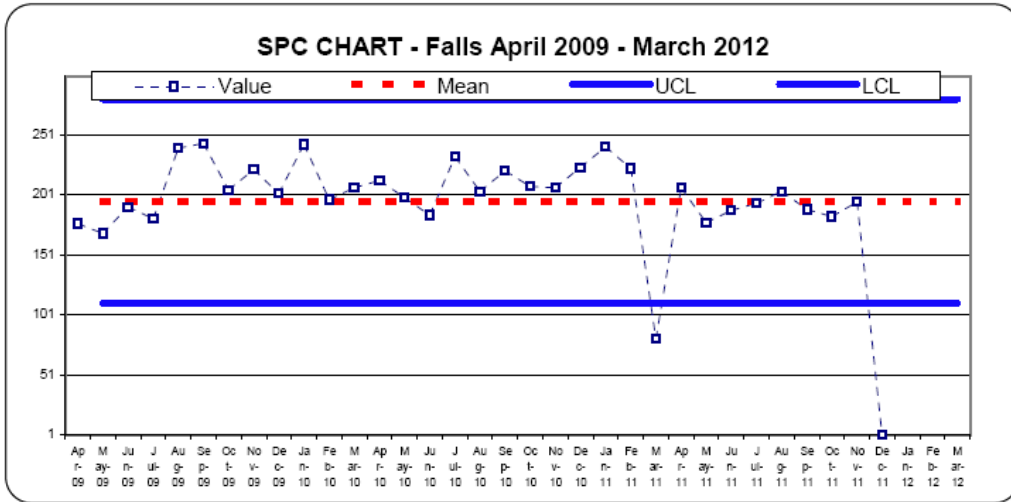
Portsmouth Hospitals Quality Dashboard **Dec-11**



Appendix 2: Statistical Process Control (SPC) format



Appendix 2: Statistical Process Control (SPC) format



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