

<p>Subject:</p>	<p>Quality Performance Report (November 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: 2 cases in November. Year to date position: 4 against a trajectory of 3. - C.Diff: 4 cases in November against a trajectory of 5. Year to date position: 59 against a trajectory of 56. • VTE (National CQUIN target and Quality Account) <ul style="list-style-type: none"> - 93.74% compliance in November (subject to validation) compared to 91.67% compliance in October. • Single Sex Accommodation (National target and Quality Contract) <ul style="list-style-type: none"> - Nil mixed sex breaches in November. • SIRIs (Quality Contract) <ul style="list-style-type: none"> - 4 SIRIs reported in November of which 2 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 and 1 red incident reported in November, against 3 amber incidents in October. Total of 19 against a year to date trajectory of 29. • Pressure Ulcers (Quality Contract) <ul style="list-style-type: none"> - 2 grade 3 and 4 hospital acquired pressure ulcer reported. Total 25 against an upper trajectory of 40. On trajectory to achieve 25% reduction. • Complaints (Quality Contract) <ul style="list-style-type: none"> - Total of 61 complaints in November compared to 43 complaints in October 2011. - The overall trust monthly target is 42 therefore; November exceeded the target by 19 complaints. • Medication (Quality Contract and Quality Account) <ul style="list-style-type: none"> - Allergy status year end target of 71.5%, 64% in November. - Medicines reconciliation year end target of 77%, 62% in November. - Decrease in compliance with indicators in-month effected by no ward based pharmacy service at weekends. • End of Life Care – Patients placed on LCP (Quality Contract) <ul style="list-style-type: none"> - Deaths in Critical Care removed from figures. Data recalculated to show improved position of compliance with

	<p>the target of 50%.</p> <ul style="list-style-type: none"> - Revised November position is 52%. <p>• Safeguarding adults</p> <ul style="list-style-type: none"> - 19 cases were reported in November compared to 17 in October. - 15 of those were raised by hospital staff. <p>• Releasing Time to Care</p> <ul style="list-style-type: none"> - 9.6% increase of direct care time for Registered Nurses. - 3.6% increase of direct care time for Health Care Support Workers.
<p>Options and decisions required</p> <p><i>Clearly identify options that are to be considered and any decisions required</i></p>	Nil decisions required.
<p>Next steps / future actions:</p> <p><i>Clearly identify what will follow the Trust Board's discussion</i></p>	Ongoing monitoring of all metrics and regular Board reporting.
<p>Consideration of legal issues (including Equality Impact Assessment)?</p>	Considered – None.
<p>Consideration of Public and Patient Involvement and Communications Implications?</p>	MRSA over trajectory.

Quality Heatmap

Portsmouth Hospitals NHS Trust

Executive Lead: Julie Dawes

November performance dashboard

Key Quality Targets Dashboard		2011/12 Targets	Monitoring Period	Quarter 1	Quarter 2	Oct-11	Nov-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	3	↓	4		
	Healthcare Acquired Infection - CDI/F	< / = 78		30	19	6	4	10	↑	59		
	Venous Thrombo-embolus screening	90%		85.6%	88.5%	91.7%	93.7%	92.7%	↑	88.9%		
	Mixed Sex Accommodation Breaches	0		4	2	0	0	0	↔	6		
	Patient Satisfaction (5 key questions)	75%		-	80.5%	80.7%	80.6%	80.6%	↔	-		
Trust and Contract Targets	Serious Untoward Incidents (excluding HCAI)	Reduce	Monthly	18	14	9	4	13	↑	45		
	Never Events	0		0	0	0	0	↔	0			
	Falls (moderate and severe)	10% reduction		11	3	3	2	5	↑	19		
	Pressure Ulcer Incidents (category 3 & 4)	25% reduction		11	6	6	2	8	↑	25		
	Hand Hygiene Compliance	95%		-	97.3%	96.8%	96.0%	96.4%	↓	-		
	NPSA Audit Compliance	95%		96.6%	97.0%	97.2%	97.0%	97.1%	↑	96.9%		
	Patient Safety Incidents (excluding SUI)			2111	2087	735	269	1004	↔	5202		
	Number of Complaints	50% reduction		136	150	43	61	104	↓	390		
	PALS Contacts			469	391	171	153	324	↑	1184		
	Patients Moved >2 times	Reduce		1868	1828	598	631	1229	↓	4925		
	Medication Errors (red / amber)	Reduce	7	2	1	0	1	↔	10			
	Medication (recording of allergy status)	Improve to 71.5%	Quarterly	69%	71%	81%	64.0%	72.5%	↓	70.8%		
	Medication (reconciliation of medicines)	Improve to 77%		63%	68%	79%	62.0%	70.5%	↓	67%		
	End of Life Care (% of patients dying on LCP)	50%		-	-	60%	52%	56%	↑	-		
	Unplanned returns to theatre (per 100 cases)	Reduce		0.17%	0.03%	-	-	-	n/a	0.1%		

↑
↓
↔

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 2 cases reported for November against a monthly trajectory of 0. Thus, the year-to-date position at the end of November 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 4 cases recorded in November. The trajectory for the month was 5 cases. This is the second month in a row that the Trust has come under its monthly trajectory; however it remains over trajectory in the year to date position with 59 cases against a trajectory of 56.

The Trust C.Difficile action plan continues to be implemented. The Trust is slowly starting to see the benefits of Glutamate Dehydrogenase (GDH) testing for C.Difficile carriage in patients. Patients who are identified as C.Difficile GDH positive are now isolated and nursed with transmission precautions, thus reducing the number of bacteria within the environment and minimising the transmission among patients.

The Trust is isolating on average 65% of patients with suspected infectious diarrhoea who are sampled. There will be continued focus on improving the timely isolation (<4hrs) of symptomatic patients. Prompt isolation of suspected patients together with optimal clinical cleaning is essential to break the chain of transmission of infection. The focus for the coming months will be to improve clinical cleaning standards for patients with C.Difficile. In addition, greater involvement from microbiology and pharmacy will assist in minimising inappropriate prescribing of both antimicrobials and proton pump inhibitors, thus reducing two factors which predispose patients to C.Difficile.

- **Venous Thromboembolism (VTE)**

The VTE risk assessment figure for November is 93.74% subject to validation. This demonstrates an increase from October's figure of 91.7% and gives a current quarter 3 position of 92.74%.

- **Single Sex Accommodation**

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

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

The Trust scored 80.6% in November against 80.7% for October with a required target of 75%. Meeting patients' privacy and dignity needs, consistently scores the highest, with medication scoring the lowest.

Trust and Quality Contract targets

- **Serious Incidents Requiring Investigation (SIRIs)** (excluding HCAs and as reported on STEIS)

Four SIRIs were reported in November, nine in October and three in September.

Three SIRIs have exceeded the target date for completion: all are to be presented to SIRG in December 2011. Two of the SIRIs relate to Personal Identifiable Data (PID) and as reported in November, an investigation encompassing those and another similar incident was undertaken to ensure alignment of recommendations and actions. The third SIRI is that mentioned in the two previous Board reports: the joint investigation undertaken with the PCT. Whilst the Trust

section of the report is complete and agreed with the PCT, the Trust is awaiting the full final report from the PCT, prior to submission to SIRG.

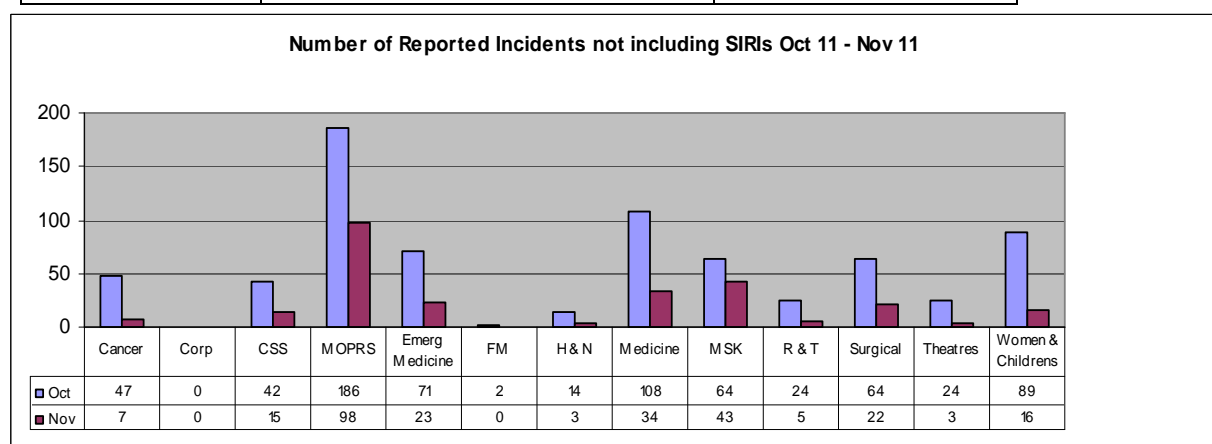
SIRIs November 2011	
SIRI	Clinical Service Centre (CSC)
1 x Patient Fall	Medicine
1 x Maternity Incident	Women and Children
1 x Grade 3 Pressure Ulcer	Surgical
1 x Grade 3 Pressure Ulcer	MOPRS

- **Never Events**

Zero 'Never Events' were reported in November 2011.

- **Incidents**

Incidents November 2011		
Month	Incidents	
	Adjusted to include receipt of late reports	Previously reported
November	269	
October	735	202
September	690	645
August	706	694
July	691	684



The top three reported incidents in November 2011, at the time of reporting were slips, trips and falls, pressure ulcers and discharge. This varies from the October position where administration or supply of a medicine from a clinical area appeared in the top three reported incidents.

- **Falls**

One amber and one red falls incident were reported in November, against one amber incident in October. There have been two additional amber incidents reported for October due to late reporting and the upgrade of an incident, giving a total of three amber incidents for October.

To date there have been 19 reported falls incidents (2 red and 17 amber) against a trajectory of 29. The Trust remains on target to achieve compliance with the year end target of 39 red and amber events, based on 10% reduction from 2010/2011.

There is potentially one additional red and one amber incident for November; however, these are currently being investigated to determine appropriate grading.

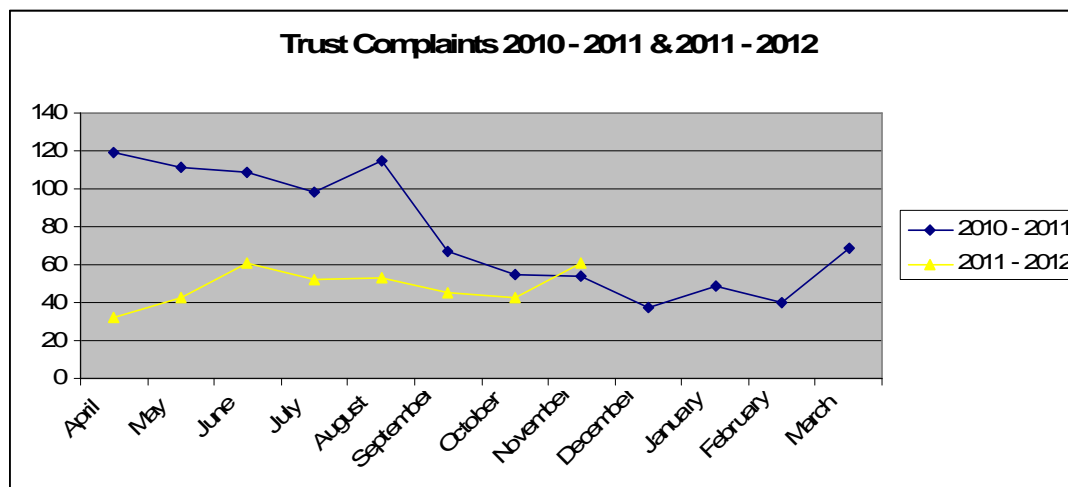
- **Pressure Ulcers**

A total of 2 grade 3 and 4 pressure ulcers were reported in November. Currently the Trust is reporting 25 grade 3 and 4 pressure ulcers against a target of 40. The Trust remains on target to achieve 25% reduction in grade 3 and 4 pressure ulcers.

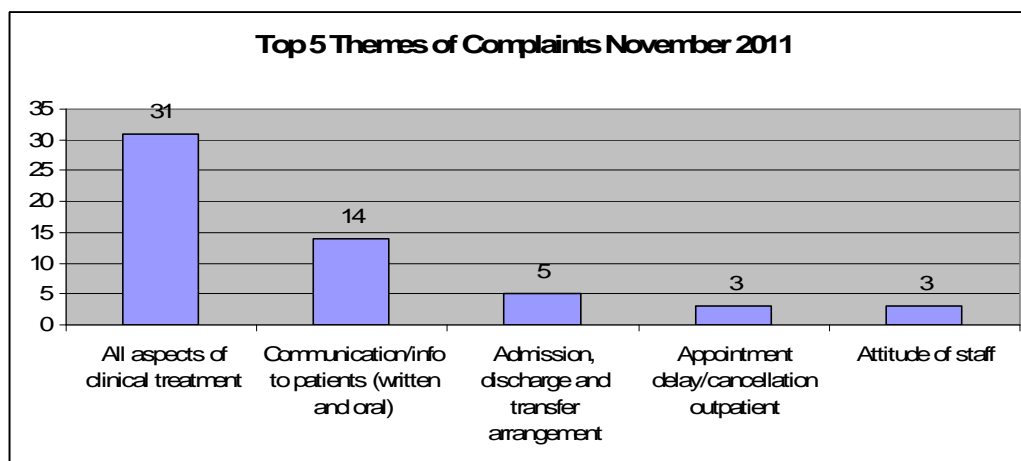
- **Complaints and PALS**

A total of 61 complaints were received in November against 43 in October. The internal Trust overall target is 42 therefore; November exceeded the target by 19, compared to 1 in October, 3 in September and 11 in August.

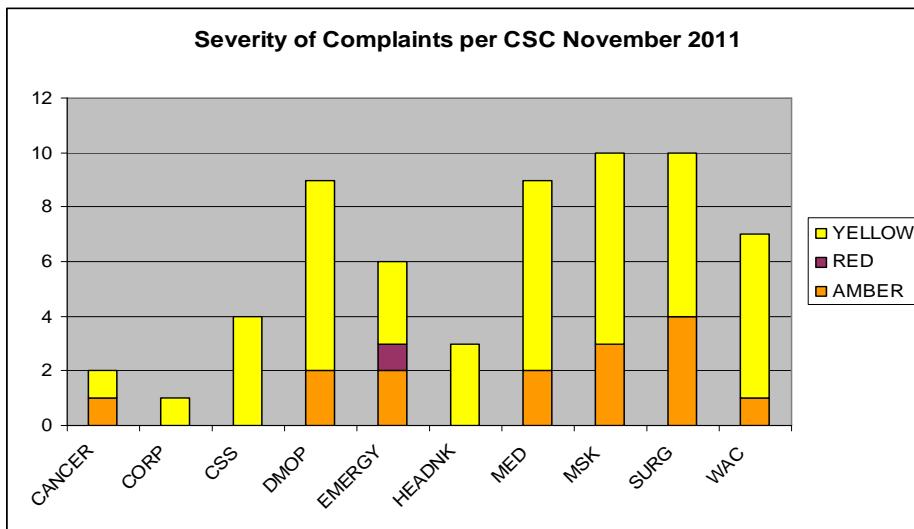
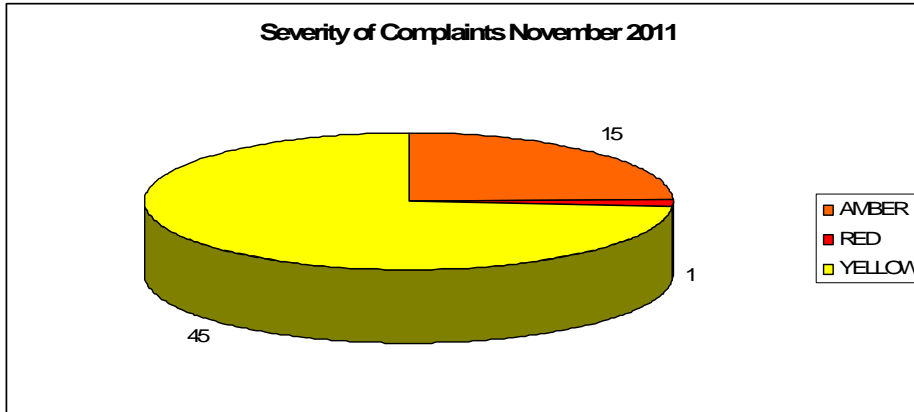
Month 2011 - 2012	Complaints Received	Variance on previous month
April	32	-
May	43	▲11
June	61	▲18
July	52	▼9
August	53	▼1
September	45	▼8
October	43	▼2
November	61	▲18



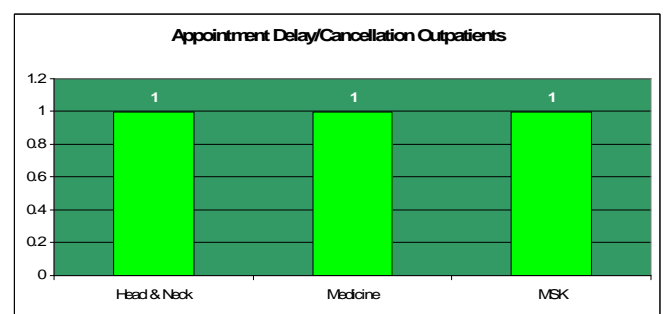
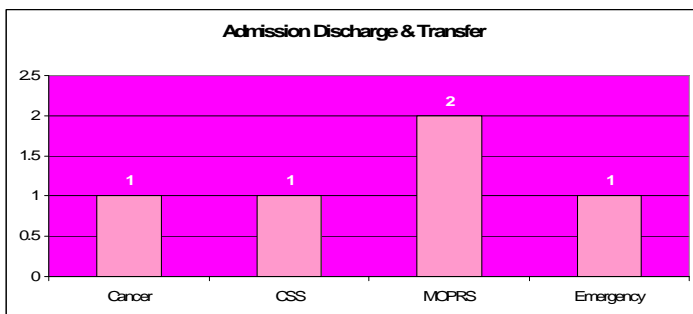
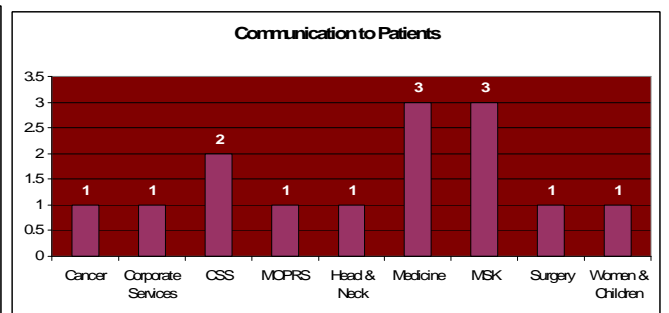
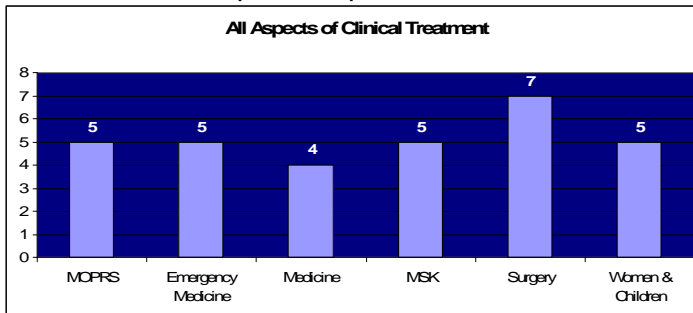
Category of Complaints Top 5 October 2011 – All Clinical Service Centres

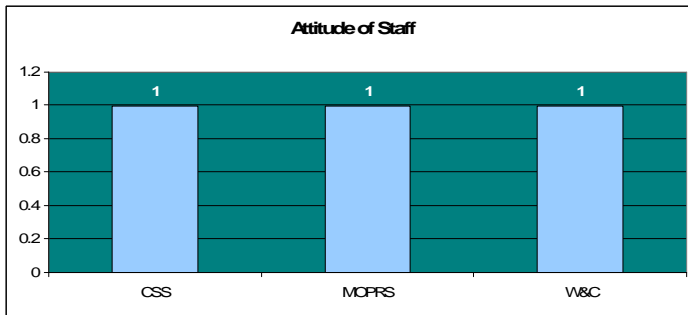


Severity of Complaints Top 5 November 2011 – All Clinical Service Centres





Where the Top 5 Complaints Related to





The following table illustrates the target for each CSC in relation to the actual number of complaints received in November 2011, including the number of plaudits:

CSC	Target	Actual	Plaudits
Corporate	1	1	4
FM	1	0	2
CHAT	1	0	49
CSS	3	4	1
MOPRS	4	9	84
Emergency	3	6	19
Head & Neck	3	3	78
Medicine	5	9	53
MSK	7	10	34
Renal	1 per ¼	0	26
Cancer	2	2	4
Surgery	7	10	15
Women & Children	5	7	1,251
Total	42	61	1,620

 On/Under target
 Over target

Comparison of themes for complaints			
Complaint theme	October 2011 total	November 2011 total	Variance
All Aspects of Clinical Treatment	23	31	▲8
Communication to Patients	4	14	▲10
Admission, Discharge & Transfer Arrangements	5	5	▶0
Attitude of Staff	4	3	▼1

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

Parliamentary Ombudsman

The Trust is not aware of any complainants referring their complaints to the Parliamentary Ombudsman in November.

Complaint Acknowledgement Rate

100% of all 61 complaints were acknowledged within the 3 day target in November.

PALS Contacts

There were 153 PALS contacts in November, compared to 171 in October 2011.

Comparison of themes for PALS contacts			
PALS theme/reasons for contact	October 2011 total	November 2011 total	Variance
Contacts Received	171	153	▼18
Communication to Patients	33	36	▲3
Appointment Delay/Cancellation Outpatients	19	27	▲8
Appointment Delay/Cancellation Inpatients	19	16	▼3

▼ Decrease compared to previous month

▲ Increase compared to previous month

▶ The same compared to previous month

Reported Plaudits

A total of 1,620 plaudits were received in November, compared to 1,354 plaudits in October and 1,551 in September.

- ### Patient Experience

Working in partnership with Portsmouth City Council, the Trust has started to implement a strategy to improve the experience of carers. Two wards, F5 and F1, are piloting methods of identifying and supporting carers whilst the person they care for is in hospital. A small Carers Forum has been developed with representation from the carer's community which include carers of older people, children and adults with a learning disability. A "Caring for Carers" campaign will commence in the New Year. A key concern raised by carers was related to car parking and access when with a vulnerable adult who had physical and cognitive disabilities. In addition, Rheumatology service users have raised similar concerns. In response, a workshop is being held in January with carers and service users to map the current system and to make recommendations for change.

- ### Patient Moves

November has seen the number of patients moving 2 or more times rise slightly although remaining within normal variation. There was, however, an encouraging fall in the numbers of patients moving 3 or more times, down 8.3% from the October figure. This may be associated with the implementation of the Older Persons' Assessment Service (OPAS), but it will require 2-3 more months monitoring data to validate this.

- ### Medication Errors

There were no reported SIRIs related to medication in November. There are no reported medication incidents contained within the graphs in appendix 1 and 2 as reported incidents require inputting onto Datix.

As can be seen in the table below, there has been a decrease in compliance between October and November for the two indicators. This is due to the fact that the audit took place on a Monday (audit days set by the Patient Safety Federation) and compliance reflects the fact that there is not a ward based pharmacy service at the weekends to reconcile medications within 24 hours. The ward based pharmacy service also ensures that allergy status is recorded appropriately.

Patient Safety Federation Data

Indicator	Baseline	September 2011	October 2011	November 2011	Min.target 2011/2012
Allergy status	65%	71%	81%	64%	71.5%
Medicines Reconciliation (within 24 hours)	70%	71%	79%	62%	77%

- **End of Life Care**

Following discussion at the Governance and Quality Committee it has been agreed that Critical Care deaths would be excluded from the data collection. The rationale being as by the very nature of the patient being in Critical Care the patient is still receiving care and being actively managed. If treatment is withdrawn on Critical Care then LCP implementation is not practical for this group of patients. For the small group of patients where treatment is withdrawn on Critical Care but they are transferred to a ward, these patients would be included in the figures for ward deaths/deaths on LCP.

The data has therefore been re-run to August 2011, to show the impact of removing Critical Care deaths on compliance (the data will be re-run for the whole financial year in due course). As can be seen below, without this cohort of patients the Trust is achieving the target of 50% of patients identified as dying being placed on the LCP.

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)
Aug-11	187	76	41%	46%	50%
Sep-11	183	80	44%	49%	53%
Oct-11	173	81	47%	53%	60%
Nov-11	185	79	43%	48%	52%

It is important to note that for the percentage of all adult deaths on LCP the Trust is reliably achieving over 40% with the national median, from the recently published National Care of the Dying Audit – Hospitals (NCDAH) round 3 data, being 29%. The Trust is therefore, achieving well above the national mean for all deaths.

Quality Indicators

- **Safeguarding adults**

19 Adult Safeguarding Cases were raised in November in comparison to 17 in October. 15 of those were raised by hospital staff related to care prior to admission including community acquired grade 3 and 4 pressure ulcers and allegations of financial abuse by relatives of a vulnerable adult.

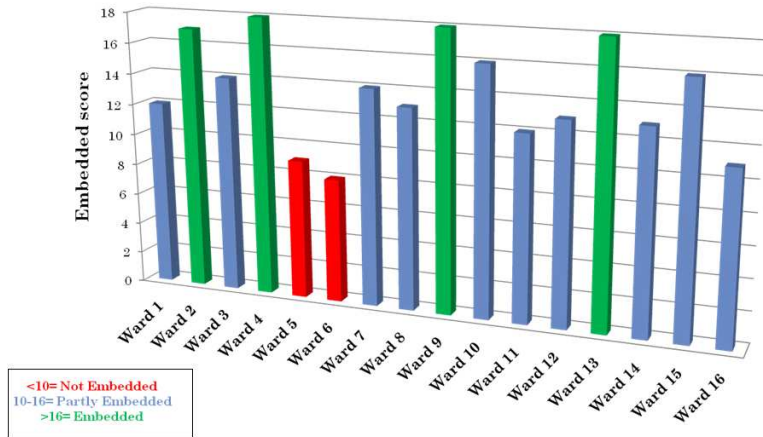
A review of the alert and referral process to Adult Social Care has been initiated in response to the increased number of alerts being raised and concerns related to there being two different systems for Portsmouth and Hampshire. A single system is being implemented following agreement between the Trust, Hampshire County and Portsmouth City Councils.

To support Care Quality Commission compliance, a bespoke Mental Capacity Act and Deprivation of Liberty Safeguards training session was attended by 21 medical, nursing and therapy staff. The training was provided to improve MCA awareness capacity in the CSCs. A further session in January is now fully booked with 45 planned participants.

- **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. In November an inter-professional learning unit (IPLU3) group were tasked with investigating how embedded the RTtC Bundle was throughout the trust. Following investigations the evidence showed the majority of wards had a level of understanding of the programme. See below:

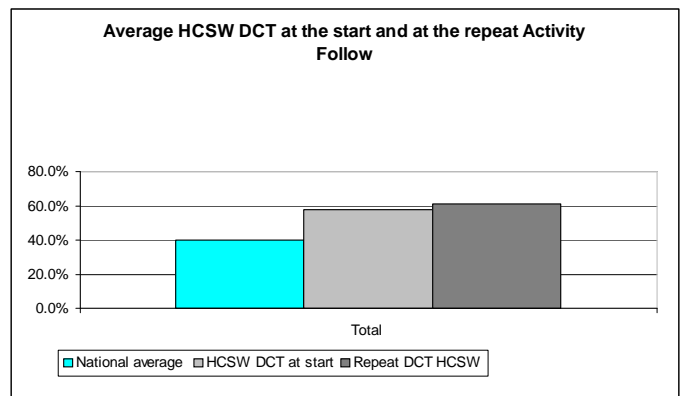
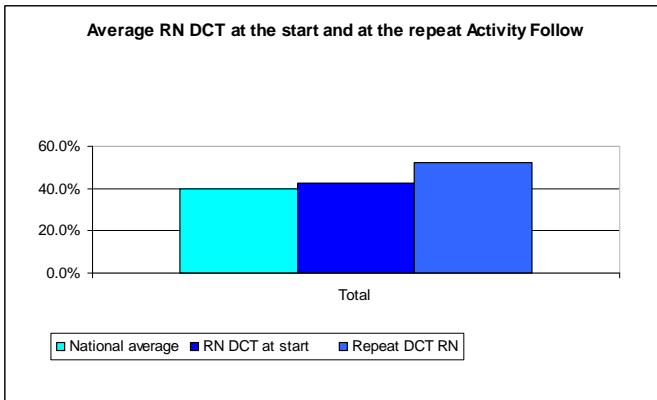
How embedded was RTtC on the wards?



IPLU" Group 62 Business report 2011

Further support regarding the bundle programme is taking place.

Along with this the direct care time (DCT) continues to be monitored with the Registered Nurse (RN) having a 9.6% increase and the Health Care Support Worker (HCSW) 3.6%. The interruption rate has decreased by 21.34% for the RN and 44.39% for the HCSW. Motion has also been reduced by 30% across the trust.



• **The Productive Operating Theatre (TPOT)**

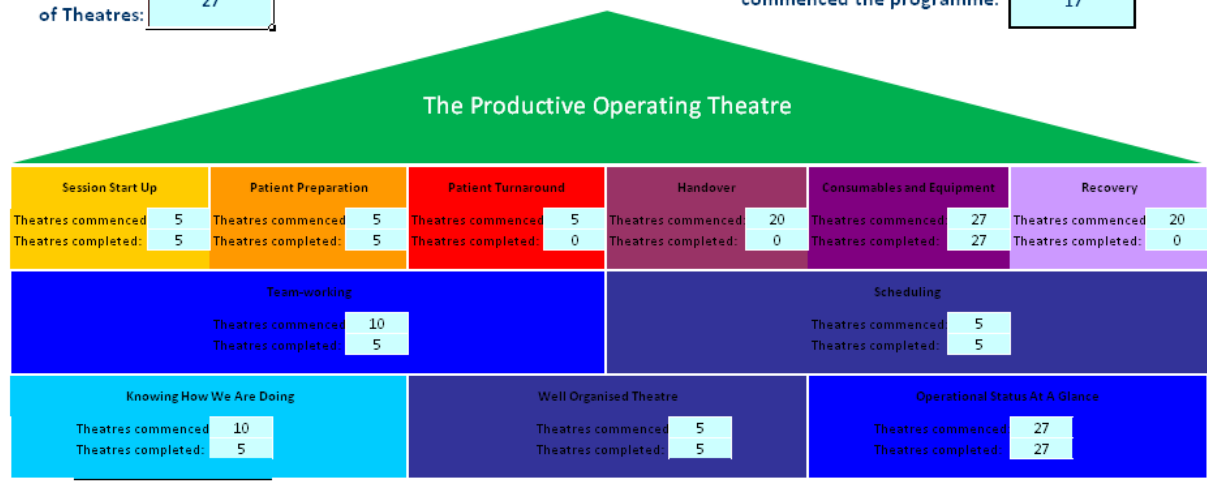
Progress continues as per the plan. The TPOT return to the Strategic Health Authority can be seen below:

Organisation Name: PORTSMOUTH HOSPITALS NHS TRUST

Reporting Date: November 2011

Total Number of Theatres: 27

Theatres who have not commenced the programme: 17



IPLU students have undertaken a Theatre audit focused upon normo-thermia (normal body temperature) and have made recommendations to improve this in theatres, improving patient safety and experience. This is being taken forward by the Head of Nursing for theatres.

Productivity through patient turnaround times in Orthopaedics has been monitored using TPOT tools of videoing practice. The clinical teams will review this, once complete, and identify areas for improvement. This is part of the Patient Turnaround module. In addition, as part of the consumables and equipment module, Orthopaedics and HSDU staff have been reviewing and identifying actions to improve the process of prompt instrument damage and replacement, so reducing any potential delays due to equipment availability.

- **Facilities Management**

During the month of November 2011 all of the FM Services provided by Carillion Services Limited (CSL) operated within the parameters laid down by the PFI Contract.

- **Portering Service**

November 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 maintained performance within the boundary of the Service Failure Points (SFP) threshold of 235 SFPs at 164 SFPs from 11,962 reactive tasks logged via the FM Helpdesk. This includes the challenge of the Trust being especially pressured for approximately one week during November, with emergency beds being requested to E4 and the Cardiac Day Ward. Questioning of the use of the *Urgent* tasks continues, in addition to the discharge lounge tasks being monitored and managed with additional portering staff.

CSL plan to introduce the 'Portertrack' portering management system in the first quarter of 2012. This is a handheld device-based system for the reporting the allocation, tracking and completion of portering tasks.

- **Estates Service**

The Estates service continues to see steady progress in month, however the service has sustained a setback with the evidencing of a task, by the Trust Development Team, that has been closed incorrectly resulting in a continual failure event reoccurring since April.

Without this, the team produced an *in month* service performance of 324 SFPs below the monthly threshold of 360 from 2695 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.

Delayed SFP resolution on the following items has resulted in current and retrospective impacts to the monthly and six monthly thresholds.

- 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 an *in stock* item.
- The impact of the unavailability of the Shipwreck flood to the Estates service carries a Category E weighting (20 SFPs per day) and appropriate deductions.

With respect to the renal flooding affecting the 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 to form part of the claim as part of the joint claim process.

- **Security**

Spot checks have been carried out in some clinical departments and ward areas to examine the security measures in place for safeguarding personal staff and patient property, equipment and access to instruments. Recommendations have been made to area heads and visits to other areas can be made upon request.

The use of leg straps in aggressive situations has been approved through the Security Liaison Group and has now been included within the Trust's Security Control and Restraint Policy.

A number of Security Officers have successfully completed CCTV training and await their operations licences.

- **Domestic Service**

46 domestic cleaning audits, spot checks and re-checks were carried out in November, with 3 failures and 1 area passing overall but requiring re-checking of certain rooms or areas which had failed individually to meet the required standard. Challenges continue to be experienced as a direct result of the ongoing demands through Infection Control for enhanced cleans. PSA Team Leaders continue to attend the 3.00pm bed meeting to assist in planning of scrub and enhanced cleans workload for late afternoons/early evenings.

- **Waste management**

The annual pre-acceptance waste audit was carried out by an inspector from CSL's waste contractor. The contractor has to be satisfied that the Trust's clinical waste segregation is compliant with current legislation and also encourages use of best practice. The audit report arising from the visit was generally favourable, and the best practice recommendations are currently being reviewed by the Trust's Client Team.

The report from the Environment Agency (EA) audit was not received during November as anticipated. However, it has been confirmed that representatives from the EA will be attending the December Patient Environment Partnership Group (PEPG) meeting with senior nursing management and modern matrons, to give an outline briefing of current waste segregation best practice.

- **Telephone Service**

Following the discussion in October between the Chief Executive and key members of Trust staff around the quality of call answering, a meeting has been held regarding telephone greetings and responses for CSL, the Trust reception desks and the Outpatient Booking Centre. A standard approach has been agreed, and will be followed up by a 'mystery shopper' exercise in the Telecoms and Helpdesk office.

- **Grounds**

The resurfacing works to the De La Court Car Park have been completed, which should remove any potential trip hazards associated with the deteriorating road surface. Improvements to the road markings leading to the staff multi-storey car park are scheduled for early December.

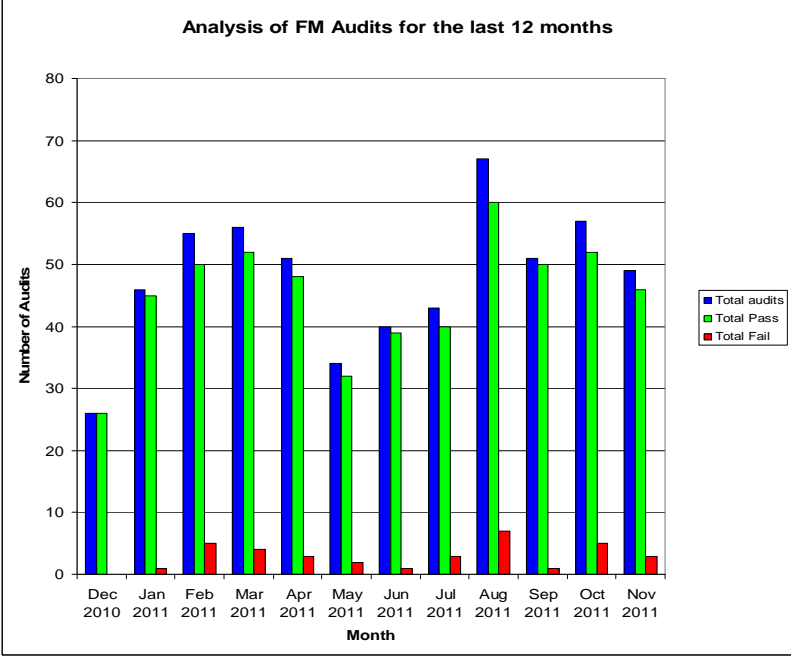
- **Helipad**

During the month a total of 11 helicopter flights were received..

The Coastguards continue to work towards gaining approval for night-time landings within the bounds of the extended planning consent for night-time landings. The Hampshire Air Ambulance has gained all of its required approvals for the same.

New recruits to the CSL Helipad Response Team will undertake their 5 day training programme with the Southampton Airport Fire Department in January 2012.

Summary of Audits undertaken in the last 12 months



There have been 49 Soft FM audits carried out in the month with three domestic cleaning failures, which were Audiology (which failed twice) and Ward F7.

Audiology had rooms which did not appear to be regularly cleaned, which is unacceptable in a patient outpatient area. No obvious improvement was found on the first remedial, and some issues highlighted previously had still not been resolved. Urgent discussions were held with CSL management to ensure that this situation was immediately rectified and an improvement plan was put in place; as a result the cleaning improved satisfactorily and the 2nd remedial audit passed.

F7 is a very high risk area, requiring an excellent standard of cleanliness. The main issues were high dusting and grim build-up in the stippling of the ensuites flooring. The ward has since been re-audited and passed successfully at 97%, with a good improvement seen.

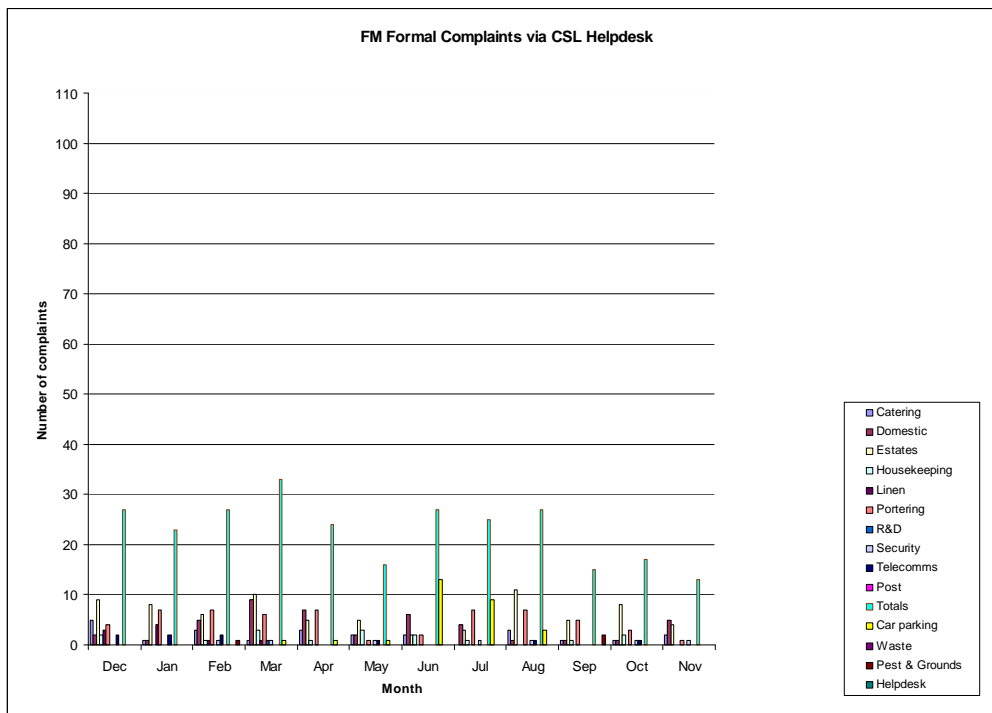
In addition to domestic audits, the other Soft FM services inspected include patient food tasting, portering and grounds

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. It has been agreed that for 2012 the allocation of floors to Captains will change.

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

The table and graph, below, show 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.

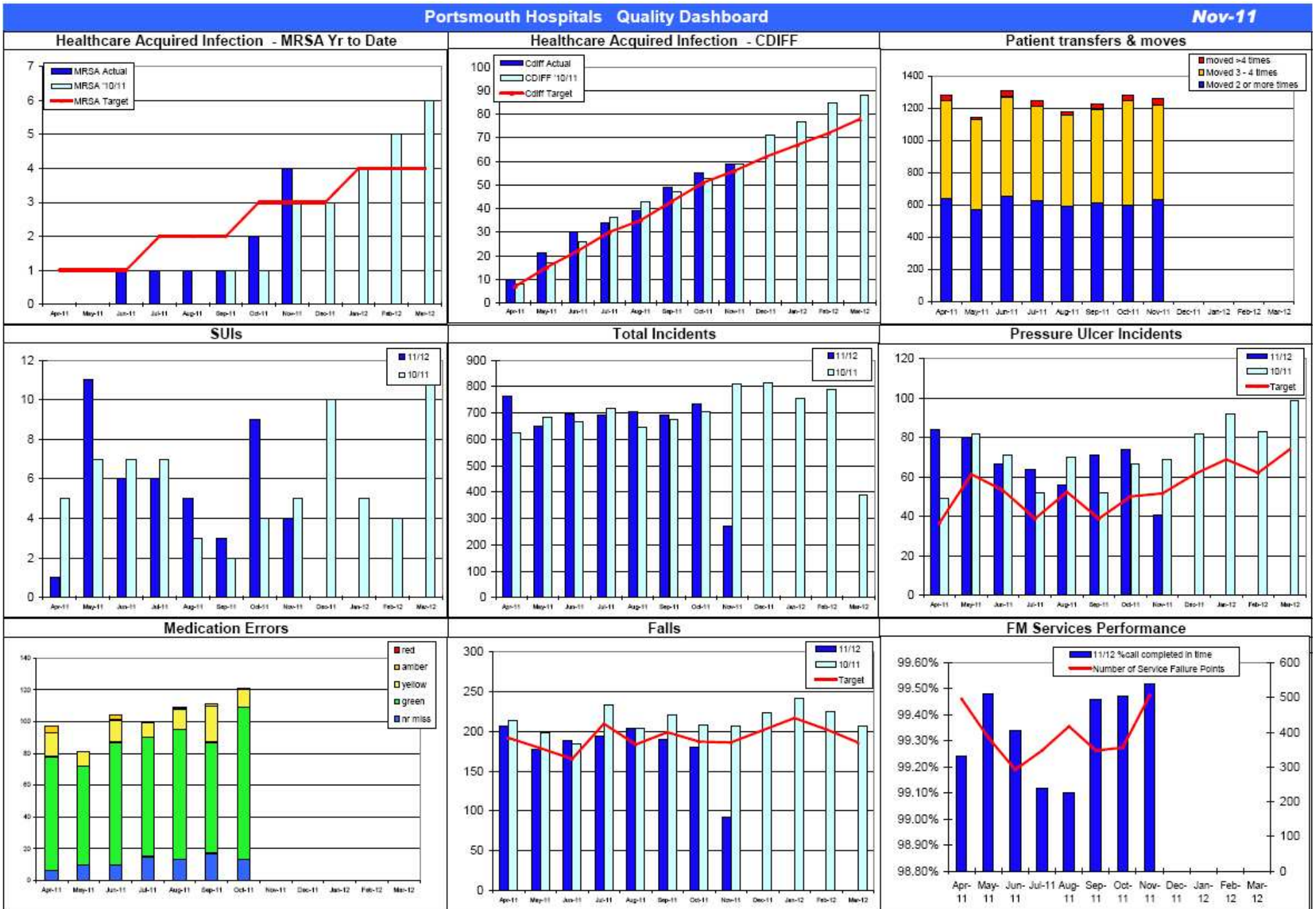
The total numbers of complaints received has shown a slight decrease overall from the previous month. This is due to small decreases in complaints relating to Estates, Housekeeping and portering. It is noted that the number of complaints relating to portering decreased to a total of just 1 in November. The users are encouraged to report both compliments and complaints.



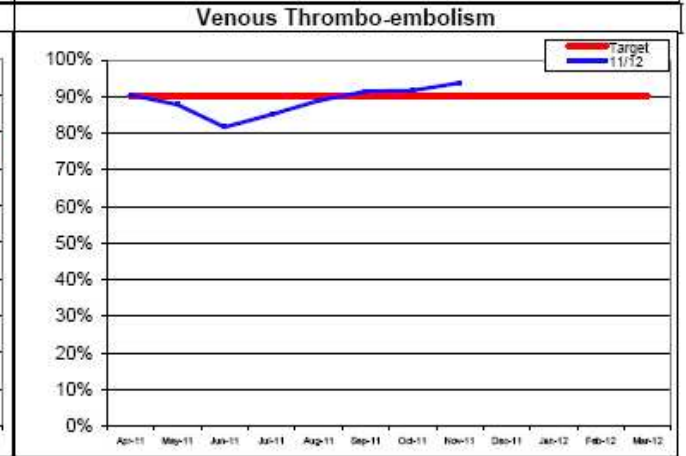
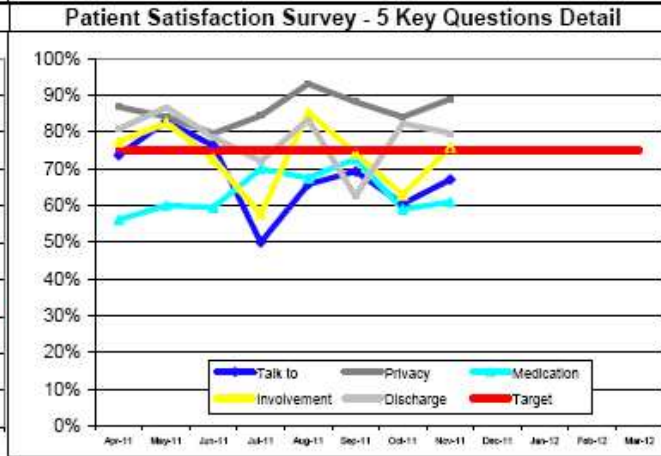
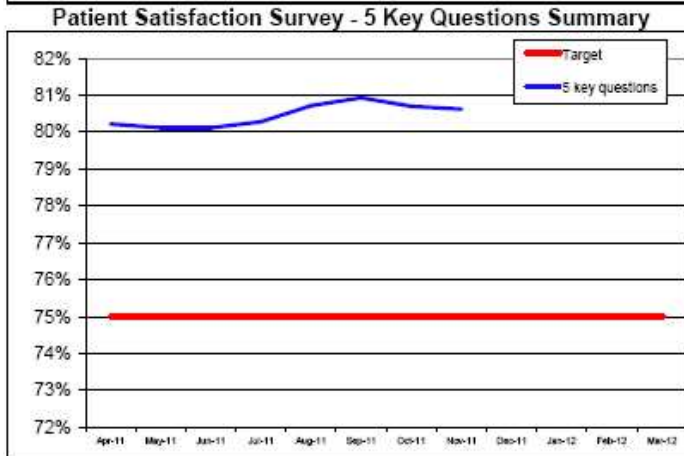
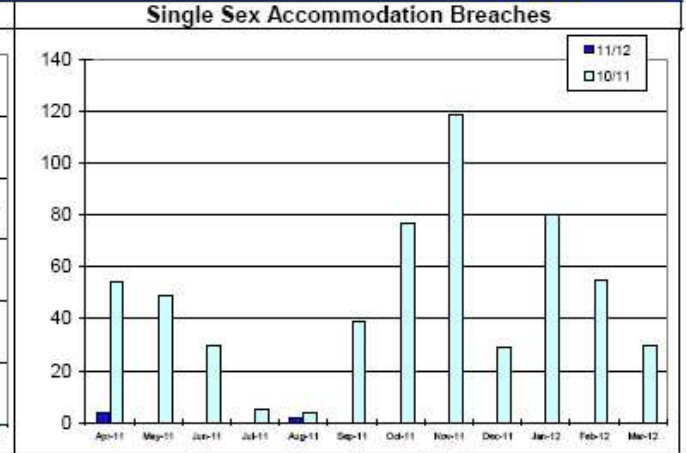
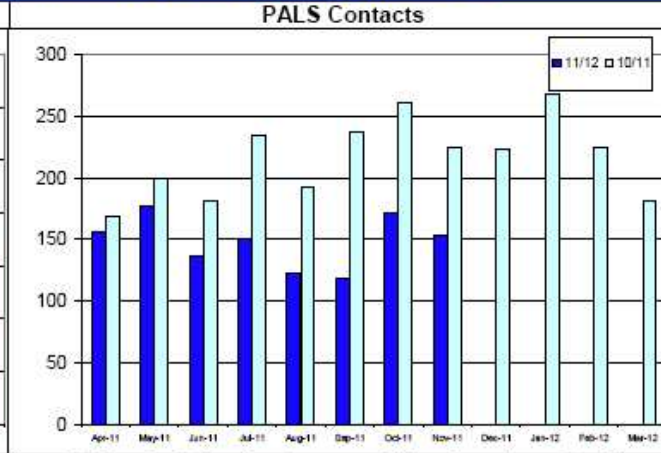
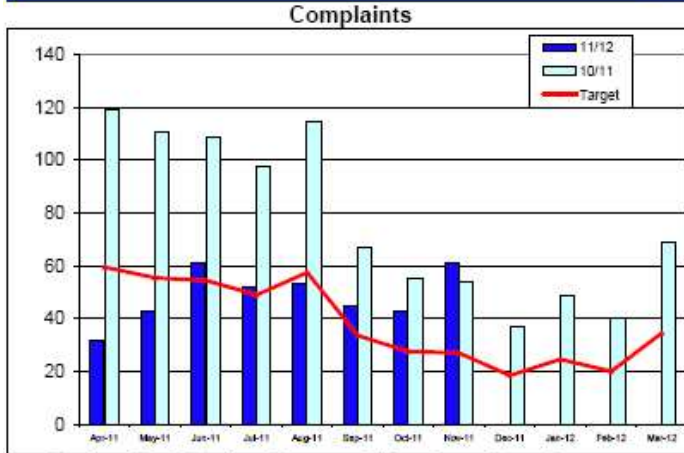
Formal complaints received via the CSL Help Desk in the last 12 months												
Service	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Catering	5	1	3	1	3	2	2	0	3	1	1	2
Car parking	0	0	0	1	1	1	13	9	3	0	0	0
Domestic	2	1	5	9	7	2	6	4	1	1	1	5
Estates	9	8	6	10	5	5	2	3	11	5	8	4
Helpdesk	0	0	0	0	0	0	0	0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

There were no car parking complaints declared for November.

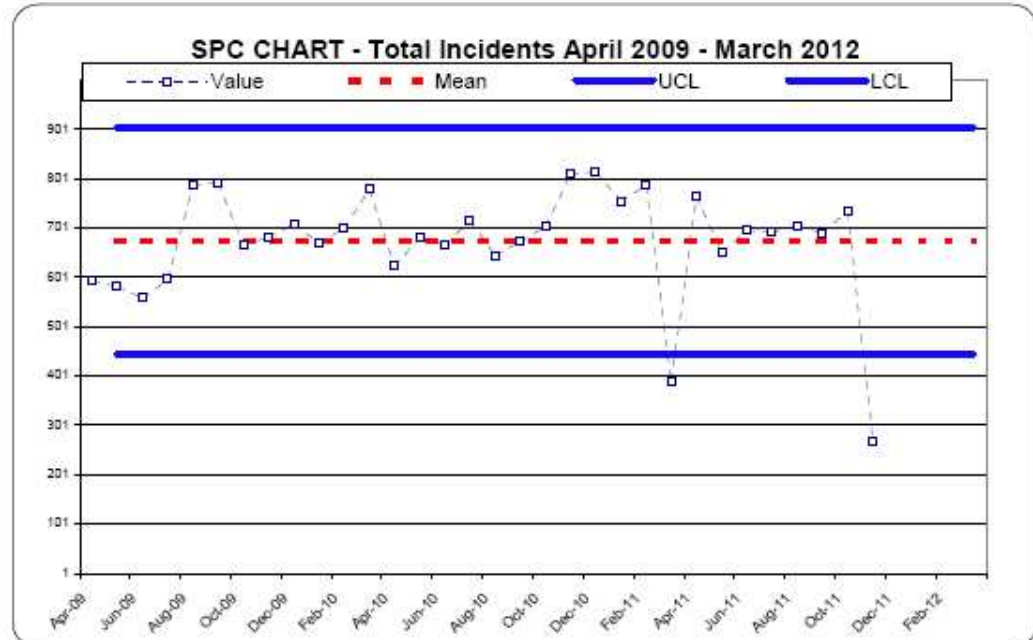
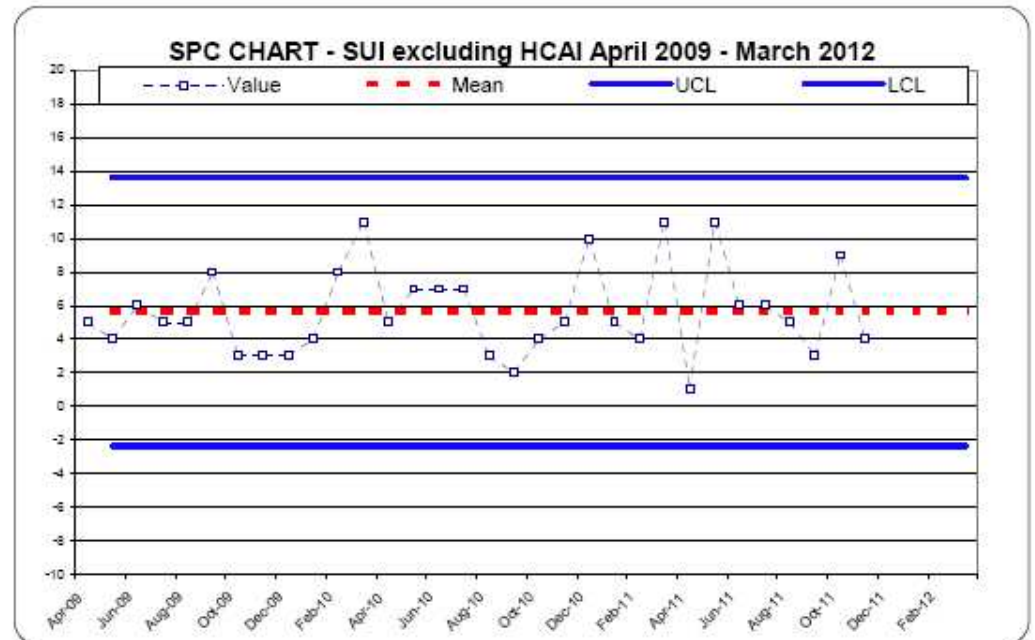
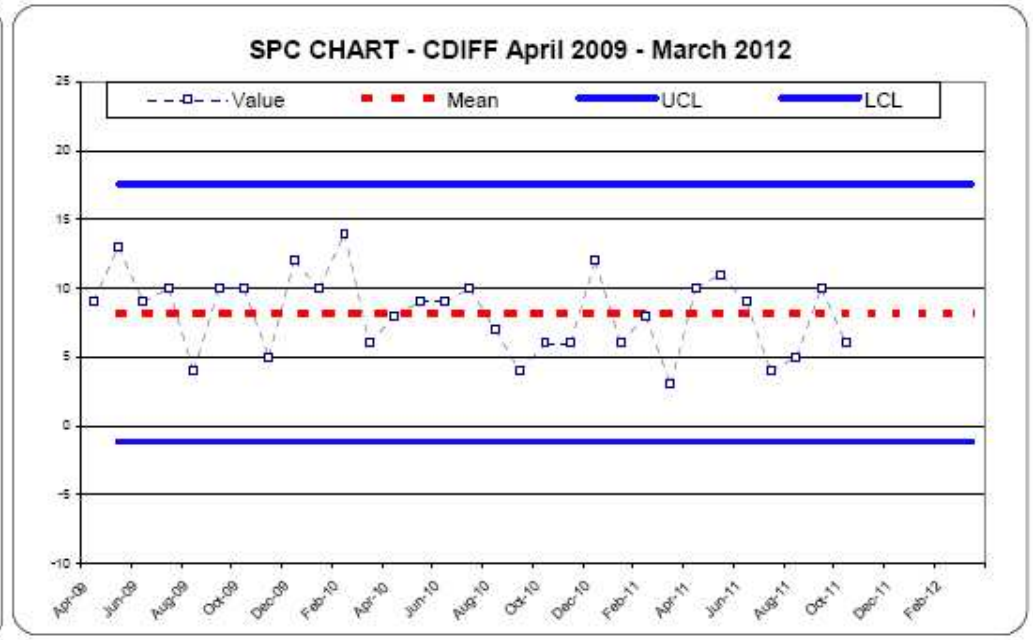
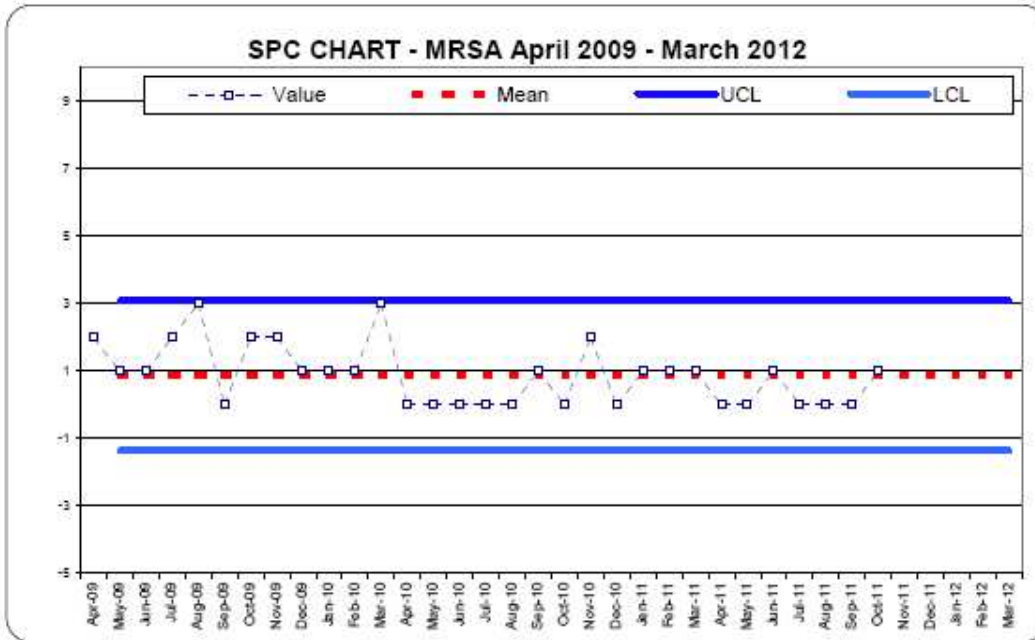
Appendix 1: Business Intelligence Pack



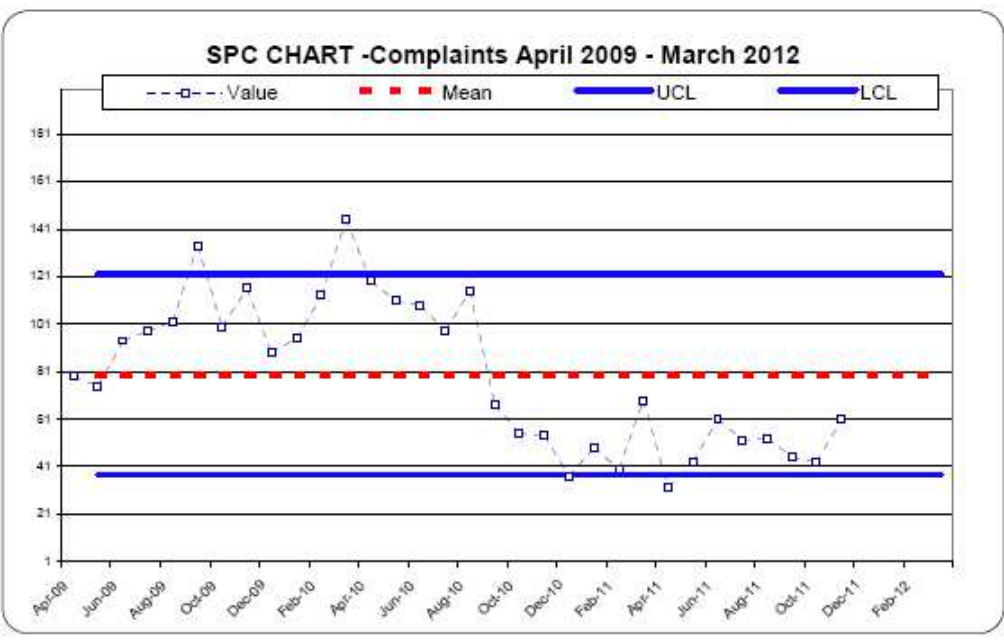
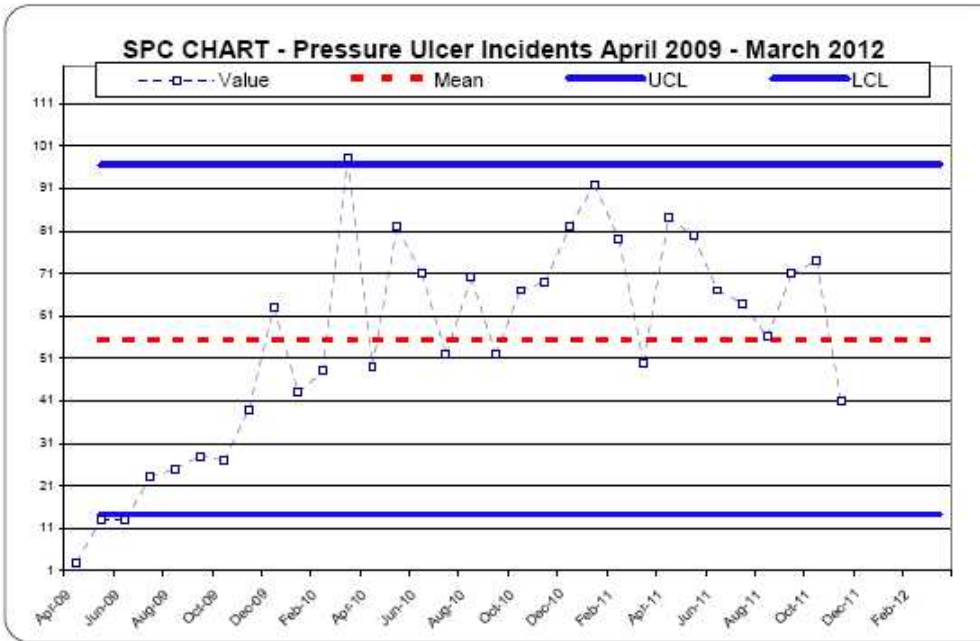
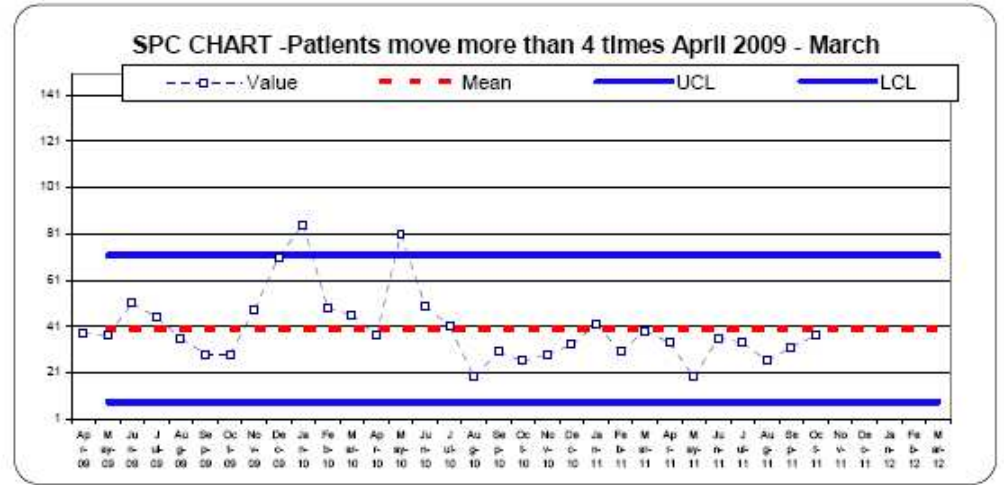
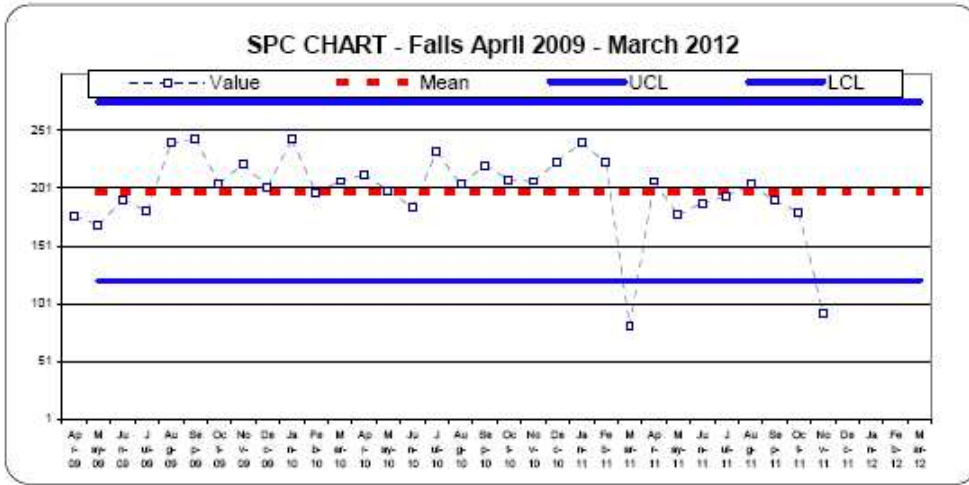
Portsmouth Hospitals Quality Dashboard **Nov-11**



Appendix 2: Statistical Process Control (SPC) format



Appendix 2: Statistical Process Control (SPC) format



Appendix 2: Statistical Process Control (SPC) format

