

Quality Accounts Data Set – Luton & Dunstable (2013/14)		
Priority	Target Areas	RAG
Priority 1: Patient Safety	Ensure that we have the appropriate level of clinical expertise available to deliver safe and effective care 24/7	Green
	Ongoing development of Safety Thermometer, exceeding performance year on year	Green
Priority 2: Patient experience	Revolutionise how we handle complaints	Amber
	Continue to implement the Outpatient Transformation programme	Amber
Priority 3: Clinical outcome	Improve performance by reducing average length of stay for older people	Green
	Improve performance on overall hospital mortality across fractured neck of femur and all specialties	Green

Quality Accounts Data Set – Luton & Dunstable (2014/15)		
Priority	Target areas	How it will be measured
Priority 1: Patient safety	Ensure that we have the appropriate level of clinical expertise available to deliver consistent inpatient care irrespective of the day of the week	<ul style="list-style-type: none"> • Rapid and appropriate decision making through timely investigations. • Improved safety, fewer errors. • Improved outcomes through improved diagnosis and appropriate treatment. • Improved patient experience due to appropriate and skilled clinicians and availability of information. • Improved supervision and training of junior doctors. • Timely discharge planning.
	Roll out the Perfect Day across the hospital	<ul style="list-style-type: none"> • Improved patient experience scores. • Reduced complaints. • Improved nursing metrics. • Improved staff experience.
	Ongoing development of Safety Thermometer, improving performance year on year	<ul style="list-style-type: none"> • 15% reduction in the prevalence of hospital acquired, avoidable grade 2 and 3 pressure ulcers • 5% reduction in the proportion of patients with harm from a fall • Deliver a 5% reduction in the proportion of patients with a urinary catheter • Maintain 95% (minimum) patients to have had a VTE risk assessment on admission • Undertake Root Cause Analysis (RCA) on all cases of hospital associated thrombosis where known
	Improve the management of the deteriorating patient	Improvement of 50% on the baseline for the following measures: <ul style="list-style-type: none"> • Timely and appropriate observations • Appropriate and timely escalation when a patient is deteriorating • Timely medical response as a result of escalation of concerns • Effective action to prevent further deterioration • Reduction in number of cardiac arrests
	Reduce Avoidable harm caused by prescribing and administration processes by implementing an Electronic Prescribing and Medicines Administration (ePMA) system:	<ul style="list-style-type: none"> • Implementation of the ePMA system across all inpatient areas, excluding maternity. • Reduction in the types of interventions and a move to targeted specialist support from pharmacy. • 50% reduction in number of transcribing errors. • 50% reduction in missed doses. • 20% reduction in the time to deliver the end to end TTA process. • Ability to derive accurate patient level drug costs. • 50% improvement with adherence to IV to oral switching and duration. • Reliable capturing of allergy alerts on admission.
	Priority 2: Patient Experience	Revolutionise the outpatient booking system

		<ul style="list-style-type: none"> • Continue to improve Outpatient environment and facilities. • Increased patient choice in scheduling of new and follow up appointments, with 90% of patients requiring follow up leaving with their appointment having been booked. • Reduced delays in clinics with 90% of patients seen within 30 minutes of their scheduled appointment time. • Achieve faster Outpatient call centre response times – 95% calls responded to in less than 30 seconds.
	Decrease diagnostic wait times	<ul style="list-style-type: none"> • Reduce waiting times for routine scans in CT, MRI and Ultrasound from current 6 weeks targets to 2 weeks by Q4 2014. • To ensure all 2 'week wait' patients are appointed to agreed Key Performance Indicators (KPIs). • Reduce waiting times to other modalities to be consistently under 6 weeks. • To ensure all routine scans are reported to agreed KPIs. • Meeting emergency Imaging and reporting requirements as per trauma network accreditation standards.
	Improve the experience and care of patients at the end of life and the experience for their families.	<ul style="list-style-type: none"> • Delivery of the locally agreed 'end of life' CQUIN scheme for 2014/15. • Evidence of symptom control. • Evidence of conversations with the families and or patient regarding their care and preferences. • Evidence of support for families. • Presence of a DNAR and personal resuscitation plan in the patient records.
Priority 3: Clinical Outcomes	Implement earlier recognition of Acute kidney injury (AKI) illness severity and earlier senior clinical involvement	<ul style="list-style-type: none"> • Improved management of the patient with AKI as evidenced through audit. • Reduction in the number of patients who require renal support.
	Implement a new model of integrated care for older people	<ul style="list-style-type: none"> • Improved patient care and experience. • Improved accessibility and responsiveness of services. • Reduction in overall levels of unplanned admissions and hospital attendances of older people. • Reduction in delayed transfers of care. Once the patient is medically stable they are discharged to the appropriate care setting. • Improvement in planned hospital admissions, admissions are both planned and managed between the community MDT team and hospital geriatrician. • Reduction in the number of re-admissions to hospital within 30 days as the right packages of care are available within the community setting. • Reduction in hospital LOS – patients follow a planned admission pathway into the hospital for treatment and once medically stable, follow a planned discharge pathway to the appropriate community setting.

A full version of the Quality account can be downloaded as a background paper from the following link <link to modern.gov>