



Please would you rate each of the following indicators using a scale of 1 to 5 depending on your particular preference as to whether or not, you would like to see these indicators in the next issue of the Quality Accounts:

<b>1 =</b>	<b>2 =</b>	<b>3 =</b>	<b>4 =</b>	<b>5 =</b>
<b>Definitely do not include this</b>	<b>Do not include this</b>	<b>Maybe include this, no particular preference</b>	<b>Yes include this</b>	<b>Very much like this including</b>

We have added a box at the end of this table for you to add anything else that you feel should be reported on, that you feel would give a clear representation of the service quality level being provided by YAS.

**Potential Quality Indicators 2010-11:**

<b>Potential Indicator</b>	<b>Rating (1 to 5)</b>	<b>Comments?</b>
<b>A&amp;E Operations:</b>		
1. How fast 999 calls are answered.	5	
2. Response times to patients needing ambulance assistance.	5	
3. The proportion of patients who were attended by ambulance staff but who were referred to specialist care pathways (for example for diabetes or falls) instead of being transported to hospital.	5	
4. Number of calls identified as non-life-threatening which are passed to a YAS clinical adviser or to	5	

## Annex A

Potential Indicator	Rating (1 to 5)	Comments?
NHS Direct for clinical triage.		
<b>Patient Safety:</b>		
1. Total number of adverse incidents occurring in the Trust reported by type.	3	
2. Total number of serious untoward incidents occurring in the Trust ( <i>these include road traffic collisions, incidents, near misses, violence against staff, equipment/premises failures or defects and patient safety events</i> ).	5	
3. Number of adverse incidents relating to the standard of clinical care ( <i>in particular these will be events that are linked to patient safety</i> ).	5	
4. Number of adverse incidents relating to drug errors.	5	
5. The results of our NHS staff survey relating to reporting of errors, near misses and incidents.	5	
6. The numbers of referrals our staff made to specialist services responsible for protecting vulnerable adults and children.	4	
7. Completion of Independent Management Reports (IMRs) required as part of Serious Case Reviews on time, to the necessary standard and all relevant recommendations implemented.	3	
8. Achievement against the Trust target for cleaning of operational vehicles.	3	
9. The results of checks we make on how well staff are following our policies and procedures on infection	5	

## Annex A

Potential Indicator	Rating (1 to 5)	Comments?
prevention and control.		
10. The percentage of patient report forms which are fully completed.	3	
11. Number of investigations following a Serious Untoward Incident that identify inadequate clinical assessment as a root cause.	5	
<b>Clinical Effectiveness:</b>		
1. The results of national audits into the management of patients with: <ul style="list-style-type: none"> <li>a. Asthma</li> <li>b. Cardiac Arrest</li> <li>c. Hypoglycaemia</li> <li>d. Heart Attack</li> <li>e. Stroke.</li> </ul>	3	
2. The numbers of patients suffering certain types of heart attacks (STEMI) being transported to specialist centres to receive the 'gold standard' treatment (primary angioplasty).	5	
3. The numbers of patients suffering strokes being classified as Category A (highest priority) and transported to specialist stroke pathways for rapid assessment and treatment.	5	
<b>Patient Experience:</b>		
1. The number of complaints, concerns and compliments we receive from members of the public about our services.	3	

## Annex A

Potential Indicator	Rating (1 to 5)	Comments?
2. The results of public satisfaction surveys comparing our service to others in the Yorkshire region.	3	
3. The numbers of patients requiring palliative care that we refer to a district nursing service following assessment by our crews.	3	
<b>PTS Operations:</b>		
1. How fast calls to the patient booking line (for North and East Yorkshire patients) are answered.	4	
2. Proportion of patients arriving between 0 and 60 minutes ahead of their appointment times.	4	
3. Proportion of patients collected for transport home within 60 minutes of YAS being notified that they are ready to return home.	4	
4. Proportion of patients experiencing journey times less than 60 minutes.	4	

Annex A

If there are any other indicators, not mentioned in the above list, that you would like to see please tell us below:

Is there anything else in particular that you feel we should be focussing on as an organisation in order to improve our service during 2001/12? Please provide as much detail as you can below:

**Your name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(optional) (title) (first name) (last name)

**Your organisation:** \_\_\_\_\_ **If YAS staff, is your role clinical?** Yes / No  
(if applicable)

Thank you for taking the time to send us your feedback. **Please return the completed form by Friday 28<sup>th</sup> January 2011.**

To return this form as an electronic attachment please email: [corp-comms@yas.nhs.uk](mailto:corp-comms@yas.nhs.uk) and enter a subject of "Quality Accounts".

To return a hard copy by post, please send to the address below:

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FAO Hester Rowell  
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