



Annex A

# Yorkshire Ambulance Service



NHS Trust

The Yorkshire Ambulance Service is measured on the following Ambulance Service Clinical Quality indicators:

- |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. Service Experience</li> <li>2. Outcome from acute ST-elevation myocardial infarction (STEMI)</li> <li>3. Outcome from cardiac arrest: return of spontaneous circulation</li> <li>4. Outcome following stroke for ambulance patients</li> <li>5. Proportion of calls closed with telephone advice or managed without transport to A&amp;E indicator</li> </ol> | <ol style="list-style-type: none"> <li>6. Re-contact rate following discharge of care</li> <li>7. Call abandonment rate</li> <li>8. Time to answer calls</li> <li>9. Time to treatment by an ambulance-dispatched health professional</li> <li>10. RED (Category A), 8 minute response time</li> </ol> |
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The following are potential indicators being considered to include in our Quality Accounts for 2012/13. Please would you rate each of these 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 = Definitely do not include this</b>	<b>2 = Do not include this</b>	<b>3 = Maybe include this, no particular preference</b>	<b>4 = Yes include this</b>	<b>5 = Very much like this including</b>
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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 2012-13:**

Potential Indicator	Rating (1 to 5)	Comments?
<b>A&amp;E Operations:</b>		
1. How fast 999 calls are answered.	5	How many result with an Ambulance being sent out! This is one of three areas YAS covers i.e. emergency

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Potential Indicator	Rating (1 to 5)	Comments?
2. Response times to patients needing ambulance assistance.	5	Do you mean 999? Or is transport to hospital part of it? How many patients fail to be collected and told to make own way to hospital?
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	This is part of 999 calls report. Who assesses what and by whom? Control should have assessed need i.e. Ambulance, paramedic, drop in centre, doctor
4. Number of calls identified as non-life-threatening which are passed to a YAS clinical adviser or to NHS Direct for clinical triage.	5	Again 999 call report We need to know that non-A & E entry are seen or taken to a point for treatment and how long from first contact
<b>Patient Safety:</b>		
1. Total number of adverse incidents occurring in the Trust reported by type.	4	We need to know what, why and how an incident occurred
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> ).	4	Should be split. Violence against staff, police called violence at call out site? Drivers should sign for condition, inspection, road traffic issue, faults to vehicle each day
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	Recovery from illness requires rest. Being left in the cold or heat for hours getting uptight is not good clinical care and has safety issues
4. Number of adverse incidents relating to drug errors.	3	If the hospital is following its code of practice this should not happen. Other professional bodies should look into this
5. The results of our NHS staff survey relating to	4	The need to have staff identifying ways to improve is

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Potential Indicator	Rating (1 to 5)	Comments?
reporting of errors, near misses and incidents.		good but again a process should be in place for reporting incidents/near misses
6. The numbers of referrals our staff made to specialist services responsible for protecting vulnerable adults and children.	4	This should be number of referrals to specialist services. I hope staff will always refer people with needs not just vulnerable adults and children
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.	4	
8. Achievement against the Trust target for cleaning of operational vehicles.	5	Drivers should ensure their vehicles are clean at all times (both PTS vehicles and A & E vehicles) – if there is a major emergency then vehicles should be ready to go. Many PTS vehicles are cold, dirty and uncomfortable.
9. The results of checks we make on how well staff are following our policies and procedures on infection prevention and control.	5	If the vehicles are not clean then checks are not being made. What is the standard between 999 units and patient transfer units?
10. The percentage of patient report forms which are fully completed.	5	Part of management
11. Number of investigations following a Serious Untoward Incident that identify inadequate clinical assessment as a root cause.	5	Part of A & E admissions/training
<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> </ul>	4	A & E admissions and policy

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Potential Indicator	Rating (1 to 5)	Comments?
c. Hypoglycaemia d. Heart Attack e. Stroke.		
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	Quality of vehicles used for this Adults or children?
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	A & E admission NHS Hospital Policy
4. The introduction of a major trauma system to improve morbidity and mortality rates for patients suffering major trauma.	5	NHS policy
5. Undertake robust clinical audit of Infection Prevention and Control practices and processes	5	Hospital or vehicles
6. Work collaboratively with other stakeholders to understand the impact/effectiveness/ outcomes of referrals to social care for vulnerable adults and children	4	ALL vulnerable people young OR old Equality for ALL
<b>Patient Experience:</b>		
1. The number of complaints, concerns and compliments we receive from members of the public about our services.	5	Forms are not available Please note that the internet is not available to all, easy access to paper copies is needed
2. The results of public satisfaction surveys comparing our service to others in the Yorkshire region.	4	

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Potential Indicator	Rating (1 to 5)	Comments?
3. The numbers of patients requiring palliative care that we refer to a district nursing service following assessment by our crews.	5	Back to 999/A & E question
4. Systems and processes are in place to promote high standards of care and minimise the risk of failings similar to those highlighted in the CQC report Dignity and Nutrition Inspection.	5	Drivers do not respect patients in some cases. This is a hospital issue
5. Develop a public education agenda regarding the emergency ambulance services and the available alternatives.	5	It is time to get the best out of the service but unless YAS control is made to work it will still run badly
6. Undertake a systematic review of our service provision for bariatric (obese) patients, in particular how we ensure their dignity is maintained	4	The dignity of all patients is important. Transport has no blankets, cushions, heating
7. Work collaboratively with other stakeholders to contribute to the provision of alternative care pathways for patients at end of life	5	Between hospital and home or vice versa We should have well trained units that carry out this work
8. Actively engage with stakeholder groups to identify the needs of patients with learning disabilities	4	
<b>PTS Operations:</b>		
1. How fast calls to the patient booking line (for North and East Yorkshire patients) are answered.	5	The vehicles are falling to bits, seats have no padding. Patients are not treated with dignity or respect when trying to get information. Patients are told to be ready 2 hours before appointment time but are left with no time for being picked up at hospital etc.
2. Proportion of patients arriving between 0 and 60 minutes early for their appointment.	5	
3. Proportion of patients collected for transport home within 60 minutes of YAS being notified that they are		

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Potential Indicator	Rating (1 to 5)	Comments?
ready to return home.		Patients should be given a card with details of travel arrangements on for the day.
4. Proportion of patients experiencing journey times less than 60 minutes.		
5. Proportion of patients experiencing journey times of over 60 minutes	5	This should be added as an additional indicator
6. Proportion of patients collected for transport home & have waited over 60 minutes after YAS been notified of their need to return home	5	This should be added as an additional indicator

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

*Please see 5 and 6 above*

Is there anything else in particular that you feel we should be focussing on as an organisation in order to improve our service during 2012/13? Please provide as much detail as you can below:

Cllr Richardson, a Member of the Health OSC has made the following observations:

*'I regard YAS as being made up of the following sub-headings:*

- 1. 999/A & E*
- 2. Patients Transport (home to hospital and hospital to home)*
- 3. Hospital transfers*

*They are all under the administration of the Yorkshire Ambulance Service whose Quality Indicators need to be able to reflect this. A priority for a 999 call differs from transporting a patient from say Castle Hill, Hull to Leeds LGI. But comfort is something you wish to*

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*have when travelling around in an ambulance collecting patients for over an hour. Some of the indicators cross over each other, with others being under the control of the hospital trust and/or PCT etc. Duplication of reports is not good and indicators need to be clear for each area.'*

**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 Tuesday 31st January 2012.**

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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