



Results of YAS Stakeholder Consultation on Quality Accounts

INDICATORS OF QUALITY PERFORMANCE 2012-13

People were asked to score proposed indicators to indicate the ones they felt were most important for inclusion in the Quality Accounts. The top ten are shown below and will all be included in this year's accounts.

Ranking	Indicator
1	The number of serious incidents occurring in the Trust
=2	The number of adverse incidents relating to drug errors
=2	Number of investigations following a serious incident that identified inadequate clinical assessment as a root cause
4	The number of adverse incidents occurring in the Trust
5	The number of adverse incidents relating to the standard of clinical care
=6	The number of complaints, concerns, comments and compliments received from the public about our services
=6	The number of referrals our staff made to specialist services for protecting vulnerable adults
8	The proportion of patients who were attended by ambulance staff but who were referred to specialist care pathways instead of being transported to hospital
9	The results of our NHS staff survey relating to reporting of errors, near misses and incidents
10	Results of hand hygiene, vehicle cleanliness and premises audits

PRIORITIES FOR IMPROVEMENT 2013-14

The DH guidelines for Quality Accounts acknowledge that priorities should closely mirror the CQUIN priorities agreed with commissioners. The discussions between YAS and our commissioners for the A&E and PTS contracts are currently in the early stages. The subjects of the proposed priorities below are therefore not yet fully defined and are subject to change in line with the completion of the CQUIN discussions.

Priority 1: improve the experience and outcomes for patients in rural and remote areas

Exact priority to be developed through CQUIN discussions. This will build on the work achieved through the 2012-13 CQUIN target (which was also a priority for improvement in last year's Quality Accounts).

Priority 2: working with care homes

Exact priority to be developed through CQUIN discussions.

Priority 3: achieve a reduction in the harm to patients through the implementation of a safety thermometer tool

Exact priority to be developed through CQUIN discussions. This will build on the work achieved through the 2012-13 CQUIN target (which was also a priority for improvement in last year's Quality Accounts).

Priority 4: public education

Exact priority to be developed through CQUIN discussions. This will build on the work achieved through the 2012-13 CQUIN target (which was also a priority for improvement in last year's Quality Accounts). The Quality Account priority should take into account the stakeholder feedback about the importance of promoting appropriate use of the ambulance service and reducing time spent responding to inappropriate calls.

Priority 5: emergency care plans

Exact priority to be developed through CQUIN discussions. This will build on the work achieved through the 2012-13 CQUIN target (which was also a priority for improvement in last year's Quality Accounts).

Priority 6: PTS improvement

Exact priority to be developed through CQUIN discussions. It is anticipated that the two key areas will be operational service improvement (eg reduced waiting times) and improving patient safety through development of a PTS safety thermometer tool.

Priority 7: patient experience

To develop the Friends and Family Test or an alternative method to capture real time patient feedback.