1. PATIENTS FIRST
- Patient care will be the best we can deliver
- We show compassion, empathy and respect
- We respond to the needs of all patients
- We provide excellent services
- We ensure physical comfort and emotional support
- We provide the right information at the right time for patients and their families

2. SAFE AND HIGH QUALITY CARE
- Quality and safety is at the heart of everything we do
- We set clear standards and report against them
- We will encourage new ideas and innovation
- We will continuously improve to ensure our standard is the highest it possibly can be

3. RESPONSIBILITY AND ACCOUNTABILITY
- We take personal responsibility for our actions
- We actively build relationships within and across teams
- We measure performance and act on facts

4. EVERYONE’S CONTRIBUTION COUNTS
- We all have a part to play in delivering excellence
- We encourage education and personal development
- We all take responsibility for developing others

5. RESPECT
- We lead by example
- We aim to be good role models
- We respect everyone’s contribution
- We support individuals to succeed

OUR VALUES
We provide person centred, best in class, quality healthcare services

OUR VISION
"We provide quality healthcare services."

Northumbria Healthcare NHS Foundation Trust
Our priorities for 2013/14
Hospital, community & adult social care services

www.northumbria.nhs.uk
Our priorities for 2013/14

**DELIVER EXCELLENCE IN SAFETY AND QUALITY**
- Provide safer care – zero tolerance to hospital acquired infections - MRSA, CDiff, SSIs - invest in our microbiology service to support this priority.
- Improve management of medicines in hospitals.
- Continue to improve compliance with completion of NEWS scores and appropriate escalation.
- Demonstrate a significant reduction in the number of hospital falls and hospital acquired pressure ulcers.
- Compliance with NHS safety thermometer data collection – benchmark the Trust using this nationally collated information.
- Completion and compliance with World Health Organisation (WHO) checklist and debrief in all theatres.
- Use of the IHI global trigger tool thermometer data collection – across organisation to support improvements in safety, the ward environment, patient and staff experience.
- Share all our feedback with patients and the public through the ‘your voice’ posters.
- Understand what makes a ward ready to meet the needs of older people: giving thought to patient safety, the ward environment, staff support and patient experience.

**EXCELLENT PATIENT AND STAFF EXPERIENCE**
- Provide high quality and reliable care for all patients – we want at least 95% of our patients to rate our services as good, very good or excellent.
- Learn about our care and improve our team working with a new ‘15 steps’ ward observation programme.
- Provide a greater voice for patients: community services and five new wards involved in our patient experience measurement programme by March 2014.
- Ensure our wards and A&E services meet the ‘friends and family’ test 2014.
- Provide personalised care for our elderly patients; provide nutritional support to elderly care wards.
- Deliver high quality dementia care for patients. Provide training for ward staff centred around caring for patients suffering from dementia.
- Learn about the support carers need for those caring for relatives suffering from dementia, long term illness and palliative care.
- Explore models of seven day working for all clinical disciplines where benefits could be applied to patients.
- Deliver data quality standards for colorectal services particularly related to colorectal cancer outcomes and data standards.
- Clinical outcome measures agreed for all specialties with each specialty being peer reviewed by a multidisciplinary quality panel.
- Build on the work of the quality council by delivering five clinical or supporting pathway processes over the year, and provide support to 20 smaller team based improvement projects.
- Embed quality outcomes into all improvement projects.
- Develop the telemedicine project with plans for the first service to be operational by the end of 2013/14.
- Understand our requirements for the use of electronic requesting of clinical tests – for example radiology tests.

**TRANSFORM THE ELDERLY AND FRAIL PATHWAY**
- Elderly care assessment centre; ensure the unit is operational at North Tyneside with implementation plans for Wansbeck and Hesham.
- Year two of implementing the frail elderly pathway – improving the way we care for our elderly patients. Increase the use of the comprehensive geriatric assessment and link patients to community services where appropriate.
- Enhance our community hospitals to further integrate care between acute services and community teams.
- Provide personalised care for our elderly patients; provide nutritional support to elderly care wards.
- Deliver high quality dementia care for patients. Provide training for ward staff centred around caring for patients suffering from dementia.
- Learn about the support carers need for those caring for relatives suffering from dementia, long term illness and palliative care.
- Explore models of seven day working for all clinical disciplines where benefits could be applied to patients.
- Deliver data quality standards for colorectal services particularly related to colorectal cancer outcomes and data standards.
- Clinical outcome measures agreed for all specialties with each specialty being peer reviewed by a multidisciplinary quality panel.
- Build on the work of the quality council by delivering five clinical or supporting pathway processes over the year, and provide support to 20 smaller team based improvement projects.
- Embed quality outcomes into all improvement projects.
- Develop the telemedicine project with plans for the first service to be operational by the end of 2013/14.
- Understand our requirements for the use of electronic requesting of clinical tests – for example radiology tests.

**QUALITY OUTCOMES**
- Introduce treatment and escalation plans across the Trust to help us understand our patients and the care they need.
- Focus on communication between primary, community and secondary care; continue to develop joint pathways of care.
- Improve care and transition for 12 - 25 year olds. Develop early intervention and prevention strategies for the under five years.
- Assess and develop the surgical pre-assessment pathways in preparation for the NSECH model of working.
- Review current use of SystmOne and complete its roll out.
- Develop the telemedicine project with plans for the first service to be operational by the end of 2013/14.
- Understand our requirements for the use of electronic requesting of clinical tests – for example radiology tests.

**INTEGRATED AND COORDINATED PATHWAYS FOR INFORMATION**
- Confirm how clinical teams will work at NSECH and where possible start new ways of working in 2014.
- Ensure we have understood any remaining questions and risks for NSECH and make plans to address them.
- Continue to develop and confirm proposals for improving and expanding services at our general hospitals.
- Review our clinical pathways for NSECH and general hospital sites to ensure that patients are cared for in the most supportive and appropriate way to meet their clinical needs.
- Complete the new building and re-open services at Haltwhistle.
- Continue to progress plans for the new hospital at Berwick.
- Introduce an interventional cardiology service at Wansbeck and North Tyneside.
- Implement the integrated care programme across the Trust.

Our staff are the foundation for all we want to deliver.
Their values of always putting patients at the centre of their work, having respect and a passion for delivering safe, high quality, compassionate care and embracing responsibility and accountability is the cornerstone of Northumbria Healthcare and all that we serve to deliver.