



# Annual Patient Experience Report 2016-2017

## Introduction

At Southport and Ormskirk Hospitals NHS Trust we want to ensure that all patients, carers and families are engaged with, involved in their care and have a positive experience when they utilise our services. We want to ensure that their care is delivered by staff that are equipped with the skills to provide knowledgeable, compassionate, caring and safe care. We believe that every member of staff is responsible for delivering the best care to all our patients, carers and their families in every setting.

**Patient experience is what the process of receiving care feels like for the patient; if safe care and clinical excellence are the ‘what’ of healthcare, then experience is the ‘how’ (NHS Institute 2013)**

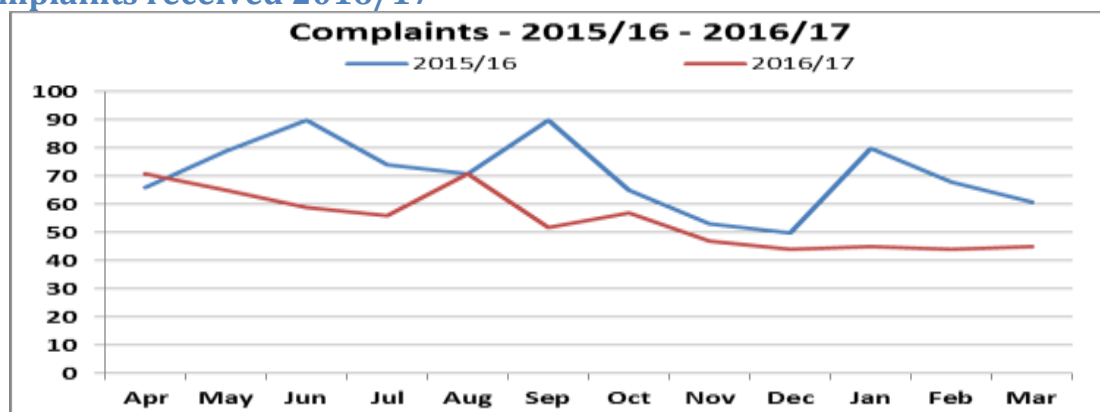
Government policy has placed emphasis on the importance of personalising services, particularly within healthcare. Patient experience is recognised as an equal partner to safety and effectiveness in achieving quality. This is underpinned by national initiatives and guidance such as the guidance published by the National Institute for Health and Clinical Excellence (NICE) on improving the experience of care for people using our services.

There are a number of national policy drivers requiring healthcare organisations and professionals to continually measure and improve patient experience. The aim is to provide a patient-centred healthcare service which meets the physical and emotional needs of the population. The NHS Outcomes Framework 2016 – 17 specifically states that the NHS should collect and use patient experience information in real time and use it for Quality Improvement. It also states that all organisations should do what they can to enhance the quality of life for carers.

## Patient Carers and Families Feedback

As an organisation we collect feedback through several routes; Complaints, Compliments and friends and Family are systems that are in place, can be reviewed and measured.

### Complaints received 2016/17



The Trust received 656 formal complaints in 2016/17. This is a 23% reduction on the 847 received in the previous financial year.

The management of complaints is by each Business Unit, being shared once received with the Heads of Nursing and Midwifery for allocation and action by matrons, ward leaders and directorate managers.

A clear framework is now in place, with commitment to complete and respond back to complainants within 60 days.

Complaints are managed through the Datix system to capture all information, statements and action plans for implementation.

The following tables and charts identify complaints by CBU, trends and outstanding actions for implementation.

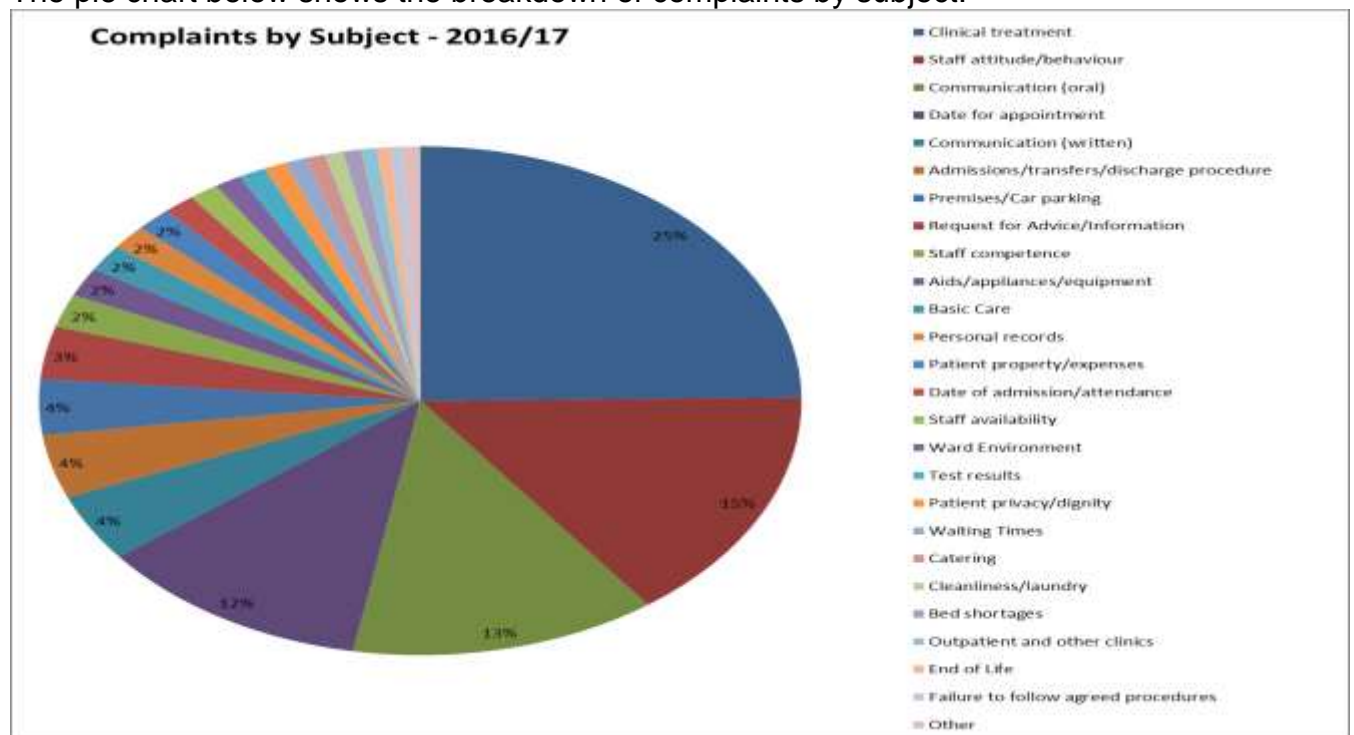
Monthly assurance on progress is received from each CBU through the Clinical Effectiveness Committee with escalation through to Quality and Safety by exception only.

### Complaints by Business Unit

Business Unit	2015/16	2016/17	% change on previous year
Planned Care	352	217	-38%
Urgent Care	261	210	-20%
Community & Continued Care	93	121	30%
Women & Children's	97	66	-32%
Estates & Facilities	25	26	4%
Medical Director	7	8	14%
Finance	5	4	-20%
Human Resources	4	2	-50%
Integrated Governance & Quality	2	1	-50%

### Complaints by Subject

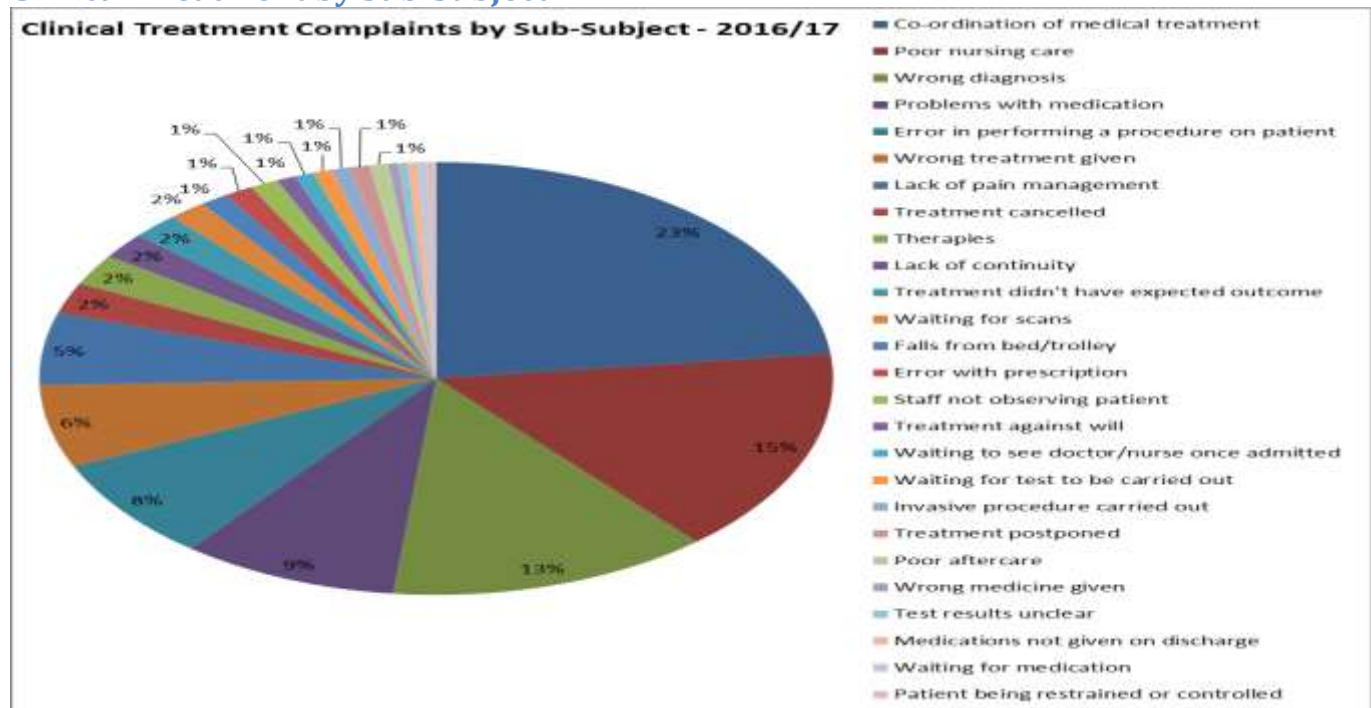
The pie chart below shows the breakdown of complaints by subject.



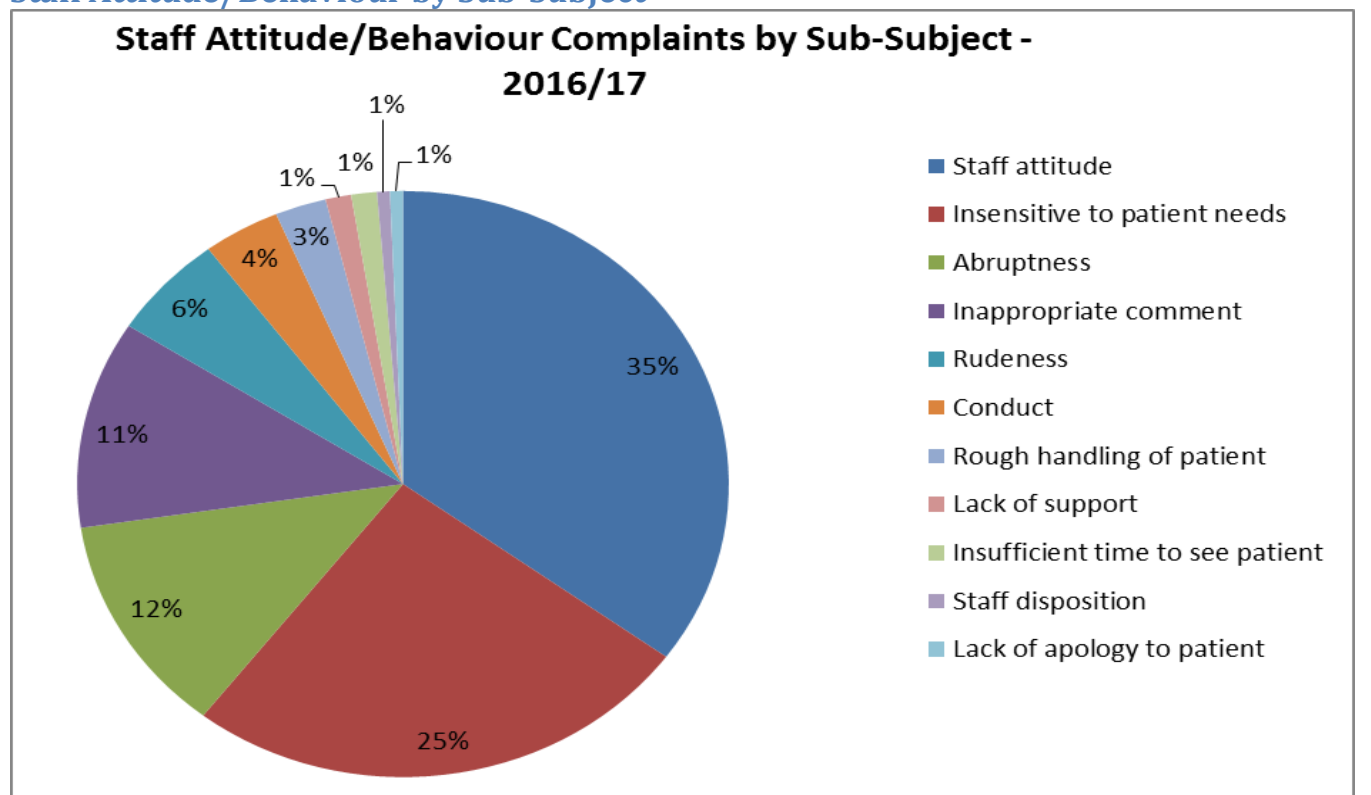
The top 3 concerns raised remain the same as the previous year

- clinical treatment
- staff attitude/behaviour
- oral communication

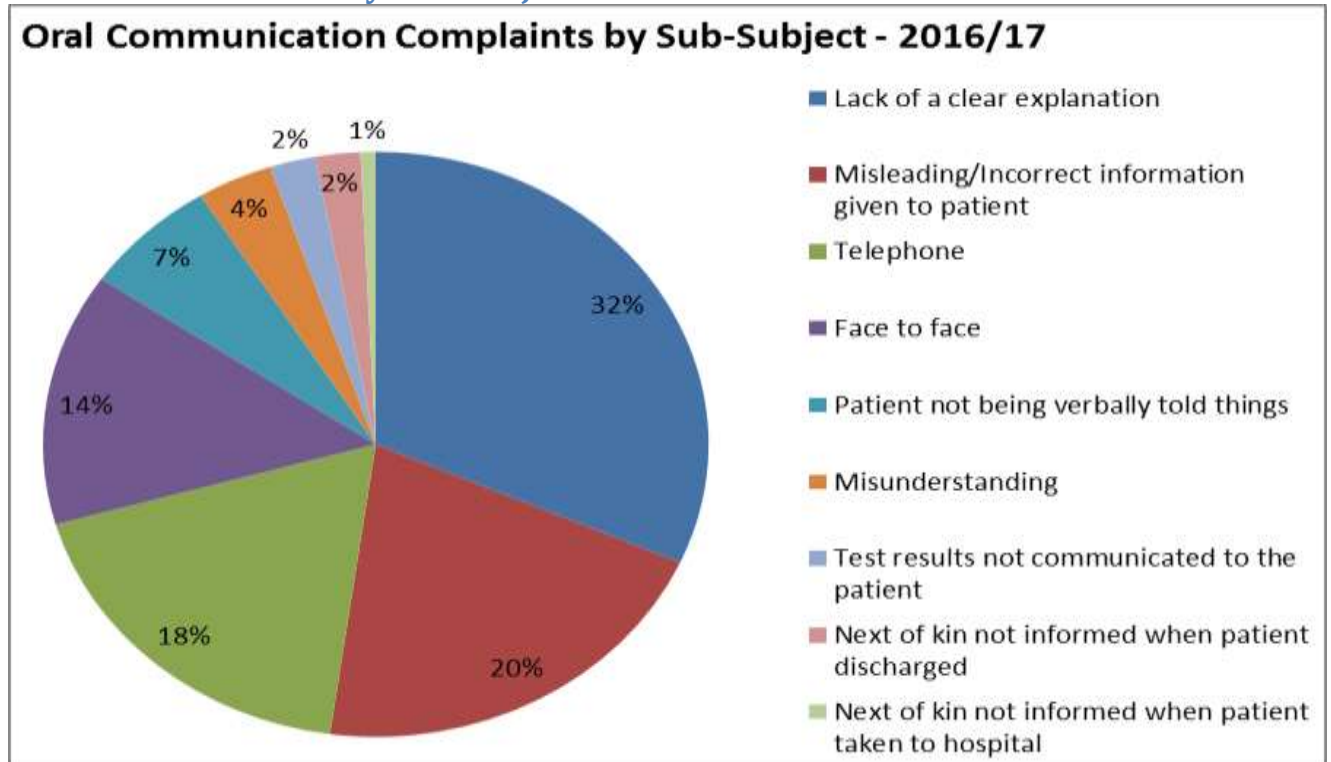
### Clinical Treatment by Sub-Subject



### Staff Attitude/Behaviour by Sub-Subject

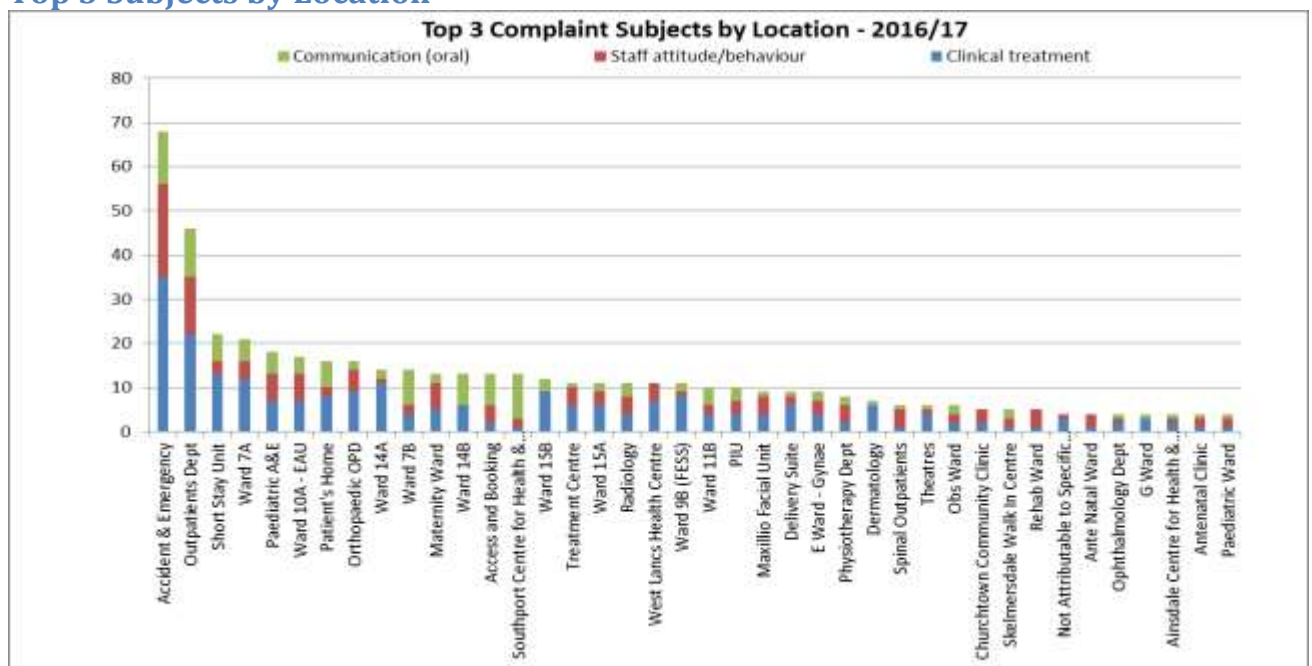


## Oral Communication by Sub-Subject



Despite a reduction in the number of complaints received, the trend towards concerns related to clinical care, staff attitude / behavior and communication is not acceptable. Work continues with staff and teams to promote the trust values and behaviors - SCOPE, with unacceptable clinical practice and behavior being dealt with.

## Top 3 Subjects by Location



As would be expected the highest number of complaints are received into our A&E and Outpatient areas where the largest activity takes place.



## Concerns received 2016/17



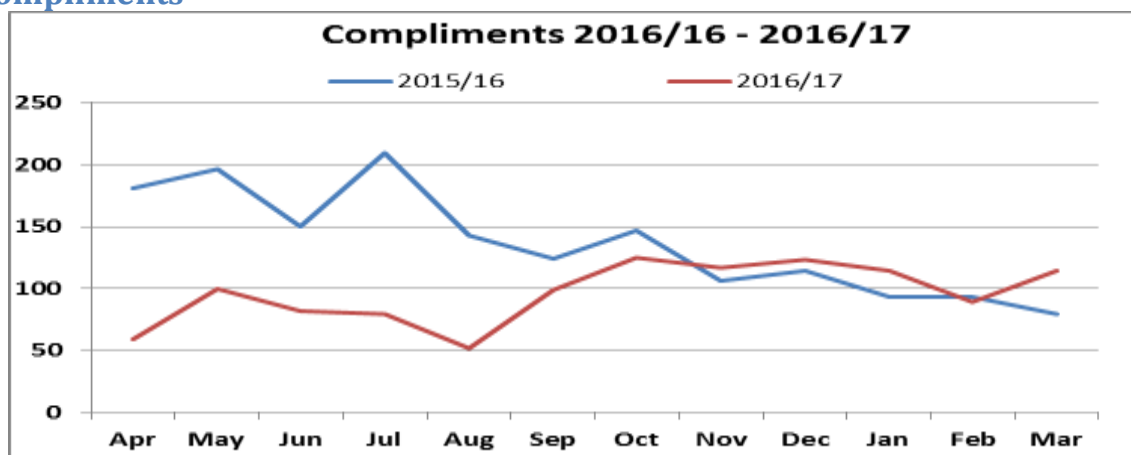
The Trust received 234 concerns/information requests in 2016/17. This is a 32% reduction on the 342 received in the previous financial year.

Taking into account combined complaints, concerns and information request numbers, the Trust has received 25% fewer in 2016/17 than in 2015/16.

## Concerns by Business Unit

Business Unit	2015/16	2016/17	% Change
Planned Care	104	85	-18.3%
Urgent Care	81	67	-17.3%
Community & Continued Care	67	40	-40.3%
Estates & Facilities	42	23	-45.2%
Women & Children's	32	19	-40.6%
Medical Director	2	3	50.0%
Non Trust Location	4	2	-50.0%
Human Resources	2	1	-50.0%
Finance	4	1	-75.0%
<b>Grand Total</b>	<b>342</b>	<b>241</b>	<b>-29.5%</b>

## Compliments



30% fewer compliments have been recorded on Datix in 2016/17 compared to the previous financial year.

This is disappointing and clinical teams are being encouraged to log all compliments received, both written and verbal.

### Compliments by Business Unit

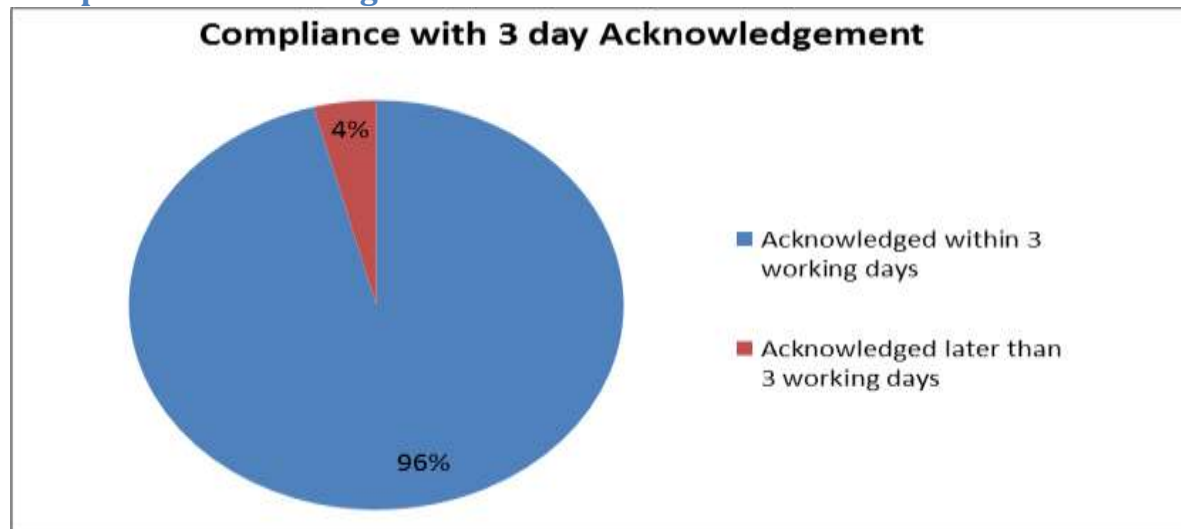
Business Unit	2015/16	2016/17	% Change
Community & Continued Care	788	456	-42.1%
Urgent Care	488	362	-25.8%
Planned Care	252	272	7.9%
Women & Children's	92	44	-52.2%
Capital & Facilities	10	4	-60.0%
Medical Director	5	2	-60.0%
<b>Grand Total</b>	<b>1635</b>	<b>1153</b>	<b>-29.5%</b>

### Complaints Process

In line with the Social Care Act 2012, Trusts have to comply with two key performance indicators.

- Acknowledgement of receipt of the complaint received within 3 working days.
- Full action and response to complaint within 6 months.

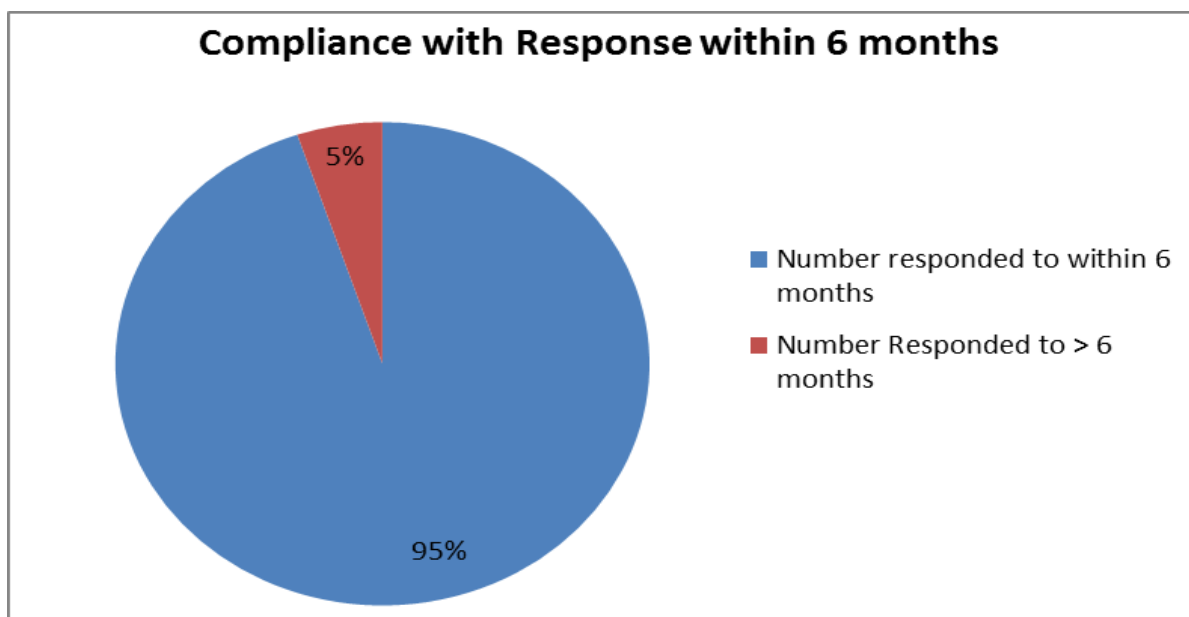
### Complaint Acknowledgement



The graph above demonstrates the compliance against the requirement to acknowledge all formal complaints within 3 working days. The Trust achieved 96% compliance against this requirement in 2016/17. Action has been taken to ensure compliance is achieved in full going forward. This action is the responsibility of the corporate team.

### Complaint Response

The pie chart below demonstrates the Trust's compliance with responding to complaints within 6 months. 5% of all complaints were responded to more than 6 months after they were first received.



The table below shows the adherence to the 6 month timescale by Business Unit, for 2016/17.

	No of Completed Responses	No Completed within 6 months	No Completed > 6 Months	% Completed within 6 months
<b>Planned Care</b>	208	202	6	97%
<b>Urgent Care</b>	187	174	13	93%
<b>Community &amp; Continued Care</b>	122	117	5	96%
<b>Women &amp; Children's</b>	62	54	8	87%
<b>Estates &amp; Facilities</b>	26	26	0	100%
<b>Medical Director</b>	9	9	0	100%
<b>Human Resources</b>	3	3	0	100%
<b>Finance</b>	1	1	0	100%
<b>Integrated Governance &amp; Quality</b>	1	1	0	100%
<b>Grand Total</b>	619	587	32	95%

Following a review in December 2016, Systems and processes have been in place to clear the backlog of complaints and an agreement that complaints will be actioned within 60 days as described for the national target for incident investigations. The table below identifies the work completed with only 10 complaints to clear as 31/3/17.

### Outstanding Complaints

	Backlog as of December 2016	complaints outstanding 31/3/17
Planned Care	27	6
Urgent Care	38	3
Estates & Facilities	4	1
<b>Grand total</b>		<b>10</b>



## Parliamentary and Health Service Ombudsman.(PHSO) Activity 2016/17

All complainants, if they are not satisfied with the trusts response or actions have the right to refer their complaint to the PHSO.

Two ongoing PHSO investigations were carried over into this time period from original complaints in 2012 and 2014. A further complaint was accepted by PHSO for investigation in April 2016 from a complaint in 2014. All 3 of these were partly upheld by the PHSO for the following reasons:

1. Original complaint received 30/4/12  
Accepted by PHSO 8/4/15  
Final report 31/8/16  
Partly upheld due to
  - Poor eye care
  - Lack of consideration for patient with multiple disabilities
  
2. Original complaint received 27/5/14  
Accepted by PHSO 9/3/16  
Final report 30/6/16
  - Partly upheld due to patient complaining about being moved out of side room prior to full negative screen obtained.
  
3. Original complaint received 16/4/14  
Accepted by PHSO 20/4/16  
Final report 21/9/16
  - Partly upheld due to inappropriate use of dexamethasone and poor discharge summary

A further 3 complaints were accepted for investigation by the PHSO (dates of original complaints were October 14, April 15 and May 16). All 3 of these were investigated and not upheld.

In January/February 2017 the PHSO has accepted a further 4 cases for investigation (the original complaints were 2 from 2015 and 2 from 2016). Records have been sent to the PHSO and we await the outcome.

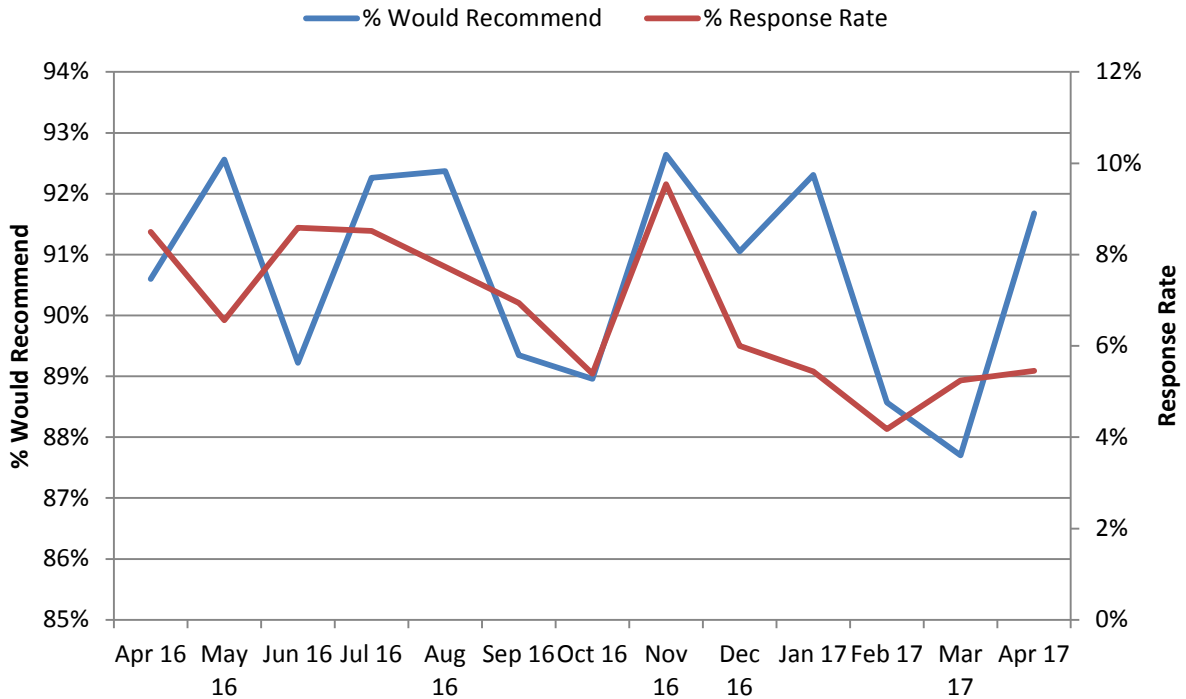
## Friends and Family Test FFT

Patient feedback is now obtained through the implementation of the Hospedia system via the bedside screens. This system has been implemented for inpatient areas. The Friends and Family Test was a Department of Health initiative that was introduced in April 2013. The Trust was required to ask all patients the following question:

*Would you recommend the hospital wards or accident and emergency unit to a friend or relative based on your treatment?’*

The table below describes the feedback received over the last 12 months. Although the feedback in the main is positive the response rate from across the organisation is low.

## Friends and Family Test Results and Response Rate



Below are some of the comments received through FFT

Work is ongoing to improve and localise patient carer and family feedback, collecting and acting upon feedback and opinion in a more robust manner.

**MFU** Excellent care and advice given by all staff. Thank you.

**Pre Op Assessment**  
Very friendly man. Explained everything, fully answered all questions asked.

**Post natal ward**  
Fantastic staff - friendly, helpful, warm and caring.

**Treatment Centre** Excellent and sensitive treatment by all staff. Thanks.

**Children's A&E**  
Fabulous service, always come to Ormskirk.

**CCU/ITU** Wonderful treatment from all staff and sisters. I am astounded as the NHS. It is a grateful patient.

**PIU** This ward is one of the best to stay on. I felt well looked after and found the staff extremely polite

**Ward 11B**  
I was impressed with the treatment I recieved at Southport. Staff were all great with me.

**Ward 7B** Nursing staff extremely helpful and caring to Mum and family.

**Bluebell Lodge/Rehab**  
Very pleased with all aspects of care

**Ward 10A** I was so well looked after they were great all of them.

**Ward 15B** Fantastic nurses, professional Doctors. I really could not have received better service.

### **Engagement with Patients Carers and Families**

The trust has several focus groups taking place across the organisation eg:

- Children's Services – Diabetes
- Maternity and Neonatal – Bereavement Focus Group
- Spinal injuries – patient focus group
- Cancer services – focus groups
- Dementia focus group
- Learning Disabilities Focus group

The plan going forward is to ensure feedback from all these groups is managed through the patient carers and families Engagement, Involvement and Experience Group to share best practices and learn from experience.

## Patient Experience Surveys

The trust currently takes part in four national patient experience surveys with results and associated action plans being presented through the CBU and the Patient Carers and families Engagement, Involvement and Experience group.

## National Inpatient Survey

The trust results from the National Patient Survey 2016/17 are as below:

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016 / 17
<b>Southport &amp; Ormskirk NHS Trust</b>	63.9	63.7	62.2	74.8	74.4	76.3	74.5
<b>England Average</b>	67.3	67.4	68.1	76.9	76.6	77.3	76.7
<b>Highest Performing Trust</b>	82.6	85	84.36	87.1	87.4	88.0	88.0
<b>Lowest Performing Trust</b>	56.7	56.5	57.43	67.1	67.4	70.6	70.7

The Trust asked people to answer questions about different aspects of their care and treatment. Based on their responses, each NHS trust was scored out of 10 for each question (the higher the score the better).

Each trust also received a rating of 'Better', 'About the same' or 'Worse'.

- Better: the trust is better for that particular question compared to most other trusts that took part in the survey.
- About the same: the trust is performing about the same for that particular question as most other trusts that took part in the survey.
- Worse: the trust did not perform as well for that particular question compared to most other trusts that took part in the survey

This survey looked at the experiences of 77,850 people who received care at an NHS hospital in July 2016.

Between August 2016 and January 2017, a questionnaire was sent to 1,250 recent inpatients at each trust.

Responses were received from 498 patients at Southport and Ormskirk Hospital.

Southport and Ormskirk Hospital NHS Trust has taken the following actions to improve this score and so the quality of its services, by the following actions:

- The Patient Experience Group monitors the results of all the patient experience questionnaires undertaken with the Trust and monitors actions taken to make improvements.
- A patient's experience strategy called Developing the Experience of Care Strategy has been launched.

The Emergency / A&E department	8.1 / 10	About the Same
Waiting lists and planned admissions	8.6 / 10	About the Same
Waiting to get to a bed on a ward	6.6 / 10	About the Same
The hospital and ward	7.9 / 10	About the Same
Doctors	8.3 / 10	About the Same
Nurses	7.7 / 10	About the Same
Care and treatment	7.6 / 10	About the Same
Operations and procedures	8.2 / 10	About the Same
Leaving hospital	6.8 / 10	About the Same
Overall views of care and services	5.2 / 10	About the Same
Overall experience	7.8 / 10	About the Same

### National A&E Survey

The results from the 2016 survey have shown an improvement from the 2015 survey. The CBU have developed and action plan to address where issues have been raised and will be managed through the CBU Quality and safety report. The action plan can be seen in Appendix 1.

### National Children's Survey (waiting on results)

### National Cancer Survey

The trust is waiting on the results from the national cancer survey. 2015 action plan and progress made can be seen in Appendix 2 and is being managed by the Lead Cancer Nurse.

### Local Surveys (registered with audit team)

24 patient experience questionnaires were registered with the audit department.

Business Unit	2016 – 2017 Number of patient experience projects on forward plan
Community and Continued Care	4
Planned Care	6
Medical Directors	3
Urgent Care	3
Women's and children	7
Integrated Governance	1
<b>Total</b>	<b>24</b>



Cardiac Rehabilitation unit undertook a telephone survey. The table below identifies the findings which are very positive.

Standard	Result
Q1. Have you found your Rehabilitation programme of benefit to you	Yes = 99.7% No = 0.27%
Q2. Did you have confidence and trust in the staff you met?	Yes = 100% No = 0
Usefulness of Educational Talks	
Dietitian	Yes = 96.74% No = 3.25%
Occupational Therapy	Yes = 97% No = 2.56%
Benefits of Exercise	Yes = 93.61% No = 6.38%
Coronary Heart Disease/Risk Factors	Yes = 100% No = 0
Pharmacy	Yes = 94.6% No = 5.4%
Phase 4 Exercise Choices	Yes = 93.7% No = 6.25%
Resuscitation	Yes = 93.5% No = 6.4%
Likelihood of Recommendation	
Extremely likely	= 93.8%
Likely	= 4.8%
No response	= 0.8%
Unlikely	= 0
Extremely unlikely	= 0
Don't know	= 0

#### Patient Recorded Outcome Measures

Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves. PROMs comprise of a pair of questionnaires completed by the patient, one before and one after surgery (at least three months after for groin hernia and varicose vein operations, or at least six months after for hip and knee replacements). Patients' self-reported health status (sometimes referred to as health-related quality of life) is assessed through a mixture of generic and disease or condition-specific questions.

**EQ-5D:** Comprises of 5 qualitative dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each dimension has 3 levels: no problems,

some problems, extreme problems The respondent is asked to indicate his/her health state by ticking (or placing a cross) in the box against the most appropriate statement in each of the 5 dimensions.

Using source data available through the NHS Information Centre the following reports show performance based on four common elective surgical procedures: groin hernia operations, hip replacements, knee replacements and varicose vein operations. April 2016 – September 2016 for the Trust.

#### EQ-5D (SOHT)

	No. Reporting Improvement	% Reporting Improvement	Number Reporting Same	% Reporting Same	Number Reporting Worse	% Reporting Worse
Groin Hernia	15	<b>53.6%</b>	8	<b>28.6%</b>	5	<b>17.9%</b>
Varicose Vein	3	<b>60.0%</b>	1	<b>20.0%</b>	1	<b>20.0%</b>
Hip replacement	13	<b>81.3%</b>	2	<b>12.5%</b>	1	<b>6.3%</b>
Knee Replacement	6	<b>85.7%</b>	0	<b>0.0%</b>	1	<b>14.3%</b>

#### EQ-5D (England)

	No. Reporting Improvement	% Reporting Improvement	Number Reporting Same	% Reporting Same	Number Reporting Worse	% Reporting Worse
Groin Hernia	3064	<b>51.7%</b>	1859	<b>31.4%</b>	1000	<b>16.9%</b>
Varicose Vein	705	<b>51.5%</b>	449	<b>32.8%</b>	215	<b>15.7%</b>
Hip replacement	5216	<b>90.4%</b>	283	<b>4.9%</b>	274	<b>4.7%</b>
Knee Replacement	5119	<b>82.4%</b>	615	<b>9.9%</b>	480	<b>7.7%</b>

### PROMS participation rates

#### Participation Rates 2016-2017

Quarterly Participation	Groin Hernia Questionnaires	Hip Replacement Questionnaires	Knee Replacement Questionnaires	Varicose Vein Questionnaires	Overall Participation
Q1 - Apr-Jun16	72%	73%	79%	11%	59%
Q2 - Jul-Sep 16	86%	100%	108%	38%	83%
Q3 - Oct-Dec 16	68%	106%	140%	100%	104%
Q4 - Jan-Mar 17	95%	47%	85%	14%	60%

Monthly Participation	Groin Hernia Questionnaires	Hip Replacement Questionnaires	Knee Replacement Questionnaires	Varicose Vein Questionnaires	Overall Participation
Apr-16	94%	82%	98%	13%	72%
May-16	55%	82%	75%	7%	55%
Jun-16	66%	53%	63%	13%	49%
Jul-16	66%	106%	87%	13%	68%
Aug-16	83%	124%	104%	13%	81%
Sep-16	110%	71%	133%	87%	100%
Oct-16	88%	106%	115%	67%	94%
Nov-16	77%	94%	156%	187%	128%
Dec-16	39%	118%	150%	47%	88%
Jan-17	94%	47%	98%	7%	61%
Feb-17	105%	24%	63%	13%	51%
Mar-17	88%	71%	92%	23%	69%
Average Participation	80%	81%	103%	41%	76%

The audit leads are working with frontline staff to encourage patient participation in the PROMS audits across all required areas.

## Patient Stories

Throughout the year 2016-2017, the corporate matron team has listened to a number of patient and staff experience stories which reflect on the practice and care delivered at the trust. These stories have been presented to the board of directors. The staff stories have been inspirational as both were around single members of staff standing up for good practice and encouraging others to make changes to their ward area for the good of patient care.

The board heard a number of patient's stories which describe dementia care within the trust, praising the excellent orthopaedic care from both nursing, therapy and medical staff and a story about how changes to our breast service had a major impact on a lady who is fighting cancer. Privacy, dignity and poor communication was highlighted through a story which identified how some staff assume everyone is 'ok' because they appear young and fit. There have been two heart-breaking stories about end of life pain control and this prompted immediate action around the nurse process and the management and administration of the control drug *Oromorph*.

Patients were visited in their usual place of residence to hear these stories, along with visits to several residential homes to provide them with either hospital passports, information leaflets on falls and pressure ulcers or just to hear general feedback for our services in the trust. This has been invaluable in providing answers to queries, relaying information and identifying problems to address and prevent escalating into a complaint.

## Dementia Care

Along with the family and friends test we also ask patients to complete a questionnaire regarding the care they have received in the Trust. This is very much

dementia focused and provides information for one of the standards in the dementia strategy. The overall results have been very positive but the use of our hospital passport still needs some improvement.

The hospital passport is used to get a better idea of the individual's likes, dislikes and usual activities of daily living. This information is invaluable for those patients with additional needs so that staff can provide person-centred care. The passport has been adapted with information around delirium for carers as a result of a complaint and the need for clarification about this condition. The passports are available in all ward and departments across the Trust; they are routinely given out to patients who require them at pre-op clinics and have been sent to specialist areas such as Audiology and shared with some residential homes.

To enhance our facilities for patients some key staff have visited other areas of best practice. Visits to Blackpool hospital to look at their memory corridor, a visit to Chorley Hospital to see their dementia refurbishments and an invitation to the opening of the dementia unit at Sutton Grange nursing home in Banks has inspired the Trust to push forward with much needed work to become dementia friendly.

The relationship with the two local Alzheimer societies, Sefton and West Lancashire, has been enhanced with their attendance at our Trust dementia steering group and facilities workshop meetings. On the Southport site there is information in the ambulance waiting area about the local Alzheimer's memory cafes and we always display the upcoming dementia friendly movie being shown at the Plaza cinema in Crosby. Working in partnership we have asked both groups for support with getting volunteers to help with the PLACE inspection and to join our reformed Patient Carer and Families Engagement Involvement and Experience group. The response from carers has been overwhelming and demonstrates how people want to be involved and have a voice in their local Trust.

The team have been working with hospital radio to highlight events and topics of interest for in-patients on both hospital sites. A short presentation on falls, Dementia awareness and a request for patients to bring in their own clothes, goes out regularly on our hospital radio and a memory hour plays daily each weekday for patients to reminisce.

There has been an amazing response to our request for Twiddle muffs at the trust. A Twiddle muff is a knitted hand muff that contains zips, flowers, pockets, or even key chains, beads or necklace pendants inside and out. They provide warmth, comfort, and a sense both of purpose and of calm to people with dementia. Both staff and community organisations have kept up a steady supply of these and we are extremely thankful to them.

### **Learning Disability Liaison Service**

The Trust LD Liaison service is making new improvements and also sustaining previous patient experience initiatives to enhance the experience of both patients and their carers.

The service is currently working with the local LD Liaison network on a number of initiatives such as the launch of a Tier 1 training package in line with the Core Skills Training Framework, and an easy read Learning Disability Service information folder.

Within Southport and Ormskirk NHS Trust several patient information leaflets have been converted to easy read with the support of a local LD self- advocacy group 'People First'. The group has also supported the recent development of a patient/carer experience questionnaire to gain timely feedback from service users across the Trust.

Patient stories are also obtained where appropriate and shared for learning and to support future developments to the service. Future plans for a carer's conversation within the Trust in July will aim to provide carer perspectives on the service and guide further developments.

The need for support from own carers continues to be assessed for patients and funding for the use of own carers is provided as needed. The purchase of a further day-bed chair has allowed family members to stay throughout an admission to support their loved ones. Both of which allow a more positive experience for the patient as familiarity is maintained.

Attendance at local public events and partnership working with community LD teams has raised the profile of the team. This has been particularly effective for patients who are transitioning into adult services, and has supported a smooth journey throughout the hospital for those patients who rely on reasonable adjustments to be made.

### **Chaplaincy and Spiritual Services**

Staffed by a full time Chaplain, three bank chaplains and a small number of volunteers the Chaplaincy and Spiritual Care Service is proud to offer friendship, pastoral, spiritual and religious support across the whole hospital community.

A 24/7 *On Call* service is available for urgent life changing situations, and is utilised on a regular basis. The team work very closely with many groups across the trust and are regularly called upon to offer support.

For the first time last year separate remembrance events were held for both adults and babies and dozens of people attended these significant occasions. We regularly hold a faith consultation at which members of the Jewish, Muslim and Christian communities focus on issues relating to hospital and community life and from this network multi-faith support is offered to the trust.

During the last year we were part of an organ and tissue donation awareness event at Southport Football Club.

One of the highlights of the last year was the recording of Songs of Praise (broadcast 19<sup>th</sup> March). As well as offering an insight into the work of the chaplaincy service .The programme included the wedding of Frank and Kate on a ward at Southport, Aled Jones was guest of honour, and the wedding generated a lot of media and public interest.

In partnership with unison, holocaust memorial day was marked within the trust.

Looking forward we are committed to offering quality care across the whole trust. We are also involved in a new support group "neonatal Natter" offering psychological and spiritual support to families of premature babies.



## **The Way Forward.**

As an organisation we have not demonstrated well how we have learned lessons and changed practice following feedback from patients carers and families.

The development and introduction of CBU monthly quality and safety reports is supporting local ownership of actions following complaints and survey feedback together with CBU's celebrating and sharing good practice. This will mature over time as staff become confident in the management of good patient experience.

The delivery of bespoke training in April, relating to the management of complaints and how to manage concerns and issues locally has supported frontline staff and key senior individuals across the organisation and is having a positive impact in complaints management across the organisation.

During 2016-17, in partnership with patients, carers and families, The Developing the Experience of Care Strategy 2017-2019 has been developed. This was formally approved by the Board of Directors in May 2017 and is being launched during Carers week 6<sup>th</sup> July 2017.

Going forward our progress will be measured and reported based on the 8 pledges agreed in the strategy:

1. Develop and implement systems and processes to involve Carers & Families in decision making
2. Ensure that access to information is easy and relevant for patients, carers families and professionals
3. We will 'get the basics right' in caring to all
4. Improve staff involvement and awareness of their impact on Patient, Carer & Family experience
5. Improve & enhance discharge processes and facilitate better links into Community support Networks
6. Respond to complaints & concerns in a timely manner and follow up on lessons learned
7. Increase the profile of Patient, Carer & Family Experience, collecting and acting upon feedback & opinion in a more robust manner
8. Develop systems and processes to capture patient's and family's memories to share and cherish for the future

Each of the eight pledges has a proposed plan of action. Each Pledge will have a specific group in place to review and implement the pledge utilising the Always Event toolkit.

Always Events, initially conceived in the US by the Picker Institute and now led by the Institute for Healthcare Improvement (IHI), are defined as those aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health care delivery system. IHI's Always Events Framework provides a strategy to help health care providers, in partnership with patients, care partners, and service users, to identify, develop, and achieve reliability in person- and family-centered care delivery processes.

IHI Always Events Framework holds promise as an approach to accelerate improvement efforts to enhance experiences of care for patients, their family members or other care partners, and service users. Genuine partnerships between patients, service users, care partners, and clinicians are the foundation for co-designing and implementing reliable care processes that hold promise for transforming care experiences. The goal of these processes is an “Always Experience.” The creation of an Always Events is a practical methodology for achieving this goal.