

## Patient Advice and Liaison Service (PALS) Operational Procedure

Version:	2.2
Bodies consulted:	PPI Committee
Approved by:	PASC
Date Approved:	May 2013
Name of originator/ author:	Debbie Lampon
Lead Director:	Chief Executive, Sally Hodges PPI Lead
Date issued:	Jun 13
Review date:	May 17

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# Patient Advice and Liaison Service (PALS) Operational Procedure

## 1 Introduction

In July 2000, the Government published its plan for investment and reform the *NHS Plan*. Within the plan, Chapter 10 highlighted a number of changes to be introduced for patients, which would empower them to be more actively involved in the Health Service and the design-making process. One of the many changes proposed was the establishment of a new Patient Advice and Liaison Service (PALS) which would be located in each Trust throughout the country.

The PALS service has been developed at the Trust according to the needs of service users to ensure that patients and their families/carers have an identifiable person that they can turn to if they have a problem or need information, advice or support while they or their relative/carer are accessing the services provided by the NHS. The PALS service is not a substitute for the Complaints Procedure.

## 2 Purpose

The purpose of this procedure is to set out the organisational arrangements for the PALS service in the Trust.

The core functions of PALS are to:

- Be identifiable and accessible to patients, their carers, friends and families and members of the public
- Provide on-the-spot help and speedy resolution of problems by liaising with staff, managers and other organisations
- Provide information and advice to patients and the public about local health services and other health related issues
- Advise individuals on how to access the complaints procedure and to act as a gateway to appropriate independent advocacy services
- To support staff in providing resolutions to patients, relatives and carers concerns
- To ensure that patient/user feedback on services provided are used to influence Trust policy and practice

This procedure sets out the way in which the Trust will meet these core functions and deliver a PALS service which is both highly visible and

accessible to patients, carers and family members, and a. catalyst for change, feeding back the views of patients to the relevant committees and the Trust Board through regular reports.

### 3 Scope

This procedure applies to all members of staff in the Trust. Staff members should understand the principles of the PALS service so that they can direct patients, carers and visitors to the service to obtain help and advice. This procedure contains operational arrangements for the service, which will assist Trust staff in ensuring the most effective use of the service to the benefit of patients and carers.

All Trust staff are expected to co-operate with the PALS officer to help resolve any problems or concerns raised by service users with the PALS and deal directly with problems and concerns raised with them by patients or the wider public at the point of service delivery, seeking advice from the PALS officer where necessary.

### 4 Definitions

The Trust respects the rights of all patients who wish to raise informal complaints and/or concerns and confirms that it will take all necessary steps to ensure that no patient will have their treatment or services offered by the Trust compromised as a result of raising an informal complaint or concern

### 5 Duties and responsibilities

**The Trust Public and Patient Involvement (PPI) lead** is responsible for the development and strategic management of PALS service. The PPI lead provides expertise and guidance to PALS officer and to the Trust in respect of PALS services. The PPI lead chairs the Trust's PPI committee and is a full member of the Trust's clinical governance committee

**The Trust PALS officer** is available to meet with/ respond to letters, emails and/or calls from patients, their family members and the public to provide advice and support within the scope of the PALS service. The PALS officer reports to the PPI lead. The PALS officer is a member of the Trust PPI committee.

**All staff** all members of staff within the Trust have a role to act as a “PAL” regardless of where they work or what they do and PALS is a key driver to developing a more responsive culture within the NHS.

All staff are expected to co-operate with the PALS to help resolve problems or concerns raised by service users with PALS staff and deal directly with problems and concerns raised with them by patients or the wider public at the point of service delivery, seeking advice from PALS where necessary.

## **6 Procedures**

### 6.1 Principles of the service

PALS is an advice service and the overriding consideration at all times for the PALS team within the Trust will be that patients and their families/carers receive a seamless service which is speedy and responsive to their individual needs.

PALS will always seek to provide information and support where appropriate to meet the individual needs of users of the service and that all users, whether patients, carers or visitors are offered choice and the opportunity for self-determination.

PALS staff will promote the individual’s choice and independence and be sensitive to and every individual’s identity, including race, gender, disability, age or sexuality.

### 6.2 Accessing the service

Patients, carers, and families can self-refer to the PALS service or can be referred via a member of staff or other agencies as appropriate.

PALS staff will provide PALS awareness presentations and promotional information to patients, staff and the public, via the patient newsletter, leaflets, websites, local community groups, local LINKS and voluntary organisations to raise awareness of the service and how it can support the patient journey and experience.

The PALS service is available:

- **By phone** on a direct line telephone number. If the office is unmanned then a dedicated answer phone service is available
- **In person** by appointment if possible, or drop in during advertised times

- **Drop in** (dependent on staff availability) to PALS Office, Ground floor Main Tavistock building.
- **By email** on [PALS@tavi-port.nhs.uk](mailto:PALS@tavi-port.nhs.uk) at any time
- **Via staff** Staff at the Trust may contact PALS on behalf of any patient or family member with their permission

### **6.3 Written information for patients and carers**

Written information about PALS is available in a leaflet produced by the service. This can be found throughout the public areas of the Trust and on the Trust internet. Information on PALS appears regularly in the patient newsletter, and the newsletter is edited by the PALS Officer.

### **6.4 Staff access to PALS service**

Although PALS is a patient advice service it is recognised by the Trust that there is a role for PALS in supporting staff to improve the patient experience.

PALS will provide advice and assistance as far as they are able to staff in addressing any concerns or problems raised with them and will advise on user involvement where necessary.

### **6.5 Responding to requests for assistance**

#### **6.5.1 Request for information**

PALS staff will take as much action as is practical to ensure that the caller obtains the information they need or will refer to an appropriate source.

PALS staff should take the caller's details and the information requested and provide the caller with their name and direct line contact number whilst the information is being sought.

If necessary, the PALS staff will make contact with the most relevant staff member or organisation, who will either be asked for the information or will be asked to contact the caller to provide them with the information requested. The staff member should take all reasonable steps to inform PALS that the matter has been dealt with in order that the completed enquiry can be entered on the PALS database

#### **6.5.2 Problem solving**

PALS staff will take the details of the caller's concerns, and where appropriate discuss any further steps to be considered. PALS staff will discuss with the caller the options open to them and provide them with the information they need to enable the caller to make a decision about how

they would like to proceed. The matter may then be taken further with the most appropriate person/department/organisation. If the individual feels unable to pursue the issue themselves PALS will with their verbal permission take the issue up on their behalf.

If the matter is forwarded to another member of staff to deal with, PALS staff will undertake a follow up contact with the caller and/or staff member/organisation, after an agreed amount of time to check the problem has been dealt with.

PALS staff can, with the consent of all parties arrange and attend meetings between patients/carers and staff to help broker a resolution to the problem.

### **6.5.3 Referrals to independent advocacy/other organisations**

PALS will provide callers with details of appropriate independent advocacy sources (e.g. mental health advocacy, ICAS). Referrals would normally be done under the following circumstances:

- At the request of the patient
- Where there may be a conflict of interest for PALS staff
- Where specialist advocacy would benefit the client

Where a referral is made PALS staff should give the client the option of making direct contact with the other agency or doing this through PALS. Where PALS staff are unsure of the appropriateness of the other agency they should make initial enquiries before providing the client with the referral information.

## **6.6 Confidentiality**

PALS needs to use the information they collect to influence change. Issues raised will therefore be recorded. However, the Data Protection Act covers any information collected by PALS. The confidentiality of individuals, staff or users will be respected, and information will not be shared without the permission of the client, although the PALS Officer/PPI Lead will have the discretion to identify individuals where patient or public safety is considered to be an issue or criminal activity suspected. All concerns of this nature must be raised by the PALS Officer with the PPI Lead or appropriate Head of Service.

PALS will have the discretion to withhold information from a third party without the consent of the patient unless safety of patient or a 3<sup>rd</sup> party is identified, in which case the steps above will be followed.

## **6.7 Process to ensure that patients are not treated differently as a result of raising a concern**

The Trust will ensure that any matter raised by a patient or patient's representative is dealt with in strict confidence. No record of concerns raised via PALS will be noted on the patient's record. If in the view of the PALS service the patient/representative would be advised to raise their concern directly with the clinical team then this will be suggested, and no information will be passed on to the clinical team without the patient's full agreement. The Trust fully supports the patient's right to raise concerns and is committed to reassuring patients that their care will not be directly altered as a result of concerns being raised.

## **6.8 Processes to promote equal opportunity to accessing the service**

The PALS officer is contactable by phone, email or in person. If required the PALS officer can arrange for an interpreter to attend a meeting to assist a patient/carer with limited/no English. The PALS Officer may also accompany a patient to an appointment where necessary, when emotional/practical support is deemed necessary with the permission of the PPI Lead, for example to see a specialist advisor in an outside agency.

The PALS office is on the ground floor of the main building and is accessible by wheelchair users. The PALS officer can call on specialist support from the Directorates if contacted by a child/young person with needs/problems outside the scope or expertise of the PALS service/ officer.

## **6.9 Situations when PALS can withdraw from or decline to provide support**

Situations when PALS can consider withdrawing or declining to provide support are:

- When PALS staff considers that their personal safety is at risk or that zero tolerance has been breached. (see 6.10)
- When the matter being raised by the individual has already been handled through the complaints procedure (see 6.11)

## **6.10 Personal Security**

PALS staff are not expected to put themselves in situations where they feel they may be at risk. Abuse, harassment or violence of any kind towards



members of staff will not be tolerated. The service will be withdrawn from any individual who acts in this way.

PALS staff will not be expected to undertake home visits or to meet people on their own if they feel themselves to be at risk.

PALS staff will report and record any incident that gives them concern, using the Trust's incident reporting system.

### **6.11 PALS and Complaints Interface**

PALS is separate from the formal complaints procedure and PALS staff will not be involved in the investigation or formulation of any responses to a formal complaint, as set out in the national PALS guidance.

PALS can provide information about the complaints procedure and help the complainant access independent advocacy. PALS staff may assist complainants in making a complaint.

Where a complaint has been through the complaints procedure and there is dissatisfaction with the outcome PALS will not become involved in reopening the case. However, PALS may help with follow-up once the complaint is resolved so that the wider learning from the complaint can be harnessed.

If an issue in which PALS have been involved becomes a formal complaint the PALS staff should ensure that the complaints staff are briefed on what action has already been taken to try to resolve the issue in order that the complaints procedure can move the matter forward.

## **7 Training Requirements**

PALS and the PPI lead will contribute to PALS awareness training and customer care training for Trust staff, at the annual clinical induction day, INSET training days and in other forums as requested by the training department.

The PALS office is available to provide directorate or individual training awareness sessions on PALS service as requested. Managers wishing to use this service should apply directly to the PALS department by email on [PALS@tavi-port.nhs.uk](mailto:PALS@tavi-port.nhs.uk)

## **8 Process for monitoring compliance with this Procedure**

The trust will review compliance with this procedure in the following ways:

The PPI committee will oversee the work of the PALS service as part of its core responsibilities. The PALS office will liaise directly with the PPI lead on an on-going basis through the year about any issues arising from the way in which the PALS service operates at the Trust, any proposed changes will be raised at the PPI committee in their role in monitoring the PALS service.

The PPI Lead will review the progress of contacts to the PALS officer at a fortnightly supervision meeting, this will be a one to one review of both process and outcome of contacts with PALS service. The PALS officer will provide a copy of the contact log as the basis of this discussion.

The PPI lead will prepare an annual report on PPI activities which will be presented to the Clinical Quality, Safety and Governance Committee and the Board. This report will include a section on the PALS service and will include references to changes that have resulted from contact with patients and the public through the PALS service.

## 9 References

- Department of Health. (2004). *National Evaluation of PALS/Briefing for Chief Executives/September 2006*. London: Department of Health.
- National Patient Safety Agency. 2005. *Patient Briefing - Saying Sorry When Things Go Wrong*. London, National Patient Safety Agency.
- National Patient Safety Agency. 2005. *Being Open Communicating Patient Safety Incidents with Patients and Their Carers*. London: National Patient Safety Agency.

## 10 Associated documents<sup>1</sup>

This procedure should be read in conjunction with the following policies:

- Complaints Policy and Procedure
- Claims Policy
- Incident Reporting Policy
- Health and Safety Policy

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<sup>1</sup> For the current version of Trust procedures, please refer to the intranet.

## Appendix A : Equality Impact Assessment

1. Does this Procedure, function or service development affect patients, staff and/or the public?

YES

2. Is there reason to believe that the Procedure, function or service development could be advantageous to a particular group or groups?

**YES**

If **YES**, to which groups may it be of advantage to.

**Age** – specific age groups & issues of inter-generational fairness **YES**

**Disability** – people with impairments **YES**

**Gender** – women, men, transgender people **NO**

**Race** – people of different ethnic groups **YES**

**Religion and belief** – people of different faiths and beliefs **NO**

**Sexuality** – especially lesbian, gay, and bisexual people **NO**

**Other** .....NO

3. If you answered **YES in section 2**, how have you reached that conclusion? (Please refer to the information you collected e.g., relevant research and reports, local monitoring data, results of consultations exercises, demographic data, professional knowledge and experience)

The PALS procedure is designed to enable patients and their representatives are able to raise concerns and/or access information about the trust.

The trust has a mixed patient population who cannot all access this service in the same way .E.g. some groups of patients/carers may have difficult through a language barrier, or disability.

To address this, the PALS service is situated on the ground floor (for ease of access, it can arrange interpretation services, and can call upon specialist staff in Directorates to respond to specific concerns of patients. The service can be accessed both face to face and over the telephone, with an answering service out of hours.

4. Based on the initial screening process, now rate the level of impact on

*equality groups of the Procedure, function or service development:*

**Negative / Adverse impact:**      **LOW** (i.e. minimal risk of having, or does not have negative impact on equality)

**Positive impact:**                      **MEDIUM** (i.e. likely to promote, or does have some positive impact on equality of opportunity)

Date completed: 25.06.13

Name: Carlo Cavalli

Job Title: PA to Sally Hodges