

Patient Advice and Liaison Service (PALS) Policy

| Issue Date | Review Date | Version |
|------------|-------------|---------|
| July 2018 | July 2021 | V3 |

Purpose

To set out the Trust's arrangements for the provision of the Patient Advice and Liaison Service (PALS). This is in place to provide information, guidance and support to our patients, carers, relatives, members of the public and staff.

Who should read this document?

All Staff

Key Messages

The purpose of this policy is to provide clear guidelines on the procedures to be used when making a referral to PALS. The team will be able to manage any concerns, issues and requests for support or when paying compliments.

PALS aim to achieve an "on the spot" resolution wherever possible and ensure timely, quality responses to all enquiries and referrals within the 5 working day timescale. Where this is not achievable PALS will ensure all parties are kept informed of the progress. Early resolution of concerns is known to reduce the incidence of complaints and provide a supportive approach for patients and visitors.

PALS can be contacted by telephone, face to face meetings, Welcome Centre, on the ward / department or Patient Services Office, Level 7. The Welcome Centre is based in the main concourse, level 6, of Derriford Hospital, which manned by a member of the PALS team Monday to Friday 09:30 to 17:00.

Through the Welcome Centre the Trust is able to provide an easy to access, calm, caring environment where visitors are able to obtain information and provide feedback both in a positive and negative way.

Core accountabilities

| | |
|--|--------------------------------------|
| Owner | Patient Experience & Engagement Lead |
| Review | Patient Experience Committee |
| Ratification | Chief Nurse |
| Dissemination (Raising Awareness) | Complaints & PALS Manager |
| Compliance | Patient Experience Committee |

Links to other policies and procedures

Managing & Responding to Complaints Standard Operating Procedure – Ver 1, Jul 2016
Management of Patients Property – Ver 1, Sept 2013
Patient Experience Strategy 2015-18
Interpreting & Translation Policy – Ver 4, July 2018

Version History

| | | |
|-----------|--------------|---|
| V1 | October 2008 | Policy produced, approved by Clinical Governance Steering Group |
| V2 | August 2014 | Revised policy to reflect current practice and new format |
| V3 | July 2018 | Policy review, to include new PALS Clinics and Welcome Centre |

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

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1 | Introduction

University Hospitals Plymouth NHS Trust is committed to resolving any concerns, comments, complaints and requests for support or information made by patients, their relatives or carers and to use this feedback to continuously drive improvement to services.

This document is intended to describe the measures in place to support patients, their families and carers in the provision of on the spot help and information.

2 | Purpose

Patient Advice and Liaison Service (PALS) will receive concerns, complaints and compliments, including comments and requests for support or information made by patients, relatives, carers, friends and the public.

The Trust is committed to learning from the experience of patients and their representatives including relatives and carers to ensure delivery of high quality services which encourages continual service improvement. A summary of issues reported through PALS, whether comments, compliments or concerns, are reported to the appropriate service line and form part of the reporting cycle to the Patient Experience Committee and Trust Board.

Every effort is made to ensure that service users are not discriminated against, or their care and treatment affected, as a result of raising any concern or complaint.

PALS will advise and assist people who:

- need information about our services
- have questions about how to access services
- want to make a comment about our services
- want to make a compliment about our services
- want to raise a concern about our services
- want to talk about their experience of our services
- need information or advice about health or social care services

PALS will:

- provide a timely and effective response to any concern received – aim to achieve a response within 5 working days
- be easily accessible and well publicised
- support communication with non-english speaking patients, people for whom english is a second language, sign language users and those patients who require materials in alternative formats
- be simple to understand and use
- respect the need for confidentiality
- acknowledge all concerns received
- record all comments, compliments and concerns received
- signpost members of the public about how to make a complaint

Our PALS will aim to be open, fair and flexible in the handling of issues raised by patients, their families or carers, or a member of the public.

In accordance with statutory guidance, the person raising the concern will make the decision about whether an issue is handled informally or as a formal complaint. PALS will provide support and advice on issues to be handled informally when discussion at service/ward/department level is unable to resolve the concern raised. Where the issues raised are complex or involve multiple areas, the enquirer will be advised to follow the formal route in order to address their concerns.

Where appropriate, the PALS team will signpost the enquirer to independent sources of support, including SEAP (Support, Empower, Advocate, Promote) which is a free advocacy service or for younger people Youth Advocacy Service.

SEAP can be contacted on:
Tel: 0300 3435719
Email: Plymouth@seap.org.uk

Youth Advocacy Service
Tel: 0809 808 1001
www.nyas.net/contact-us

In certain circumstance staff should consider contacting safeguarding adults and children when dealing with complaints and refer issues to the safeguarding team for advice as required [Safeguarding Children](#).

3 | **Definitions**

The PALS team provide a point of contact for patients, relatives, carers, public and staff for information, support and on the spot advice. The service exists to ensure that patients, their relatives and carers are assured the Trust listens to their concerns and answer their questions to promote early resolution.

Key elements for PALS have been agreed nationally within the NHS to help clarify the PALS role and ensure consistency across Trusts to ensure it is a service that:

- Is identifiable and accessible to the community served by the Trust (providing information in alternative languages and formats when required)
- Is sensitive and confidential that meets individual needs
- Provides users with information about the NHS and help with other health-related enquiries
- Helps resolve concerns or problems encountered by patients, relatives and carers.
- Provides information about, or signposts to, agencies and support groups outside the NHS, thereby providing a seamless service
- Improves healthcare provision by listening to concerns, suggestions and experiences to ensure the NHS designs and manages services taking into consideration patient feedback.
- Acts as an early warning system for NHS Trusts and monitoring bodies by identifying problems or gaps in service and reporting them.

Some concerns discussed with PALS may be expressions of dissatisfaction that require a formal investigation and therefore may be handled in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. In these instances, PALS will act as a gateway to the formal complaints process.

Posters and leaflets advertising PALS are available for patients, visitors and staff on wards and in departments. Members of the PALS team will carry out random checks to confirm current information is being displayed. Information is also available on the Trust website at [PALS - University Hospitals Plymouth NHS Trust](#)

4 | Duties

The Chief Nurse has overall responsibility for the Patient Experience agenda at Trust Board level. The Patient Experience & Engagement Manager has overall management responsibility for the Patient Services and Complaints Departments which includes the PALS team. PALS team are directly managed by the Complaints & PALS Manager, and the team are responsible for delivering the day to day service. Support is

Senior Matron for Patient Experience & Clinical Standards

The Senior Matron will provide clinical leadership and clinical expertise to the Patient Experience Team working closely with the Patient Experience and Engagement Manager to ensure the strategy for delivering an excellent patient experience is well defined.

PALS Officer

The PALS Officer role will:

- Co-ordinate issues raised by patients, carers, relatives and members of the public and liaise directly with service line teams across the Trust to achieve early resolution of patient/carer enquiries.
- Deal with general enquiries from patients and member of the public on any matter relating to Trust services, ensuring that appropriate information is provided; answers the questions presented in a format appropriate to the enquirer and recorded so the Trust can make any subsequent and necessary improvements.
- Provide support on the management of patient and public concerns raised through, assisting staff to take immediate and necessary action to rectify the situation and reasonably prevent reoccurrence through local / trust wide improvement.
- Assist in the provision of service through the Welcome Centre and PALS Clinics ensuring patients, members of the public and staff are given the support they need.

Matron / Department Manager

The matron and departmental managers will be expected to support staff to complete an effective investigation, review concerns raised and take appropriate timely action. Where necessary provide reassurance for patients, carers and their relatives that they will not be treated differently as a result of raising a concern.

All Staff

In order to provide an effective and timely service it is the duty of all staff to assist in the resolution of any concerns or requests for information as they arise. If the concern

cannot be resolved at ward or departmental level, or the person raising the concern prefers to speak to a member of staff independent of the ward or department, PALS will act as a point of liaison.

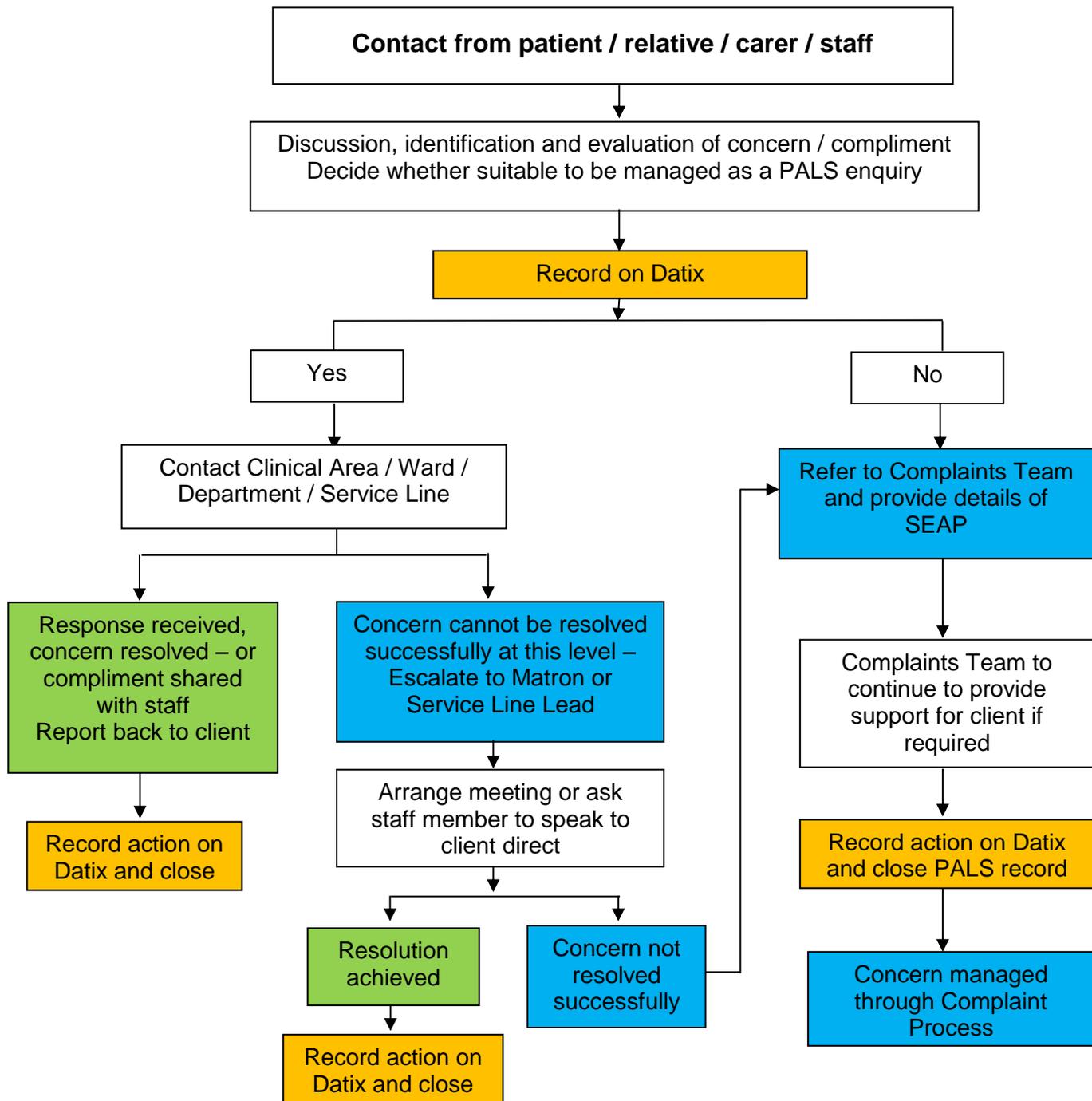
5 | PALS Process

It is the aim of all Trust staff to resolve concerns expressed by patients and members of the public as soon as they arise. If a member of staff is unable to resolve a concern immediately, they should escalate this to their line manager or seek support from PALS.

The process of raising concerns and recording outcomes as a result of these comments/concerns/informal complaints is outlined in the flowchart below. All PALS enquiries are recorded on the PALS module of Datix to enable effective reporting and thematic analysis.

In situations where a satisfactory resolution has not been achieved, PALS offer advice about accessing the formal complaints process in line with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

5.1 PALS Flowchart



Reporting arrangements

- Notification to be sent immediately to Service Line by e-mail when a high number of medium risk issues are reported in a short period of time
- Record all issues on Datix under 5 main headings and detailed sub-headings
- Provide updates for inclusion in reports to Patient Experience Committee, and Trust Board including overall themes, outcomes and actions
- Service lines to ensure changes are made as a result of concerns raised and notify PALS of the changes

5.2 How to contact the PALS team

PALS can be contacted by telephone, face to face meetings, Welcome Centre, on the ward / department or Patient Services Office, Level 7.

Information detailing contact details and opening times are available on the Trust intranet and website:

Tel: 01752 439884 (extn 39884) or 01752 432564 (extn 32564)
Email: plh-tr.PALS@nhs.net
Website: Contact Us form
Post: Patient Advice & Liaison Service, Patient Services Office, Level 7, Derriford Hospital, Plymouth, PL6 8DH
Out of Hours: In the evenings and weekends there is a facility to leave a message for a member of the team to make contact, using telephone 01752 433074.

[PALS - Contact Details - Trust Website](#)

Welcome Centre

The Welcome Centre is based in the main concourse, level 6, of Derriford Hospital, which manned by a member of the PALS team Monday to Friday 09:30 to 17:00.

Through the Welcome Centre the Trust is able to provide an easy access, calm, caring environment where visitors are able to obtain information and provide feedback both in a positive and negative way. An additional meeting room is also available should the attendees be distressed or if their enquiry is of a confidential nature.

PALS Clinics

The PALS team also conduct regular 'PALS Clinics' across the hospital. These can be arranged between the ward and department managers and Complaints & PALs Manager. The clinics provide an opportunity for PALS to visit wards and other clinical areas to canvas feedback directly from the patient and/or their carers. Outputs from clinics are recorded and the comments collected are shared with the senior sister, matron or manager for that area.

Complaints

If a person wishes to make a formal complaint to the Trust, they must be advised of their right to put their concerns in writing to either the Trust's Chief Executive or Patient Experience & Engagement Manager. The Trust formal complaints process is set out in 'Managing and Responding to Formal Complaints Standard Operating Procedure, hyperlink included below and includes support available for those who are unable to out their concerns in writing.

[Complaints SOP](#)

5.3 Interpreting and Translation Services

The Trust is committed to ensuring that non-English speaking patients, patients whose first language is not English and deaf patients receive the support and information they need to access services, communicate with healthcare staff and to make informed decisions about their care and treatment.

It is important to remember patients may need an interpreter when attending any meetings. An interpreter should be booked in line with the Trust Interpreting and Translation Policy, hyperlink included below:

[Interpreting & Translation Policy](#)

Details of the telephone interpreting service are detailed on the Trust intranet and can be accessed through the hyperlink below:

[Telephone Interpreting Service](#)

The PALS process offers support to patients, relatives and carers to ensure they are not treated differently as a result of raising concerns.

Easy Read

Easy Read materials are available on the Trust website within the Learning Disability pages [Learning Disability Service](#). The Trust is signed up to photo symbols software which allows us to develop individual easy read information for departments or individuals. Please contact the Learning Disability Team for support.

6 Overall Responsibility for the Document

The Patient Experience & Engagement Lead is the overall lead for the PALS Policy supported by the Complaints & PALS Manager.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Patient Experience Committee and ratified by the Chief Nurse.

Non-significant amendments to this document may be made, under delegated authority from the Chief Nurse, by the nominated owner. These must be ratified by the Chief Nurse. Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The Patient Experience & Engagement Lead and Complaints & PALS Manager will be responsible for agreeing the training requirements associated with the newly ratified document with the Chief Nurse and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

Where appropriate, outcomes of individual concerns raised and issues dealt with by PALS are routinely reported back to either an individual or service teams.

For all enquiries where the PALS team consider there to be immediate, urgent concern, PALS will use routes to the care group management, Chief Nurse and Chief Executive.

Monitoring reports will be submitted to the Patient Experience Committee on a monthly basis and bi-monthly to the Trust Board detailing recent activity, thematic analysis and areas for concern.

10 References and Associated Documentation

- Department of Health, PALS National Core Standards and Evaluation Framework July 2003
- Department of Health, Making Experience Count 2007

| Dissemination Plan | | | |
|--------------------------------------|---|-------------|--------------------------------------|
| Document Title | PALS Policy | | |
| Date Finalised | July 2018 | | |
| Previous Documents | | | |
| Action to retrieve old copies | To be managed by the Information Governance Team, who will remove old version from publication. | | |
| Dissemination Plan | | | |
| Recipient(s) | When | How | Responsibility |
| All Trust staff | July 2018 | Vital Signs | Information Governance Team |
| Patient Experience Committee | July 2018 | Email | Patient Experience & Engagement Lead |
| All service line teams | July 2018 | Email | Complaints & PALS Manager |

| Review Checklist | | |
|---|--|---|
| Title | Is the title clear and unambiguous? | Y |
| | Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP? | Y |
| | Does the style & format comply? | Y |
| Rationale | Are reasons for development of the document stated? | Y |
| Development Process | Is the method described in brief? | Y |
| | Are people involved in the development identified? | Y |
| | Has a reasonable attempt has been made to ensure relevant expertise has been used? | Y |
| | Is there evidence of consultation with stakeholders and users? | Y |
| Content | Is the objective of the document clear? | Y |
| | Is the target population clear and unambiguous? | Y |
| | Are the intended outcomes described? | Y |
| | Are the statements clear and unambiguous? | Y |
| Evidence Base | Is the type of evidence to support the document identified explicitly? | Y |
| | Are key references cited and in full? | Y |
| | Are supporting documents referenced? | Y |
| Approval | Does the document identify which committee/group will review it? | Y |
| | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | Y |
| | Does the document identify which Executive Director will ratify it? | Y |
| Dissemination & Implementation | Is there an outline/plan to identify how this will be done? | Y |
| | Does the plan include the necessary training/support to ensure compliance? | Y |
| Document Control | Does the document identify where it will be held? | Y |
| | Have archiving arrangements for superseded documents been addressed? | Y |
| Monitoring Compliance & | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | Y |

| | | |
|-------------------------------|---|---|
| Effectiveness | Is there a plan to review or audit compliance with the document? | Y |
| Review Date | Is the review date identified? | Y |
| | Is the frequency of review identified? If so is it acceptable? | Y |
| Overall Responsibility | Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document? | Y |

| Core Information | |
|--|--|
| Date | July 2018 |
| Title | Jayne Glynn, Patient Experience & Engagement Manager |
| What are the aims, objectives & projected outcomes? | The purpose of this policy is to provide clear guidelines on the procedures to be used when dealing with concerns, issues or problems when making a referral to PALS. PALS aim to achieve an “on the spot” resolution wherever possible and ensure quality responses to all enquiries and referrals within the 2 working day timescale. Where this is not achievable PALS will ensure all parties are kept informed of the progress. |
| Scope of the assessment | |
| | |
| Collecting data | |
| Race | This is mitigated as the policy can be made available in alternative languages and formats. |
| Religion | There is no evidence to suggest that there is a negative impact on religion or belief and non-belief regarding this policy. |
| Disability | This is mitigated as the policy can be made available in alternative languages and formats. |
| Sex | There is no evidence to suggest that there is a negative impact on gender regarding this policy. |
| Gender Identity | There is no evidence to suggest that there is a negative impact on gender identity regarding this policy. Currently data is not collected for this area due to the current provision on the data collection systems. However, this is an area that is under development. |
| Sexual Orientation | There is no evidence to suggest that there is a negative impact on sexual orientation regarding this policy. Currently data for this area is not collected due to the current provision on the data collection systems. However this is an areas that is under development. |
| Age | There is no evidence to suggest that there is a negative impact on age regarding this policy. |
| Socio-Economic | There is no evidence to suggest that there is a negative impact on socio-economic regarding this policy. |
| Human Rights | Data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans. |
| What are the overall trends/patterns in the above data? | There are currently no trends or patterns in the data that is produced. Data is currently monitored, analysed and published on the Trust website, although there is an issue with the systems collecting all protected characteristics. Areas of concern will be addressed through appropriate action plans. Requests for interpreters is monitored on a monthly basis and analysed as required. |

| Involving and consulting stakeholders | | | | |
|---|--|-------|-----------------|-----------------|
| Internal involvement and consultation | The policy has been reviewed and compiled by the Patient Experience & Engagement Manager and Complaints & PALS Manager. The policy has been circulated to the Patient Experience Committee and Matrons, Department Leads for consultation. | | | |
| External involvement and consultation | The policy has been developed in line with PALS guidance. Representatives from Plymouth Healthwatch, Cornwall Healthwatch, Patient Council and the Patient Experience Committee. | | | |
| Impact Assessment | | | | |
| Overall assessment and analysis of the evidence | <p>This impact assessment has shown there could be an impact on race or disability groups. However this document can be provided in other formats and languages if required.</p> <p>Data is currently monitored, analysed and published on the Trust website although there is an issue with the systems collecting all protected characteristics. Areas of concern will be addressed through appropriate action plans.</p> <p>Requests for interpreters is monitored on a monthly basis and analysed as required.</p> | | | |
| Action Plan | | | | |
| Action | Owner | Risks | Completion Date | Progress update |
| | | | | |
| Specific issues and data gaps that may need to be addressed through consultation or further research | This is mitigated as the policy can be made available in alternative languages and formats. | | | |