

PATIENT ADVICE & LIAISON SERVICE (PALS) OPERATIONAL PROCEDURE

The Patient Advice & Liaison Service (PALS) provides confidential advice, support and information on health-related matters. The service provides a point of contact for patients/residents, their families and carers.

PALS also help to improve NHS services by listening to patients/residents, their families and carers, concerns and suggestions.

1.0 Aims Of The Service

- 1.1 To offer an official, but less formal option, to resolve individual's issues or concerns as rapidly as possible, advising that it could take up to five days for a concern but that 24 hours is more usual.
- 1.2 Resolve patient/residents, carer/relative's difficulties with no need to escalate them into formal complaints where appropriate.
- 1.3 Provide information and signposting to patients/residents, their families and carers, carers and relatives to help guide them through the NHS system.
- 1.4 Provide information to patients/residents, their families and carers, relatives and public on possible relevant resources and sources of health-related information.
- 1.5 Use information obtained from contacts to learn lessons, influence improvements and changes to services.
- 1.6 Provide reports to the Patient and Carer Experience Sub Committee so that there is Executive and Board level awareness of patient concerns, outcomes and resulting service changes.
- 1.7 Liaise as necessary with other Health and Social Care organisations to provide 'seamless' resolution of patient concerns.
- 1.8 Ensure that no person who uses PALS shall suffer any consequences in their care and treatment from staff that may arise out of the issue being raised.
- 1.9 Provide information about the NHS Complaints procedure, including how to get independent help through Advocacy Services, to make a complaint.

2.0 PALS Does Not

- 2.1 Act as counsellors or provide medical or other advice which is better provided by others with appropriate expertise.
- 2.2 Resolve staff issues.
- 2.3 Implement change (which is the responsibility of the relevant Directorate).
- 2.4 Provide an advocacy service.

3.0 PALS Philosophy

- 3.1 Always be polite and courteous to patients/residents, their families and carers and all people they liaise with.
- 3.2 Be empathetic but not judgemental in issues/concerns raised.
- 3.3 Not to raise patient/resident /carer's expectations by giving assurances that cannot be met.
- 3.4 Maintain confidentiality and seek consent if it is necessary. Obtain and share confidential information as appropriate in order to resolve issues.
- 3.5 Not disclose any confidential personal information to any third party without the consent of the person concerned.
- 3.6 Address issues as quickly as possible and keep patients/residents, their families and carers informed of progress and any actions taken or proposed.
- 3.7 Take whatever actions are reasonably necessary to resolve concerns, including liaising with other NHS bodies or external agencies as appropriate.
- 3.8 To refer to the appropriate person or organisation matters which are not within the remit of the PALS service or the Trust.
- 3.9 Explain the actions taken to resolve issues and the reasoning behind these decisions. If it is not possible for an issue to be resolved fully to the patients/residents, their families and carer's satisfaction to advise of options for further recourse (e.g. formal complaints procedure).
- 3.10 Advise patients/residents, their families and carers of service changes that may come about from concerns raised.
- 3.11 Publicise the service, including making presentations to interested groups in the community, etc.

4.0 Roles And Responsibilities

- 4.1 All staff are responsible for assisting service users/residents, their relatives and carers in raising concerns informally through PALS. This includes providing the “We want to hear from you” booklet on request.
- 4.2 PALS has access to the Chief Executive, and Executive Directors in order to bring matters of urgent concern to their attention for action to be taken as appropriate, seek advice, draw to their attention cases of non-co-operation or undue delays in appropriate action being taken, discuss persistent and unreasonable, frivolous, threatening, abusive or other inappropriate users of the service. PALS will refer cases to the Safeguarding Team as necessary.
- 4.3 PALS has direct and prompt access to any directly-employed Trust staff in order to assist with resolving issues.
- 4.4 PALS has the right to request and obtain any information or advice from directly-employed Trust staff in order to assist with resolving issues. PALS may also request information from independent contractors or other sources.
- 4.5 If requirements for information concern personal confidential details about an individual, they must first obtain the consent of that individual before seeking the information. If consent is not given, the patient/resident, their families and carers must be advised that it may not be possible for further action to be taken by the PALS Service.
- 4.6 Any disputes about confidentiality and disclosure of information to PALS shall be referred to the Trust Caldicott Guardian for decision.
- 4.7 All PALS enquiries and Local Resolutions received by the Trust will be recorded on the Datix recording system.

5.0 Joint Referral Protocol PALS And Complaints

- 5.1 PALS will explain their role to those who contact the service with a concern, including the right of the individual to access the formal complaints procedure at any point and if so this will be passed to the Complaints Department.
- 5.2 Anyone approaching the service with a specific complaint, especially one suggesting incompetence or negligence should be directed to the Trust’s Complaints Department.
- 5.3 The person should be made aware of the actions that can be undertaken by PALS, the options available to them and of the complaints procedure, how they work, and what the consequences may be of pursuing particular action.
- 5.4 In the initial contact with the service user/resident/ carer or member of public, both PALS and Complaints should ask whether they are, or have been, in contact with other Trust staff.

- 5.5 People who have pursued a complaint through a complaints procedure cannot subsequently seek to have the same issue dealt with by PALS.
- 5.6 Where a service user/resident/ carer or member of the public approaches one department and finds they need the other, they may be happy to make a direct approach themselves. In many cases, however, it will be helpful for PALS and Complaints to make the referral to the other, providing details about the concern, so that the person does not have to start again from the beginning. This would only be done with the individual's consent.
- 5.7 It should be made explicit to service users/residents and carers that concerns or complaints raised will not affect the standard of care they can expect to receive from the Trust now or in the future.

6.0 Making The Service Accessible

- 6.1 The Service will be available for contact by telephone, e-mail, or post from 9 am – 5 pm, Monday – Friday. Outside these hours, or if PALS are temporarily absent from their office, an answer phone will be in operation. This will advise the caller to leave a contact number and that PALS will make contact on the next working day.
- 6.2 The PALS service will be publicised through leaflets, cards and posters and will include the Freephone number. Staff will bring this material to the attention of anyone wishing to make a complaint or if they have a concern they would like the Trust to look into.
- 6.3 If there are likely to be significant delays in PALS being available to provide a 'normal' service, it will be the responsibility of the Head of Complaints to make necessary arrangements for PALS cover.

7.0 Lessons Learnt

- 7.1 The Trust will use information provided to PALS to ensure organisational learning takes place. Any learning will be discussed at the Learning Lessons Oversight Committee.

8.0 Reporting

- 8.1 PALS will present reports to the Patient and Carer Experience Sub Committee at a frequency and in such format as directed.
- 8.2 Reports will include information on the number of contacts, types of issues raised and any lessons learnt.

9.0 Monitoring & Evaluation

- 9.1 The PALS Service and its efficiency will be monitored by the Patient and Carer Experience Sub Committee.

- 9.2 The PALS Service will be evaluated in accordance with evaluation techniques agreed nationally or locally for PALS. This includes the normal Trust auditing procedures.
- 9.3 PALS will collate relevant information and provide trend analysis information when requested.

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