

## Patient Advice and Liaison Service (PALS) Policy

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## **1. KEY WORDS**

Patient Advice and Liaison (PALS)  
Complaints  
Patient and Public Involvement (PPI)  
Customer Services  
Supporting Staff  
Independent Complaints Advocacy Service ICAS (a body funded by the government to support patients to access the NHS Complaints Procedure)

## **2. INTRODUCTION**

### **2.1 Background**

The patient advice & liaison service (PALS) has been established in response to the NHS Plan published in 2000 which puts the emphasis on the NHS putting the patient at the heart of decision making both in terms of their care and shaping the NHS in the future.

The procedures set out in this policy have been developed to provide a clear framework for the PALS function within the Royal Free Hampstead NHS Trust. PALS' Standards as developed by the PALS National Development Group are used as a basis for this policy.

PALS will also play a part in delivering Section 11 of the Health and Social Care Act 2001, Involving Public and Patients in Healthcare, and the NHS Constitution 2009, through its direct role in dealing with patients' concerns, assisting the organisation learn from these and therefore improve the patient experience.

### **2.2 PALS function**

The PALS service is available to patients, their relatives carer or friends using NHS services provided by the Royal Free Hampstead NHS Trust. However, it will, wherever possible and appropriate also offer advice and information to anyone contacting the service. Staff may also use the service to seek advice as part of their role in supporting patients.

PALS are an impartial advisory service that seeks to assist patients and users of the trust's services who encounter problems with their health care within the trust. They can also provide information to users who wish to make a complaint.

The trust recognises the need to view all patient concerns positively, as a valuable contribution in ensuring that lessons are learnt and services improved for all users of their services.

### **What do PALS do: - Information, Advice, Signposting and Enquiries**

- Advises and supports family, carers, friends who have questions about their healthcare within the trust.
- Provides assistance to NHS staff or providers/contracts who are raising concerns on behalf of a patient.
- Provides advice to staff members who are in turn supporting patients.
- Provides an efficient and speedy assistance in resolving concerns or questions raised by patients/users through liaison and negotiation with other trust staff, across sites and where appropriate with other PALS services and health related organisations. To achieve this aim PALS will, where appropriate work across organisational boundaries (see joint working protocol).
- Provides information about Royal Free services, the local and nationwide NHS services.
- Provides information and advice on making a formal complaint.
- Makes referrals to other relevant agencies i.e. advocacy, voluntary or other support organisations.
- Listen to suggestions.

There are clear protocols and guidance which support PALS staff to manage both common and complex enquiries in a consistent approach which are detailed in this policy.

### **2.3 Purpose**

The PALS objectives are to ensure that:

- All enquiries and casework are managed in line with Trust policies.
- PALS role and responsibilities in relation to supporting the resolution of informal and formal complaints are clearly identified.
- PALS provides a quality service by undertaking an annual self-assessment and/or peer review against the National PALS Core Standards Framework and PALS operating standards.

### **2.4 Scope**

Core functions of the service are to:

- Provide a PALS service that is transparent and confidential where the privacy of the client is respected and adhered to.
- Provide support for all patients, users and staff, of the Royal Free Hampstead NHS Trust.
- Provide accurate information to patients, carers and families about NHS services within the Royal Free Hampstead NHS Trust and local NHS services.
- Provide accurate and appropriate information to an individual wishing to make a formal complaint.
- Act as a gateway to appropriate independent advice and advocacy services.
- Act as a catalyst and influence for change and improvement. Through data collection based on patient/users' experiences. PALS will monitor trends and highlight gaps in services. Reports providing this data and analysis of recurrent problems are provided through formal routes to the Risk & Safety Committee and User Experience Committee
- Support staff at all levels within the organisation to develop a responsive culture. This will be achieved through positive support, sharing good practice and providing swift advice to staff when difficulties occur.

## **2.5 Roles and Responsibilities**

All trust staff and volunteers are required to be a "PALS officer", regardless of where they work or their role and should liaise and provide advice to patients/users. The implementation of PALS service should not mean that other staff within the organisation transfer responsibility to PALS to respond to concerns and issues raised directly with them. Issues should be, where possible, resolved at source.

In the spirit of this approach to a patient focused culture PALS is NOT about:

- Creating a substitute for making existing services more accessible, acceptable and effective.
- Not taking responsibility for action
- Bypassing user involvement in the planning and delivery of services
- Making formal complaint, nor should the service be seen or used as a mechanism for "blocking" access to the formal complaints procedure.
- Avoiding the need to provide person-centred services.
- Deciding or advising on a course of action, which might be sent to be in the best interests of the patient/user.

## **3. STAFFING AND STRUCTURE**

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The PALS and Complaints team is part of the Nurse Directorate and Nurse Director is the designated Executive Officer to lead on the handling of PALS concerns. The PALS manager is responsible for managing the PALS service and reports to the Head of Complaints & PALS who is jointly responsible for the strategic development and management of the PALS service.

### **3.1 PALS Supporting Staff**

Although PALS is a patient-centred service it is recognised that supporting staff improves the patient experience and therefore is a key function.

PALS will support relevant staff by providing information about the PALS and/or complaint process. They will provide assistance, guidance suggestions and options for resolution of an issue/s that a member of staff may be dealing with on behalf of a patient.

Guidance is also provided on dealing with difficult situations and the escalation process in such matters.

#### **a. Individual Problems**

PALS staff will provide advice and assistance to staff who have difficulties in addressing any concerns and problems that affect patient care or satisfaction.

#### **b. Staff Concerns**

Staff may use the PALS service to record their own concerns about service provision in a confidential setting.

#### **c. Other Support Functions**

Subject to capacity, PALS may become involved in staff training, specific patient liaison for feedback on services and other initiative in improving the patient experience.

### **3.2 PALS in Relation to Complaints**

A key PALS role is to help people talk through their concerns enabling identification of the problem the patient/user is experiencing so that they may work out the various options available to resolve the issue. Those contacting PALS may initially frame their concern in the form of a complaint but the PALS staff will, with their experience, identify if the

concern can be dealt with informally through PALS. In all cases, the choice of action should be taken by the person raising the issue.

Using PALS will not remove the user's right to make a formal complaint, at any stage. PALS may advise a user on how the complaints procedure works and subject to capacity assist them in making a complaint. However, it would not be appropriate to use PALS and the complaints procedure simultaneously to address or investigate the same problem. The user must be informed of any source of independent support that may be available to assist them in making a formal complaint, e. g. Independent Complainants Advocacy Service (ICAS).

In addition, users may not use PALS to pursue a concern once the complaints procedure has been exhausted. PALS will act as a gateway to the complaints procedure within the Trust but will not investigate formal complaints. The decision to refer to the formal complaints procedure is based on the following:

- Complexity of the concern e.g. death, serious allegations regarding professional misconduct, adverse publicity or litigation.
- The complaint is about events that have taken place in the past where no immediate action is necessary.
- The user chooses to use the complaints procedure rather than the informal process through PALS e.g. even though PALS may have the potential to resolve the problem. In this instance, PALS will provide information about the complaints procedure and, if necessary, ensure that the user has access to independent advocacy/support.

The PALS is part of the complaints team and there is regular dialogue between the two areas to ensure easy flow of information between the two functions.

### **3.3 Links with other staff/services/organisations/networks**

PALS have strong links with other departments within the hospital, other NHS organisations as well as neighbouring PALS services and local authorities to facilitate provision of a seamless service that supports the patient/user's journey.

Trust staff will be expected to:  
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- a. Cooperate with the PALS to help resolve any problems or concerns raised by users.
- b. Deal directly with problems and concerns raised with them at the point of service delivery, seeking advice from PALS where necessary.
- c. Co-operate with PALS follow-up/contact closure procedure.

#### **4. EQUALITY IMPACT ASSESSMENT**

The Trust aims to design and implement services, policies and measure that meet the diverse needs of its services, population and workforce ensuring that none are placed at a disadvantage.

In order to meet these requirements a single equality impact assessment is used to assess all policies/guidelines and practices. This policy was found to be compliant.

#### **5. PROCEDURE TO ENSURE A USER IS NOT TREATED ADVERSELY**

The Royal Free Hampstead NHS Trust promotes a culture of openness in responding to concerns or complaints raised by users. The lessons learnt as a result of these are used to develop and improve services. Staff are expected to follow the Trust's policies in relation to respond to concerns and complaint handling to ensure that no user is treated adversely as a result of raising or concern or making a complaint. The Trust will monitor the effectiveness of PALS and complaints handling and any concerns raised as part of its performance monitoring arrangements.

#### **6. CONFIDENTIALITY**

The nature of PALS work means that it is necessary to hold personal details of users. PALS staff will maintain confidentiality at all times in line with the principles of patient confidentiality, Caldicott Guidance, Data Protection Act. Royal Free Hampstead NHS Trust Patient Confidentiality Policy  
[http://freenet/Docs/Information%20systems/general/Patient\\_confidentiality\\_policy.doc](http://freenet/Docs/Information%20systems/general/Patient_confidentiality_policy.doc)

PALS staff will not disclose any information about named patients or their representatives, or information about them to any unauthorised person without prior consent.

In order to adhere to the rules governing confidentiality, PALS staff must actively seek the consent of users before divulging personal information. This is recorded during the initial conversation with users. In some situations where this is not

possible advice is sought from the Head of Complaints & PALS or the Trust's Data Protection manager.

## **7. ACCESS TO PALS**

### **7.1 Operational Hours, Service Location and Accessibility**

The service is available Monday to Friday 09.00 am to 04.30 pm except Wednesdays when opening hours are 10.00 am to 04.30 pm. PALS is not available on Bank Holidays. The PALS service is based in main reception at the Royal Free Hospital site at Pond Street, NW3..

PALS can be contacted by:

1. Phone and 24 hour voicemail
2. Drop in service
3. Bleep – this is available between 09.00 am to 05.00 pm, Monday to Friday and allows users/staff to access the service immediately. **However, PALS is not a crisis intervention service nor is PALS qualified to give medical advice**
4. Written communication (fax, email or letter)
5. PALS inquiry form on Royal Free website.
6. Text phone numbers for deaf or hard of hearing patients.
7. Referrals can be made by staff, other PALS services, external organisations or a third party.
8. Home visits can be arranged for users who are unable to visit this office by prior arrangement. If a home visit is request, this will be in accordance with the “Lone Workers Policy”.
9. During out of hours and Bank Holidays users concerns should contact the site manager. Any member of staff can do this on behalf of the patient or service or where a user is calling in this can be done via Switchboard.

### **PALS aims to be accessible as possible to all users of the Trust's services**

- Providing literature in different forms and languages to meet the needs of the individuals' requirements.
- Using trained interpreters, language line, BSL.
- Subject to capacity and trust guidance meeting clients in a mutually agreed venue.
- Undertaking any training required in order to treat all clients in an appropriate and sympathetic manner.
- Ensuring that those with physical or mental impairment have equal access to the service.

- Developing links with local forums representing those working directly with vulnerable and excluded groups.

## **7.2 PALS process**

### **Timescale for acknowledging receipt of an enquiry**

The PALS team aim to acknowledge all enquiries within two working days. However, it is noted that timescales may vary according to the capacity of the service. Timescales for acknowledgment of enquiries will be monitored by the PALS manager in order to ensure efficient casework management and the well-being of staff.

Where access to the service is via the 24-hour answer machine PALS will usually respond to the enquiries in the order in which they were received, within the above timescale. However, some enquiries may warrant a more urgent response and will need to be prioritised.

Subject to capacity the usual timeframe for resolution of concerns is as soon as possible but within a maximum timeframe of 10 working days. The timeframe will be agreed with the user during the initial conversation and will be regularly reviewed during the management of the issue. The timeframe can exceed 10 working days with agreement from the user. Unlike the formal complaint process the primary methods of communication for PALS are face to face, telephone, e-mail.

### **7.3 Providing Information about PALS Role, Confidentiality and Consent**

Each user to the service will approach their problem in a different way, some providing the detail of the problem prior to any patient identifiable information. PALS staff will allow the user to lead the discussion as they are often emotional.

Having allowed the user the space to describe their enquiry and express themselves staff will:

- Thank the caller for providing brief details of their enquiry and enquire as to whether they have contacted PALS previously. If not, staff will briefly describe the role of PALS.
- Staff must advise all callers who contact the service that PALS is a confidential service which only acts upon the consent (verbal or otherwise) of the enquirer and other parties where necessary.

- Enquire as to whether they may take the contact details of the caller advising them that their details will be recorded on Datix (the service's database). However, a user's preference to anonymity must be respected though it should be noted that in many cases it may not be possible to progress an enquiry without their personal details.
- Where the individual is undecided as to the above, staff should provide enquirer with a further opportunity to choose to disclose or withhold their personal details when agreeing actions to progress an enquiry.
- Record personal/contact details on Datix where applicable.

### **7.3.1. Sharing Information**

- a) PALS will work strictly within the NHS Confidentiality code of practice and within Trust guidance about information governance and confidentiality.
- b) PALS is a confidential service. PALS staff, including any temporary staff and volunteers will treat all information received about users and staff in strict confidence.
- c) Users details are recorded on PALS database (Datix). If however, a user wishes remain anonymous then their personal details will not be recorded on Datix or disclosed to other staff within the Trust when discussing their concerns.

It is very unlikely that PALS will be able to resolve a user's concern without disclosing their identity and this will be discussed with the user. If the concern is raised via the telephone, verbal agreement to disclosure will be obtained although in most instances is implied within the discussion.

- d) PALS staff will only request information about users on a "need to know" basis, in order to perform their duties.
- e) If an enquiry cannot be immediately resolved then the member of PALS staff will agree with the user on a timeframe for a response. When PALS are returning calls to users detailed messages should not be left with other people or on answering machines without the user's prior agreement.

- f) When contacting users, PALS will clarify the preferred method of communication – letter, email, fax etc.
- g) When writing to a user letters should always be marked “confidential” and sent in a sealed envelope addressed to user.
- h) When send a fax, a cover sheet marked “confidential” will be used, a telephone call made to the recipient prior to sending it as well as a follow up call to confirm receipt.
- i) Person-identifiable information will only be sent to a non NHS net account with the consent of user.
- j) If the user is raising concerns on behalf of a patient, then PALS staff will explain patient confidentiality. In order to respond to the user about the issues raised PALS (and the service concerned) will need the patient’s consent, where appropriate. The consent of minor is required where the patient is believed able to give informed consent.
- k) Where face-to-face meetings take place, arrangements will e made for these to be conducted in a private setting but taking into account the safety of staff.
- l) Information about a caller, including the fact that they have made contact, will not usually be disclosed to a third party, even to a partner or family member without the express consent of the user.

### **7.3.2 Keeping Records Secure**

- a) PALS staff will only access personal information required to perform their duties.
- b) PALS will take all reasonable care to ensure the security of electronic medial and the data contained within it. PALS is a paperless office and therefore all information in relation to a patient is saved into their database (Datix) which is password protected.
- c) All IT systems used will be effectively password protected and users will divulge their password and not leave the system active while absent.

- d) All reports produced by PALS will be anonymised and will not contain patient identifiable information.
- e) PALS cases may be used for training purposes but will be anonymised.

### **7.3.3 Breaching Confidentiality**

The very few circumstances in which a breach of confidentiality may be justified on the part of PALS – which can include:

1. When the user reveals any matter that the PALS member of staff considers may constitute a criminal offence.
2. Where there is a clear indication that a serious crime has been or is about to be committed.
3. Someone's safety or life is believed to be at risk.
4. Information is requested by HM Coroner, a court or a tribunal.
5. Professional misconduct/poor clinical performance.

In these circumstances the PALS staff will seek appropriate advice from their line manager. If there is a legal requirement to disclose information the advice of the line manager or Head of Complaints & PALS and/or Head of Legal Services will be sought. If appropriate, the user will be informed that it is not possible to maintain their confidentiality.

### **7.3.4 Capturing and Recording Enquiry Details**

In order to resolve an enquiry successfully and/or provide a full response staff should ensure they have fully understood the details of the enquiry/concern by recounting the detail to the user, allowing the individual to correct the account as the discussion progresses. Where the matter is complex – PALS staff can write up the details and then ask the user to confirm that these are correct.

When capturing details of the enquiry staff should try and obtain as much information, where possible including the:

- Name of the patient, including their date of birth and MRN number.
- Name of the referrer where the enquirer is contacting PALS on behalf of the patient.
- The speciality to which the enquiry relates.

- Chronology of events/details with dates and times where possible.
- Details of member of staff involved.
- Details of the individual(s) with whom they may have already lodged their concerns/enquiry.

#### **7.4 Progressing an Enquiry**

In order to progress an enquiry/case, staff must provide the user with information about the possible options for resolution which may include the following, although this not an exhaustive list:

- Referral to another department within the hospital.
- Signposting or referral to another organisation i.e. another Trust, PALS service or GP.
- Advice and information about the NHS Complaints Procedure.

Having discussed the various options for resolution, staff must agree actions with the user, noting those agreed within Datix. Where actions require liaison with other individuals, services and bodies external to PALS, the staff member should advise the user where and if capacity allows whom they will contact in such cases, staff must ensure they have the consent of the user to do so. If the user is calling on behalf of a patient then staff should ensure, where appropriate/possible that they receive the consent of the patient and this should be recorded on Datix.

In most cases, callers usually understand that the need to disclose their details to others is necessary in order to resolve their concerns, but PALS staff must explain to the user how they will progress the enquiry/concern and the need to pass on their details to another area/department. This will give the user the opportunity to make it clear whether they are happy for PALS to proceed. If the user is not happy then PALS will have to explain that this will limit any explanation and may not allow for resolution of the specific concern.

#### **7.5 Informal Resolution / Complaints**

PALS tries to resolve concerns informally as they arise. However, it can be clear from the onset that a user wishes to make a complaint.

The final decision as to whether a matter is dealt with as an informal concern or as a formal complaint should be the user's, but should be based on information about options provided by PALS/Trust staff.

Where PALS or the user suggests a meeting as the “way forward” then with the consent of all parties, an audio recording of the meeting will be made and a CD copy of the recording provided to the user.

Any user, who is dissatisfied with the preliminary response to a matter which has been dealt with as a problem solving issue and does not want further PALS assistance, will be advised of their right to pursue the matter further through the complaints procedure and offered support through independent advocacy.

## **7.6 Complaints**

- a) PALS staff should take the user’s details and details of the complaint and provide the user with their name and direct line number as a point of contact.
- b) PALS must identify whether there is an immediate problem, which needs to be solved. If this is the case, with the user’s consent, this particular issue should be dealt with by PALS.
- c) The NHS Formal Complaints Procedure should be explained. If the user wishes to proceed with a formal complaint PALS will direct a user to the Hospital’s website pages for further information and on-line complaint form. Alternatively, if the user does not have access to a computer a complaint pack containing a complaint registration form, complaint information leaflet and sae will be sent out to the user.
- d) PALS should also offer the option of a referral to Independent Complaint Advocacy Services (ICAS) for assistance in preparing a statement/letter of complaint or for support through the formal complaints process.
- e) In some instances, where capacity allows and a user is not able to write the complaint, and does not wish to be referred to ICAS then PALS will assist the user to write their complaint.

In such circumstances PALS will type up the complaint and send it to the user for them to check the accuracy and where appropriate amend and then sign and return. Once PALS have received the signed complaint it will be referred to the complaints team for registration and investigation.

## **7.7 Dealing with Enquiries which Involve Vulnerable Adults or Child Protection Issues/any Criminal Activity/Misconduct**

If the user has called specifically to raise concerns regarding a person who may be at risk of harm, a vulnerable adult or Child Protection issue or disclosure of this nature occurs during the course of the enquiry, PALS staff should refer to the following policies and adhere to the reporting protocols established within them. If unsure PALS should seek the advice from the Safeguarding Operational Lead.

- Child Protection Policy  
[http://freenet/guidelines/993\\_REFERENCE%20Child%20Protection%20manual%2011.2009.pdf](http://freenet/guidelines/993_REFERENCE%20Child%20Protection%20manual%2011.2009.pdf)
- Safeguarding Vulnerable Adults: Policy and Procedures  
[http://freenet/guidelines/933\\_Version%203%20Sept%202009%20Adult%20Protection-safeguarding%20Vulnerable%20Adults%20Policy.doc](http://freenet/guidelines/933_Version%203%20Sept%202009%20Adult%20Protection-safeguarding%20Vulnerable%20Adults%20Policy.doc)

PALS are also required to immediately flag up any vulnerable adult or child protection issues with both the relevant lead, head of complaints and PALS and the relevant divisional nurse director immediately.

If the enquiry involves issues in addition to the above, the enquiry should continue to progress as normal, once PALS staff have undertaken necessary reporting procedures as a priority.

## **7.8 Providing Feedback to the Enquirer and Timescales for Resolution**

PALS endeavour to provide timely resolution and / or feedback and aims to resolve all enquiries within 10 working days, (capacity allowing) from having first acknowledged the enquiry.

It should be noted that the timescales outlined act as a guide, but given the broad and varying nature of enquiries, it is not possible to set a defined timescale for resolution of all types of enquiries. Successful resolution of enquiries is often heavily reliant on the involvement and response of others external to PALS. PALS will keep enquirers informed as to the progress of their enquiry.

PALS will a) resolving the immediate concern for the patient and where appropriate b) following up with the department lessons learnt and

evidence to support this. Following resolution/feedback to the enquirer PALS staff must verify whether the user is satisfied with the response. If, the enquirer is satisfied with the response the case may be closed and marked 'Completed' and date of case closure noted accordingly on the respective Datix record. Lessons learnt by the department/organisation should be recorded on Datix under the "Lessons Learnt" tab.

If the enquirer is not satisfied with the response, PALS staff and the enquirer should consider further options for resolution and whether further advice and liaison is likely to achieve the desired outcome.

If the desired resolution is not possible, PALS staff should advise the enquirer of the NHS Complaints procedure, which remains an option at any point of an enquiry as described in the Complaints Policy.

### **7.8.1 What if PALS outcome does not fulfil expectations?**

The PALS service has a duty to explain to users the boundaries under which it operates and it will do its utmost within those boundaries to resolve the concerns. Where the service is unable to assist or resolve an issue/s it has a responsibility to explain this to the user identifying or referring on to a more appropriate body.

If a user is unhappy with the quality of service or outcome of an issue provided by PALS then they are able to make a formal complaint in accordance with the NHS complaints procedure.

### **7.8.2 Situations where PALS can Withdraw from or Decline to Provide Support**

Situations where PALS can consider withdrawal or decline to provide support are listed below also see the Trust's complaints policy.

<http://freenet/Docs/Chief%20executive's%20office/Complaints/Complaints%20policy.pdf>

- a) When the matter being raised by the individual has already been handled through the complaints procedure.
- b) Threats to staff

In very exceptional circumstances, PALS can refuse to continue providing a service to an individual, and the Trust policy for withdrawal of service must be followed. If it is felt that a member of staff is in danger from a user, the PALS Manager or in his/her absence the Head of Complaints &

PALS, the Risk Manager and the police should be notified.

In all instances where the above occur, PALS should immediately:

- Ensure that the PALS database is up to date and all correspondence (letters, emails etc) and file notes relating to the case are attached to the database
- Ensure that an email is sent to all PALS staff, Head of Complaints & PALS and any other trust staff that may be relevant.
- Complete an incident form attaching a print out of the case from PALS database and any correspondence (letters, emails etc) or file notes. This should be escalated to the PALS manager, then Head of Complaints & PALS.

**Clients should be left feeling they can use the service in the future if they do need information**

When PALS staff consider that their personal safety is at risk and the Trust's Violence & Aggression policy has been breached or that they are subject to abusive behaviour.

<http://freenet/Docs/Projects,%20estates%20and%20facilities/Security/violence%20and%20agression/001%20Violence%20and%20aggression%20policy.doc>

Suggested responses to callers are:

**c) Abusive/Obscene Calls/Offensive Language**

Abusive calls should be terminated. **Abuse is not acceptable.**

*"I understand you are upset, but if you continue to behave in this manner, I will replace the receiver. We are here to help and will discuss the problem if you ring again in a calm manner. I am now going to replace the receiver."*

When a call is obviously an obscene call from the outset, or the caller dwells on explicit sexual detail, staff should politely terminate the call, stating that "Due to the nature of this call I am no longer able to continue this conversation".

Care should be taken in defining what is offensive and insulting. The language used by a caller may offend, but it may be the only language the caller knows, and not intended to offend. Staff should identify to the caller what they are finding offensive, (i.e. swearing), and politely tell the caller to refrain from that behaviour, or the call

will be terminated. If caller continues then staff may terminate the call.

f) **Racist calls**

Racism may take a number of forms. Whatever form it takes, staff should be careful never to collude with racism (i.e. identify ethnic background of staff to caller or appear to agree with racist comments).

If a caller wants information about the racial or ethnic background of staff etc, PALS firstly need to identify the reasons. There may well be valid cultural or religious reasons for wanting to know. If, however, there appears to be no valid reason, staff can inform the caller that the Trust does not tolerate racism.

g) **Inappropriate use – repeat callers**

Callers may be tempted to use PALS when they really just need someone to talk to. Left unchecked, these calls can last a long time and can be difficult to deal with as there is often no information need apparent. It is important to deal with these calls sensitively, without showing anger, frustration or any of the other emotions they may generate.

It may be appropriate for staff to offer to give the caller information about services which may be able to help. Staff may need to repeat themselves several times during the course of the call. The aim should be to ease the caller off the phone gently but firmly, without making the caller feel unheard.

When the individual is unwilling to accept or act on the advice of PALS but continually contacts the service with the same problems. Staff should:

- Discuss the issue with the PALS Manager or in their absence the Head of Complaints & PALS to ensure that the advice given has been correct and all reasonable options explored and exhausted to assist them or to rectify a real or perceived problem. All clients should be treated with respect. This applies equally to callers who appear to be abusing the service and to those who are difficult to deal with for other reasons.

In all cases it is important to recognise the boundaries of the role of PALS. Although staff may feel a desire to help every caller in very practical ways, there will be occasions when this will not be possible.

A suggested response would be:

*“We have already supplied you with all the advice/information we can on this issue. If you have a different problem we will try to help, otherwise you may wish to contact another advice/advocacy service (give appropriate options) if you are unhappy with the advice we have given you. We will write to you and confirm all the advice and the name of alternative source of help. Please ring again if you have other problems. I am now terminating this call.”*

- confirm the advice in writing to the client and reiterate that PALS can help no further on this issue. Provide details of appropriate independent advocacy.

#### **h) Angry calls and emails**

It is important to acknowledge the anger of a caller, without taking a position on the matter.

Staff should:

- Give the caller time to explain the problem whilst trying to keep them to the point.
- Ensure that you do not offer to provide information, etc, within a deadline that you cannot meet.
- Ensure that you ring a caller back, if you promise to do so.
- Reflect back the essence of what has been disclosed; this helps the person to feel heard and acknowledged, and may diffuse some of the anger.
- Bear in mind that although not all anger is justified, this does not reduce the emotion which the caller is feeling.
- Try to keep calm and not get heated or engaged in a contentious conversation.
- If necessary staff politely terminate the call, stating that “Due to the nature of this call I am no longer able to continue this conversation”.

**i) Guidance for Challenging Contacts**

**Callers in distress**

- Staff should demonstrate that they have registered the caller's distress and be sympathetic, but should not feel that they are necessarily able to remove the cause of the distress. Staff should not probe too much; they are not counsellors. They can use their skills to try and refer the caller on to the most appropriate source of help. Calls such as this may need time and space, and silences are acceptable.
- Asking a factual question can often help someone in tears to regain their composure.
- If it appears that counselling or other support would assist the caller, it may be appropriate to suggest it.

**j) Suicidal callers**

**Staff should ask whether the caller wants them to get help, and attempt to get the following details:**

- Their name, location and telephone number
- What medication (or other) they have taken, and when
- What service(s) they are in contact with
- Staff should get a colleague to call 999 ambulance, stay with the caller and tell them an ambulance has been called

If a client has suggested that they are considering suicide or has given cause for this to be a concern, PALS should immediately:

- Inform their line manager or in his/her absence the most senior available member of the department/ directorate
- Inform the client's GP surgery by phone and follow up with an email detailing the client's interaction with PALS
- Complete an incident form attaching a print out of the case from PALS database and any correspondence (letters, emails etc) or file notes. This should be passed immediately to the Risk Manager

- Ensure that the PALS database is up to date and all correspondence (letters, emails etc) and file notes relating to the case are attached to the database
- Ensure that an email is sent to all PALS staff and team manager summarising the incident for their information

**k) Challenging calls**

In a long, rambling call the temptation is to cease listening which benefits no-one. Staff should bear in mind that someone else may be trying to get through to the service. If the call goes on too long, staff may miss the vital part of the call or may lose the thread of the call because they stop listening. Therefore, if the caller is having difficulty in getting to the point, staff should try to curtail the conversation in a polite but firm way.

Staff may have been talking to the caller for some time, some of which will have been constructive, before realising that the call has wandered from its main aim or that the main aim has not yet been identified.

Strategies for dealing with long, confused or incoherent calls:

- Summarise the conversation so far.
- Identify to the caller any action they can take.
- Suggest they call back should they need to, once they have taken the action suggested.
- Do not engage in any 'extending' conversation, having decided that the call needs curtailing, as this will give out mixed messages.
- Ask specific questions that need to be answered in a closed way (i.e. yes or no).
- Stand up during the call which normally assists in closing the call.

**7.9 Referral to Independent Advocacy**

PALS can refer callers to appropriate independent advocacy services (e.g. mental health advocacy, Independent Complaints Advocacy Service (ICAS), or specialist advocacy to support clients with Learning or Physical Disabilities). This would normally be done under the following circumstances:

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

Staff will work with Independent Complaints Advocacy Service (ICAS), and other advocacy services to develop protocols for referrals to their services.

## **8. INFLUENCING CHANGE - Service Improvements and Performance Monitoring**

PALS and complaints staff will work informally with staff and managers to encourage change and improvement in services on the basis of individual problems that have arisen and identified trends. PALS will record improvements to services as a result of feedback from the department in question.

The Head of Complaints & PALS will work closely with the trust's training/education department to identify organisational training needs and PALS and complaints staff will have input into all staff induction training.

Regular anonymised data/reports are provided to Trust Board and directorates on a quarterly basis. In addition the annual Complaints & PALS report will be circulated to relevant groups and committees as well as the Trust Board. This report will also be posted on the Trust's website. PALS is part of the clinical governance structure and provides regular reports to the Complaints, PALS & Litigation Group and the Clinical Risk Committee.

## **9. STORAGE OF INFORMATION**

Information will be recorded and stored within a secure database managed and accessible by PALS staff and this will conform to the relevant requirements of the Data Protection Act and Caldicott Guidelines for patient confidentiality.

## **10. PERSONAL SECURITY**

Complaints and 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.
- Staff will not be expected to undertake home visits or to meet people on their own if they feel themselves to be at risk. Alternative places to meet may be arranged and they may take a colleague with them.

- Staff undertaking home visits will leave the address with a colleague. Details of their expected return to the office or time when they will contact the office should be left. If no response is made the other member of staff will be entitled to access the address and take appropriate action to ensure their colleague's safety.
- Staff will have access to a mobile telephone when on PALS business outside the office.
- Staff will report and record any incident that gives them concern.

## **11. PALS CONTACTS SURVEY**

The Trust always looks for ways in which PALS handling can be improved. Therefore the team will ensure that a PALS Contacts Survey is sent to PALS clients on a regular basis when their query has been closed.

## **12. DISSEMINATION**

- This Policy will be cascaded to all staff through the Trust's Directorate leads.
- Service leads/managers will be expected to review and cascade the Policy through the service/ team meetings.
- This Policy will be available on the Royal Free Hampstead NHS Trust website and intranet for all staff to access and all staff should be made aware of it by their line manager.

## **13. TRAINING AND AWARENESS**

- PALS and complaints staff, in conjunction with line managers, will ensure clinical and non clinical staff within the Trust are aware of the role of PALS through staff induction
- Training and feedback sessions will be provided on request for all clinical and non clinical staff.

## **14. MONITORING**

The PALS Manager and Head of Complaint & PALS will monitor compliance with time scales, quality of investigation and any additional supporting paperwork, development and implementation of action plans to demonstrate learning from concerns and complaints.

PALS will also work informally with staff and managers to encourage change and improvement in services on the basis of individual problems which have arisen and identified trends.

This policy should be read in conjunction with the Formal Complaints Policy

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