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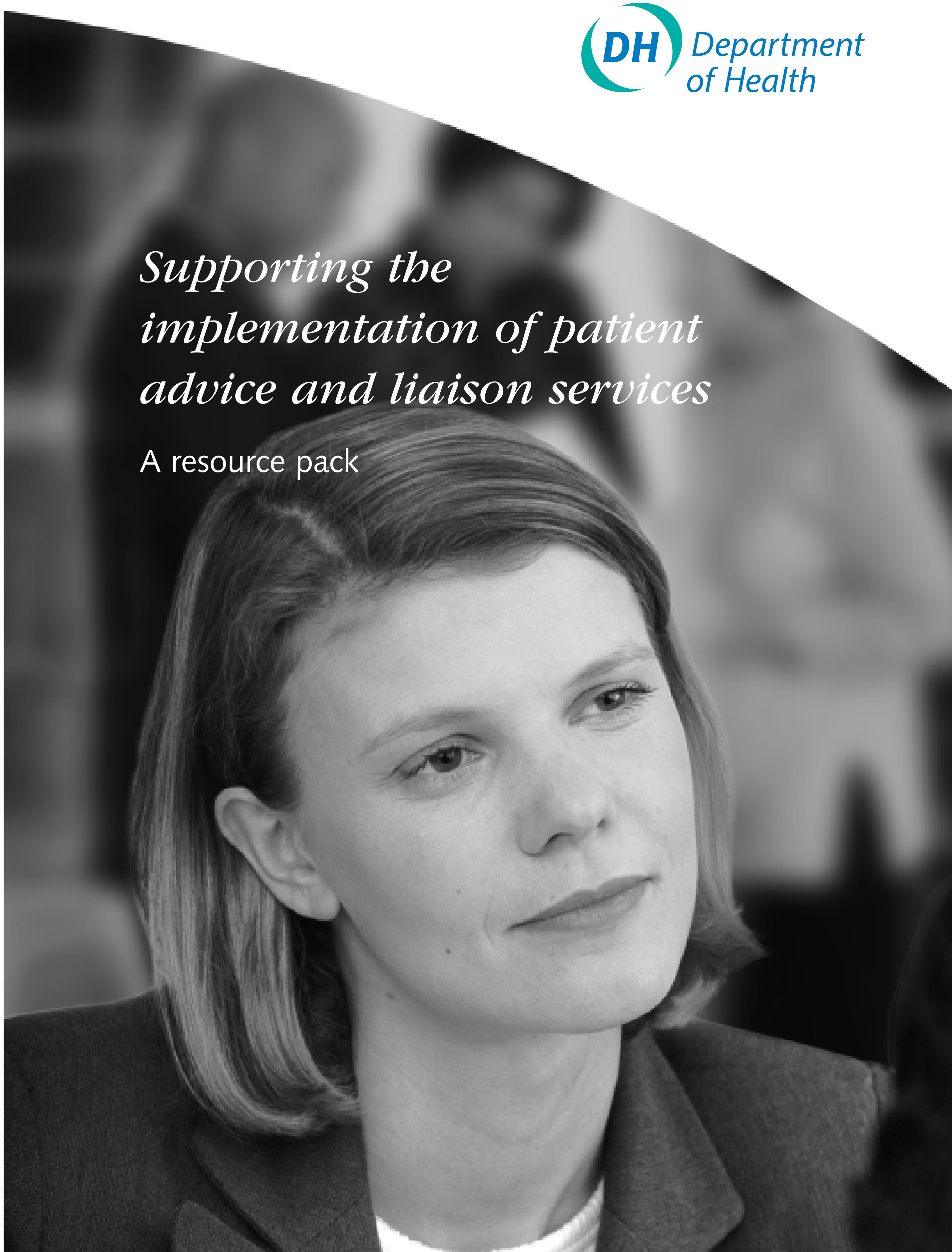

Supporting the implementation of patient advice and liaison services

A resource pack

Contents

Foreword 3
1 Summary 5
2 Core Standards 10
3 Working Models for PALS and Relationships 14
4 PALS and Complaints 21
5 Confidentiality and Informed Consent 23
6 Training and Development 24
7 Staff Recruitment and Selection 29
8 Mechanisms and Structures for PALS 32
9 Working with Volunteers 34
10 Marketing and Information 35
11 Accessibility and Equal Opportunities 39
Annex A: Job Descriptions 43
Annex B: Health and Safety of Volunteers 54
Annex C: Sample Volunteer Agreements 61
Annex D: Needs of Specific Groups 65
Annex E: References 68
Annex F: Supporting Policies 70

Foreword

Dear Colleague

We are committed through the NHS Plan to a health service that puts patients at the heart of everything it does. To achieve this, we are developing a new system of patient and public involvement, and the establishment of patient advice and liaison services in every NHS trust and Primary Care Trust is an important first step.

Some trusts will be starting from scratch, some will have a well developed existing patient support service and some will have recently established a patient advice and liaison service as part of the first wave Pathfinder programme. This new service will provide patients, their carers and families with on the spot help and information. But the patient advice and liaison service is more than a customer service, or glorified reception desk. It will provide a rich source of information and feedback to NHS staff and to the organisation, and thus has the potential to be a powerful lever for organisational and cultural change.

I hope you will find this Resource Pack helpful. The pack is designed to aid the establishment and development of the patient advice and liaison services, and I am grateful to colleagues from the NHS and voluntary sector who have collaborated with the Department in developing this pack. The pack draws directly on the experiences of the first wave PALS Pathfinders. Inevitably some of the information will be of more use to some than others, and I hope that the information and real examples will help to maximise the potential for patient advice and liaison services to bring about changes for the people who use and pay for the health service.

Good luck with this new and exciting service.

Hazel Blears

HAZEL BLEARS

1. Summary

Background and Policy Objectives

1.1 Patient Advice and Liaison Services (PALS) are central to the new system of patient and public involvement. **The PALS do not replace existing specialist advocacy services, such as mental health and learning disability advocacy. Rather, they will be complementary to existing services.** Providing information and on the spot help for patients, their families and carers, they will be a powerful lever for change and improvement. This document has been developed to support trusts to implement PALS and maximise their impact.

1.2 *The NHS Plan* announced the commitment to establish PALS in every trust by 2002. *Involving Patients and the Public in Healthcare (September 2001 and November 2001)* outlined plans for a radical new system of patient and public involvement, placing patients and those who pay for the NHS at the heart of decision making. These documents built on the provisions in the Health and Social Care Act 2001, and provided further information on the role of PALS.

1.3 The need for change was further emphasised in the Kennedy Report "...the priority for involving the public should be that their interests are embedded into all organisations and institutions concerned with quality of performance in the NHS: in other words, the public should be 'on the inside' rather than represented by some body 'on the outside."

1.4 The first wave of PALS 'Pathfinder' sites became operational in April 2001. The Pathfinder programme provided valuable information, testing out what worked best through working examples. We have used these experiences to inform the core standards and this document to support trusts in implementing PALS nationally. The evaluation of the Pathfinder sites and the lessons learnt, has provided examples of the practical application of the principles underpinning PALS and informed understanding of the expectations of the service, and the role and philosophy of PALS within the NHS. This document is illustrated by means of case examples to underline effective ways of working and good practice for PALS.

Supporting Policies

1.5 There are a number of policy initiatives that complement and support the PALS objectives. Taken together they constitute a comprehensive strategy to ensure that there is a more penetrative and powerful system for involving patients and the public in health, where service users become a lever for change and improvement. They include:

- **Shifting the Balance of Power** – outlines cultural and structural changes to the way the NHS works. The emphasis is on devolution of management authority to organisations and devolution within organisations, with greater engagement of patients and front line staff.
  www.doh.gov.uk/shiftingthebalance/

- **Building a Safer NHS for Patients** – sets out plans for improving patient safety and learning from medical errors and adverse events to improve the quality of care.
  www.doh.gov.uk/buildsafenhs/

- **Learning to Listen** – core principles for the involvement of children and young people.
  www.dfee.gov.uk/cypu

- **Modern Matrons (HSC 2001/010)** – sets out the strategies to introduce matrons, strengthen the role of all ward sisters and charge nurses and secure strong, visible clinical leadership.
  www.doh.gov.uk/cno/hsc.htm

- **Essence of Care** – provides guidance to help drive up nursing standards by benchmarking the fundamental and essential aspects of care.
  www.doh.gov.uk/essenceofcare

- **Housekeeping: a first guide to New, Modern and Dependable Ward Housekeeping Services in the NHS** – guidance for the introduction of ward housekeepers who will provide support to ensure that services satisfy patient needs for a suitable environment for care.
  www.nhsestates.gov.uk/download/publications_guidance/housekeeping.pdf

- **Reforming the NHS Complaints Procedure: a listening document** – sought views on ways of improving the current procedure.
  www.doh.gov.uk/nhscomplaintsreform/

- **Your Guide to the NHS** – sets out what you can expect from the NHS today and in the future as improvements to health services are made.
  www.nhs.uk/nhsguide/

- **Information for Health** – established important information and ICT services such as NHS Direct Online and the National Electronic Library for Health.
  www.nhsia.nhs.uk/def/pages/info4health/

- **Disability Discrimination Act** – outlines the timetable and steps to change practices, policies, procedures or physical features to ensure reasonable access to services for disabled people.
  www.disability.gov.uk

- **Valuing People: a New Strategy for Learning Disability for the 21st Century** – sets out an ambitious and challenging programme of action for improving services for people with learning disabilities and their families and carers.
  www.doh.gov.uk/learningdisabilities/strategy.htm

Action

1.6 **All NHS Trusts and Primary Care Trusts are expected to establish a PALS by April 2002.**

1.7 Strategic Health Authorities will performance manage PALS, and therefore trusts should aim to meet the minimum standards. Beyond this, we recognise that there needs to be flexibility in how the service is delivered that takes account of the needs of different health communities. This means that no single service model will be universally applicable and that it would be inappropriate to prescribe any particular approach. The important principle underpinning delivery of PALS services is that the model adopted locally delivers the policy objectives designed around the needs of the client group.

Introducing Patient Advice and Liaison Services

1.8 As a new core service, PALS will provide a focal point to enable the organisation to learn from patients' experiences of using services. The PALS will provide feedback on common themes and concerns which patients, their carers and families bring to their attention and be a catalyst for improvements and change.

Staffing of the service

1.9 Lead PALS staff should have direct access to the Chief Executive and have sufficient status and influence within the organisation to negotiate with clinicians and managers as part of responding to the concerns raised by patients, their carers and families, whilst being respectful of clinical decisions and clinical management structures.

1.10 PALS staff should be employed by and accountable to Trusts. To function effectively PALS will need to be properly supported, with Trust investment in appropriate training and development. PALS should have appropriate resources and accommodation, and be able to draw on the business planning, financial, human resources, and administrative support they need.

1.11 Although this document will assist in the identification of suitable staffing grades, it is not prescriptive of job descriptions. However, we set out the competencies required for PALS staff and examples of staffing structures. Importantly, although the PALS team may be accountable through a nominated senior manager to the Trust board for management purposes, lead staff should have direct access to the Chief Executive.

Description and functions of the Service

1.12 The core functions of PALS:

- **PALS services will be identifiable and accessible to patients, their carers, friends and families.**
- **Provision of on the spot help in every Trust with the power to negotiate immediate solutions or speedy resolution of problems. PALS will listen and provide relevant information and support to help resolve service users' concerns quickly and efficiently. They will liaise with staff and managers, and, where appropriate, with other PALS services, health and related organisations, to facilitate a resolution.**
- **PALS will act as a gateway to appropriate independent advice and advocacy support from local and national sources, including Independent Complaints Advocacy Services. Staff employed in PALS will be well-briefed on links to organisations able to facilitate provision of appropriate advice and support.**
- **PALS will provide accurate information to patients, carers and families, about the Trust's services, and other health related issues, using accredited, reliable sources.**
- **PALS will act as a catalyst for change and improvement. They will be a key source of information and feedback for the Trust and be an early warning system for Trusts. They will monitor problems and proactively seek patients' experience of health care, including problems arising, and highlight gaps in services by:**
  - **developing and maintaining an information resource capable of collating and analysing all issues dealt with by PALS.**
  - **providing information, advice and training on their service and issues raised by service users to staff.**
  - **PALS should submit regular anonymised reports to the Trust Board, and will also liaise with service managers, Directorates and the Board on policy issues that involve PALS and customer care/service user issues.**
  - **establishing and maintaining clear formal routes for feeding back emerging themes to Clinical Governance and Quality, and to individual departments.**
- **PALS will operate within a local network with other PALS in their area and work across organisational boundaries, to ensure a seamless service for patients who move between and use different parts of the NHS for the care they need. In this way they will ensure that patients' concerns are picked up and dealt with in the most appropriate way for the person concerned. PCT PALS will be expected to lead on cross-boundary issues.**
- **PALS should support staff at all levels within the organisation to develop a responsive culture. This will partly be achieved through training staff to be sensitive and receptive to listening to feedback from patients and enabling people to see the consequences of their behaviour or action. PALS will build on good practice currently taking place in the Trust around providing opportunities for patients, their carers and relatives to influence every level of the service. PALS must be seen as a culture, a function of the organisation rather than job. All members of staff have a role to act as a PAL regardless of where they work or what they do. The implementation of a 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.**

Action and Performance Management

1.13 Performance management of the establishment and operation of PALS will be undertaken by Strategic Health Authorities. Subject to legislation, Patients' Forums, the Commission for Patient and Public Involvement in Health, will all have a role in monitoring the effectiveness of PALS.

1.14 Evidence will be required that PALS are accessible and effective with reference to the range of duties they provide, their caseload, and their influence over Trust services.

2. Core standards

2.1 Section 1 described the functions expected of each Trust as part of setting up a PALS. Chief Executives will be interested to know of the indicators against which these functions will be assessed. Core standards will help to clarify the PALS role to ensure consistency across PALS nationally. This section will detail the 'Level 1' and 'Level 5' standards. All Trusts will be required to meet the Level 1 indicator. Trusts will be expected to assess their service and pass on the relevant information to monitoring bodies. Trusts will, however, have the flexibility to add standards if they wish (i.e. level 2, 3 & 4).

2.2 Overall core standards with the measurable 'Level 1' and 'Level 5' indicators are as follows:

1) PALS will be accessible to everyone.
    - a) Level 1- A member of the PALS team will be responsible for identifying and responding to issues of accessibility in line with local need.
    - b) Level 5 – PALS will be available 7 days a week, 24 hours a day using a wide range of methods.
2) PALS will be seamless across health and social care.
    - a) Level 1- PALS will work seamlessly across organisational boundaries.
    - b) Level 5 – PALS will be fully integrated across health and social care.
3) PALS will be sensitive and provide a service to meet individual needs.
    - a) Level 1- All clients of PALS will be treated as an individual.
    - b) Level 5 – All clients will have access to a fully comprehensive range of support and advisory services to meet individual needs.
4) PALS will have systems that make their findings known as part of routine monitoring to Strategic Health Authorities, [subject to legislation, Patients' Forums, the Commission for Patient and Public Involvement in Health].
    - a) Level 1 – The Trust Board is fully engaged with the PALS service.
    - b) Level 5 – PALS will engage with patients and staff on an interactive basis to improve services.
5) The learning from PALS will inform service improvement and development.
    - a) Level 1 – The lessons learnt from PALS will inform service improvement and developments of all departments/services.
    - b) Level 5 – PALS will ensure active patient representation in service improvement and development activity of all departments/services.
6) The learning from PALS will influence the design and delivery of training.
    - a) Level 1- the PALS philosophy will be incorporated into induction training.
    - b) Level 5 – The lesson learnt from PALS will inform and underpin all training for all staff.

7) PALS will actively seek the views of service users, carers and the public to ensure effective services.

   a) Level 1- Questionnaires will be used by PALS to inform service development of PALS and the organisation as a whole.

   b) Level 5 – PALS will demonstrate qualitative and quantitative consultative processes to inform service development of PALS and the organisation as a whole.

8) PALS will evaluate its impact for the Trust, patients and the public.

   a) Level 1 – Systems for baseline data collection are established.

   b) Level 5 – An integrated and comprehensive evaluation system is in place, of all departments/services to evaluate outcomes and changes in service delivery.

2.3 **To gain the trust and support of clients, PALS staff will need to:**

- act with determination and persistence on behalf of the individual receiving support;
- maintain the involvement of those they support;
- initiate action on the basis of a person's fundamental needs and rights;
- treat the people they support with respect and decency.

2.4 **In demonstrating good practice, PALS should seek to:**

- be proactive in addressing the needs of those individuals and groups that are most at risk of exclusion and least able to represent their own interests;
- be accessible to vulnerable groups.

2.5 For PALS to improve services for all users, the service will have to work proactively, to access vulnerable/hard to reach sections of the community. The following are indicative of people who may find it difficult to be heard:

- older people – especially those who are physically or mentally frail or living in care settings;
- children – in contact with the care systems, living in foster care or residential care, in danger of exclusion from schools for whatever reason, or involved in the Children's Panels process or with other legal proceedings;
- people with mental health problems – especially with enduring mental health difficulties;
- people who have dementia;
- people who have physical or sensory impairment, including brain injury;
- people who have learning disabilities;
- people who are homeless;
- people who do not speak English or for whom English is not their first language;

- people who are refugees;
- people from black and ethnic minority backgrounds;
- people who have drug or alcohol dependency difficulties;
- people facing life-threatening illnesses like cancer or AIDS;
- relatives or friends who care for people who are ill or have disabilities;
- people with low social status;
- people who do not understand the NHS system including people unused to receiving NHS treatment;
- people who have no network of support or expertise in making their views heard.

It should be remembered, however, that all of us should be regarded first as individuals.

2.6 **PALS is not about:**

- creating a substitute for making existing services more accessible, acceptable and effective;
- bypassing user involvement in the planning and delivery of services;
- avoiding the need to provide person-centred services;
- deciding or advising on a course of action, which might be seen to be in the 'best interest' of the service user;
- making formal complaints, nor should the service be seen or used as a mechanism for 'blocking' access to the formal complaints procedure.

Monitoring

2.7 Strategic Health Authorities will have a performance management role for PALS regarding establishment and operation. Evidence will be required by Strategic Health Authorities that PALS are accessible and effective with reference to the range of duties they provide, their caseload, and most importantly, their influence over Trust services. All monitoring should keep a focus on those individuals and groups most at risk of exclusion and least able to represent their interests, and include:

- type of enquiry – what issues people want help with;
- the amount of time between someone being referred to the project and being seen;
- characteristics of people looking for advice/support – age, gender, ethnic origin, geographical location;
- the amount of time staff spend with clients/resolving issues;
- the amount of time staff spend recruiting, training and supporting volunteers;

- length of time people are in contact with PALS;
- feedback from users of the service;
- the outcomes for people who have used PALS;
- the areas where it has been difficult to engage and work with providers;
- action taken to proactively engage potential needs;
- what links have been made to organisations PALS might refer to;
- how are gaps in service monitored and is unmet need recorded.

2.7 Number crunching is of little value, however, unless viewed in context alongside the quality and effectiveness of the service. An increase or a decrease in the number of complaints will not necessarily be an indicator of the success or otherwise of PALS.

Evaluation

2.8 Evaluation means more than assessing whether PALS has complied with its core functions. Evaluation means making a judgement of the project's effectiveness (i.e. have the original objectives been met) and efficiency (i.e. how well resources are being deployed). It therefore entails looking at outcomes as well as activities, at relevance as well as numbers, at what could have been done as well as what was done. To evaluate PALS successfully, much greater emphasis will need to be placed on qualitative indicators – the invisible aspects of prevention, relationships, trend of referrals, client satisfaction and impact on policies and practice in the service system.

3. Working Models for PALS & Relationships

Multi-Site Working

3.1 PALS will be located in a diverse range of Trusts, from large teaching hospitals, to Trusts that operate across multiple hospital and other sites encompassing a wide geographical catchment area and in a variety of settings. Additionally, PALS models will be designed to address the needs of patients, carers and relatives using services provided at community level by Primary Care Trusts and Ambulance Trusts that have many access points. PALS need to be responsive, flexible, and evolve according to the needs of patients, their carers and relatives using the Trust's services.

3.2 In terms of access for patients, carers and their relatives when there are multiple sites or points of contact with patients, the front of house or the visible face of the PALS service may not be obvious. Ambulance Trusts for example, have no premises where patients are treated except the vehicle. Pathfinder PALS found many solutions to this issue and it is clear that the empowerment of staff within the organisation to respond to service users' concerns is a key element to ensuring a speedy and effective outcome. In this model Practice staff in GP surgeries, Ambulance personnel and staff within Trusts have the power to respond to patient's concerns or issues quickly and efficiently, and have strong support from PALS staff within the Trust.

Case Example

Tees, East & North Yorkshire Ambulance Service has a working model of a PALS service that addresses access. The service is co-ordinated at a strategic level by a senior lead for PALS, who establishes contact with every PALS service in Trusts on the geographical patch covered by TENYAS. Service users may make contact with the PALS service at any point in the patch. A dedicated fax line connects the PALS point to TENYAS and a standard proforma is completed to record information. If the matter is urgent a duty manager can be contacted through a pager number. The service user identifies the nature of the issue and how they want the response to be framed. Matters are taken forward with the informed consent and agreement of the service user.

Ambulance personnel have the same training as PALS staff and respond to matters raised by patients, at the point of service delivery. Ambulance staff record issues through a method consistent with other PALS point staff and raise issues with the service. Staff in all PALS points receive training on Ambulance services and handling issues raised by service users.

3.3 This approach may be further strengthened and linked into formal structures by means of a range of outreach activities. For example a PALS team specialising in the needs of contacts in specific client groups, such as users of adult mental health services, and/or a geographical patch, hold surgeries in appropriate locations. Clients using mental health or learning disabilities services may need the additional support of specialist independent advocacy services.

3.4 In order to increase access to the service in a multi-site model PALS contact points may be located throughout the Trust. Additionally, the use of a Freephone telephone helpline service could provide information on the Trust's services and the way in which it uses patient information, and act as a gateway to the PALS system. Access can also be provided by means of PALS officers visiting patients who have contacted through the helpline.

Case Example

At the Oxleas NHS Trust there are four PALS Officers, two of whom are full-time, plus four part-time Telephone Liaison Officers based in the Trust. The PALS Officers undertake outreach across different sites. Each covers a different geographical patch. In addition:

Officer 1 deals with Bromley, covering adult mental health and older people.

Officer 2 covers Bexley, for adult mental health and forensics across all areas.

Officer 3 is part time and covers older people for Bexley and learning disabilities for Greenwich and Bexley.

Officer 4 is the Head of PALS and also a part time officer who covers adult mental health for Greenwich and deals with CAMHS across the Trust.

Case Example

Herefordshire PCT delivers a PALS service across a widely dispersed rural community, mental health and primary care service settings. The service is based on a central co-ordinator, leading and encouraging the work of specified local staff, with a commitment to training and support. PALS locations have been set up in each service reception area, with reception staff taking on the 'visible, first point of contact' role, to promote the service and offer information. The co-ordinator actively seeks out and supports PALS 'champions' in each service. The 'champions' encourage staff in their service to adopt a culture that enables all staff to deal positively with patients concerns or, if appropriate, refer them to the PALS co-ordinator. The PCT's approach also centres on establishing good working links with relevant support agencies.

Working Co-operatively

3.5 In order to address access, diversity of communities served and geographical spread of services, PALS need to examine joint arrangements across a health community. *Shifting the Balance of Power* is clear that Trusts should be encouraged to work in networks. This document sets out the framework and principles for establishing PALS but leaves the flexibility of the working arrangements and service delivery to be decided locally. Case studies included outline practical working arrangements across health districts and between Trusts. In establishing practical organisational arrangements that fit the local context there is still a need to ensure that PALS staff are central to the organisation to effect change around culture and practice. Trusts should be able to demonstrate clear lines of responsibility, especially in respect of Clinical Governance. It is not appropriate for Trusts to transfer the development and responsibility for change on to another organisation entirely.

Collaboration and integration is important for PALS and many Pathfinders have been working together to make the best use of resources, and to provide a basis for co-operative working across a health district. This joint approach for developing PALS would be effective around:

- training;
- supervision and support;
- communication;
- evaluation.

Working in a flexible and collaborative way, crossing health organisation boundaries, PALS can share expertise and experience across the network.

3.6 Whatever practical working arrangements are in place, each organisation must be able to demonstrate it is taking responsibility for the fundamental elements of the PALS service and is delivering the core functions of PALS effectively. The model must demonstrate:

- that there is ownership of the PALS culture within each organisation;
- that each organisation can respond quickly and effectively to the issues raised by patients and the public;
- that each organisation is learning the lessons from contacts with patients and the public;
- and importantly, is taking action to translate views into changing practice appropriate.

Case Example

- North Hampshire PALS is an integrated service across the primary and secondary care interface. The aim is to follow the patient's journey rather than organisational boundaries. Two senior PALS managers work across organisational boundaries but are accountable to managers in the Trusts that employ them. One PALS co-ordinator is a senior manager employed by the PCT with access to the Chief Executive. She works closely with Clinical Governance and Complaints Managers in the PCT, with the senior manager in the Acute Trust with responsibility for PALS, and with the Community Health Council.
- The PALS co-ordinator in the Acute Trust has direct access to the Chief Executive, links with a Locality PAL in the PCT and with the Health Information Centre in the Trust.
- Both PALS have a roving brief to go where needed, in acute and community wards to resolve issues.
- The PALS service is able to track issues reported at primary care level about acute care. Many of these issues have previously gone unreported. There are opportunities for staff to feed in their concerns, and issues feed in to clinical governance. The development of data collection systems with the ability to feed the database from 28 sites is vital for delivering the PALS service across the organisations.

3.7 A co-operative health economy or district-wide integrated PALS service can be developed on a hub and spoke arrangement.

Case Example

- In Bradford, the development and implementation process for PALS has been an inclusive one, designed to engage local people's enthusiasm and embrace a multi-agency approach.
- The District PALS Project Manager has direct access to all local NHS organisation Chief Executives, who are committed to acting on feedback from PALS within each organisation.
- A number of PALS Points are established throughout the district, with access initially through a telephone hotline, e-mail address, and PALS Freepost Comment Forms and potentially via community based Points within libraries, One-Stop Shops, supermarkets etc, and primary care premises within PCTs.
- PALS Point workers from across the district meet on a fortnightly basis for training, team-building, support and to facilitate the further development of district wide PALS.
- All PALS Point workers have direct line management accountability within their own organisations via Senior Manager to Chief Executive and are employed by that Trust.
- Additional independent support/accountability arrangements through the Bradford District PALS Project Manager, who acts as a central co-ordinator.
- In Acute Trusts two generic workers in main entrance.
- Community Trust has two specific PALS Point workers, with special responsibility for Mental Health and Learning Disabilities, both take a proactive approach.
- Cross boundary issues are handled via protocol whereby whoever takes the call takes responsibility for the issue.

Working Across Organisational Boundaries – the Patient at the Centre

3.8 In accessing NHS services, patients, their carers and families do not necessarily recognise the boundaries of health and social care organisations, nor do they differentiate between various departments. Issues and concerns raised through PALS are quite likely to relate to more than one area of health and social care, emphasising the need for partnership working across and within organisations and identifying the need to focus on the patient's journey or pathway of care. PALS should work across organisational boundaries to ensure that they do not provide a barrier to the resolution of issues for patients. The exchange of information between PALS and other agencies should be underpinned by information sharing protocols which take account of confidentiality and consent issues.

3.9 From April 2002 Care Trusts will have a valuable role in ensuring a seamless approach to health and social care. Care Trusts will be able to commission and deliver primary and community healthcare as well as social care for older people and other client groups. PALS in Care Trusts will be ideally placed to take forward issues across health and social care. All PALS should develop protocols and effective relationships with other PALS services across health economies, and with specialist tertiary services, to ensure that patients, their carers and families who make contact with the service regarding an issue relating to another organisation are not passed from one organisation or to another. In the case of an issue relating to one other organisation the receiving PALS service should take the lead in progressing the issue, and ensuring that the other organisation responds to the service user raising the matter. It is vital that the PALS service is focused around the patient or service user rather than round the organisation and its structures.

3.10 Issues that involve multiple organisations in different sectors and potentially crossing geographical boundaries, will need a unified approach with one PALS service taking the lead for co-ordinating a response. Consequently, PCTs with their particular responsibility for commissioning services are ideally placed to address the handling of issues that cover multiple organisations, including Social Services Departments, voluntary or independent providers, Acute Trusts, primary care, and community based services. PCT PALS should take the lead and responsibility for dealing with multi-service or cross-organisational issues. This is particularly important in respect of discharge issues that cover inpatient and primary care; PALS services in Acute Trusts may have initially responded to the patient, their carer or relatives, but will need to liaise with the appropriate PCT PALS service to ensure that all matters are addressed. PALS taking lead responsibility will need to ensure that the key aims of a seamless PALS service are addressed:

- consistency of approach;
- a speedy and effective response from the other agencies;
- change taking place within the other agencies or organisations;
- feedback to the receiving PALS service.

3.11 This may be achieved through a model incorporating the following:

- The receiving PALS officer takes basic information, including details of the issues raised, person's name and contact details and contacts the agency concerned, with the informed consent and understanding of the service user that information will only be divulged to the relevant organisations.
- If it becomes clear that the matter raised is multi-organisational and/or has cross-boundary issues, the responsibility for co-ordinating responses should be taken by the relevant PCT PALS service (often the PCT covering the area of residence of the person raising the issue, however, this needs to be with the informed consent of and understanding of the service user).
- The receiving PALS officer should make the process as smooth and uncomplicated as possible and make the initial contact with the relevant PCT PALS officer.
- The agency or other organisations then become responsible for contacting that person, within an agreed timescale.
- The agency must then respond to the patient or service user within an agreed timescale.
- The receiving PALS would only play a supportive role from this point onwards, possibly if the service user is having difficulties with the agency or experiencing problems with finding relevant information.

Case example

A patient's mother contacted a PCT PALS co-ordinator to raise concerns about the care received by her daughter (22 years old at the time of the injury) because the rehabilitation services from the Occupational Therapist, continence advisor, and wheelchair services seemed to be geared to older people. The PCT accepted the patient's suggestion that a representative from each of these services should visit the Orthopaedic Hospital to learn about the issues that specifically affect younger people.

Relationships with Other Services

3.12 One of the core strengths of PALS is the ability to develop high levels of knowledge and skills within a particular Trust. This should mean that in most cases, the PALS scheme will be able to negotiate a satisfactory resolution to patients' issues and concerns. However, many individuals will present to PALS schemes with a multitude of issues that go beyond a broad definition of health. This may include (but not be limited to) problems with housing, welfare benefits, social services, racism or domestic violence.

3.13 PALS are also likely to identify gaps in existing NHS provision which in the short-term may need to be met by non-statutory bodies, if available. It will be the responsibility of PALS staff to ensure the patient is referred to such bodies, hence minimising the bureaucracy for the patient. Effective links will need to be made with local and national voluntary bodies, CHCs, local authorities and [subject to legislation] Patients' Forums, Overview and Scrutiny Committees, and the Commission for Patient and Public Involvement, to ensure, as much as possible, that the needs of the individual arising from a concern raised are addressed. This section will detail relationships with organisations providing advice, support, and specialist advocacy or services such as housing and social care. These are for the most part voluntary organisations, CHCs or local authorities. Appropriate referral pathways, joint protocols for the sharing of information with external agencies, and regular monitoring of the standard of service provided, including outcomes for the individual are recommended.

3.14 For PALS to deliver on its function as a catalyst for change, they will need to be sensitive to the issues faced by vulnerable/hard to reach groups. PALS staff will need the skills to approach cultural issues appropriately and avoid making assumptions about what individuals might need. Training by voluntary organisations, CHCs and local authorities could be organised for the key client groups, on a collaborative basis with other local PALS. Input from the following client groups might form the basis of such training:

- People with mental health problems.
- People with learning disabilities.
- Older people.
- Young people and children.
- Black and minority ethnic groups.
- Carers.

3.15 It will also be important to establish links with parents, relatives and carers who will almost certainly have a key role in the welfare of vulnerable clients. By working with them and with other organisations which work in your field you will be able to be more effective in the interests of your clients. Parents and other carers should be made aware of your policies for protecting clients.

3.16 For effective referrals to be made PALS will need to:

- ensure they have access to an up-to-date and comprehensive database of voluntary bodies, together with an understanding of the standard and scope of service provided;
- for these bodies to made aware of the role and function of PALS.

3.17 In order for PALS to be proactive in identifying the needs of their clients and be able to provide choice of referral agency, the following information should be used to establish links to referring bodies:

- be well briefed on the demography of their local population;
- be well briefed on the ailments, conditions and episodes of care of patients;
- to collate and analyse data collection records, to identify gaps in knowledge from the above. (More detail can be found in the Marketing and Information section).

4. PALS and Complaints

The PALS-Complaints Interface

4.1 Clear definitions of the issues of concern to be dealt with by PALS will be developed in each Trust to prevent the service becoming a proxy for complaints. However, it should be the choice of the individual to use either PALS or the NHS Complaints Procedure; there should be no requirement for service users to use the PALS first if they wish to make a formal complaint.

4.2 Clearly, close collaboration between PALS and the Trust Complaints Department is essential to ensure a coherent and seamless approach to resolving clients concerns. However, there should be clear differentiation of the roles of PALS and Complaints Departments. PALS will not investigate complaints and their role is clearly to inform and support people to access the complaints procedure when requested.

- When patients first have a concern or issue they wish to raise, their first point of contact will often be with a member of staff or the Patient Advice and Liaison Service.

- PALS will act as quickly and creatively as possible to support service users, their carers and families to deal with their problems, before they become more serious.

- Concerns may be resolved by listening, providing relevant information, or by liaising on behalf of individuals.

- A key PALS role is to help people to talk through their concerns so that they can identify the nature of the problem and work out various options, including use of the formal complaints procedure, for resolving the issue, explaining the potential consequences of each option.

- PALS will provide a service for service users which aims to improve their satisfaction and reduce any confusion or anxiety they may have.

4.3 There may be occasions when patients, their carers or relatives contacting PALS have previously made a formal complaint, or taken other action to gain resolution regarding an issue. Clients should not use PALS to pursue a concern once the complaints procedure has been exhausted. PALS staff may decide that no action they can take will provide an effective and speedy resolution, and that the issue is outside their remit. PALS should provide information regarding appropriate independent advocacy or alternative means of pursuing the matter. It is important that PALS are able to work in an independent way and inform people of all their options and rights.

4.4 Contacts with PALS may initially frame their concern in the form of a complaint but the PALS staff should seek to identify if the concern can be dealt with informally through PALS. In all cases the choice of action should be agreed with the person raising the concern or issue.

4.5 Using PALS will not remove the right of clients to pursue the complaints option at any stage; however, it would not be appropriate to use PALS and the Complaints Department simultaneously to address the same problem. PALS will act as a gateway to the complaints service in the Trust. In certain cases it will be necessary to refer an individual to the complaints procedure. For example:

- The person chooses to use the complaints procedure rather than the informal process;
- The issue cannot be resolved through the informal process;
- Allegations of staff assault or incidents of similar seriousness.

PALS-Complaints Advocacy Interface

4.6 The aim of PALS is to resolve issues before they escalate into serious problems. Emphasis is placed on providing support to clients and liaising on their behalf rather than providing formal in-depth, ongoing advocacy support. PALS should not be viewed as a substitute for independent advocacy services but as a way of enhancing what already exists. Importantly, PALS will not replace mental health advocacy services and user led advocacy developed in Mental Health Trusts. Consequently, it will be beneficial for PALS to work closely with user led initiatives, for example User and Patients' Councils, and with advocates from organisations such as Mind, in Mental Health Trusts.

4.7 PALS will work with independent advocacy services (ICAS and specialist advocacy as appropriate) to develop formal referral and communications protocols. *The section on Relationships provides more detail on methods to address service user advocacy needs.* PALS workers will provide information about independent advocacy services to the service users and carers who approach the service. PALS will ascertain the nature of the issue, the level of support that the patient, their carer or relative requires and the most effective way of taking the issue forward.

4.8 PALS staff should assess whether they can provide the required level of support (locally or centrally), if the contact has personal support they may wish to use, or whether support exists already, in a form that the service user can access it, in the community. PALS will refer individuals on to independent advocacy services when requested to do so.

4.9 In complex cases the PALS officer may need to maintain contact with the agency supporting the service user to ensure that the matter has been resolved, and to ensure that any lessons are fed back to the service. However, emphasis throughout is on liaison and the PALS Officer should not act as a casework advocate.

5. Confidentiality and Informed Consent

5.1 The fundamental principle governing the use of information individuals provide in confidence to the NHS is that of informed consent. This is rooted in both legal and ethical requirements but is also an essential element of an open and honest partnership between patients and the NHS that is based on trust. All PALS staff will need to ensure that they are aware of and adhere to the Trust's policy on consent and on protecting and using confidential information provided by service users.

5.2 Staff should ensure that confidential information about service users is held, obtained, recorded, used and shared in accordance with Caldicott and Data Protection requirements. In particular it is important that service users are informed about how PALS staff may use their information, who it may be shared with and for what purposes. Service users should be given the opportunity to exercise choice about how their information is used and their wishes should be respected. All PALS staff will have a personal responsibility to protect confidential information about service users from unauthorised disclosures e.g. using appropriate methods to store and destroy confidential information. Further guidance on these issues is contained in the manual "Protecting and Using Confidential Patient Information – A Manual for Caldicott Guardians". This guidance can be found on the Department of Health's "Patient Confidentiality and Caldicott Guardians" website at: www.doh.gov.uk/ipu/confiden. Alternatively PALS staff may wish to seek advice from the Trust's Caldicott Guardian (a senior health professional with responsibility for the Trust's policy on confidentiality issues).

6. Training and Development

6.1 PALS staff will be employed on the understanding and expectation that they possess the skills and experience to start handling queries from patients immediately. Trusts will have an expectation that PALS staff will be able to carry out their essential duties without immediate need for training. However, PALS is a developing service, with changing client needs, and changes to Trust services and those in the community. Staff skills, knowledge and understanding should develop in line with a common understanding of the wider function of PALS within the NHS. Certainly, it is always good practice for staff to have access to appropriate support, and effective training and for PALS management to monitor developmental needs.

6.2 It would be beneficial for PALS staff to contribute to training for other staff in the Trust. PALS staff will have a valuable perspective on the issues raised by service users, and sharing their experience of responding to patients, their carers and relatives is a powerful part of developing staff's capacity to respond to issues raised with them. PALS staff should also take the opportunity to provide sessions raising awareness of the nature of their service and the role of PALS.

Case example

A patient in out-patients experienced a long wait and had no explanation of the reason why. The patient later contacted the Patient Representative, who is part of the PALS team, to say that they would like an explanation. The Patient Representative found out the reason for the delay. It turned out that there was a new receptionist in the department, who had not been made aware that informing patients of delays was part of her role. As a result, the department now includes specific training on this as part of the induction for all new receptionists. Furthermore, the patient concerned accepted an invitation from the department to be involved in a patient satisfaction project they were about to carry out.

6.3 The following is not a prescriptive or proscribed list of recommended training and development areas and methods, and it is expected that PALS management and staff will identify appropriate training programmes and developmental methods, drawing from a range of sources, including this list, resources within the Trust and community, and through an understanding of their staff training needs.

6.4 In terms of delivery of training there is a need to develop consistency of approach. The Commission for Patient and Public Involvement (CPPIH) [subject to legislation] has a role in the support and facilitation of effective patient and public involvement and will be charged with the development of quality standards for the delivery of PALS, and training and development in patient and public involvement methods. Support from CPPIH [subject to legislation] will therefore be vital in developing a consistent approach to training for PALS staff. Other independent agencies and consultancies will also offer a range of courses in the core training elements. There is a need to assess the quality of training offered and CPPIH [subject to legislation] could have a role in monitoring and recommending appropriate courses. Commonality of approach will also be afforded through access to training such as the European Computer Driving Licence and opportunities provided through the NHS Lifelong Learning Strategy and the NHS University. The involvement and support of local Workforce Confederations will be helpful in accessing accredited training for PALS staff.

6.5 It is good practice for PALS services to work collaboratively across a health district, pooling resources, skills, expertise, and experience. Training and support could be provided by staff with skills in Trusts and NHS organisations in the health district and wider, independent advocacy services, CHCs, CABs, and other user and voluntary organisations. Input from volunteers, patient and public representatives as 'experts' in issues affecting care and delivery of services, through supported and facilitated sessions, is recommended. As part of the Caldicott work programme and the development of Information Governance all NHS organisations are currently required to include confidentiality and security issues in their induction procedures for new staff and to devise confidentiality and security awareness raising and training programmes for staff more generally. As part of our confidentiality communications campaign (due to begin in April 2002) we will be reinforcing through training programmes the message of a patient centred service, the need to inform patients about how the NHS uses their health information and the importance of respecting patient choices about who see their information. There may be an opportunity for PALS training to link in to this.

PALS Staff

6.6 The training and development focus should be aimed initially at the staff groups within PALS and clinical and non-clinical managers responsible for setting up PALS. In order to deliver an accessible and effective PALS staff will need a range of skills and core competencies. Training and development should cover the following as a minimum:

- understanding the organisation and the internal systems and structures of the NHS, locally and nationally;
- understanding basic medical information and terminology;
- understanding complaints and the process for resolution;
- dealing with concerns constructively;
- maintaining objectivity and independence (when resolving patients' concerns);
- customer care skills;
- assertion and confidence building;
- patients' rights, clinical governance;
- patient confidentiality, informed consent and appropriate information sharing;
- negotiation skills, mediation, and obtaining a resolution;
- communication, listening and counselling skills (utilised to deal with difficult and stressful situations and people experiencing stress, bereavement and anger);
- understanding the role of the advocate;
- effective administration, report writing, key management skills;

- team working/building;
- understanding principles of patient and public involvement and empowerment, working in partnership with users, building capacity to respond to patient and public issues, networking;
- user involvement methods, research methods;
- evaluation and monitoring;
- information resource management and dissemination, including on-line information searching;
- IT skills, including database management;
- understanding your community, including public health priorities, ethical issues, cultural awareness, including ethnic minority issues, equal opportunities legislation and good practice;
- disability Discrimination Act and disability issues;
- working with volunteers and understanding the Compact Volunteering Code of Good Practice;
- working with translation, interpretation, independent advocacy services, voluntary organisations, and other local agencies.

Professional Supervision and Peer Support

6.7 It would be good practice to support the development of PALS staff by means of peer support through 'learning set' activity within the health district, and wider. Action Learning is a specific approach to and method of management and personal development. A key feature of action learning is that it requires individuals to take responsibility for their own learning and in doing so they develop the ability to manage, to learn and to manage learning. The method seems most appropriate for the needs of new staff developing PALS services. People learn best with and through each other by tackling real problems in real time. PALS staff working in sets could meet on a regular basis to review progress, understand problems and issues in developing their service. The set acts as a support group and a critical vehicle of development for participants. In addition to the benefits of managing change for individuals, there are real benefits to the organisation.

6.8 There will also be value in mentoring and professional supervision. In identifying the support and development needed for PALS staff it is good practice to set up a network of suitably qualified and experienced individuals who would provide PALS officers and managers responsible for PALS services with a programme of professional supervision. PALS staff should also have access to professional counselling services and opportunities for debriefing.

6.9 Setting up a structured and active communication network of organisations across a health district would also provide a source of support, with an exchange of ideas and experiences. The communication network could be supported through seminars and workshops throughout the year. Web site support and information around the implementation of PALS is available at the following website address: www.nelh.nhs.uk/pals

Staff in NHS Organisations

6.10 The clear direction indicated in the NHS Plan for patient and public representation to be at the heart of all activity means that organisations will need to build capacity for responding to the needs and concerns of patients and the public. Responsibility for patient and public involvement does not lie solely with the PALS; it is the responsibility of all departments and staff within the Trust.

6.11 There will be a role for PALS to work with staff in Trusts to ensure that they understand the PALS role and the issues raised by service users. However, in order to develop a responsive culture within the Trust there are key areas for training that may involve input from PALS staff, but should be offered as part of the Trust's core training and development programme:

- Building capacity to respond to the needs of users of the service, developing increased perception of the value and effectiveness of patient and public involvement, using user views to inform decision making, strategies and changes in practices.
- Understanding good practice in patient and public involvement methods, working in partnership with volunteers.
- Understanding the role of PALS.
- Communication skills.
- Interviewing skills.
- Negotiation and mediation skills.
- Understanding complaints, risks, learning the lessons and taking appropriate action to improve quality and appropriateness of services and planning.
- Patients' rights, clinical governance.
- Patient confidentiality, informed consent and appropriate information sharing.
- Understanding your community, including public health priorities, ethical issues, cultural issues, equal opportunities legislation and good practice, including disability and ethnic minority issues.
- Managing change.
- Building constructive working relationships.
- Team working.
- Evaluation techniques.

Training for Volunteers Involved in PALS

6.12 Section 9 provides detail on the role of volunteers in PALS; however, additional information on areas appropriate for training and development of volunteers is included in this section.

6.13 It is important to understand that volunteers will need strong support to understand NHS structures and professional roles within the organisation, understand practice, and policy in the NHS, and to understand boundaries and relationships. For volunteers to fulfil their functions, remain committed and enthusiastic it is clear that there will need to be a high level of support and training. Training might cover:

- awareness of health services' culture and understanding the organisation structure;
- understanding local health services – delivery and planning;
- building capacity to influence and contribute to the agenda through training in
  - communication skills;
  - assertiveness and confidence building;
  - effective team working, facilitation skills;
  - negotiation and influencing skills;
  - dealing with difficult situations;
  - patient confidentiality, informed consent and appropriate information sharing;
  - customer care skills;
  - understanding complaints and the NHS procedure;
- understanding your community, including public health priorities, ethical issues, cultural issues, equal opportunities legislation and good practice, including disability and ethnic minority issues;
- health and Safety procedures, other Trust procedures and working practices.

6.14 Further training needs will be identified through evaluation and monitoring of successful volunteer involvement in PALS organisation. The above represents an early indication of basic skills and appropriate training requirements.

7. Staff Recruitment and Selection

7.1 The recruitment of the right staff for the PALS team is critical to establishing a good foundation for the service. Below we have summarised some of the key qualities, skills and experiences that may be included in job descriptions and person specifications.

7.2 **PALS Co-ordinator/Manager**

- Excellent communication skills.
- Staff management.
- Experience of implementing and managing change.
- Experience of working at managerial level.
- Knowledge of the NHS Complaints system.
- Experience of customer care.
- Good interpersonal skills.
- Good negotiating and influencing skills.
- Assertiveness.
- Ability to analyse problems and find solutions.
- Good organisational skills.
- Ability to work with all levels of staff.
- Wide understanding of NHS issues.
- Understanding and commitment to Equal Opportunities.
- Understanding of discrimination and disadvantage in society.
- Experience of working with diverse communities.
- Understanding and commitment to patient confidentiality, informed consent and appropriate information sharing.
- Ability to work under pressure and stress.

- Ability/experience of managing an effective team.
- Self motivated.
- Positive outlook.
- IT skills/computer literacy.

7.3 **PALS Officers**

- Excellent communication skills.
- Good interpersonal skills.
- Good negotiating and influencing skills.
- Ability to analyse problems and find solutions.
- Good organisational skills.
- Ability to work with all levels of staff.
- Wide understanding of NHS issues.
- Understanding and commitment to Equal Opportunities.
- Understanding of discrimination and disadvantage in society.
- Experience of working with diverse communities.
- Understanding and commitment to patient confidentiality, informed consent and appropriate information sharing.
- Self motivated
- Positive outlook.
- IT skills/computer literacy.
- Ability/experience of working as a team member.

7.4 Other criteria have been identified as being important for the effective operation of PALS:

- understanding of the NHS Complaints Procedure;
- ability to be resourceful in locating information;
- good listening skills;
- experience of conflict management/ability to handle difficult situations;
- managing violence and aggression;
- good understanding of advocacy;
- project management skills/experience;
- research skills;
- language skills relevant to the community;
- understanding/experience of user involvement and methods for seeking user views;
- understanding of good record keeping and IM&T Security procedures.

7.5 Copies of sample job descriptions and person specifications are included at Annex A.

8. Mechanisms and Structures for PALS

8.1 Structures within Trusts vary; however, each Trust will establish an appropriate structure for delivering PALS to patients, their carers and relatives. In order to deliver the key aim of PALS, to act as a catalyst for change and improvement, Trusts will need to establish clear, formal structures and reporting mechanisms to ensure that PALS are able to feed back information on potential major problem areas and emerging themes to:

- individual departments and practices;
- directorates;
- clinical Governance leads/Board;
- risk Management leads;
- quality leads;
- the Trust Board;
- existing user groups;
- Patients' Forums, Overview and Scrutiny Committees and Commission for Patient & Public Involvement [subject to legislation].

8.2 Importantly there will be **direct access to the Chief Executive**. This direct link to the Chief Executive as head of the Trust benefits the service in relation to signalling its status for the role of PALS. The PALS Lead will have the authority to bypass any line management arrangement, for example to the Director of Nursing, if the matter would present a conflict of interest if reported through that manager. PALS Leads should be able to raise with the Chief Executive any concerns they have regarding their influence or power to resolve issues within the Trust.

Clinical Governance and Risk

8.3 It will also be important for PALS to receive regular feedback on outcomes in relation to the issues they have reported. PALS have an important and pivotal role within the Clinical Governance framework of the Trust and will support the delivery of Clinical Governance arrangements. The PALS role within the referral mechanisms for clinical and non-clinical serious untoward incidents will be particularly important and they will play a key part in the Trust's system for learning from error and adverse events. It is proposed that there should be channels of communication with the National Patient Safety Agency (NPSA) as detailed in the commitment to patient safety and the high priority given to the reporting of adverse events and medical error set out in *Building a Safer NHS for Patients*. PALS will need to demonstrate effective reporting and feedback mechanisms, and their power to influence change, to bodies such as Strategic Health Authorities, the Commission for Health Improvement (CHI), and Patients' Forum and Commission for Patient & Public Involvement [subject to legislation].

Essence of Care

8.4 The key aim of PALS is to continually improve the patient experience of health care services. The mechanism for achieving this is to develop a patient-centred approach. The practice of frontline staff will determine whether this aim becomes a reality. Training of frontline staff will therefore be a crucial element of the culture of change agenda.

8.5 The DOH has produced 'Essence of Care', a toolkit ideally suited for use by a team or on a ward basis which supports the qualitative assessment of the patients' experience of healthcare. It is recommended that Trusts use this toolkit, with support from an appointed facilitator as part of a package of measures to ensure that good practice is shared and that 'lessons are learnt'.

8.6 The topics covered in the Essence of Care include:

- principles of self care
- personal and oral hygiene
- food and nutrition
- continence and bladder and bowel care
- pressure ulcers
- safety of clients
- record keeping
- privacy and dignity

9. Working with Volunteers

9.1 Volunteers have established themselves as a vital part of any hospital framework and bring with them many positive benefits in contributing to the general welfare of patients. The use of volunteers in the delivery of a particular service can be a very rewarding experience for everyone as long as they are used correctly. Although there may be a different emphasis, it is generally thought that the recruitment, management, support and training of volunteers occupies as much time as would be given to a member of staff. It is, therefore, not the easy or cheap option and Trusts considering the use of volunteers as part of their PALS team should give careful consideration to their motivation for doing so. Volunteering has tended to be more successful where it is part a broader ethos of investment in the local community, and when volunteers are equal to staff members of the team, adding value in their own right to the service provided.

9.2 Trusts should be clear as to role and function of a volunteer versus a member of staff, to avoid any confusion. The following definition may be deemed appropriate:

> *"A 'volunteer' is defined as someone who commits time and energy for the benefit of others and for personal satisfaction, who does so freely, through personal choice, and without expectation of financial reward, except for the payment of actual out of pocket expenses."*

9.3 Volunteers can not be expected to be able to deliver the same level of support to a patient or to intervene in the same way as a PALS officer. Volunteers cannot be regarded as a substitute for a member of staff and should not be seen as interchangeable when members of staff are not available for work. All organisations have legal obligations towards their volunteers, arising from the duty of care. NHS Trusts should refer to current health and safety legislation and ensure, where appropriate, they treat volunteers with equal consideration to staff (see Annex B for further information). It is important for the volunteer and employer to be clear as to their respective responsibilities and functions. A signed agreement is useful in achieving such clarity (see Annex C). As a precursor to drawing up such an agreement, careful consideration will have to be given to the activities to be undertaken by the volunteer. In addition to there being a match between activity undertaken and the training, support and abilities of the volunteer, the safety of the volunteer and client are paramount. Volunteers should be made aware of their common law duty of confidentiality to service users and of the action that may be taken against them if they breach this confidentiality. All volunteers should be required to sign a confidentiality undertaking to this effect.

Case Example

At Pinderfields and Pontefract Hospitals Trust a combination of volunteers and staff run the two PALS Information Centres. At Pontefract two staff job share to run the PALS Centre whereas at Pinderfields ten volunteers staff the Centre. All are supported by a public involvement co-ordinator and the communications team. All PALS volunteers have had detailed training, including confidentiality, customer care and IT skills aimed at developing skills as a PALS officer. This training is offered in addition to the standard volunteer training that all the other 800 volunteers at the Trust have been given.

Using a well-established volunteer service to run PALS gives an independence which users appreciate. There are, however, potential complexities. Chief amongst these are continuity, especially with a group as large as ten and line communication where two departments have responsibility (i.e. public involvement and volunteers). However, the Trust believes the benefits outweigh the disadvantages.

10. Marketing & Information

10.1 A key to the success of PALS will be the developmental and awareness raising work prior to the launch of the service and during the implementation period. The implementation process should be an inclusive one, designed to engage people's enthusiasm and embrace a whole organisational and multi-agency approach. Involving front-line staff recognises that many staff are currently undertake PALS type roles, giving information and advice, solving problems and accessing views of service users. Developing relationships within the organisation and with local independent sector and statutory agencies, and those across a health district is vital to the understanding of the PALS role, setting boundaries, and shaping the service, and this area is explored in the section on ***Relationships***.

10.2 Raising awareness with Trust staff, external contacts, and potential users of the service, and marketing the service, may be achieved by means of a range of methods including:

- presentations;
- high profile launches;
- workshops;
- targeted information days in the Trust and across the district;
- targeted visits to local pharmacies, hospital wards, reception areas, GP surgeries and NHS dental practices;
- events;
- links to local schools;
- information in community agencies/locations e.g. supermarkets, libraries, community centres;
- meetings;
- posters;
- leaflets;
- internal newsletters;
- development of a PALS newsletter/use of the Trust's newsletter;
- promotion through the media;
- staff training;
- proactive links with hard to reach groups;
- website.

10.3 A clear aim will be to establish a strong profile and consistent identifiable image for PALS across the country and a ***Communications and Marketing Pack*** will be available to ensure a common approach for all PALS services. Communications materials for the confidentiality work programme are also being developed. See also the section on ***Accessibility and Equal Opportunities***. In relation to access issues the pack will provide information on considering the needs of different groups, appropriateness of information, and addressing different methods of communication.

Providing Information

10.4 Quality patient and carer information supports informed decision making and consent, helps to improve communication and ensure that patients become better informed in their own care. Providing good quality information for patients improves their experience of health care, their understanding of their illness, condition, and ultimately their well-being.

Case Example

A woman complained that she was told in clinic that her Doppler scan appointment would be in three weeks, when in fact the routine waiting time was six months. As a result of PALS contact, up-to-date waiting time information is now sent to each clinic so that all patients will be given correct information.

10.5 The NHS Plan states that:

> *Patients will have far greater information about how they can look after their own health and about their local services.*

10.6 PALS will have a vital role in ensuring that this happens. They will provide information about health and health services locally, to support and assist users to make best use of the service on an immediate basis. However, a key role for PALS is to act as a liaison point or gateway to steer patients and users towards expert advice and information. For further details on NHS Direct see 10.12 below. The principle of informing patients to gain consent to examination or treatment should also extend to how the NHS uses confidential information about patients. The NHS Plan states:

> *The NHS will shape services around the needs and preferences of individual patients, their families and carers; and*
>
> *The NHS will respect the confidentiality of individual patients and provide open access to information about services, treatment and performance.*

10.7 PALS will provide another vehicle for patients to become better informed about how their information is used by the NHS.

10.8 Standard 5 of the Clinical Negligence Scheme for Trusts includes the statement that:

> *There is a clear mechanism for patients to obtain additional information about their condition...we will fully expect the trust to be actively helping patients to obtain further information about their condition and proposed treatment if they so wish.*

10.9 PALS should form a part of the Trust's information strategy and be working within the Local Implementation Strategy (for Information for Health) standards of service. PALS staff should also have access to Trust information systems. PALS would not be expected to act as the only information provider in the Trust but may have a co-ordinating role. It would be good practice for PALS to have a key function in ensuring that Trust information is up to date and accessible and to work with existing Information Departments, personnel leading on information provision, and Local Information Strategy groups towards this aim. PALS should be able to provide information:

- in a variety of forms and addressing cultural sensitivities;
- about the Trust and local health services;
- that is condition specific;
- on how to access relevant financial support e.g. hospital travel cost schemes;
- about the NHS Complaints Procedure;
- regarding external sources of advice, information and support;
- about how the NHS uses confidential information about patients.

10.10 *In terms of developing a consistent standard of patient information, more detailed supportive information will be available.*

10.11 PALS should have access to good quality health and social care information from the Internet. When providing information from on-line sources PALS officers must be confident that:

- the source of the information is reputable;
- the author is qualified to write about the subject;
- the information is current;
- the information is balanced and unbiased.

10.12 The NHS Direct Online website provides high quality advice and information on the internet. It is unique in being the only UK website supported by a 24-hour advice and information helpline. Hence, if users of NHS Direct Online are in any doubt about the information they have read or the action they take they can call NHS Direct on 0845 4647.

10.13 NHS Direct has health information expertise, access to validated health related information including a recommended stock list, information on local support groups, and language line facility. Currently some Health Authorities have provided helplines to address queries on health related issues, for example dentistry. However, the key portal for the information needs of patients, carers and the public is NHS Direct, who will provide information and steer callers towards appropriate services. In addition, National Electronic Library for Health provides fast, easy access to information, research and guidelines focused on needs of clinicians, staff, patients and the public. Initially PALS should work with local leads on access to information, and with Local Implementation Strategy groups to ensure a consistency of approach across a health district. ***These areas will be developed further with a view to issuing more detailed supportive information.***

Data Collection

10.14 Trusts will currently have complaints monitoring systems in place, however their use as information management systems for PALS in the long term may not be appropriate as anonymised and aggregated data from the information management system of PALS will be used in a number of ways:

- as part of the quality monitoring for clinical governance within NHS Trusts;
- and as a method of demonstrating the effectiveness of PALS for monitoring purposes;
- as a 'caseload' management system for PALS.

10.15 A computerised management system for the PALS will need to deliver the following:

- register contacts with the service;
- register the concerns raised to the service by patients, members of the public and staff;
- record activity for resolving the issue, status and progress reports;
- record outcomes;
- provide a timetable for resolving issues;
- produce information for performance management of the service locally, regionally, and nationally;
- the source of the referral (i.e. department, organisation);
- personal characteristics of the client (e.g. gender, age).

11. Accessibility and equal opportunities

11.1 PALS should have a visible and approachable presence to all potential users of the service, whether they are patients, carers, family, friends or a member of staff. How this is achieved will vary depending on the type of organisation.

Case Example

A visually impaired patient at a specialist unit had not been aware of the PALS system, because all the promotional material was in written form. The result was that they did not raise an issue while they were using the service and now felt it was too late. The PALS co-ordinator spent some time at the unit to raise awareness of PALS with both staff and patients, and discussed this specific issue with frontline staff to encourage them to make visually impaired patients aware of PALS verbally.

11.2 Single site organisations, such as many of the large acute hospitals, will be expected to identify an office at the main reception area of the hospital. From this single location patients should be able to receive directions, ask general questions about the use of the NHS, raise concerns or be referred to other local authority, CHC or voluntary bodies for advice and support.

11.3 For organisations with multi-sites, a single front of building office becomes less important. In this scenario, PALS will be more reliant on a 'hub and spoke' model where frontline staff are empowered to deliver PALS under the guidance and direction of a senior PALS officer.

11.4 A visible and friendly presence is, however, only one aspect of accessibility. The communications skills of the PALS team and the manner in which they deal with enquiries are also key.

11.5 PALS should be subject to the equal opportunities policy for their respective organisations. It would be entirely appropriate for the reporting and analysis carried out by PALS to identify apparent weakness in the implementation of the organisation's equal opportunities policy (Annex 5 provides actions to consider, in this respect).

Representation and Influencing

11.6 PALS may look out for and speak up for clients and will be slightly removed from other staff but they are not advocates. Advocates are wholly on the side the person they represent which means being structurally and psychologically independent of the service system. This should not be seen as a weakness to the PALS system. As well as representing the interests of users, staff will also be clients of the PALS team. As employees of the Trust, PALS will be in a stronger position both to represent the interest of staff and work towards to changing the culture of the organisation in the light of concerns raised.

Provision of PALS to people with mental health problems and people with learning disabilities

11.7 All Trusts should meet the core service requirements for PALS. It is entirely appropriate for the various elements of the core service to be applied with a different emphasis according to the type of organisation or needs of the client.

11.8 Where the clients of PALS are predominantly people with mental health problems or people with learning disabilities, their needs and issues of concern tend to be relatively time consuming and complex. Appropriate use should therefore be made of advocacy services, user and support groups, according to the needs and wishes of the client and hence PALS being one of many opportunities for support. As with other aspects of PALS, collaborative working and influencing the practice of frontline staff are highly significant.

11.9 Mental health services, in particular, tend to occupy numerous sites. For such organisations the function of accessibility will inevitably be interpreted differently compared to an acute trust based on one site. This has been detailed in Section 3.

When the patient/carer is a child/young person

11.10 All public sector bodies now have a responsibility to ensure children are heard and that services meet their needs. This principle arises from Article 12 of the United Nations Convention on the Rights of the Child (to which the UK is a signatory) that young people have a right to say what they think about matters that affect them and a right to have those views taken seriously. Better services and their appropriate use applies to children and young people as well as adults. This is reflected in The Children Act 1989, Best Value Framework and Children's Service's Plans. Such an approach has the added benefit of empowering children and young people to manage their own healthcare.

11.11 Hence, not only do PALS need to meet this requirement but they can and should play an active role in ensuring their respective organisations achieve this aim. This will be achieved, in part, by ensuring policies systematically include the different needs of children and young people.

11.12 Outcomes for services provided to children:

- A patient-centred approach also means a child-centred approach. This implies taking account for their wishes and feelings and the child's perspective in all matters.

- A visible commitment is made to involving children and young people, underpinned by appropriate resources, to build a capacity to implement policies of participation.

- Children and young people's involvement is valued: children and young people are treated honestly. The contributions of children and young people, proportionate to their age and maturity, are taken seriously and acted upon.

- Children and young people are not discriminated against or prevented from participating effectively. This will entail a proactive approach to target those facing the greatest barriers to getting involved including disabled children with high levels of communication needs. The Council for Disabled Children can provide advice on good practice in this area.

- Policies and standards for the participation of children and young people are provided, evaluated and continuously improved. Such policies should include guidance on confidentiality and consent issues in respect of children.

- Departments are encouraged to map the extent of participation initiatives within their organisations or across the services for which they are responsible. This will facilitate good practice and enable a baseline to be established.

- Setting realistic objectives and choosing appropriate methods for children and young people's participation. Information should be clear over how children and young people's views will be used and when decisions will be made. Honesty on all sides is needed about what is, and is not likely to be influenced, and about how much decision-making can be shared with children and young people.

- The effective implementation of policies of children's participation often requires particular skills and experience. Staff need to be supported, given the confidence and relevant development opportunities to try new approaches.

- Specially produced information will be needed in order for young people to contribute successfully. This should include a written protocol, which children and young people can understand.

- The extent of the involvement of parents and carers and the support they might offer will vary depending on the age and characteristics of the children involved. Keeping parents in the picture over what is planned is an important issue in responding to their concerns and expectations.

Case Example

A PALS Manager in a paediatric setting describes the complex and exciting challenge of developing the service.

"You must meet the needs of two distinct groups of people: the children and their parents, and their views and wishes may not always be the same. Whilst children's rights to have their voice heard in all matters affecting them are enshrined in the Children Act and the UN Convention on the Rights of the Child, this does not always translate into everyday practice. The challenge for PALS is to establish meaningful ways in which children and young people can actively participate in decision making, both related to their own care and to broader service developments.

At the same time, parents' concerns are nearly always intrinsically interwoven with the welfare of the child, many of whom are babies and toddlers. Sadly, their expertise in the care and needs of their own child is not universally acknowledged by the medical profession. Several issues which have been brought to this PALS service relate to parents feeling they are not being listened to; to quote one parent *'I feel I'm a competent, loving parent when I'm at home but when I come here and see Dr......., I feel inadequate, out of control'.* Arranging joint meetings with the consultant and parent, at which the PALS officer is present and actively involved (in accordance with the parent's wishes) can be an effective means of remedying what are fundamentally communication issues, largely based on a lack of recognition of how disempowering a hospital consultation can be for a parent. In some situations, however, this is only a first step on a longer road to culture change, and it is here that involvement in training initiatives will become an important part of the PALS role."

- Even very young children can, with the right methods and support, make an effective contribution in their own right.

- There will be occasions when it is not appropriate to involve children and young people in decision-making, for example because particular decisions have already been taken and cannot be reversed. Organisations should be open and honest in such circumstances.

- Health professionals should discontinue using pejorative terms such as compliance and adherence, and help young people to understand of their own choices on the quality of their lives. It is recognised that allowing a child or young person to consent to treatment is a contentious area. The guidelines produced by the British Association for Community Child Health provide useful advice with respect to language and listening.

- Policies are required on written information for young people on consent to treatment, making complaints, confidentiality and advocacy and access to records.

- Crucial to the child's effective participation is the professional's skill in communication.

11.13 Departments should be asked to set out:

- Their strategies for implementing the core principles.

- Their priorities for action and the timescale for implementing the strategies.

- How they have made a visible commitment to participation in accordance with the principles.

- An outline of specific events or initiatives envisaged and structures for involvement put in place at national or local levels.

- How capacity within the department is being developed and supported.

- Plans for evaluating participation activities.

- A rigorous training programme to ensure children are consulted over their health care arrangements and have access to PALS.

Annex A: Sample Job Descriptions & Person Specifications

These sample job descriptions are included as examples only.

Sample Job Description

Post:	**Patient Advice and Liaison Officer**
Accountable to:	**Chief Executive**
Hours:	**37 per week**
Location:	**Manipatients PCT**

Job Summary

- Implement, manage and develop the Primary Care Trust's Patient Advice and Liaison Service.
- Help patients and their carers with:
    - Any problems they encounter.
    - Any concerns in relation to their care.
    - An exploration of possible options for resolving concerns.
    - Support to people throughout the system.

Key Responsibilities

1. To manage the Primary Care Trust's Patient Advice Liaison Service (PALS).

2. To work with individual patients and carers to resolve their concerns.

3. To refer, as appropriate, patients and carers to the NHS Complaints Procedures and independent complaints service, including (up to 31.03.03) the Community Health Council (CHC).

4. To liaise closely with the Primary Care Trust's senior managers and to build and maintain good relationships with clinical and non-clinical staff, General Practitioners and their staff.

5. To work with staff in the Primary Care Trust and representative of other local NHS Trusts, to jointly promote and publicise the Patient Advice Liaison services.

6. To maintain and develop close links with external bodies who support service users and carers, individually, or in groups, including other NHS Trusts; the CHC; *Advice and Advocacy organisations*; Social services; and refer on or take referrals as appropriate.

7. To identify issues arising from contact with patients, relatives, and carers concerning the service they receive and feed through for change.

8. To report regularly to the Primary Care Trust Board about the number and nature of patient/carer contacts to the PALS with information about remedial action taken and evaluation of the service.

9. To maintain PALS Service user records and assist in the evaluation processes of the PALS including satisfaction surveys, focus groups, monitoring returns etc.

10. To work with the PALS Steering Group to progress the development of the PALS and associated community databases and its use.

11. To participate in the induction and training of NHS staff to help them become aware of and sensitive to, patients' needs and to understand the role of the Patients Advice and Liaison Officer.

12. To meet all new GPs and Senior Managers with a view to facilitating a smooth working relationship with the Patients Advice and Liaison Officer.

Person specification

Essential	**Desirable**
Relevant Experience	
A working knowledge of health issues especially primary health services and an ability to work in a confidential way.	Understanding of voluntary and social care sectors and the NHS complaints procedures.
Work experience involving direct contact with people in a health or social care context.	Experience of dealing with the media.
Effective use of written and verbal skills. Work requiring the prioritisation of different demands and the ability to use supervision and support.	Project Management skills.
Excellent communication skills including interviewing, counselling and presentation skills.	
Computer literate with working knowledge of Microsoft Word, Excel, Internet and e-mail applications.	
Ability to produce written reports summarising activities and outcomes.	Experience of working to budgets.
Good organisational skills with experience of developing systems.	Knowledge of service monitoring and evaluation techniques.
Personal Attributes	
A good communicator with excellent interpersonal skills and the ability to contribute within a team environment.	
Sensitivity, tact and diplomacy, assertion and tenacity, self-motivation, high degree of personal integrity.	
A flexible and adaptable approach, with a willingness to work outside normal working hours on occasions (Patient home visits/user groups etc.).	Evidence of on-going personal development.

Sample Job Description

Job Title:	**Patient Advice and Liaison Service Manager**
Reports to:	**Clinical Standards Manager**
Accountable to:	**Clinical Standards Manager**
Location:	**Administrative base at St. Grand Hospital, but providing a service at all sites of the Trust**

Job Summary

This post will manage the Patient Advice and Liaison Service (PALS) ensuring that it operates according to the following principles:

- To provide an identifiable, accessible service to assist patients and carers with queries and or concerns, providing information to them to help make contact with the NHS as easy as possible.
- To act as a facilitator in relation to patient and carer concerns and helping them to resolve them quickly and efficiently, improving the outcome of care in the process.
- To advise patients and carers on the complaint process and, subject to their choice, provide assistance or refer them to an independent advocacy service.
- To seek the views of patients, carers and potential users and ensure they influence the Trust's culture and services and assist in the redesigning of patient processes.
- To act as a catalyst for change, feeding back patients and carers' views and recommending actions to resolve problems, to share good practice and promote improvement of services.
- To publicise widely the PALS within and beyond the Trust, using posters, leaflets and team photos.
- Acting as the visible contact point to enable patients and the public to access easily the new system of patient and public involvement.
- PALS will be accountable to the Trust's Patient Information and Involvement Group with links to the Trust Board via the Group's Chairman and designated Non-Executive Director.

1 Main Responsibilities

1.1 Manage, monitor and develop a high quality Patient Advice & Liaison Service to members of the public seeking information, help, advice and assistance with enquiries and concerns relating to St. Grand's Healthcare NHS Trust.

1.2 Support individual patients and carers in order to resolve problems and concerns, by being an accessible and visible presence within the Trust.

1.3 Ensure patients and the public have access to high quality information and advice from the Trust.

1.4 Support the development within the Trust of a strategic approach to obtaining patient and user feedback. Provide a source of expert advice and support on the various methodologies used to obtain feedback.

1.5 Organise feedback from staff on the services provided by their departments, identifying and promoting examples of good practice relating the handling of patient and carer concerns.

1.6 Identify areas for change within the Trust and recommend actions to resolve problems and review practice. Working with service managers ensure that patient and user feedback is used to improve the Trust's services.

1.7 Support directorates in setting up patient groups and ensure patients and carers are represented on committees within the Trust.

1.8 Undertake the design and implementation of surveys of the users of the Trust's services; analyse, disseminate and follow up the findings.

1.9 Develop and agree an annual work plan including objectives, targets and time scales for the PAL service.

1.10 Manage the day to day activity of the department and the performance of the PALS staff, undertaking objective setting and individual performance review.

1.11 Manage and support voluntary staff allocated to the department.

1.12 Manage delegated financial and physical resources.

1.13 Implement systems for recording and analysing data in respect of the PALS; use this data to monitor the service and identify key issues for the Trust.

1.14 With service managers, monitor the achievement of agreed action plans and service improvements arising from the PALS.

1.15 Support the Clinical Standards Manager as required in any aspect of clinical governance.

2 Working relationships

2.1 Liaise as necessary with the Chief Executive and the Trust Board member with lead responsibility for PALS.

2.2 Build and maintain good relationships with clinical and non-clinical staff in the clinical services and corporate departments.

Ensure systems are in place to communicate key issues identified by the PALS to related functions within the Trust, contributing to effective clinical and corporate governance. For example:

- Complaints.
- Clinical audit.
- Clinical and non-clinical risk management.
- Claims and litigation.

- Patient Information.
- Corporate communications.
- Best Practice Team.

2.3 Liaise with the Trust's chaplaincy team and bereavement counsellors.

2.4 Act as a gateway for patients and the public into the new system of patient representation and, when established, the Patients' Forum.

2.5 Liaise with other PALS to identify best practice and share experience.

3 Education & Training

3.1 Develop a strategy for training and awareness raising with the Trust's staff in relation to the work of the PALS, including:

- The use of case studies (subject to confidentiality issues).
- Staff induction programmes.

3.2 Present as required the work of PALS within St Grand's NHS Trust at external events and conferences.

4 Professional Development

4.1 Maintain knowledge of current NHS guidance in relation to Patient and Public Involvement initiatives and the formal complaints procedure.

4.2 Maintain knowledge of the Trusts services and major initiatives.

Patient Advice & Liaison Service Manager

Person Specification

Skills	Essential	Desirable
Education & Qualifications	Educated to degree level or equivalent professional qualification.	Management qualification.
Knowledge & Experience	Experience of managing the patient and carer interface in the NHS or health related field. Experience of managing a small team. Knowledge of the NHS system for complaints management and Independent Reviews. User survey design and implementation.	Previous NHS Management experience. Experience of mediation and conciliation. Understanding of clinical governance. Understanding of the NHS system for management of legal claims. Experience of working with volunteers.
General skills	Good organisational skills. Excellent interpersonal, communication and listening skills. Ability to analyse and report data. Ability to use word processing and computer database applications. Ability to effectively organise own workload and that of others with minimum of supervision, achieving goals within deadlines.	Ability to design and deliver effective training programmes.
Personal qualities	Highly motivated and resourceful. Sensitive to the needs of patients and their carers. Able to maintain high standards of diplomacy and confidentiality. Able to work autonomously as well as within a team.	

Sample Job Description

Patient Advice and Liaison Service

Title:	**PALS Officer**
Responsible to:	**The Head of Patient Advice and Liaison Service**
Working Relationships:	**All Staff and patient Groups (internal) Patients, carers, voluntary organisations, NHS Trusts, other health and social services organisations**
Location:	**Manisites Mental Health Services**

Job Purpose

To act as a facilitator in relation to the concerns of patients, their carers and families and to negotiate immediate solutions or resolution of issues as speedily as possible.

- To refer patients on to external or special advocacy services either where requested to do so or where PALS feels this is appropriate.

- To provide accurate information on all aspects of the Trust to help make contact with the information service as easy as possible, including how to make a complaint about the services the Trust provides.

- To act as a visible contact point for patients, their carers and families wishing to become involved in the shaping of the NHS.

Job Summary

Liaison Role

- To support individual patients and carers in order to resolve problems and concerns, by being accessible with a visible presence in the Trust through holding regular surgeries and by individual appointments.

- To provide information about services and advise on how to make a formal complaint if a resolution cannot be found or if requested.

- To provide help to patients, their carers and families in accessing specialist advocacy or other voluntary services including interpreting services as appropriate.

- To act as a catalyst for change, having identified with patients and carers areas that require change, and recommend actions to Service Managers, Directors or other appropriate professionals, in order to resolve problems and change in practice.

- To document details of concern of patients, their carers and families using the PALS service and keep a record of the outcome of the PALS intervention.

- To work collaboratively to develop action plans with Service Leads, and prepare progress reports for the Head of Patient Advice and Liaison Service.
- To build and maintain good relationships with clinical and non-clinical staff across Directorates and departments.
- Attend local, regional and national events as directed.
- Prepare and deliver presentations to publicise PALS to a range of stakeholders.
- To build and maintain good relationships with key stakeholders and the local community.

General

- To attend Personal Development Reviews ensuring personal development needs are identified.
- To take part in regular individual supervision.
- To contribute to training opportunities with the Central Staff Development Team and with individual Directorates in relation to the work of PALS in order to:
  - *heighten awareness of patient and carer issues;*
  - *use case studies within confidentiality to raise awareness amongst staff;*
  - *take part in staff induction.*
- To conduct and record patient feedback as directed across all areas of clinical care, for the purpose of analysis.
- To ensure awareness of key issues affecting the Mental Health and Learning Disabilities service nationally and locally.
- To provide activity reports.
- To ensure PALS contact points are updated and kept in an orderly state.

Person Specification

Patient Advice and Liaison Service Officer

Essential Requirements	Desirable requirements
Qualifications: • Good standard of secondary education to A level.	• First degree or clinical qualification.
Skills: • Excellent written and verbal communication skills. • Comfortable and effective in a representational role. • Excellent liaison and negotiating skills. • Problem solving skills. • Good time manager. • Computer skills. • Able to work on own initiative.	• Knowledge of health related terminology and concepts.
Experience: • Experience in working at all levels within an organisation. • Experience of providing/mediation or customer care services. • Experience of working with mental health and/or learning disabilities service users.	• Experience of the Health Service Environment. • Experience of working with the public/ voluntary sector.
Other skills and attributes: • Friendly and approachable. • Strives for continuous performance improvement. • Accepts responsibility for quality of professional work. • Uses networks of contacts effectively. • Awareness of personal strengths and weaknesses. • Displays confidence in own judgement but responds constructively to alternative ideas. • Full driving licence.	• Makaton or BSL.

Sample Job Description

Patient Advice and Liaison Service

Title:	**PALS Telephone Liaison Officer**
Responsible to:	**The Head of Patient Advice and Liaison Service**
Working Relationships:	**All Staff and patient groups (internal) Patients, carers, voluntary organisations, NHS Trusts, and other PALS services**
Location:	**Manisites Mental Health Services**

Job Purpose

- To help patients, their carers and families with their concerns and queries.
- To support PALS Officers in referring patients on to external or special advocacy services where this is appropriate.
- To help make contact with the NHS as easy as possible.
- To act as a telephone contact point for patients, their carers and families wishing to become involved in the shaping of the NHS.

Job Summary

Liaison Role

- To act as an efficient and approachable telephone support service to individual patients and carers by providing accurate information about services and by booking appointments for them with PALS officers where appropriate.
- To support PALS officers to provide help to patients, their carers and families in accessing specialist advocacy or other voluntary services including interpreting services as appropriate.
- To build and maintain good relationships with clinical and non-clinical staff across Directorates, departments and working co-operatively with other local PALS services.
- Attend local events as directed.
- To build and maintain good relationships with the local community.

General

- To attend Personal Development Reviews ensuring personal development needs are identified.
- To take part in regular individual supervision.
- To document details of concern of patients, their carers and families using the PALS service and maintain accurate records.
- To conduct and record patient feedback as directed across all areas of clinical care, for the purpose of analysis.
- To become aware of key issues affecting the Mental Health and Learning Disabilities service nationally and locally.
- To provide activity reports.

Person Specification

Patient Advice and Liaison Service Telephone Liaison Officer

Essential Requirements	Desirable requirements
Qualifications: • No formal qualifications required.	• GCSE.
Skills: • Excellent verbal communication skills. • Good telephone manner. • Problem solving skills. • Basic computer skills. • Able to work to a schedule and deliver results.	• Mediation or customer care skills.
Experience: • Experience of working with the public. • A good understanding of the needs of Mental Health and/or Learning Disability service users. • Telephone operating. • Record keeping. • Diary keeping.	• Experience of the Health Service Environment as a patient or member of staff.
Other skills and attributes: • Friendly and approachable. • Polite and calm under pressure. • Accepts responsibility for quality of work. • Awareness of personal strengths and weaknesses. • Desire to develop skills.	• Own transport, or within easy travelling distance of bases at Queen Elizabeth Hospital, Queen Mary's Hospital or Farnborough Hospital.

Annex B: Health and safety of volunteers

Despite the increasing importance of volunteering (22 million people volunteer each year), the health and safety legal obligations of organisations towards their volunteers are less clear compared with employees. Nevertheless organisations do have legal obligations towards their volunteers, and it is clearly good practice to treat volunteers with equal consideration when it comes to health and safety.

A 'volunteer' is defined as someone who commits time and energy for the benefit of others, who does so freely, through personal choice, and without expectation of financial reward, except for the payment of actual out of pocket expenses.

This leaflet has been written for organisations in the voluntary and statutory sectors that involve volunteers. It is not a full account of such duties and responsibilities, but is intended to stimulate organisations to review their policies and procedures for volunteers. Readers are strongly recommended to seek further advice.

Duty of care

The duty of care is a general legal duty on all individuals and organisations to avoid carelessly causing injury to persons. The courts have developed it over many years. The duty is regardless of the size of the organisation, its income or whether the organisation has paid staff.

If your organisation asks a volunteer to do a task which results in them injuring themselves or anyone else, the members of the governing body may be liable. No matter what activities your organisation is involved in, from running a major hospital trust to organising day trips to the seaside, you will have to consider the duty of care owed to your volunteers. Liability depends on establishing that the organisation failed to take reasonable care.

For example: a young volunteer working for your organisation was left unsupervised working with a garden shredding machine, and failed to wear the goggles supplied. He or she sustained an eye injury. Your organisation could be held liable if you failed to train or supervise the volunteer in the safe use of the shredding machine. The court may decide that leaving an inexperienced young person in charge of a machine unsupervised is unreasonable. The notion of duty of care needs to be considered in all aspects of an organisation's work and activities.

A duty of care can arise in many ways which may not always be obvious, for example:

- loaning equipment to others;
- charity walks and sponsored runs;
- running fetes or fairs;
- organising day trips;
- selling food at a charity stall.

Health and safety law for organisations with paid staff and volunteers

Health and safety law lays down your duties to your employees. The law also imposes further responsibilities on you as an employer with regard to people not in your employment, such as volunteers and other members of the public, who may be affected by your work activities.

Section 3 of the Health and Safety at Work Act 1974, imposes a duty on every employer "to ensure, as far as reasonably practicable, that persons not in their employment, who may be affected by their undertaking, are not exposed to risks to their health or safety" and "to give to persons (not being their employees) who may be affected in a prescribed manner information as might affect their health or safety".

This generally means that organisations which have both employees and volunteers have a statutory responsibility not to harm or damage the health of volunteers through their involvement in the activities of that organisation. Organisations may also have a responsibility to carry out risk assessment which may require volunteers to be provided with information and training. This would depend on the activities.

For example, if a volunteer working in a hospice is expected to lift heavy patients in and out of bed, you may have a duty to supply the volunteer with information and training on the correct manner and technique of lifting to enable the volunteer to lift the client safely, and to know when not to lift the client but to seek assistance. However, if a volunteer was helping to run a lucky dip stall training may not be necessary. A risk assessment would determine what level of training is required, if any (see risk assessment).

A recent case highlights the need to take these responsibilities seriously. A young child was hospitalised after daubing himself with a paintbrush left in a toilet of a cricket club. The executive members of the club were fined £8,000 between them, for breaching health and safety regulations.

Organisations with responsibility for buildings and premises

Anyone controlling non-domestic premises must take reasonable steps to provide employees and volunteers with equipment and premises that are safe, including safe routes of exit.

This means if you control or are responsible for premises you have a duty to make sure that the building is safe to use and complies with all the relevant health and safety regulations (for example, ensuring signs meet the Health and Safety (Signs and Signals) Regulations 1996). This duty applies to places such as a community centre or scout hut, and also attached car parks or playgrounds.

Basic principles of health and safety

There are some key areas of health and safety which every organisation should examine. Not all of these are legally binding on organisations that do not employ staff.

The duties placed on organisations with volunteers only are in italics.

For organisations that have paid staff and also involve volunteers we strongly recommend that your organisation should begin to implement the same health and safety requirements for volunteers that are demanded by law for paid employees. Most organisations now support equal opportunities – it would be difficult for any organisation that claimed to have an equal opportunity policy to justify offering a lower standard of health and safety protection to volunteers.

If your organisation has no employees it may not be able to achieve the same standards of health and safety as required for employees in the short term. But by setting a timetable to aim to accomplish this, you will be demonstrating to your volunteers and the outside world the value you place on them, and their efforts to support your organisation.

Health and Safety Policy

A health and safety policy is the foundation on which to develop health and safety procedures and practices. The policy announces the organisation's commitment towards good health and safety standards. The policy can help to clarify procedures and areas of responsibility. Employers with fewer than 5 employees are not obliged to have a policy, but are strongly advised to do so. If an organisation involves volunteers, they should always be included in the health and safety policy as a matter of good practice. The Health and Safety Executive has examples of model health and safety policies which can be used as a template.

If your organisation has no employees you are not obliged to have a health and safety policy, but are strongly recommended to draw one up. Developing a health and safety policy is a positive step and will help you clarify your procedures and responsibilities. If you also involve volunteers in the process, it will make them much more aware of health and safety issues.

Risk Assessment

Risk assessment is a technique for identifying and controlling hazards of an organisation's activities. It is not just about chemicals and dangerous factories and is as relevant to the voluntary sector as it is to the private sector.

- A hazard is anything that has the potential to cause harm, e.g. a faulty electrical socket.
- Risk is the likelihood of it causing harm and the degree of harm it could cause e.g. an electrical shock which could lead to a fatality.

Risk assessment involves identifying all hazards, assessing the risk and putting in places measures to control unacceptable risks. Assessing risk requires detailed knowledge of the activities and working practices normally only found in the people who actually do the work. Risk assessment should always involve employees and volunteers and should never just be left to the experts.

Voluntary groups with no employees are not bound to do risk assessments but if they take their duty of care seriously, they would be well advised to carry out risk assessments, which are an excellent way to identify and overcome health and safety problems.

The Control of Substances Hazardous to Health (COSHH)

All employers have a legal duty to assess the workplace for risks to health which may be caused by substances hazardous to health. They must take all necessary steps to control any risks identified. Items such as household bleach may seem harmless but in the hands of a small child are extremely dangerous. Assessment is the key to evaluating potentially dangerous substances in the workplace.

If your organisation has no employees it is not bound to do COSHH assessments but if it takes its duty of care seriously, it would be well advised to carry out such assessments, which are an excellent way to identify and overcome health and safety problems.

Fire Assessment

All public and community buildings are obliged under various Regulations and Acts to specify minimum levels of standards so that the risk of fire is reduced.

You should consult with your local fire brigade for advice.

Health, Safety and Welfare

All employers must provide a safe place to work which is clean and free from risks, to reduce the risk of ill health or injury.

A safe system of working is required, i.e. proper procedures for handling dangerous substances and adequate guards for machinery.

All employers should provide adequate supervision.

Employees must be given training and information to give them sufficient skills and knowledge to carry out their work safely.

These regulations do not apply to organisations with no employees. However, they do need to ensure that their volunteers can work in a risk free and safe environment.

Insurance

Every organisation should check its insurance cover at least once a year. There are several insurance options and policies to consider. Some are required by law while others are optional. The more common insurance policies are listed below. Please note this list is not exhaustive.

Employers Liability Insurance

All employers are required by law to take out this insurance to cover employees in the event of an accident, disease or injury. It can also be extended to volunteers.

Public Liability Insurance

This insurance covers the organisation in the event of injury, death, and loss or damage to the property of non-employees. It only covers legal liability, so will not provide compensation where there is an accident that is not due to negligence. It is important to confirm with your insurers that this insurance extends to the acts of volunteers. Without this insurance, the organisation or the individuals responsible for the organisation could be held personally liable.

Other insurance policies which may be relevant:

- Personal Accident Insurance.
- Product Liability Insurance.
- Motor Vehicles Insurance.

Registering your organisation's activities

Any organisation employing staff, regardless of size or location, must register its existence with the Health and Safety Executive or the local Environmental Health Department.

Organisations with volunteers only do not normally have to register their activities with the enforcement authorities unless involved in dangerous activities, such as putting on a fireworks display. However, groups that control, or are responsible for premises and buildings, have to register with the local Fire Authority. If food is prepared, stored, supplied or sold on five or more days in any five-week period, they must register with the local Environmental Health Department.

You should always check with the authorities if you are in any doubt about the need for registering activities.

First Aid

All employers have a duty under law to make a first aid assessment. The need for first aid will depend on the organisation's activities. For instance an outward-bound centre is very different from a morning coffee club. Again an assessment of the workplace is the key to deciding what first aid to provide. There are, however, minimum standards for organisations with employees.

There must be at least one first aid box and a notice displayed in the workplace telling staff:

- the location of the first aid box;
- who is the first aider or appointed person (see below);
- where the first aider or appointed person can be found.

An appointed person is someone who has basic first aid knowledge, and is available whenever people are at work. They can take charge in an emergency and are responsible for calling the emergency services. Details of one-day courses to train appointed persons are available from the Health and Safety Executive (telephone number at end).

Voluntary groups with no employees are not bound to do a first aid assessment, although it is clearly good practice. However in certain circumstances, like a large public fireworks display, there may be a legal duty to provide first aid facilities. For example, if you hold a public exhibition without first aid facilities and someone is injured, you may have broken your duty of care. If you have any doubts whatsoever you should always contact the local Health and Safety Executive office for advice.

Useful Publications and organisations

The Health & Safety Handbook For Voluntary & Community Organisations.
Al Hinde, Charlie Kavanagh, Editor Jill Barlow.
Directory of Social Change, 24 Stephenson Way, London NW1 2DP. Telephone: 020 7209 5151.
Price £12.50

Managing Your Community Building.
A Practical Handbook for People Running Buildings in Local Communities.
Peter Hudson.
Community Matters, 8/9 Upper Street London N1 0PQ. Telephone: 020 7226 0189.
Price £15.95

Safe & Alert: good practice advice on volunteers working with vulnerable clients.
National Centre for Volunteering.
Price £10
The Centre's publications can be ordered by telephone, post or on-line at:
www.volunteering.org.uk/publications.htm

Insurance Guide for Voluntary Organisation.
National Council for Voluntary Organisations.
Available from:
Regents Wharf, 8 All Saints Street, London N1 9RL. Telephone: 020 7713 6161
Price £6

Charity and Voluntary Workers.
A guide to health and safety at work.
Health and Safety Executive, Charities Safety Group.
Booklet and accompanying training video
Booklet Price £12.50
Available from HMSO bookshops.

The Video is priced at £25 and available form
Local Authority Unit,
HSE, 7th floor, South Wing, Rose Court, 2 Southwark Bridge, London SE1 9HS. Telephone: 020 7717 6686

Health and Safety Executive.
General Helpline 0541 545 500. Open 8.30am-5pm Monday to Friday.

National Centre for Volunteering.
Information line 020 7520 8900. Open 2pm–4pm Monday to Friday.

This information sheet is written jointly with:
Community Health Advice and Training Project (CHAT),
Unit House, Speke Boulevard, Liverpool 24 1BR. Telephone: 0151 486 5741

CHAT is a supported by the National Lottery Charities Board, and is a subsidiary of Liverpool Occupational Health Partnership, Registered Charity No 1033189, Company Limited by Guarantee No 2892625.

This information sheet is intended as a general guide based on legislation at the time of publication. Neither the sponsors, its staff nor the authors can accept liability for any loss arising as a result of reliance upon any information contained herein. Readers are strongly advised to obtain professional advice on an individual basis.

All the Centre's information sheets are at: http://www.volunteering.org.uk/sheets.htm

July 1999

Annex C: Sample Volunteer Agreements

These sample volunteer agreements are a starting point to help you draft an agreement that suits your organisation. We hope you will discuss and consult on the sample agreements and feel free to adapt them to suit your needs. The first agreement is more formal and detailed than the second one.

A volunteer agreement helps both the organisation and its volunteers by making expectations clear. Both agreements incorporate current thinking on what is good practice in managing volunteers. They also address the unlikely possibility of volunteers being considered employees in the eyes of the law.

A volunteer agreement is usually part of a set of documents, which includes a volunteer policy and voluntary work outlines (like a job description). Samples of these are available from the information service at the National Centre for Volunteering on receipt of a small stamped addressed envelope with the required document name marked in the top left hand corner.

Further information on good practice in managing volunteers is contained in *The Good Practice Guide*, published by the National Centre for Volunteering, priced £12.

The Centre's publications can be ordered by telephone, post or on-line at:
www.volunteering.org.uk/publications.htm

All the Centre's information sheets are at: www.volunteering.org.uk/sheets.htm

April 2000

Sample volunteer agreement

This Volunteer Agreement describes the arrangement between [*name of organisation*] and you. We wish to assure you of our appreciation of your volunteering with us and will do the best we can to make your volunteer experience with us enjoyable and rewarding.

Part 1: the organisation

Your role as a volunteer is [*state nature and components of the work*] and starts on [*date*]. This work is designed to [*state how the work benefits the organisation*]. [*Name of organisation*] commits to the following:

1. Induction and training

- To provide thorough induction on the work of [*voluntary organisation*], its staff, your volunteering role and the induction and/or training you need to meet the responsibilities of this role. The Volunteer Handbook provides full details of the organisation.

2. Supervision, support and flexibility

- To explain the standards we expect for our services and to encourage and support you to achieve and maintain them.
- To provide a named person who will meet with you regularly to discuss your volunteering and any successes and problems.
- To do our best to help you develop your volunteering role with us.

3. Expenses

To repay these expenses following procedures in the Volunteer Handbook:

- travel to and from home to [*the place of work*] and during your work: see the Volunteer Handbook for rules on methods of travel and car mileage allowances;
- meal allowance to a maximum of £[ ] with a receipt and £[ ] per day without. [To be eligible you must work around meal times or for at least [4] hours a day];
- specialist clothing where this is required and provided by you;
- actual cost of crèche, childminding fees or other dependant costs incurred in order to be available for voluntary work;
- subsistence allowance of [ ].

4. Health and safety

- To provide adequate training and feedback in support of our health and safety policy, a copy of which is in the Volunteer Handbook.

5. Insurance

- To provide adequate insurance cover for volunteers whilst undertaking voluntary work approved and authorised by us.

6. Equal opportunities

- To ensure that all volunteers are dealt with in accordance with our equal opportunities policy, a copy of which is set out in the Volunteer Handbook.

7. Problems

- To try to resolve fairly any problems, grievances and difficulties you may have while you volunteer with us.

- In the event of an unresolved problem, to offer an opportunity to discuss the issues in accordance with the procedures set out in the Volunteer Handbook.

Part 2: the volunteer

I, ... (volunteer's name) agree:

- To help [*name of organisation*] fulfil its [*services*].

- To perform my volunteering role to the best of my ability.

- To follow the organisation's procedures and standards, including health and safety and equal opportunities, in relation to its staff, volunteers and clients.

- To maintain the confidential information of the organisation and of its clients.

- To meet time commitments and standards agreed to except in exceptional circumstances, and to give reasonable notice so other arrangements can be made.

- To provide referees as agreed who may be contacted, and to agree to a police check being carried out where necessary.

My agreed voluntary time commitment is ....

This agreement is binding in honour only, is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party. Neither of us intend any employment relationship to be created either now or at any time in the future.

Volunteer agreement

Volunteers are an important and valued part of Global Campaigns. We hope that you enjoy volunteering with us and feel a full part of our team.

This agreement tells you what you can expect from us, and what we hope from you. We aim to be flexible, so please let us know if you would like to make any changes and we will do our best.

We, Global Campaigns, will do our best:

- to introduce you to how the organisation works and your role in it and to provide any training you need. The initial training agreed is [ ];
- to provide regular meetings with your manager so that you can tell us if you are happy with how your work is organised and get feedback from us. Your manager's name is [ ];
- to respect your skills, dignity and individual wishes and to do our best to meet them;
- to pay your travel and meal costs up to our current maximum*;
- to consult with you and keep you informed of possible changes;
- to insure you against injury you suffer or cause due to negligence*;
- to provide a safe workplace*;
- to apply our equal opportunities policy;
- to apply our complaints procedure if there is any problem.

I, [name of volunteer], agree to do my best:

- to work reliably to the best of my ability, and to give as much warning as possible whenever I cannot work when expected;
- to follow Global Concern's rules and procedures, including health and safety, equal opportunities and confidentiality.

*More details on these issues is provided in the volunteer handbook.

Note: this agreement is in honour only and is not intended to be a legally binding contract of employment.

Annex D: Needs of specific groups

This section will provide specific advice on possible mechanisms to ensure that the service is accessible and appropriate to the needs of vulnerable and disadvantaged groups.

People with hearing difficulties

Actions to consider:

- Making contact with and or referring people to a local external agency that provides specialist support.
- Seeking advice on good practice from national disability organisations.
- Recruiting staff that could use sign language.
- Using British Sign Language interpreters.

People who do not speak English

Actions to consider:

- Linking up with an in house interpreting service.
- Using Language Line.
- Establishing links with external language providers and community groups.
- Training Community Link Workers.
- Providing interpreters on request.

People with mobility problems

Actions to consider:

- Providing disabled access.
- Carrying out home visits.

People with sight difficulties

Actions to consider:

- Developing transcripts for tapes for talking newsletters.
- Producing leaflets in large print.
- Carrying out home visits.
- Seeking advice from National Institute for the Blind.
- Producing cassettes.

People with learning disabilities

Actions to consider:

- Finding out about and developing links with Learning Disabilities services in the community.
- Discussions with colleagues within the trust about meeting the needs of patients.
- Referring people to independent services.

People with mental health problems

Actions to consider:

- Referring people to independent services.
- Providing training for staff in understanding the needs of mental health service users and implications of the Mental Health Act.

Older People

Actions to consider:

- Developing links with external agencies that work with elders and carers agencies.
- Implementing 'an always ring people back' informal policy.

Young People

Actions to consider:

- Developing links with external agencies for young people.
- Targeting publicity and awareness raising activities in appropriate places.

Children

Actions to consider:

- Discussion with paediatric unit to find how children and young people's needs can be met.

Women/Men

Actions to consider:

- Acknowledging the importance of choice.
- Referring people to specialist agencies.

Homeless People and Travellers

Actions to consider:

- Contact and develop links with appropriate organisations.

Refugees and Asylum Seekers

Actions considered or taken:

- Referring people to specialist agencies.
- Contact with independent advocacy services.

Internal re-structuring and organisational change within Trusts may be a factor that PALS can experience as an obstacle to establishing and implementing the service. This has resulted in two pathfinder sites deciding to delay their implementation plans until they were certain that internal structures and functions had been agreed and established. A factor which new PALS will need to bear in mind, is whether there will ever be 'an ideal' and stable internal environment for service delivery. A challenge is for PALS to learn to function effectively and proactively within a climate of constant change.

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Annex F: Supporting Policies

Shifting the Balance of Power
www.doh.gov.uk/shiftingthebalance/ July 2001

The document outlines ways in which an NHS will be created that shifts the balance of power to front line staff who see patients every day and better understands their needs and concerns. Changes to the way the NHS works will require cultural change supported by structural change to align responsibilities and capacity at the most local levels. There will be a shift in the balance towards local communities so that they reconnect with their services and have real influence over their development. Improvements in the NHS are driven by the people working within the NHS and we aim to ensure that these measures will make NHS staff proud of the service it provides, where decisions are taken locally making it more accountable to the people it serves.

Building a Safer NHS for Patients
www.doh.gov.uk/buildsafenhs/ 2001

Sets out the Government's plans for promoting patient safety following the publication of the report ***An Organisation with a Memory*** and the commitment to implement it in the ***NHS Plan***. It places patient safety in the context of the Government's NHS quality programme and highlights key linkages to other Government initiatives. Central to the plan is the new mandatory, national reporting scheme for adverse health care events and near misses within the NHS. This will enhance existing mechanisms for improving quality of care and promoting patient safety by harnessing learning throughout the NHS when something goes wrong.

Learning to Listen: Core Principles for the Involvement of Children and Young People
www.dfee.gov.uk/cypu 2001

Actively involving children and young people will produce better services. Ultimately that will produce better outcomes for children and young people, as well as stronger communities, as departments and agencies across government draw on children and young people's contributions to shape and tailor services to meet real, rather than presumed needs. The guidance introduces the core principles on which this work should be based, and provides departments with some early advice and background and with signposts to additional help.

Implementing the NHS Plan – Modern Matrons
Strengthening the role of ward sisters and introducing senior sisters
HSC 2001/010 www.doh.gov.uk/coinh.htm

Modern Matrons will be easily identifiable to patients, accountable for a group of wards and in control of the resources necessary to sort out the fundamentals of care, backed up by appropriate administrative support. In addition, all ward sisters and charge nurses will have the authority and support they need to resolve clinical issues, such as discharge delays and environmental problems such as poor cleanliness, and to ensure that the basics of care are right. These measures are designed to improve the quality of the patient experience by ensuring that key frontline staff have the necessary authority to prevent or to remedy shortcomings or failings in the processes, systems facilities and services that contribute to patient care. They are intended to strengthen clinical leadership at ward and unit level, and in other health settings, and to boost public confidence in the NHS, especially in its willingness and capacity to listen and to respond quickly to the concerns of patients. Where PALS becomes involved, sisters and charge nurses will play an important part in assisting the PALS staff to resolve the concerns of patients and their families as quickly as possible and, more generally in ensuring that the new system becomes an integral part of the overall quality improvement programme.

Essence of Care: Patient-focused benchmarking for healthcare practitioners
www.doh.gov.uk/essenceofcare February 2001

Guidance to help drive up nursing standards by benchmarking the fundamental and essential aspects of care, enabling ward sisters and charge nurses to ensure that clinical governance encompasses a process of continuous quality improvement focusing on the fundamentals of care.

Housekeeping: a first guide to New, Modern and Dependable Ward Housekeeping Services in the NHS
www.nhsestates.gov.uk/download/publications_guidance/housekeeping.pdf 2001

Guidance for the introduction of ward housekeepers by 2004 to provide direct support to ward sisters and charge nurses and to help them ensure that support services satisfy patient needs and meet Trust requirements. Good hospital care is a partnership between patients, their carers, and clinical and non-clinical staff. Part of that partnership is about creating a suitable environment for care. Patients will be better placed to benefit from their clinical care if all the surrounding aspects of the service are right. They need a system of support that focuses on their needs rather than those of the organisation. This means they need flexibility and a 'can-do' approach from all staff, so that their individual requirements can be met even in a service geared up for the majority. Ward housekeepers will work together with the ward sister to ensure that patients feel warm, safe and cared for, that individual needs are met, that wards are clean, food is enjoyable and enjoyed, and that equipment works. PALS will have an important role in working with patients, their carers and families, and with other staff, to raise issues where standards of ward housekeeping need to be improved.

Reforming the NHS Complaints Procedure: a listening document
www.doh.gov.uk/nhscomplaintsreform/ 2001

The new system of Patient and Public Involvement will ensure that problems are identified early and enable patients to be involved in designing and delivering a service accountable to its local population. We are also looking at how the NHS currently handles clinical negligence claims and a White Paper will be published early in 2002. A new National Clinical Assessment Authority will be established to deal with concerns about doctors in difficulty and the National Patient Safety Agency will run a national reporting system. This should lead to a service that is more responsive to patients when potential problems are identified early and resolved quickly. PALS and Independent Complaints Advocacy Services will be a key means of ensuring that patients' concerns are dealt with rapidly and to everyone's satisfaction. However, we have recognised the need to make sure that when patients want to complain formally there is an effective system in place for dealing with their complaint. Reforming the NHS Complaints Procedure: a listening document sought views on ways of improving the current procedure and raised a number of questions identified by the UK-wide evaluation study of the NHS complaints procedure. The results of the listening exercise will inform the future direction for responding to formal complaints.

Disability Discrimination Act 1996
www.disability.gov.uk/dda

Under Section 21 of the Act, from October 1999, there is a requirement on service providers to take reasonable steps to change practices, policies, or procedures which make it impossible or unreasonably difficult for disabled people to use a service: provide auxiliary aids or services which would make it easier for, or enable disabled people to use a service; and overcome physical features which make it impossible or unreasonably difficult for disabled people to use a service by providing a service by a reasonable alternative means. From 2004, service providers will have to take reasonable steps to remove, alter or provide reasonable means of avoiding physical features that make it impossible or unreasonably difficult for disabled people to use a service.

Valuing People: a New Strategy for Learning Disability for the 21st Century
www.doh.gov.uk/learningdisabilities/strategy.htm March 2001, CM 5086

The first White Paper on learning disability for thirty years sets out an ambitious and challenging programme of action for improving services. The proposals are based on four key principles: civil rights, independence, choice and inclusion.

Your Guide to the NHS
www.nhs.uk/nhsguide/

From April 2001, the guide has replaced the Patient's Charter in England. This guide helps explain how the NHS Plan launched in July 2000 will affect individuals. It sets out what can be expected from the NHS today and in the future, as improvements to health services take place.

Information for Health: an Information Strategy for the Modern NHS **1998-2005**
A national strategy for local implementation
www.nhsia.nhs.uk/def/pages/info4health/ 2001

The document places the strategy in the context of the broader Government policy, and describes the strategic objectives and targets. It also sets out how electronic patient and health records will be developed and addresses what must be done to improve the flow and use of information for health information governance, performance management and national service frameworks. Information for Health established important information and ICT services such as NHS Direct Online and the National Electronic Library for Health.

There is increasing recognition of the need to join up NHS information and knowledge services to provide a common core of knowledge for clinicians and patients. Using face-to-face services and modern ICT, a National Knowledge Service will enable easier access to all relevant knowledge. Information strategies linked to National Service Frameworks indicate an expectation that clinicians and patients will increasingly be able to access a common core of knowledge.