# PATIENT ADVICE AND LIAISON SERVICE (PALS) POLICY

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1. INTRODUCTION
The Patient Advice and Liaison Service, known as PALS, was introduced to the NHS in 2002, requiring Trusts to have dedicated staff who are able to provide timely information and signposting to patients, their families and carers and who are able to resolve concerns as quickly as possible.
Throughout this document the term “patient” is used. This is in keeping with the national branding for PALS. The Trust acknowledges that people who access the services provided may wish to use other terms, such as “service user”.

Throughout this document the use of the term "Complaints Manager" refers to both the Complaints Manager and Patient Experience and Complaints Manager roles.

1.1 PALS functions and core standards
The main functions and core standards of PALS are to:

- Be identifiable and accessible to patients, their carers, friends, families and members of the public. Everyone who contacts PALS will be given information about options available to resolve an issue or concern.
- Provide on the spot help whenever possible, with the power to negotiate immediate solutions or speedy resolution of problems.
- Enable people to access information about Trust services and information about health and social care.
- Listen and provide relevant information and support to help resolve patients’ concerns quickly and efficiently.
- Signpost and guide people through health and social care services provided by the Trust.
- Liaise with staff and managers, and where appropriate, with other PALS services and health and related organisations, to facilitate a resolution.
- Act as an early warning system if there are particular problems and/or concerns emerging.
- Act as a gateway for advocacy or the complaints process.
- Refer patients when appropriate to independent advice and advocacy support from local and national sources, including Independent Complaints Advocacy Services (ICAS).
- Establish and maintain effective systems for reporting on and learning from PALS contacts.
- Informs others about its services and works in partnership with relevant services and organisations.
- Operate within a local network with other PALS within the main geographical areas covered by the Trust, to maintain a seamless service for patients who move between and use different parts of the NHS for the care they need.
- Play a key role in bringing about a change of culture in the NHS that puts patients at the heart of service delivery.
- Involve patients and carers where appropriate, in the planning, development and monitoring of PALS.

Following the publication of Making Experiences Count (Department of Health, 2007) and the enactment of The Local Authority Social Services and NHS Complaints (England) Regulations 2009, the PALS and Complaints functions work in an increasingly integrated way to resolve complaints which are risk assessed as low and moderate risk.

The Trust ‘Your Opinion Counts’ (YOC) and compliments systems are also functions of the PALS.

2. PURPOSE
The purpose of this policy is to set out the Trust’s arrangements for listening, responding and improving when patients and carers raise concerns, and for monitoring and learning from those arrangements.

The policy details the processes through which concerns will be handled thoroughly and without delay, with the aim of satisfying the patient whilst being fair and open with all those involved.

3. SCOPE
PALS offer a service to anyone who requires signposting, information or support to access the appropriate service. The policy covers all people who are accessing Trust services and their carers and all staff working for the Trust.

There are integrated working arrangements between the PALS and Complaints functions. The Trust’s arrangements for complaints are set out within a separate policy entitled Policy and Procedure Relating to the Handling of Formal Complaints.

The detailed arrangements for the development of written information are set out within the Policy for the development of Information for Service Users.

This policy does not cover the arrangements for staff who wish to raise concerns. This is covered within the policy entitled Speaking Out – Disclosure by Staff of Concerns on Healthcare Matters Policy.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES
4.1 The Board of Directors
The Board of Directors is responsible for monitoring concerns raised by patients, the arrangements for achieving satisfactory and timely resolution and, learning and improvements arising from concerns.

4.2 Executive Director of Business Assurance
The Executive Director of Business Assurance is the designated Board of Directors lead for PALS.

4.3 Patient Advice and Liaison Service (PALS) Coordinator/Patient Experience and Complaints Manager
The role of the PALS Coordinator/Patient Experience and Complaints Manager is to:

- Deal with patient, carer or public enquiries and/or concerns and liaise directly with service providers and health care professionals on behalf of patients, where this is the choice of the person raising the enquiry/concern, or staff require assistance.

- Seek to acknowledge all queries/concerns by the next working day. If PALS is unable to resolve the query at this point, it will keep people informed of progress and set realistic timescales for resolution. (Note: ‘working day’ is defined as Monday-Friday)

Individuals raising concerns will be offered, wherever possible, an opportunity to discuss
concerns in private, maintaining confidentiality as far as is reasonably practicable.

- Forward any Your Opinion Counts (YOC) forms to the relevant Matron/Service Manager for action.

- Record all PALS contacts and YOC forms on the appropriate databases and manage the reporting of activity to the Performance Team on a monthly basis and on an ad hoc basis to meet particular service needs as required.

- Operate within a local network with other PALS within the main geographical areas covered by the Trust to maintain a seamless service for patients who move between and use different parts of the NHS for the care they need.

- Organise training with the relevant people, where the analysis of PALS data identifies training needs.

Low and moderate risk complaints

- Work closely with the Complaints Manager and in agreement with the complainant, to resolve complaints which might be more appropriately addressed via PALS.

- Liaise directly with the relevant service areas as necessary to resolve complaints.

- Depending on the nature of the complaint and the wishes of the complainant, the PALS Coordinator and Complaints Manager may deal with complaints directly and without the need for a written response.

This will ensure prompt and appropriate action and help to resolve the complaint at a truly local level.

4.4 Assistant Directors are responsible for:

- Ensuring they have systems in place in order that patients, their relatives and carers are not treated differently as a result of raising a concern or a complaint.

- Making PALS literature promotional materials and YOC forms available across all clinical and public areas for which they are responsible.

- Making information available for patients and carers relating to conditions, treatments, care, medication, service provision and choices, including any undesired effects.

See Policy for the Development of Information for Service Users - General Policies

- Taking prompt and effective action in response to concerns raised.

- Monitoring information submitted on the shared K drive in connection with written compliments received.

- Monitoring feedback gained via each YOC form received that is relevant to their Business Division.
• Discussing and disseminating learning from concerns, YOC and compliments and implementing any identified policy and practice changes required to promote ongoing learning and improvement.

4.5 **Matrons/Service Managers are responsible for:**

- Looking into all concerns raised and taking appropriate action, including any training needs identified within their service.

- Reassuring patients, their relatives and carers that they will not treated differently as a result of raising a concern or a complaint.

- Issues should be dealt with according to their urgency, and whenever possible, within 2 working days.

- Monitoring information submitted on the K drive in connection with written compliments received.

- Reporting action taken in response to YOC forms to PALS.

- Feeding back to staff compliments and acknowledgements of efforts which offer an opportunity to learn from and build on good practice and can have a positive impact on staff morale and performance.

- Regularly discussing and disseminating learning to their staff from concerns, YOC and compliments and implementing any identified policy and practice changes required to promote ongoing learning and improvement.

4.6 **‘Nominated officers’ (written compliments)**

- To input information into a spreadsheet on the shared K drive to reflect the number and nature of written compliments received for each service area covered within their Business Division and to keep this up to date, complying with requests from the Patient Experience Team accordingly.

4.7 **All Staff**

The delivery of an effective PALS service is the responsibility of all staff, in order that information, advice, signposting and a willingness to deal with concerns is readily available for people, within their area of knowledge, responsibility and expertise.

4.8 **Risk Management Sub Group**

The Risk Management Sub Group is responsible for approving certain policies - including the Complaints Policy - as detailed in the Trust’s Policy on Polices and to provide assurance to Policy and Planning Group level around its key responsibilities. It gives delegated responsibility to the Organisational Learning Forum (OLF) for the implementation of its work streams and action plans.

4.9 **Organisational Learning Forum**

The Organisational Learning Forum is responsible for developing and managing a structured approach to active organisational learning, where lessons learned are embedded in the Trust’s culture and practice. The group will help to facilitate a fair blame (no blame) culture.
This will include: the sharing of lessons learnt from concerns and complaints from one service to other areas of the Trust in order that any system failures discovered during investigations are adopted by the Trust as a whole and pockets of good practice are not isolated. The fostering of a learning and improvement culture, where all staff understand the value and benefits of learning from error and feel confident to report incidents.

4.10 **Clinical Governance Group**

The purpose of the Clinical Governance Group is to enable the Board of Directors to obtain assurance that high standards of care are provided by the Trust and, in particular, that adequate and appropriate governance structures, processes and controls are in place throughout the Trust.

This will include:

- monitoring trends in concerns and complaints received by the Trust and commissioning actions in response to adverse trends where appropriate
- identifying areas for improvement in respect of concerns and complaints trends and ensuring appropriate action is taken.

5. **PROCEDURE / IMPLEMENTATION**

Access to PALS is open to everyone who needs to access the service. PALS literature and other information can be made available in formats or languages to suit individual needs, upon request. Access to translation and interpretation services is available to meet individual needs.

See *Policy for the Provision of, Access to and use of Interpreters for Services Users and Carers – Clinical Policies*

Wherever possible an individual raising a concern will be offered a choice to ensure that the right staff member is delivering PALS. This will include the consideration of the gender of the staff member supporting the individual to deal with a concern.

All Staff must:

- provide information to patients and carers, relating to the condition, treatment, care, medication, service provision and choices, including any undesired effects, using the approved information available on the Trust intranet. If the information requested is not found within these resources staff should contact the PALS Co-ordinator for assistance.

See *Policy for the Development of Information for Service Users - General Policies*

- attempt to resolve concerns or provide information as quickly as possible. However, it may be necessary for the concern to be referred to their manager or an identified senior member of the team.

- deal with issues according to their urgency, and whenever possible, within 2 working days.
• ensure the individual raising the concern is kept informed of all progress made and is fully involved throughout the process. It is important that, wherever possible, when an individual raises a concern, a named member of staff deals with the concern. This assists with the communication process and will facilitate understanding and develop trust.

Should an unavoidable situation arise where a member of staff cannot see an issue through to its conclusion, full details must be passed on to an appropriate colleague. The individual raising the concern must be kept informed of the situation.

Staff experiencing difficulties resolving the more complex issues should contact the PALS Co-ordinator for support and assistance as soon as possible – see section 5.1.

The person raising a concern should be made aware that they could, at any time, choose to be supported by the PALS Coordinator and Complaints Manager.

Patients and carers should be made fully aware that they are able to pursue a formal complaint at any time. It should be made clear to these individuals that PALS will not be able to assist with their concern whilst a formal complaint is being pursued, although PALS can support people through the complaints process.

Details of any written compliments received should be passed to the designated ‘nominated officer’ for the Business Division for recording on the K drive.

5.1 Accessing PALS

• PALS may normally be accessed Monday to Friday between 9:00am and 5:00pm, except Bank Holidays. However, the service offered will also be flexible as far as is reasonably practicable to accommodate those who cannot access or make contact during these hours.

• If a patient wishes to speak to the PALS Coordinator and Complaints Managers outside of normal office hours, this will be organised by prior arrangement, where reasonably practicable.

• An answer-machine is available 24 hours a day to take messages for PALS. Should contact be required, this will be made at the earliest opportunity.

• The PALS Coordinator and Complaints Managers are based at Park Lodge, St Catherine’s, Tickhill Road, Balby, Doncaster DN4 8QN.

The PALS Coordinator and Complaints Managers can be accessed by:

• Your Opinion Counts (YOC) form. This form is available within all Trust services. When completing the form, the service that is being commented upon is to be clearly recorded, and if a response is required, this should be clearly indicated on the form. This form should then be posted to the PALS office at Park Lodge, St Catherine’s.

• Letter. Letters should be addressed to: The PALS Co-ordinator, Park Lodge, St Catherine’s, Tickhill Road, Balby, Doncaster DN4 8QN.

• Telephone call: 0800 015 4334

• Email: pals@rdash.nhs.uk.
• Trust website: http://www.rdash.nhs.uk Home Page > information for service users and carers. > Patient Advice and Liaison Service.

• Calling in to the PALS Office: Park Lodge, St Catherine’s, Tickhill Road, Balby, Doncaster DN4 8QN. This is best done by prior arrangement to ensure that the PALS Co-ordinator is available.

• Any member of staff.

• PALS from other Trusts.

• External organisations.

The PALS Coordinator and Complaints Manager may visit patients at a place of their choice if they cannot, or do not wish to visit the PALS Office. This must be by prior arrangement and subject to the requirements of the Lone Working Policy.

See Lone Working Policy - Health and Safety Policies

The PALS Coordinator and Complaints Managers recognise that occasionally complex issues may require immediate attention and support. However, PALS is not a crisis intervention service, nor is the PALS Coordinator and Complaints Manager able to provide medical advice.

5.2 Supporting patients who raise concerns
Anyone raising a concern either in their own right, or on behalf of a patient, should be reassured that they will not be treated any differently as a result of raising a concern.

The best way to support the person is to provide them with accurate and timely information, and in order to minimise/prevent any feelings of discrimination, no documentation relating to the concern or any subsequent investigation is to be held on the patients’ clinical record.

In the event that the concern is about a member of staff involved in the care of a patient, consideration should be given by the Manager to the allocation of that patient’s care to another worker while the concern is investigated.

5.3 Confidentiality

• The nature of PALS work means that it will be necessary to hold personal data. It is of paramount importance that all PALS staff maintain confidentiality as far as is reasonably practicable.

• This means that PALS staff will not disclose, under normal circumstances in line with the Data Protection Act, any information about patients or their representatives, or information about them to any unauthorised person without prior permission.

• Particular care is needed to avoid unintentional breaches of confidence arising out of conversations with colleagues.
• In order to adhere to the rules governing confidentiality, PALS staff must actively seek permission before divulging personal information.

See *Data Protection Policy* - Information and Knowledge Management Policies

5.4 **Storage of information**

All PALS contacts reported to PALS are recorded and stored within a secure database managed and accessible by the Patient Experience Team, which conforms to the relevant requirements of the Data Protection Act and the Caldicott guidelines for Patient Confidentiality.

5.5 **What if PALS outcome does not fulfil expectations?**

• PALS will endeavour to reach a resolution in all cases, however both the enquirer and PALS must accept that in cases when all possible identified options for resolution have been exhausted, it will be an appropriate juncture for PALS to close the matter or refer to a more appropriate body.

• Where PALS staff are subjected to violent or abusive behaviour, appropriate action will be taken to protect staff and to take action against those who abuse or attempt to abuse them, which may include the removal of the PALS service.

• Where the PALS service is removed, other sources of assistance, where required will be explored.

See *Policy for the Prevention and Management of Work Related Violence and Aggression* - Clinical Policies

5.6 **Procedure for Responding to Web Postings**

There are increasing opportunities for people to post feedback about their experience of health and social care on national and local web sites, such as NHS Choices and Patient Opinion.

• Such postings are commonly anonymous, to protect the identity of the person.

The Trust takes such postings and opinions very seriously, and they should all be responded to, according to the agreed procedures.

The Patient Engagement/Psychosocial Interventions Lead and PALS are notified by the agency that manages the postings of any new postings.

The Patient Engagement/PSI Lead will offer an initial response to the posting that includes an apology for any distress that may have been caused.

The appropriate Assistant Director will be notified and asked to offer a further response.

See *Procedure for Responding to Patient Opinion Postings*

5.7 **How the Trust makes improvements as a result of a concern**

• The Trust systems for the monitoring and analysis of complaints will help to facilitate organisational learning and the information will be used to improve services and care available to patients.

• PALS, YOC, complaints, incidents, claims data and compliments are examined together through the Organisational Learning Forum (OLF) to allow trends to be identified and improvements implemented. This can lead to the prevention or
recurrence of incidents and concerns. The sharing of lessons learned from one service to other areas of the Trust will allow for any system failures discovered during investigation to be adopted by the Trust as a whole and prevent pockets of good practice from being isolated.

In addition, the sharing of compliments received about services are collated and analysed thematically in order to share good practice. Compliments and acknowledgements of efforts offer an opportunity to learn from and build on good practice and can have a positive impact on staff morale and performance. Therefore, it is important that the Trust has a robust system in place for reporting written compliments, which includes a process for the feedback of positive comments to staff (See Appendix 1).

• Training will be organised where the analysis of complaints data identifies a need.

• The Trust is committed to undertaking this activity in a regular and systematic way to facilitate ongoing improvement through organisational learning.

See Policy for the Investigation of Incidents, Complaints and Claims, including Analysis and Improvement - General Policies

6. TRAINING IMPLICATIONS

• Within the Trust Induction Programme all staff commencing employment with the Trust are given information regarding the functions of the Patient Experience Team which includes information about PALS and the role of all staff in the delivery of PALS.

• The Patient Experience Team offer training to meet identified needs and can be requested by contacting the PALS Coordinator and Complaints Managers.

• Where the analysis of PALS data suggests the need for PALS training, the PALS Coordinator and Complaints Manager will contact the relevant manager to offer this. Training regarding PALS is delivered, as appropriate, with the support of people who have experience of using Trust services.
### 7. MONITORING ARRANGEMENTS

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<th>Who By</th>
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<td>• Duties</td>
<td>Patient Experience Report</td>
<td>Head of Patient Safety &amp; Experience/Deputy AHP Lead</td>
<td>Organisational Learning Forum</td>
<td>Annually</td>
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<td>• How the trust listens and responds to concerns and complaints from patients, their relatives and carers</td>
<td>Complaints Report</td>
<td>Complaints Manager</td>
<td>Organisational Learning Forum</td>
<td>Monthly</td>
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<td>• How the Trust makes sure that patients, their relatives and carers are not treated differently as a result of raising a concern or a complaint</td>
<td>Quality Improvement Report</td>
<td>Head of Patient Safety &amp; Experience/Deputy AHP Lead</td>
<td>Clinical Governance Group</td>
<td>Quarterly</td>
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<tr>
<td>• How the trust makes improvements as a result of a concern or a complaint</td>
<td>Triangulated Report</td>
<td>Head of Patient Safety &amp; Experience/Deputy AHP Lead</td>
<td>Organisational Learning Forum</td>
<td>Quarterly</td>
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8. EQUALITY IMPACT ASSESSMENT SCREENING

The completed Equality Impact Assessment for this Policy has been published on the Equality and Diversity webpage of the RDaSH website [click here](#).

8.1 Privacy, Dignity and Respect

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<th>The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi's review of the NHS, identifies the need to organise care around the individual, 'not just clinically but in terms of dignity and respect'. As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).</th>
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<td>Indicate how this will be met</td>
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<td>There are no additional requirements in relation to privacy, dignity and respect</td>
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8.2 Mental Capacity Act

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<th>Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court</th>
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<tr>
<td>Indicate How This Will Be Achieved.</td>
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<tr>
<td>All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)</td>
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9. **LINKS TO ANY ASSOCIATED DOCUMENTS**

Policy and Procedure Relating to the Handling of Formal Complaints – General Policies

Claims Handling Policy, General Policies

Incident Reporting Policy, Health and Safety Policies

Policy for the Development of Information for Service Users – General Policies

Policy for Policy for the Provision of Access To and Use Of Interpreters for Services Users and Carers – Clinical Policies

Data Protection Policy - Information and Knowledge Management Policies

Policy for the Investigation of Incidents, Complaints and Claims, including Analysis and Improvement, General Policies

Policy for the Prevention and Management of Work Related Violence and Aggression-Clinical Policies

Being open: communicating openly and honestly with service users and their carers following a patient safety incident or related complaint or claim, General Policies


Lone Working Policy, Health and Safety Policies

10. **REFERENCES**

Data Protection Act 1998


Department of Health (1997) *Caldicott Report*

Department of Health (2007) *Making Experiences Count*

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

11. **APPENDICES**

Appendix 1: Process relating to the reporting of written compliments
Appendix 1

PROCESS RELATING TO THE REPORTING OF WRITTEN COMPLIMENTS

Introduction
Compliments and acknowledgements of efforts offer an opportunity to learn from and build on good practice and can have a positive impact on staff morale and performance. It is important therefore that the Trust has a robust system in place for reporting written compliments, which includes a process by which positive comments are fed back to staff.

Definition of a written compliment
A compliment can be recorded if it is:
- Written in the form of a letter
- Written in the form of an email
- Written on a thank you/birthday/Christmas card
- Written on a ‘Your Opinion Counts’ form

A compliment cannot be recorded if it is:

- A gift, unless it is accompanied by a written compliment as detailed above
- A donation, unless it is accompanied by a written compliment as detailed above
- A verbal compliment

If you are unsure whether a compliment can be recorded, please contact the PALS Coordinator/Patient Experience and Complaints Manager on 0800 015 4334 for guidance.

Process
1. A written compliment is received by a member of staff.

2. Notification of and/or details of the compliment should be passed to the ‘nominated officer’ within their Business Division. A ‘nominated officer’ is someone who has been designated to manage information in connection with compliments received for their own Business Division by the relevant Assistant Director. (Note that in some Business Divisions, more than one ‘nominated officer’ has been appointed.)

3. The ‘nominated officer’ inputs information into a spreadsheet on the shared K drive to reflect the number and nature of compliments received for each service area covered within their Business Division and is responsible for keeping this up to date. (Note that Assistant Directors and some identified managers also have access to the relevant spreadsheet in order that they can monitor information that is submitted.)

4. The Patient Experience Team (who have access to each of the spreadsheets on the K drive) will send an email to all ‘nominated officers’ at the beginning of every month advising them of a deadline date when their spreadsheet will need to be fully completed to reflect compliments received within the month that has just passed. The deadline date will usually be the tenth working day
into the month that has just commenced but this may vary depending on reporting requirements.

5. ‘Nominated officers’ will ensure that the spreadsheet is up to date before the deadline date that has been set by the Patient Experience Team.

6. The Patient Experience Team will review the information held within each of the spreadsheets immediately after the deadline date has passed and include this within routine monthly reporting to the Performance Team.

7. Business Divisions should develop their own mechanisms for ensuring that positive feedback is shared with staff accordingly.