

# The Newcastle Upon Tyne Hospitals NHS Foundation Trust

## Procedure for Establishment of a Public Telephone Helpline

Effective Date: December 2010

Review Date: December 2013

### 1. Introduction

- 1.1 In some circumstances the details surrounding a specific incident may be of interest to a group of patients or to the public at large. This is likely to be in situations where one or more of the following circumstances apply:
  - 1.1.1 An incident has affected or potentially affected a number of different people
  - 1.1.2 There is anxiety or uncertainty amongst the general public or among a specific patient group, about who may be affected by the incident and how
  - 1.1.3 There is the need to inform the public about potential health consequences or about specific measures to be taken.
- 1.2. In these circumstances, the establishment of a telephone helpline will be considered, as a means of providing a prompt and appropriate response to enquiries from members of the public.

### 2. Responsibilities

- 2.1 **The decision to establish a telephone helpline will be taken by the Chief Executive or designated deputy (i.e. Nursing and Patient Services Director or Medical Director).**
- 2.2 The Chief Executive or deputy will nominate a Lead Officer for the helpline and will agree with the Lead Officer the terms of reference, timetables and overall approach.
- 2.3 The designated Lead Officer, in liaison with other appropriate personnel, will be responsible for setting up the helpline, recruiting appropriate staff and for developing the operational details in relation to the specific incident.

### 3. Location and Staffing

- 3.1 In most situations the telephone helpline will be situated in the Patient Relations office at Freeman Hospital.
- 3.2 The Lead Officer will liaise with others as appropriate to identify and provide any additional equipment required.
- 3.3 The Lead Officer will identify appropriate personnel to staff the helpline. In the first instance staff will be recruited from the Patient Services Directorate. Staff with specialist knowledge will be recruited as required.

- 3.4 A rota for staffing will be established in order to ensure coverage throughout the times agreed.

#### **4. Communication**

- 4.1 **The Chief Executive or designated deputy will communicate the details of the helpline to the press and other relevant external bodies.**
- 4.2 Close liaison will be maintained with personnel at the Strategic Health Authority and other relevant external organisations.
- 4.3 The designated Lead Officer for the helpline will ensure that details are communicated to appropriate personnel within the Trust.

#### **5. Call Response and Logging**

- 5.1 **The information to be provided in response to helpline queries will be agreed in advance by the Chief Executive or deputy and Lead Officer, with input from other specialist personnel as required.**
- 5.2 All staff responding to calls will be briefed in advance on the call procedure.
- 5.3 All calls will be logged on the helpline response form produced for the specific incident and advice and actions arising will be noted.
- 5.4 Individuals working on the helpline will be provided with regular rest periods during their session and will work for no longer than six hours on the helpline in any given day.

#### **6. Monitoring and Review**

- 6.1 The Lead Officer will co-ordinate a regular review of calls to the helpline, in order to ensure that appropriate follow up actions are followed through.
- 6.2 The Lead Officer will liaise with other relevant personnel in pursuit of any actions arising from the helpline calls.
- 6.3 Staff working on the helpline will be debriefed after each session, in order to identify any issues arising and to manage issues of stress or fatigue.
- 6.4 Progress reports will be provided to the Chief Executive or deputy on a daily basis or as circumstances require.
- 6.5 The Chief Executive or designated deputy will determine appropriate time for scaling down or closure of the helpline.

Author: Risk Management and Safety Manager

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	<b>Establishment of a Public Telephone Helpline Procedure</b>	Policy Author:	<b>Elaine Coghill, Risk And Safety Manager</b>
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	N/A	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d).	Can we reduce the impact by taking different action?	N/A	

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b> N/A
------------------	---

Name and Designation of Person responsible for completion of this form: .....Elaine Coghill, Risk And Safety Manager ..... Date: .. 08/12/2010 .....

Names & Designations of those involved in the impact assessment screening process:.....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*