

PATIENT ADVICE AND LIAISON SERVICE (PALS) REPORT 2010-2011

EXECUTIVE SUMMARY

This paper informs the Trust Board about the work of the Patient Advice And Liaison Service and the PALS enquiries that have been received this year.

THE BOARD IS ASKED

to note the measures taken and support the recommendations for further improvements.

Regulatory framework

CQC Essential Standards for Quality and Safety: **Respecting and Involving People who Use Services**

DATE:

July 2011

Summary:

1. In 2010/11 the service dealt with a total of 594 enquiries. This represented an *increase* from the previous year figure of 572.
2. 43% of PALS enquiries were concerned with requests for information and advice and 54% dealt with problems or requests for help with formal complaints, A further 3% were “other” enquiries.
3. There has been a comprehensive effort made throughout the year by staff involved with PALS to identify potential lessons from cases.
4. When PALS problem issues were broken down, the most frequently-presented issues were
 - (i) Concerns relating to care and treatment,
 - (ii) Relationship with staff
 - (iii) Access to services
 - (iv) Housing related concerns
 - (v) Medical and other records
5. Specific examples to illustrate issues that have been raised with PALS are provided in the report. In addition a listing of cases with potential lessons identified by PALS have been circulated to services to inform the organisational learning process.
6. To improve the identification of potential learning for the Trust in the area of Equalities and Diversity, the report has included qualitative information in addition to the statistical data.
6. Evidence of efforts made by PALS in successfully resolving concerns is demonstrated through examples of positive feedback from users of the service.
7. The year has seen PALS support the new Complaints Procedure by raising its profile in the new Complaints Leaflets and actively supporting its distribution throughout the Trust. Steps were also taken to work closely with Information Governance to improve the service offered to individuals seeking access to their own personal information.

1 **Introduction**

Patient Advice & Liaison Services were established by Government following the Kennedy Report, with the aim of increasing the responsiveness of health providers to those using the services. Their role was to

- Provide information on local health services
- Put people in contact with sources of support
- Help to quickly resolve any problems with service delivery
- Advise people on the formal complaints procedure
- Pass on suggestions for improvements
- Act as an “early warning system” by informing the Trust Board and Clinical Governance groups (now called Care Quality Management Groups) of trends in enquiries and highlighting gaps in services
- Help the NHS to develop a more responsive culture

The service established within CNWL on 1 July 2003, has a hub and spoke model - with a manager at Trust HQ supported by PALS Link Workers, who perform their role in addition to their “normal” jobs, at individual sites. The Trust currently has 91 such link workers. The mission of CNWL’s Patient Advice & Liaison Service is to help make Trust services as accessible, welcoming and responsive as possible.

The role of PALS in addressing people’s concerns about services has nationally been challenged from April 2009 by the introduction of the new Complaints Procedure. This gave a 24 hour timeframe for resolving informal “complaints”. This, combined with financial pressures, has led a few health organisations to merge their PALS services with their Complaints teams, or simply abandon PALS altogether¹. However, in practice – as seen from the bullet points above - the role of PALS goes far beyond dealing with informal “complaints”. The evidence of the last year is that many people want help in getting services more closely tailored to their wishes, but do not consider this should be viewed as if they were “complaining”.

This demand is reflected in the year on year increase in the number of contacts that PALS has reported. The service has also seen a significant increase in the complexity of issues raised.

2. **Achievements in 2010/11**

- 2.1 As reported in previous years, the primary achievement of PALS is its ability to respond quickly and informally to enquiries raised by service users, their family members and other members of public. To give a flavour of some of the issues that have required input from PALS a sample of scenarios is listed below:

Example 1

An enquirer rang the service and advised that he had received a call from someone within the service. They wanted to know who that was.

The Local PALS Link Worker spotted something was wrong in the way he was talking and responding. She kept the enquirer speaking on the phone for 25 minutes while telling them the call would not be brought to an end until she was satisfied there was

¹ A check on 7 mental health trusts indicated that 6 had retained a PALS and one had disbanded PALS. A check on 7 acute trust websites indicated that there was a PALS presence in all 7.

no need for her to be there for them. She was able to get the enquirer to provide their contact details, had an ambulance called and the care coordinator. The individual later expressed gratitude for the assistance offered by the staff member.

Example 2

An enquirer was concerned about the range of medication he was collecting for a parent from his local Pharmacy and the effect this was having on the parent's ability to manage.

The Local PALS Link Worker made the team aware of the enquirer's concerns. Having confirmed only one medication was prescribed by the Trust and the clinician had no current concerns about the parent, steps were taken to explore the possibility of facilitating a joint meeting between the mother and the enquirer to address the ongoing concerns of the enquirer. As the parent was happy to have a meeting this discussion took place.

Example 3

An enquirer had learnt that an appointment letter had been sent and returned to the service without her knowing. The enquirer was upset by this having specifically requested no correspondence should be sent to the home address because the post was being interfered with. She felt the clinician responsible for sending the letter had not taken on board the effect on the enquirer of the neighbours having knowledge of her association with the service. The enquirer did not want to be seen again by the same clinician and wanted to see the information held on the file.

Initial enquires carried out by PALS found that the phone number the team had to hand had been incorrect and only after all other options had been exhausted was the letter sent. The content of the letter contained only the address, time and date of the appointment and an apology had already been given by the clinician at a meeting with the enquirer. Before the enquirer decided whether to take her concerns forward as formal complaint, arrangements were made to hold a further meeting with the Lead Clinician. From this the enquirer accepted the apology and agreed to recommence the sessions with the original clinician. It was also arranged for any future correspondence to be sent to a specified e-mail address.

Example 4

Although the enquirer had been given photocopies of notes over the previous year they were still concerned that a full copy had not been received and some matters were being withheld. They advised the Local PALS Link Worker that they were considering making a complaint via a solicitor about the withholding of the notes.

With permission from the enquirer's clinician steps were taken to print out the computer records and to meet with the enquirer. Two hours were allocated to allow the enquirer to go through everything and compare what had been received already with the original file. The PALS Link Worker was available throughout the process to photocopy any additional pages that the enquirer requested and to take note of any questions the enquirer might want to have fed back to the Consultant. The enquirer at the end of the process stated that although not 100% happy with the content they felt they had seen everything.

2.2 Other Achievements

- PALS identified and raised the issues facing staff who were dealing with access to records requests. PALS worked alongside the Information Governance team to review arrangements and develop an updated policy. PALS was listed as a source of advice in the new leaflet that was produced, called “Your Information,”
- Members of the PALS team undertook a number of promotional events during the year. This included a Link event targeted at Westminster residents and having a PALS Link Worker available to discuss concerns at an event held at the Hillingdon Wellbeing Centre.
- We ensured that the new Complaints Leaflets available in the latter part of the year specifically referred to PALS and prominently displayed its contact details to increase publicity of its availability. PALS also played a leading role in ensuring the leaflets were distributed and displayed in sites across the Trust.
- PALS actively engaged with the discussions leading up to the addition of Hillingdon and Camden Community Health Services to the Trust. This resulted in the establishment of dedicated staff to provide ongoing PALS support in Hillingdon.
- The year has also seen an increase in the number of cases where PALS provided advice in relation to formal complaints. Also as previously identified the year has seen an increase in the complexity of issues that PALS were able to deal with.
- An initiative between the PALS Manager and the Local Complaint Officer of Kensington and Chelsea has led to the identification of the possible benefits of working more closely together to see if concerns can be addressed closer to the point where the concern develops so a resolution without the need to exercise the right to raise a formal complaint. To achieve this efforts have been made to promote PALS among staff working on the ward while increasing the number of staff from the service that have been trained as Link Workers.

3 CNWL PALS Enquiries for 2010/11

3.1 Enquiries 2010/11

PALS received a total of 594 enquiries during the period. The number of recorded PALS enquiries has risen by 2.4% when compared to last year, but the proportion of enquiries dealt with centrally has also risen to 75%. This appears to have been the result of the following process:

1. Costs of centrally commissioning the printing of local PALS Link Worker contact details on PALS leaflets becoming prohibitive
2. PALS link workers therefore being asked to print their own address labels and attach these to local leaflets
3. Local PALS Link Workers often not doing this, and the PALS Manager therefore having to provide labels with the HQ PALS phone number on all PALS leaflets.

Solutions to this problem will need to be sought over the next year.

In addition, there is evidence that many local Link Workers deal with enquiries, but because they do not have immediate access to an online recording system, they do

not find time to record this work. It is hoped that the roll-out of the web-based DATIX system will help to address this.

3.2 Comparison with other Mental Health Trusts:

Trust	Population covered	PALS model	Number WTE's Establishment	PALS in	Year 09/10	Year 10/11
Central & North West London	1,224,000 ² in 5 "main" boroughs, plus SMS in 3 boroughs and national services	"Hub & spoke" – depends on link workers within local services	1 (+ link workers at most individual sites)		572	594
South London & Maudsley	1,126,000 in the four central Boroughs, Forensics, plus addictions services in 3 others and national services	Telephone call centre, limited outreach capacity	2.4wte (1 full time, 1x 0.8 and 1*x0.6) ³		3310	3258
East London Foundation Trust	650,000 plus Forensic Services	Phone service plus weekly Locality visits	Apr'10-feb'11: 1 WTE Feb'11–present: 2 WTE		399	429
Oxleas	844,000 Acute mental health hospitals and CMHT's in Bromley Bexley Greenwich Forensic services for 5 boroughs Primary care services for Bexley & Greenwich	Telephone helpline and weekly visits to all wards	1 PALS helpline officer and 2 WTE PALS Officers		700	1019

4. Equalities and Diversity Issues

As part of its ongoing efforts to improve the data collection relating to diversity of the people approaching the service, the PALS Manager met with the Head of Equalities and Diversity. As a result, steps were taken to arrange for additional language and disability categories to be available as data collection options.

Because not everyone who uses the PALS service is a service user, and some people use the service completely anonymously, there are limits on the completeness of statistical data available. So in addition to statistical data, some examples of PALS interventions in relation equalities issues are given below.

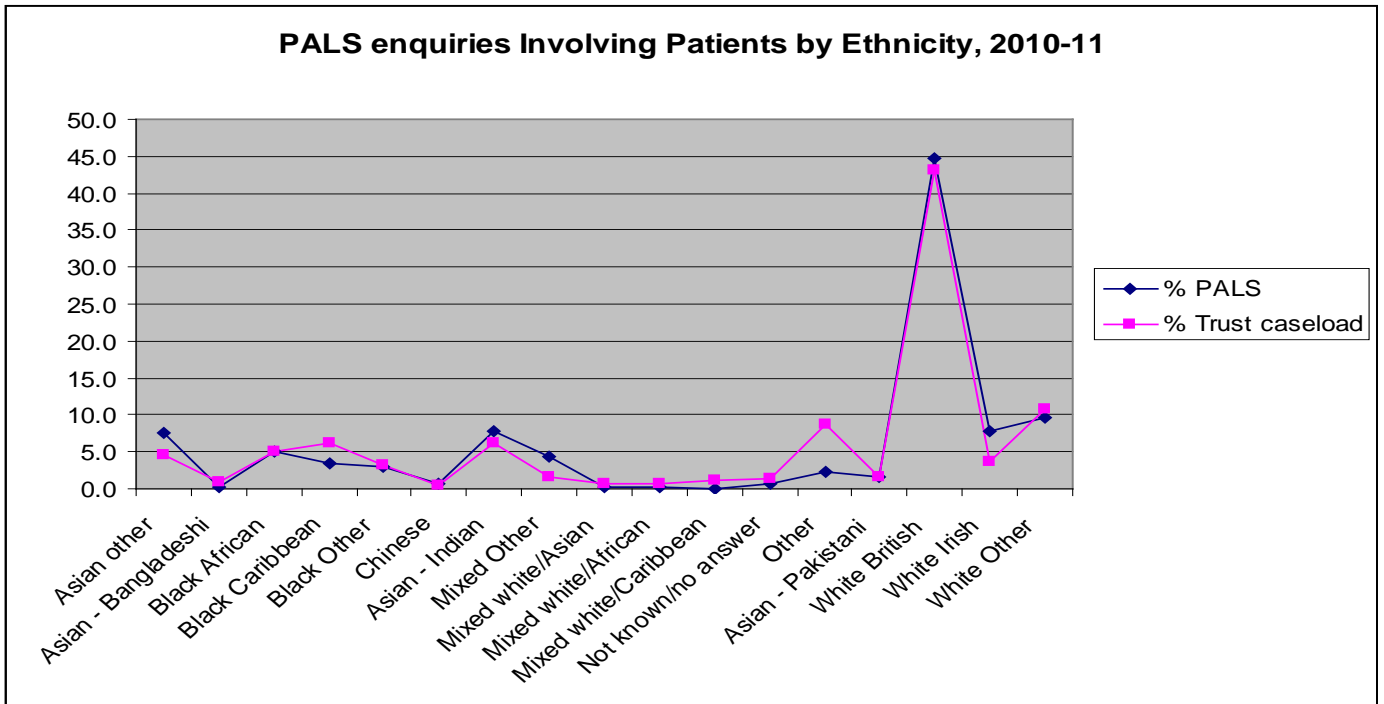
² ONS estimates for 2007, to nearest 1,000

³ this figure excludes the Head of PALS & PPI

4.1 **Ethnicity**

As usual, information from our Patient Information System was used to help understand the ethnicity profile of PALS enquirers over the past year. This profile closely followed that of the Trust caseload, as seen in the graph below. The differences between the two were

- “Asian Other”, “Mixed Other” and White Irish people were slightly over-represented in their contact with PALS, when compared with the Trust caseload
- Black Caribbean, and to a greater extent “Other”, people were under-represented in their contact with PALS when compared with the Trust caseload.



4.2 **Disabilities**

An enquirer had a physical health condition preventing a trip to the canteen to select food. While the enquirer reported that staff had taken this aspect of the care needs on board and had made arrangements to collect the meals, her preferred options were not being served. Enquiries revealed the nurses collecting the food on finding her choices had run out were choosing from what was left. The PALS Link Worker took steps to enable the catering supervisor to be told what the meal choice for the day was and for this to be put aside for collection by the member of staff at the beginning of the lunch period. This was a simple but effective remedy for a problem that might have potential for application across the Trust.

In another example staff asked an individual to transfer to another bed at short notice on the grounds that the room currently occupied by them was the most suitable to accommodate the admission of a person with a disability. The enquirer felt it was unreasonable to expect her to pack her things at short notice even with help and move when still feeling unwell and when it was perceived that other rooms in the unit offered an equally suitable lay out. Adopting the signage arrangements there are on buses and tubes to designate a room’s priority for people with disabilities or even new admissions might reduce the feeling of unfairness engendered by staff asking a person to move from the bed area they have been occupying.

4.3 ***Learning Disabilities***

An enquirer was concerned about the ability of the Trust to respond to the needs of people with Down's syndrome who can develop cognitive impairment while still under the age of 65. In the past they had understood that GP's referrals were passed to the Trust's Learning Disability Service but had now learnt this was outside their remit. Advice was sought by PALS who received confirmation that the Local Authority would be expected to address the needs of these individuals.

An enquirer was concerned about leaving a former client of the Trust with challenging behaviour and learning difficulties on a general hospital ward without sufficient specialist supervision. Contact was made with the PALS Service at the hospital to ensure they were aware of the person's needs and had made provision. The relevant contact details were then given to the individual concerned.

Both of these issues highlighted a general lack of knowledge of Learning Disabilities outside of the specialist service provision. To begin to address this PALS incorporated a session run by the Learning Disabilities Team into the new PALS Link Worker Training.

4.5 ***Transgender***

An enquirer was very unhappy that a member of staff kept referring to a transgender patient they were visiting as "he" rather than "she". They felt the behaviour of the staff member was discriminatory and wanted the individual removed from the ward.

In the short term, the PALS Link Worker was able to arrange that person's primary nurse was changed. Subsequently when the member of staff's attention was drawn to the transgender policy and the expectations explained in greater detail they apologised directly to the patient. The patient then indicated she wanted no further action. PALS followed this up by raising the issue at its subsequent support meetings where it became clear a potential organisational need exists to increase awareness of both the policy and its practical application among staff.

4.6 ***Spirituality, Religion and Belief***

An enquirer wanted to access help for a client who had inter-related spiritual and mental health issues. While it was possible to provide a link for the individual to pursue, the issue identified the potential need to have more information on the external web site around this subject and for this to be linked to individuals with knowledge and experience of ministering to people with specific mental health conditions.

4.7 ***Language Barriers***

An enquirer wanted to know whether any resource existed within the Trust to provide a therapist who could speak a specific language. We confirmed that no therapist was employed with the specific language, but with help from the Equality and Diversity Team provided information on interpreting arrangements.

4.8 ***Sexual Orientation***

No issues were raised with PALS directly relating to sexual orientation during this year.

4.9 ***Alleged Discrimination***

In addition to the above, it was found that three PALS enquiries over the year raised discrimination as a specific issue.

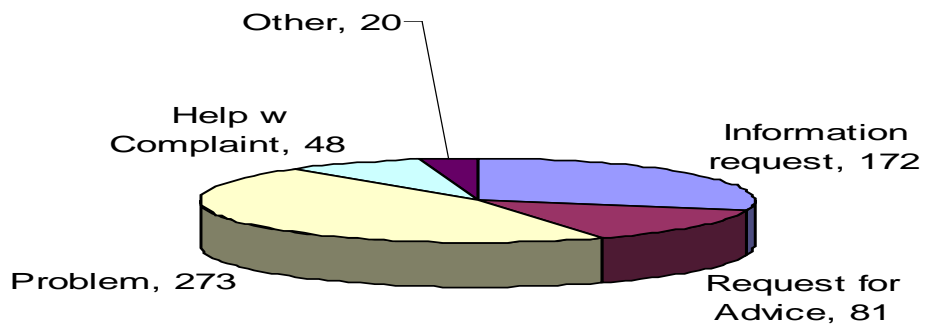
- (i) Although the enquiry was about getting access to the records held by the Trust, the person indicated that they felt there had been an element of race and religious discrimination in the decision made by the local authority to make the referral. In order to address this, advice was sought from the Information Governance Team on whether information from third party professionals could be disclosed. Disclosing this helped to resolve the issue.
- (ii) An enquirer sought an apology for the racist attitude shown by staff a number of years previously when there was a failure to protect the enquirer from an attack by another patient and their friend. While unable to find any record of the incident, the PALS Link Worker made the enquirer aware of steps being taken to improve standards on the ward including customer care training and protective engagement and the improvements in the recording of incidents. The enquirer accepted her apology for the dissatisfaction felt over his previous experience with the Trust.
- (iii) An enquirer felt staff were discriminating and not being sufficiently inclusive towards her parents due to their lack of spoken English and because she felt there were gaps in the cultural understanding of staff around the expectations of the family to be present and play an active role throughout the time that he was in hospital. To address this, a meeting was set up between the Consultant, local Modern Matron and the family to improve understanding.

5 Enquiry Types

The majority of enquiries this year concerned problems, or requests for information or advice:

Enquiry Type	Number	% of total (rounded)
Problem (with services)	273	46
Request for advice	81	14
Information request	172	29
Help relating to a formal complaint	48	8
Other	20	3
TOTAL	594	

Types of PALS Enquiry 2010-11



5.1 Distribution of Enquiries

When PALS figures are compared over two years as outlined in the table below it reveals that in most of the adult services there has been a small increase in the number of recorded enquires while in the specialist services figures have tended to stay static.

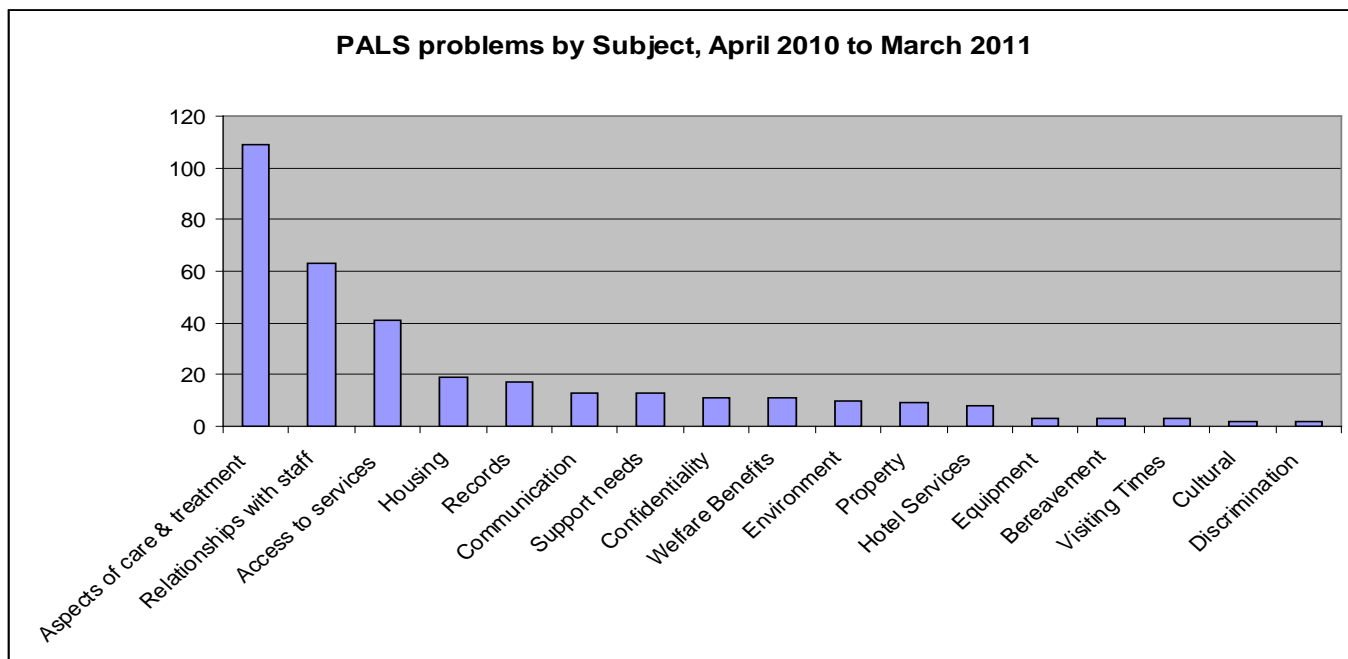
Adult Mental Health Directorates	09-10	10-11	% of total 10-11	Ch over 09-10	Other Directorates	09-10	10-11	% of total 10-11	Ch over 09-10
Brent	65	68	12	+1%	CAMHS	19	19	3	0%
Harrow	43	69	12	+5%	Older Adults	43	28	5	-3%
Hillingdon	77	79	2	+2%	Addictions	18	17	3	0%
Kensington & Chelsea	80	111	31	+39%	Learning Disabilities	4	2	0	0%
Westminster	154	130	22	-5%	Horton Haven	2	5	1	+1%
					Eating Disorders	2	1	0	-1%
					General Enquiries	34	26	4	-2%
					Other (not allocateable, or other health organisations)	31	39	7	+2%

5.2 The number of enquiries is largely a function of publicity and opportunities for the Local PALS Link Workers to get involved in enquiries. Local ways of dealing with issues, the ability to take matters forward and involvement of local users and carers all impact on the use made of PALS. However, numbers over the last year, especially in Kensington and Chelsea, were partly affected by periods of inpatient admission for some individuals who are very active users of the PALS service.

5.3 Local PALS Link Workers have continued to report especially in relation to their core mainly administrative roles that they were expected to take on large increases in workloads in most directorates over the past year (including covering for 2-3 posts that have been left vacant for long periods of time). This means that PALS Link Workers continue to have little opportunity to delegate elements of their workload on to others if a PALS case begins to make demands on their time. Reporting back the issues continues to be hampered by the lack of progress on local electronic reporting. Staff also report in many cases little local managerial support for their PALS role either in the context of promoting it or viewing it as an integral part of their job. In our view, lack of investment in customer care at the very early stage of PALS enquiries can result in more resources having to be invested later, in the investigation of formal complaints.

6 Categories of Problems

6.1 The frequency with which different subjects came up in problems brought to PALS is given in the graph below. Aspects of care, relationships with staff, access to services and housing were the four primary categories.



6.2 Comparison with Complaints

Complaints use a slightly different categorisation, which is determined by the Department of Health (PALS categories were originally required to be developed locally, with the emphasis on local learning). Re-analysing the subjects of problems brought to PALS enables us to compare them with issues raised through Complaints thus⁴:

Headings	Complaints	PALS
Admissions Discharge and transfer arrangements	2	24
Entitlement and Access to services	0 ⁵	36
Waiting times for appointments	6	5
Aspects of Care and Treatment	120	85 ⁶
Staff attitude/behaviour and working relationships with staff	50	63
Communication written oral	23	13
Consent to treatment	3	0
Complaints Handling	2	3
Patient Status Discrimination Cultural Issues	1	4
Personal records & Confidentiality	5	28
Hotel Services (inc food)	6	8
Aids Appliances equipment premises (including access)	0	13
Complaints handling	2	3
Policy and commercial decisions of Trust	1	0
Property	5	9
Support needs for Social Care/Housing/ Benefits	0	43
Service users privacy and dignity	3	0
Other (including visiting times, and bereavement issues)	12	24
Totals	238	361

⁴ Note that this required re-analysis of data, resulting in some differences from the database results shown on the previous page.

⁵ CNWL's Complaints Department includes these under "Aspects of Care and Treatment", below

⁶ In the matching-up exercise, some enquiries were transferred from Care & Treatment to Admissions, Discharge etc; others to Staff Attitude/Behaviour. Hence the lower number here than in the graph on p9.

7 Satisfaction with the Service

Due to declining responses in the past, a standard satisfaction questionnaire has not been used for this year. However, people's satisfaction with PALS intervention is checked as far as possible at the end of each intervention. In a number of cases people fed back their satisfaction with the input that they had received. A few examples of the positive feedback that has been offered over the year are listed below.

- Thank you very much. You have done an excellent job, setting out the information I wanted very clearly.
- I am delighted with the steps taken by the PALS Link Worker to resolve my concern
- While I need to raise an issue I want it known that I have found staff to be very good to my daughter
- I am happy with the way staff on the ward are looking after me now that I am a bit better.
- I am satisfied with the way staff dealt with my concerns about a item of property that I thought had gone missing.
- I am impressed at the way the ward manager is running the ward.
- Thanks to PALS and everyone for turning CNWL into what it has become a really caring organisation. Thanks also for always managing to make me laugh when I'm moaning. It's played a massive part in my recovery
- You have been a "life line"
- Thanks for a thoughtful and helpful response
- Thank you for returning my calls.

8 Learning lessons from issues raised with PALS in 2010/11

As a result of the improved systems for identifying potential lessons introduced previously, a large number of these have been identified. They tended to fall into the areas of Communication, Data Security, the Inpatient Experience, the Community Experience, Equalities and Reorganisations.

8.1 Communication

- Outgoing voicemail messages need to identify the service and staff member whose phone it is, to avoid uncertainty
- There is scope for improving awareness of crisis cards
- There is a need for service contact details to be kept updated on Trustnet and the Website (this came up repeatedly). This is needed both for services but also for individuals, and was a particular issue in Brent which was subject to big physical reorganisations.
- Investigations like scans cause anxiety: information about their results needs to be shared as quickly as possible
- Emailing rather than writing to GP's (e.g. with information about changes in medication) can speed up communication and the implementation of changes
- Communications about the content of meetings needs to be timely, and specifically requests for changes in Consultant need to be responded to in a timely manner
- People sometimes reported problems getting through to the reception phone at Trust Headquarters. There is potentially a need to monitor capacity against demand at peak times.
- Informing GP's of normal waiting periods for their referrals, especially for psychological treatment, could help to manage patients' expectations

8.2 Data Security

- There may be a need to distinguish between disagreements over the content of records and inaccuracies in records, and rectify the latter quickly
- There is a need for staff to be clear about what can be divulged to individuals referred into services about the source of the referrals
- We need to take care when leaving voicemail messages for patients, and check in advance whether these are confidential and acceptable to the patient.
- There is scope for awareness-raising among staff about what might constitute a breach of data security

8.3 The Inpatient Experience

- We need more robust systems for recording the receipt of items handed in at inpatient unit receptions for patients
- We need systems to record property, including dentures, on admission and ensure patients take everything on discharge – this is especially an issue on Older Adults wards.
- We need to raise awareness among staff that searches of patients on wards need to be undertaken in privacy.
- We need contingency plans for the swift supply of non-standard incontinence pads on adult wards for the minority of patients who may need these
- Ward-based activities are important to inpatients, and need to be maintained
- If arrangements for discharge are changed, we need to ensure that corresponding arrangements are made for a patient's medication.
- Early checking, liaison, and planning in relation to inpatients' housing arrangements is important in order to avoid delayed discharges.
- We need to ensure that the televisions and computers on wards are not positioned in such a way that they interfere with each other
- We need to find a way of providing spare clothes in emergency situations
- We need to ensure that some patients do not become nomads on the wards – sleeping accommodation for everyone should be planned and stable.

8.4 Community Services

- There is a case for attention to the pairings of staff in Crisis Teams, aiming for a male and female worker in each pair.
- We need to ensure any delays in the take-up of referrals are monitored and action taken to ensure that service users are kept informed of expected time frames. This is an issue especially in referrals for psychological interventions.
- We need to review on a regular basis what childcare arrangements will be in place should a person with parental responsibilities require a hospital admission.
- Successful therapeutic relationships are more likely to be achieved if staff allocated to service users with particular issues (e.g. Asperger's) are aware of current practice in those areas.
- As stated in the Trust's Zero Tolerance policy, we need to ensure that the service user is involved in the process before a decision to withhold treatment on the basis of abusive behaviour is made,.

8.5 Equalities (Additional to the examples provided in the report)

- There is an unmet need for leaflets on mental health conditions translated into minority languages.
- There is a need for greater awareness among staff on how behaviour may be perceived when employees predominantly from one ethnic group are providing care for a member of another.

- We need to actively assess and deal with the risks posed by work going on immediately outside Trust sites, in order to keep people with reduced mobility safe.

8.6 Reorganisations

A number of issues came through PALS as a result of difficulties experienced during or after service reconfigurations. These appeared to highlight

- A need to develop checklists for administrative functions following reorganisations, to ensure these functions are efficiently attended to with no break in continuity
- A need to look at data security when devising work practices and procedures in new sites
- A need following reconfigurations to ensure that Trustnet is updated.

8.7 Lessons identified for PALS and Complaints:

- A number of requests for information and concerns related to the time being taken for complaint responses to be made available to complaints. The number of Complaints remaining “open” and not responded to for long periods of time has risen sharply since the new regulations were implemented in the Trust. Although there is no longer a statutory time limit for a final response to complaints, there is a strong case for the Trust to outline time frames for completion of investigations for staff to work to. Timeframes have continued to be used by the Head of Service in Hillingdon Adult Services to noticeable effect and Camden Provider Services have a similar system.
- There continues to be evidence of the benefit of speedy intervention by PALS in preventing problems from escalating into time-consuming formal complaints
- A need was identified to ensure that temporary staff transfer their work to a file accessible by others on an ongoing basis before leaving the organisation
- We identified a need for support to be available to new PALS link workers awaiting training. Addressed through the development of support links between established PALS link workers was developed.
- We identified when producing leaflets the need to ensure that the contact details of all those referred to have been included and that the electronic addresses are displayed correctly prior to the final print run.

9 Plans for 2011/12

General aims for this year are as follows:

- 9.1 Ensure that PALS continues to be adequately publicised and understood throughout the Trust - through publicity auditing, participation in events; involvement in Trust inductions and collaboration in the updating of the Trust Web site.
- 9.2 On the implementation of an electronic web based Datix reporting system, ensure that Local PALS Link Workers are inducted in the use of this
- 9.3 Review and Update the PALS Operational Policy.
- 9.4 Achieve a more inclusive service: build on the improved monitoring within PALS to make the service more accessible to people who might otherwise be excluded: in particular, working on communication with Deaf, Blind, and learning-disabled people.
- 9.5 Build links with local Care Quality Management groups to improve dissemination of local learning

- 9.6 Review and develop the partnership working of PALS with other functions and groups, including Service User and Carer groups, Healthwatch, and the Trust's own Patient Experience monitoring functions.
- 9.7 Assist the PALS Service in Hillingdon Provider Service and the Patient Support Services in Camden to become integral parts of an enlarged Trust
- 9.8 Learn from the differing models of patient support in Hillingdon and Camden and develop strategic proposals for the role and structure of PALS from April 2012.

Catherine O'Reilly
Acting PALS Manager

Peter Barr
PALS Manager

July 2011