

Royal Berkshire NHS Foundation Trust

Patient Leadership Programme



Evaluation Report

June 2022

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1. Introduction

According to the NHS Institute for Innovation and Improvement, “by consistently asking people whether they are receiving the care they need and then improving things on the basis of what they tell you, will help patients feel more supported and better cared for”¹. The Royal Berkshire NHS Foundation Trust aspires to achieve this, by adopting a culture where the voice of patients, their carers and families are at the heart of all that they do. They believe that patients can be influential partners in driving, delivering and supporting change, and providing constructive challenges. Actively listening to the expertise and lived experience of patients, their carers and families enables delivery of high quality and safe care.

The Patient Leadership programme (PLP) began in 2014. Patient Leaders (PLs) are a network of volunteers who are part of Royal Berkshire NHS Foundation Trust’s community and have an interest in Healthcare. They give their time to work alongside other volunteers and staff, with the aim of influencing and shaping the quality agenda both strategically and locally. Patient Leaders are empowered to motivate and support people to work with change and have a mind-set for improving outcomes and understanding the impact on the organisation.

There are different roles a PL can take within the Trust. The three most frequently undertaken are...




- **Mentoring** - This is a two way relationship between the 2 people involved. A PL mentor works with a member of staff. The PL is able to provide a different perspective as they undertake their role and support the staff member by providing feedback and influencing strategic and operational decisions. In return, the staff member supports the PL to take on new opportunities and integrate them into the Trust.
- **Interview panels** (including Senior level selection) – PLs are involved in every stage of the interview process, from reviewing the job specification and the candidate CVs, as well as asking open questions around vision, leadership, quality adherence or patient centred-care. PLs are encouraged to ask questions that ensure the patient voice is echoed through the recruitment process.
- **Project groups / committees** - Staff members can request PL representation on project groups or committees. Past involvement has included end of life strategy and governance committees, therapy structure review project group, and urgent care research meetings. Their role varies, but in general they provide a patient perspective to steer project or committee outcomes.

¹ [Patient Experience Book, NHS Institute for Innovation and Improvement, Page 4.](#)

Between 2014 and 2022 , 56 PLs have supported these roles. In May 2022, there were 33 PLs actively volunteering in the Trust. As the programme has been running for 8 years now, the Associate Chief Nurse for Patient Experience, Education and Workforce and the PLs were keen to evaluate the programme to see how it could be improved, what elements were working, and how the programme could be evolved for new intakes of PLs. They wanted to hear from both the PLs themselves and those who work with them to identify where the real benefit might lie and the impact PLs have on the organisation.

2. Programme outcomes

The PLP aspires to achieve the following volunteer, staff, and organisational outcomes...

 Volunteer	 Staff	 Organisation
<p><i>The PLP aspires to achieve for volunteers:</i></p> <p>A sense they are providing a meaningful contribution to the Trust</p> <p>An understanding of the complexities of NHS leadership</p> <p>Development of new skills that supports their personal and professional development</p> <p>Empowerment to be involved and influence the Trust at senior levels</p>	<p><i>The PLP aspires to achieve for staff:</i></p> <p>Saved time, allowing them to focus on other responsibilities</p> <p>Insight and challenge from different perspectives</p> <p>Established beliefs that volunteers are having a positive impact on their working lives</p> <p>Increased awareness of the PL programme and its benefits</p>	<p><i>The PLP aspires to achieve for the organisation:</i></p> <p>Easy access to seek opinions from patient representatives to shape service models and plans</p> <p>Insight and challenge from a patient perspective to influence senior leaders approach to decision making</p> <p>Increased confidence that the patient voice is represented across the Trust</p>

This evaluation will examine quantitative and qualitative feedback received from both PLs and staff to evidence the impact of the programme on these outcomes².

The key evaluation questions for this project are:

1. [How impactful are the three elements of the Patient Leadership programme for the Trust?](#)
2. [How effective is the Patient Leadership Programme in representing the patient voice?](#)
3. [How effective is the Patient Leadership Programme in challenging decision making and influencing strategy?](#)
4. [How effective is the Patient Leadership Programme in reducing pressure on staff resources and improving their working experience?](#)
5. [How does the Patient Leadership programme affect Patient Leaders?](#)

² Additional outcomes have been identified, but this evaluation has not been designed to measure these outcomes.

3. Methodology

Across March and April 2022, feedback surveys were sent to all PLs and staff known to have worked with PLs to explore their experience of the PLP. Quantitative and qualitative questions were asked regarding the overarching programme, as well as the three individual PL roles. We received a total of 64 responses....



At the time of the surveys, there were 33 PLs, and it was estimated the programme had supported approximately 80 current members of staff. The response rates were therefore estimated to be ~64% of PLs and ~54% of staff members.

28 of the 43 staff respondents (65%) had worked with between 2 and 5 PLs, with 11 staff members (26%) having worked with more than 5 PLs.

If respondents indicated they had worked with or as PLs within the three specific roles (**mentorship**, **interview panels**, **project groups**,) they were asked some additional questions. Number of responses in each of these three categories are as follows:



Please note: The low number of responses, particularly in relation to the individual role types, means that some caution must be used in relation to the findings within this evaluation as this will likely affect the robustness of the findings. Researchers suggest continued data collection should be encouraged, as the service grows, to build upon the evidence gathered.

4. Evaluation findings

How impactful are the three elements of the Patient Leadership programme for the Trust?


Through this evaluation, The Royal Berkshire NHS Foundation Trust Patient Experience Team hoped to understand perceptions of the overall impact of the PLP for the Trust. Both staff who had worked with PLs and PLs themselves were asked to rate the overall impact of each of the roles they had undertaken (**mentors**, **project groups**, **interview panels**) on a scale from significant negative impact to significant positive impact.



All of the respondents believed the PL **mentors** had a slightly or significantly positive impact, with 7 of the 11 staff members and 4 of the 8 patient leaders rating this as significant.

All the PLs who had been on **interview panels** reported the impact as positive, and 5 of 10 rating this as significant. The majority of staff respondents also rated the overall impact positively, and 19 of the 27 participants stated there was a significantly positive impact. Two individuals stated there was no impact, however, left no comment as to why they felt this way.

The majority of respondents reported the impact of PLs on **project groups / committees** as slightly or significantly positive, with 18 of the 33 staff members and 7 of the 17 PLs rating this as significant. One staff member rated this role as having no impact, explaining that, in their experience, PLs can “create inefficiencies in the project or committees through their lack of knowledge and understanding of wider NHS issues. However they do offer a different perspective, although I am unsure if this additional resource is justified”. Additionally, one PL stated they did not know of the impact, and one suggested there was no impact, describing different experiences of working on committees...

 *"It depends upon the Committee. One Committee I was on was quite a positive one and inputs were considered. Another is one which I question my involvement, despite the relevance of my expertise. The biggest problem stems from the staff not understanding what we can do."*

Patient Leader

Several additional positive insights were given from staff about the overarching positive impact the PL roles had had...

 *"Our patient leader has a massively positive impact. They had their own ideas and was able to articulate these clearly"*

Staff member

 *"Positive impact in regard to change from a research project in ED Positive impact on interview panels Positive impact on me and way of thinking"*

Staff member

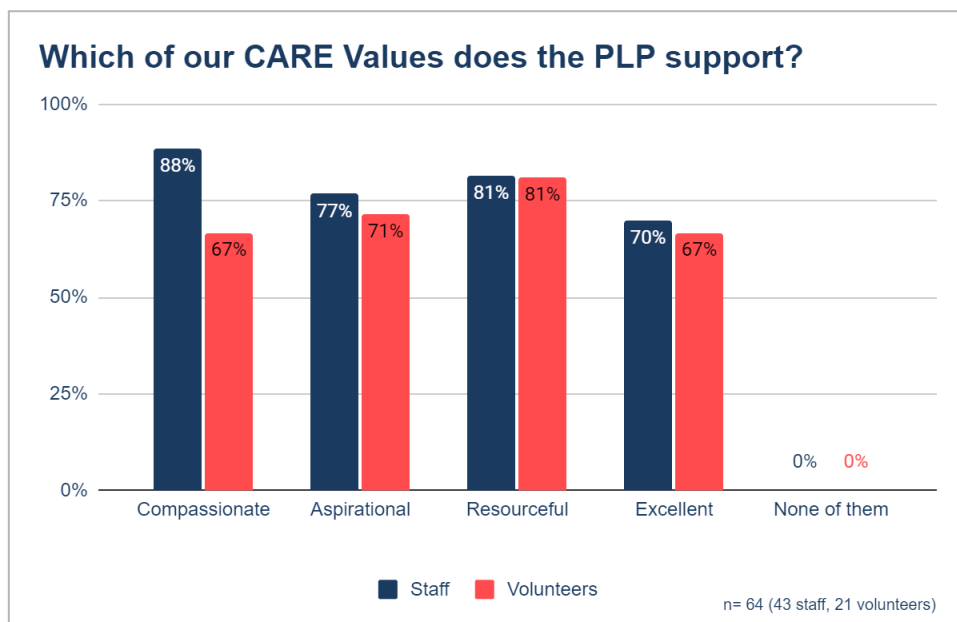
 *"Great impact in project work - I will always ask for a patient rep on any project"*

Staff member

 *"Overall good impact, challenge our perceptions of how to do things as staff"*

Staff member

Additionally, respondents were asked to consider the overall alignment of the PLP to the Trusts care values: Compassionate, Aspirational, Resourceful, and Excellent (for further details, please see appendices). The Trust's values are important because they are the guiding principles that all staff and volunteers should work to.



100% of respondents stated that the programme supported at least 1 of the CARE values. Indeed, 26 of the 43 staff respondents and 8 of the 21 PL respondents suggested the programme contributes to all 4 values.

81% of both staff and PLs agreed that the PLP supports the 'Resourceful' value. Proportionally, similar numbers of staff and PL respondents suggested that the programme also supports the 'Aspirational' and the 'Excellent' values³.

We saw the biggest discrepancy between respondents within the 'Compassionate' value, where 88% of staff suggested the programme contributes to CARE value, but only 67% (21% less) PLs agreed, perhaps illustrating a difference in perception of how the programme impacts the Trust.

Summary

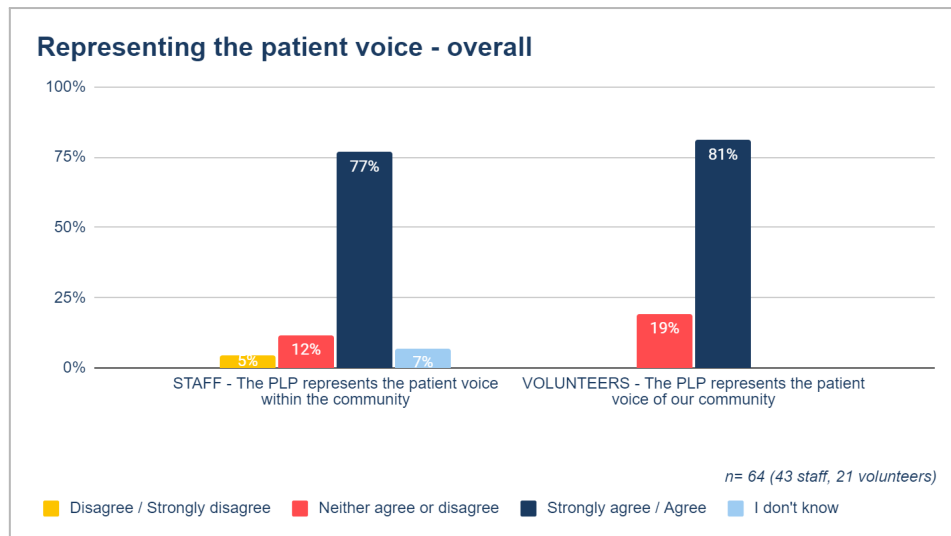
The majority, if not all, respondents rated the three elements of the Patient Leader role as having a positive impact for the Trust. 100% of respondents stated that the programme supported at least 1 of the Trust's CARE values, illustrating overwhelmingly the PLP has a positive impact and contributes to the values the Trust strives to deliver.

³ 77% of staff and 71% of PLs reported the PLP supports the 'Aspirational' value. 70% of staff and 67% of PLs reported the PLP supports the 'Excellent' value. N=64 (43 staff, 21 PLs).

How effective is the Patient Leadership Programme in representing the patient voice?

Two key anticipated outcomes for the PLP are to successfully represent the voice of the patients and for staff to gain insights and challenge from different perspectives. Both staff and PLs were asked how much they agreed this was being achieved by the programme overall and in relation to the specific roles (**mentors**, **project groups**, **interview panels**).

Representing the patient voice



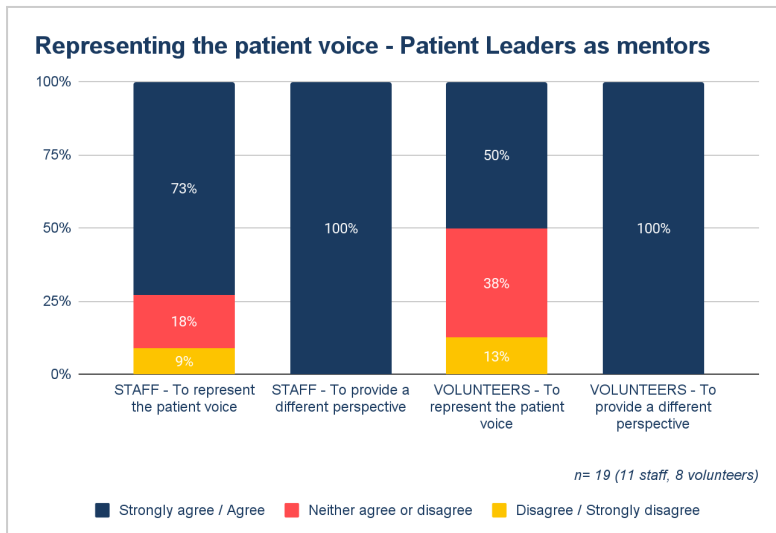
First considering the overall programme, 33 of 43 staff members and 17 of 21 PLs agreed or strongly agreed that the PLP is representative of the patient voice within the community, illustrating there is a strong feeling within the Trust that this is the case. This was further supported by qualitative feedback from respondents. When asked what is the most impactful thing achieved during the project, staff repeatedly stated that PLs helped them to focus more on patient needs. Some insights from staff and PLs are as follows...

 *"They have been excellent advocates for service user groups"*
Staff member

 *"Highlighting a different lens through which to see our services so we really place the patient at the centre of everything we do"*
Staff member


 *"[Patient Leaders help] staff to see through the lens of a member of the public / patient"*
Patient Leader

However, 5 staff and 4 PLs neither agreed or disagreed, and further 2 staff members disagreed, suggesting not all individuals believe the PLP does represent the patient voice. We further delved into the impact of the three elements of the PL role to understand why this might be the case.



When asked about the **mentorship** role as a way to represent the patient voice, whilst the majority of staff still strongly agree or agreed that this was an impactful part of the mentor role, only half of PLs agreed⁴.

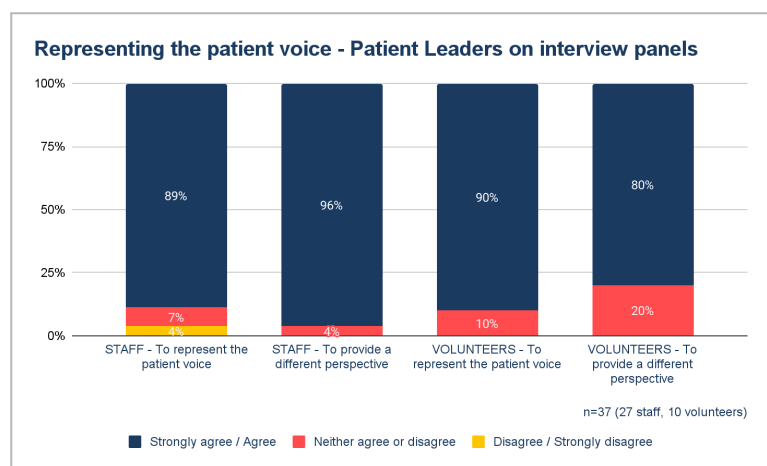
One Patient Leader explained...

 *"I am no more representative of patients than anyone else... I am able to take a different (non - Trust - employee) perspective, though, and try and make an effort to consider what patients might think."*

Patient Leader

Some of the additional insights gathered further support this view, suggesting PLs are not necessarily representative of the 'patient voice', but more so able to offer a different, non-clinical, perspective. As can be seen on the graph above, 100% of both staff and PLs believed this to be the case in relation to the mentoring role.

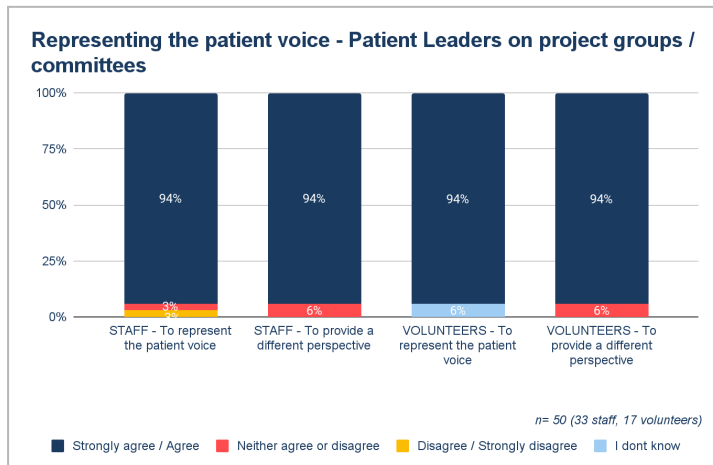
Respondents rated representation of the patient voice highly when PLs are supporting **interview panels**, with 24 of 27 staff members and 9 of 10 PLs agreeing or strongly agreeing. One staff member told us it is "good to have the patient's voice involved". Again, the majority of both staff and PLs do agree or strongly agree that the interview panel role was also impactful providing a different perspective⁵.



Additional insights around the impact of PLs on interview panels were provided by respondents. Both staff and PLs reported having patient leaders present on the panel

⁴ 7 of 11 staff, 4 of 8 PLs.
⁵ 26 of 27 staff and 8 of 10 PLs.

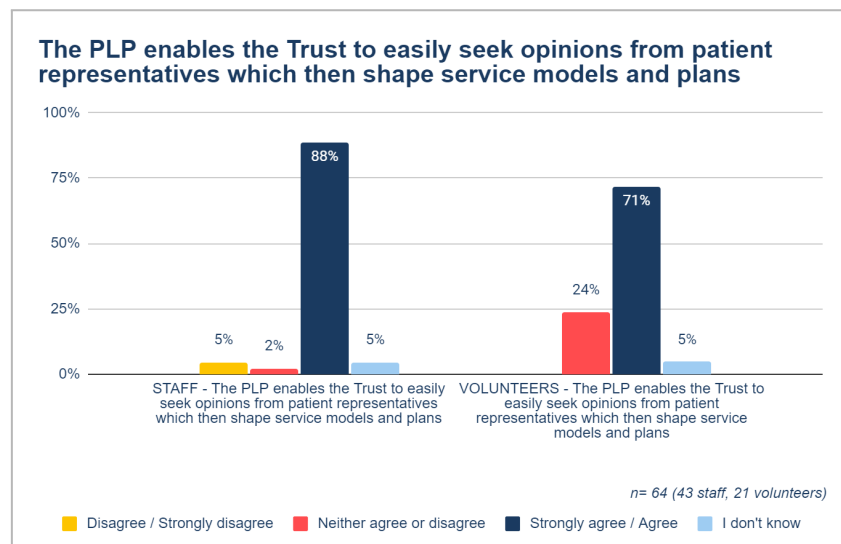
reinforces the message that the patients are a priority for the Trust, demonstrating “the organisation is serious about patient involvement from recruitment and beyond” (Staff member). Additionally, multiple staff members and PLs reported this role helps the recruitment process to remain unbiased, ensuring the interviews include patient-centred questions.



Nearly all the respondents agreed or strongly agreed (31 of 33 staff and 16 of 17 PLs) that the PL role represented the patient voice on **project groups and committees**, as well as provided a different perspective.

Seeking patient representation

In addition, respondents were asked the extent to which they agree the overall programme enables members of the Trust to seek opinions from patient representatives which in turn shape service models and plans. This is again a key anticipated outcome for the PLP.



The majority of staff felt that the programme does enable this, with 38 of 43 respondents agreeing or strongly agreeing. However, PLs seem less certain, with 5 individuals neither agreeing or disagreeing and 1 person not knowing. Furthermore, 2 staff members did disagree. It is not clear from the feedback received, however, if this is in relation to the ability to seek patient opinion, or its propensity to shape service models and plans, or both.

It is therefore recommended that further insights be gathered to determine how the programme could address this.

Summary

Most staff and PLs surveyed felt patient leaders do indeed represent the voice of patients within their various roles. This was particularly the case in relation to Patient Leaders supporting **interview panels** and on **project groups/committees**. However, there was less certainty about the ability of the **mentorship** role to represent the patient voice - indeed, just 50% of volunteering felt this was the case. It was moreover felt the mentors were able to provide a different perspective, with 100% of both staff and PLs agreeing this is a key outcome of the mentoring role.



"Since being a mentor I have on numerous occasions been able to use the knowledge I have gained during mentor sessions to give a different perspective on people's views outside of the trust."

Patient Leader in relation to mentoring role



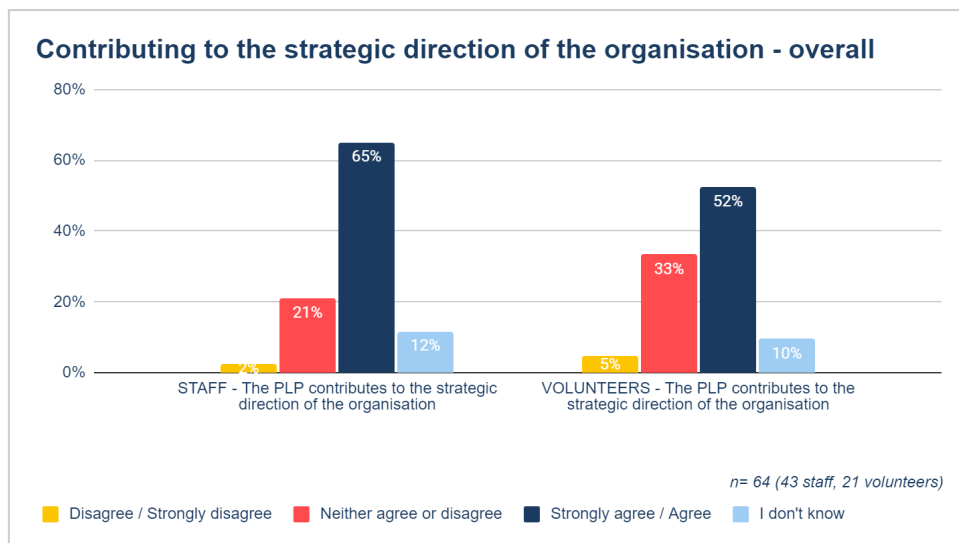
"Offers different perspective to questions and answers, challenges panel members in recruitment process"

Staff member in relation to PLs on interview panels

How effective is the Patient Leadership Programme in challenging decision making and influencing strategy?

An anticipated outcome of the PLP is for PLs to feel empowered to be involved in and influential of the Trust at a senior level, in turn providing senior leaders with patient insights that influences their approach to decision making. Within this section, we explore perceptions of how effective the programme has been in supporting these objectives.

Respondents were asked how much they agreed that the PLP contributes to the overall strategic direction of the Trust...

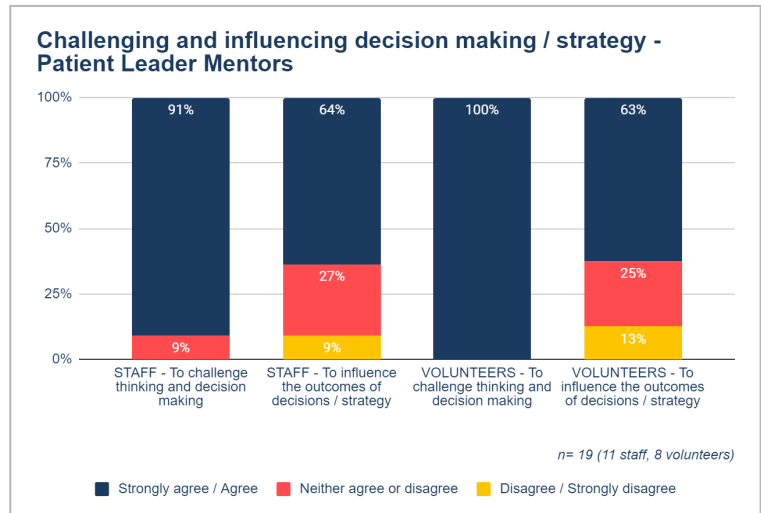


The majority of respondents agreed or strongly agreed that the PLP does contribute to the strategic direction of the organisation and its ways of working. This was further substantiated by some of the qualitative comments provided by respondents...



However a proportion of both staff and PLs neither agreed or disagreed and did not know. Additionally, one member of staff and one PL disagreed. Whilst no insights were provided as to why this was felt to be the case, one individual did provide a suggestion of how the PLs could be more integrated into strategic development - "Is there a way of getting trust-wide feedback from patient leaders to find common themes and then feed these back into the trust strategy & vision?". We explore this further in relation to the specific PL roles...

All PLs and 10 of 11 staff members felt a key part of the **mentoring** role is to challenge thinking and decision making. Similar to the overall question, we also saw almost two thirds of individuals agree or strongly agree that PLs influence decisions and/or strategy ⁶. However, one staff member and one PL disagreed with this statement, and a number neither agreed or disagreed, illustrating PLs may not feel as able to influence when providing mentoring support.



The majority of both staff and PLs agreed or strongly agreed that the **interview panel** role was impactful in challenging decision making ⁷. In addition, 20 of 27 staff and 8 of 10 PL respondents agreed or strongly agreed that the interview panel role was impactful on the outcomes of the interview or candidate selection. This was further reflected by some of the feedback received from staff members...

"Offers different perspective to questions and answers, challenges panel members in recruitment process"

Staff member

"I have found their objectivity and professionalism being incredibly helpful in decision making"

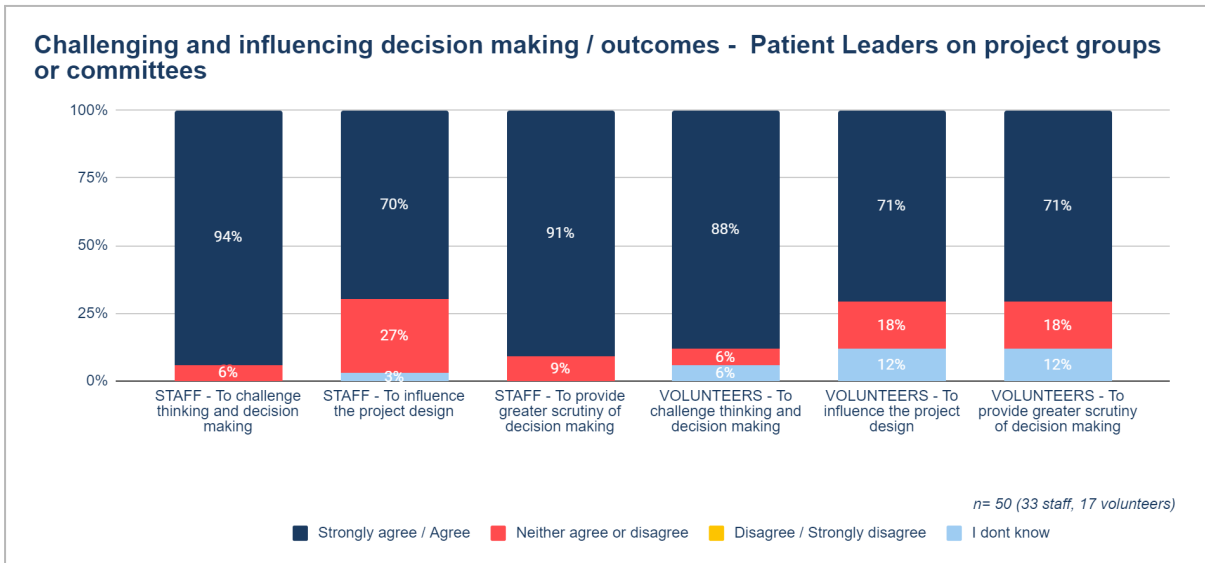
Staff member

Respondents did suggest some challenges with this aspect of their role, however. For example, it was reported PLs may not always have an understanding of the ward or team structure and dynamics. Additionally, a lack of clinical knowledge was perceived to be a barrier in some elements of the recruitment which may lead to a limited influence in candidate selection. There were some suggestions that this could be addressed through additional training or preparation for the interview alongside awareness of where the PL could bring value. Indeed, one PL suggested there is more to interviewing potential staff than clinical expertise...

"I have endeavoured to bring a positive contribution rather than just to be a presence. I am obviously aware of the limitations of my role in terms of medical suitability assessment but there is more than simple medical ability required in most appointments."

Patient Leader

⁶ 7 of 11 staff and 5 of 8 PLs.
⁷ 25 of 27 staff and 8 of 10 PLs.



The majority of both staff and PLs agreed or strongly agreed that the **project groups and committees** role was impactful in challenging decision making ⁸. This was further reflected by feedback received, with one colleague stating the PL...

 *“Challenges thinking and decision making and ensures the service user is at the centre of the outcome”*
 Staff member

Whilst no respondents disagreed or strongly disagreed, we saw more variation in response to the impact PLs had on influencing the project design and providing greater scrutiny of decision making. Two PLs, who were unsure of the impact on these two elements, reflected that this was due to a lack of feedback on their contributions. Proportionally, more staff agreed that the project group role provides greater scrutiny of decisions than PLs, suggesting staff felt more impact here ⁹.

Summary

The majority of individuals agree that the PLP is influential in challenging thinking and decision making for all three elements of their role. Additionally, most individuals suggested the **interview panel** and **project group** role is influential on the outcomes, and where there was less confidence it was felt this could be addressed by ensuring thorough preparation and clear communication of where the PL can contribute. There was less confidence about the impact of the programme on strategy; both overarchingly and in relation to the **mentorship** role, perhaps indicating feelings that the PLP holds more influence at an operational rather than strategic level.

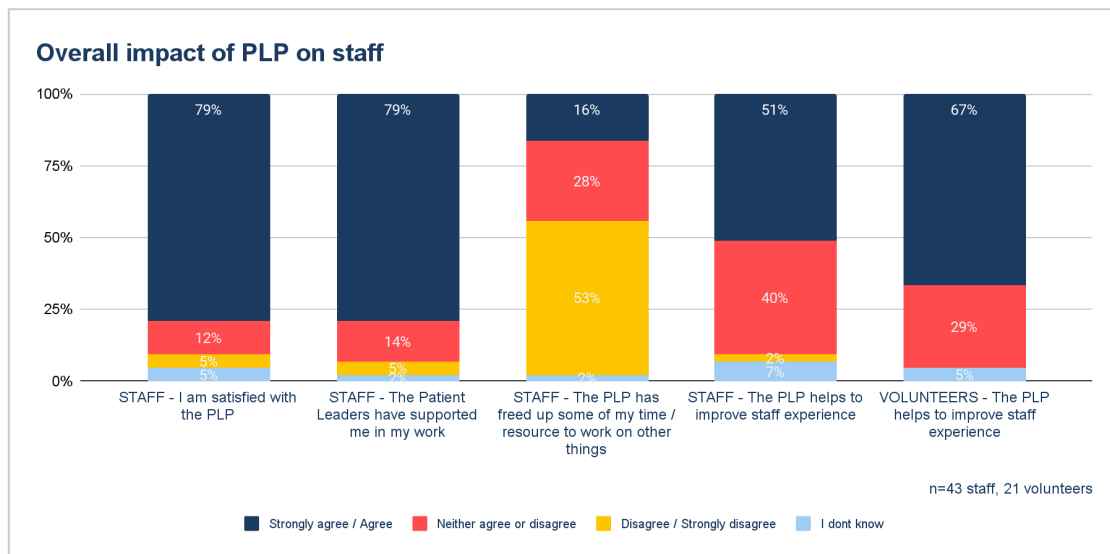
⁸ 31 of 33 staff, 15 of 17 PLs.

⁹ 30 of 33 staff vs 12 of 17 PLs agreed or strongly agreed

How effective is the Patient Leadership Programme in reducing pressure on staff resources and improving their working experience?

It is the hope of the PLP to save staff time, allowing them to focus on other responsibilities. Further there are some anticipated overarching outcomes of the programme including colleagues believing PLs have a positive impact on their working lives and are aware of the PL programme and its benefits. Staff were asked questions regarding these anticipated outcomes, and PLs were also asked about their perceptions of the impact of their PL role on colleagues.

Overall impact of the PLP



Staff were asked about the impact of the overarching programme. 34 of 43 staff members agreed or strongly agreed that they are satisfied with the PLP and it has supported them in their work, thus illustrating the majority of staff are happy with the PLs contributions. Two staff members, conversely, disagreed with both statements. Under further analysis, we found that staff members suggested there may be a lack of clarity around how PLs can contribute, requesting “more accessibility and communications about who they are, what they do, what they could do and examples of how they add value”.

All respondents were asked the extent to which they agree that the PLP helps to improve staff experience. Proportionally, more PLs agreed or strongly agreed, and no one disagreed¹⁰. However, one staff member disagreed that this was the case, and a further 17 neither agreed nor disagreed, suggesting there are mixed views about the impact the PLP has on the overall experience of employees of the Trust.

¹⁰ 14 of 21 PLs agreed or strongly agreed.

Impact of the PLP on staff time

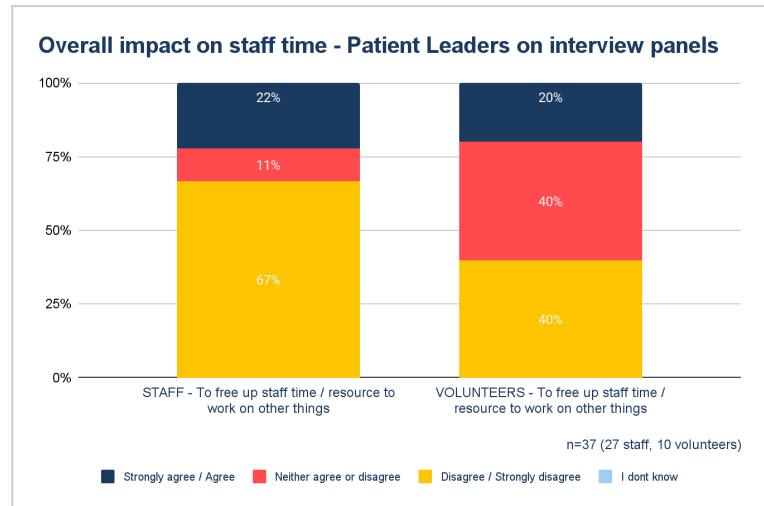
When asked about the impact of the PLP on their available time, the majority of staff did not feel this was a benefit - 18 respondents disagreed and 5 strongly disagreed. Some additional context was given in relation to the interview panel and project group roles...

4 PLs disagreed or strongly disagreed that it was an outcome of the **interview panel** role to free up staff time. Staff views were less optimistic about this, with the majority of respondents disagreeing or strongly disagreeing¹¹.

One participant explained...

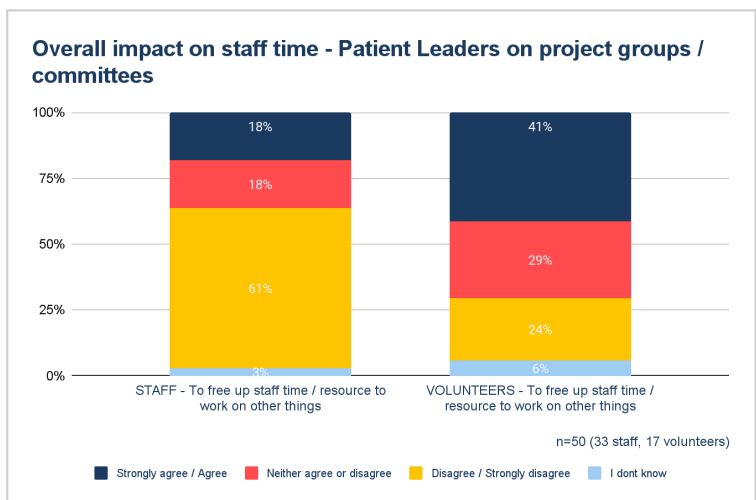
"It doesn't (and shouldn't in my view) save time for permanent staff as this should complement the input of the panel not substitute for it."

Staff member



It therefore appears that the majority of staff respondents believed, whilst helpful, PLs on interview panels had a minimal impact on staff time directly. Some stated this was due to staff still being needed to undertake recruitment proceedings alongside the PLs.

Again, staff are less positive that the role of PLs on **project groups** frees up staff time or resources compared with PLs' views¹². Indeed, one staff member reported that the PL actually requires additional time as they need to provide "coaching through the complexities of what is trying to be delivered".



¹¹ 18 of 27 staff
¹² 20 of 33 staff vs 4 of 17 PLs.

Summary

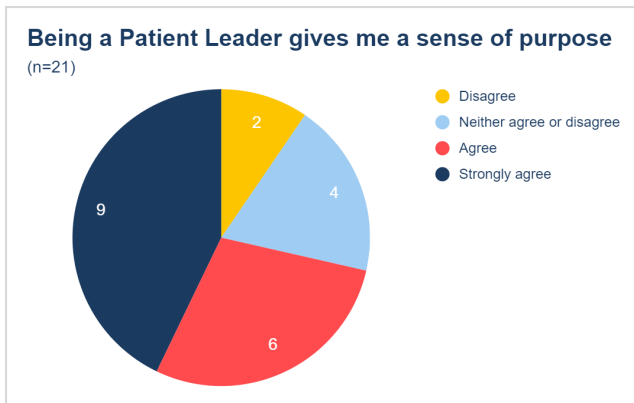
Whilst the majority of staff felt there were benefits of the programme in supporting them to undertake their work, the impact on their overarching working experience may be limited. Further, in relation to colleague's available time most individuals disagreed this was an outcome of the PLP. Indeed, it was reported by one individual that there may be a need for additional time to support PLs to undertake their roles. It is worth noting, however, that this may not be considered a negative impact by all staff members, rather that PLs should not be seen as a replacement to paid staff but rather a compliment.

How does the Patient Leadership programme affect Patient Leaders?

The PLP has been designed to achieve in several outcomes for the PLs, including:

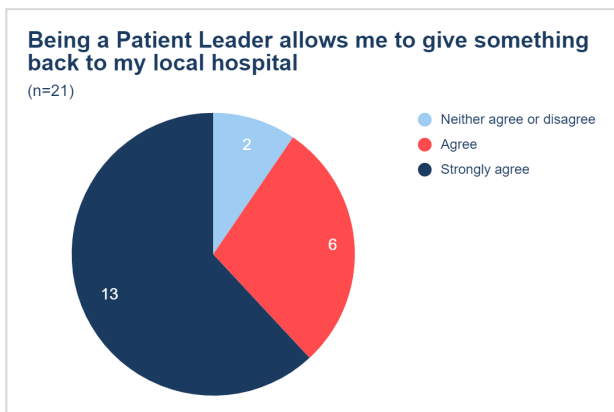
- PLs feel a sense of providing a meaningful contribution to the Trust;
- PLs gain an increased understanding of the complexities of NHS leadership;
- PLs develop new skills that support their personal/professional development.

As part of this evaluation, PLs were questioned about the impact their role has had on them as individuals.

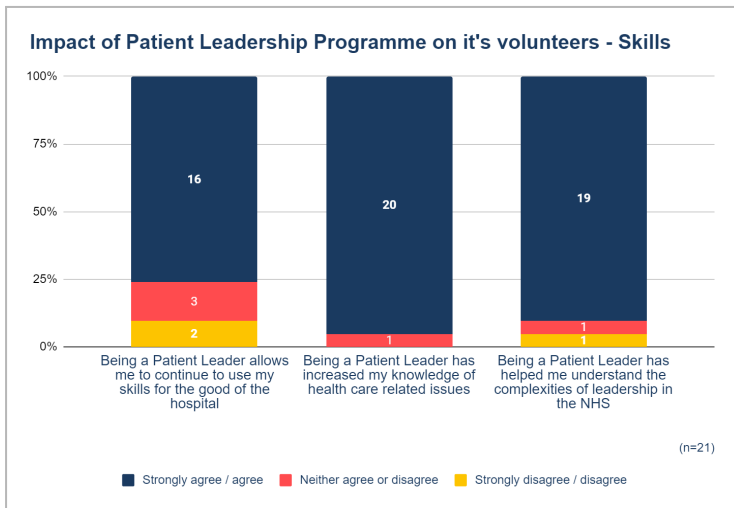


15 of 21 PLs agreed or strongly agreed that their role has given them a sense of purpose. However, two individuals disagreed with this. Whilst they did not provide any direct insights into this, additional feedback from these respondents suggested they felt a lack of understanding from staff members about how they could contribute and requested more opportunities for PLs to initiate projects directly.

19 of 21 PLs agreed or strongly agreed that being a PL supports them to give back to their local hospital, with two individuals neither agreeing or disagreeing. Our data therefore suggests that this role can be a positive way for individuals to give their time and efforts back to their local hospital and community. This was recognised in some of the staff feedback - when asked what was working well in the PLP one staff member told us PLs have “a passion to give something back to 'their' hospital”



Many of the PLs felt that their role had had a positive impact on utilising or developing skills...



16 of the 21 PLs agreed or strongly agreed that being a PL allows them to utilise their existing skills for the good of the hospital. In addition, PLs suggested their role has led them to develop additional skills and insights, including increased knowledge of health and care related issues (20/21 strongly agreed or agreed) and the complexities of leadership in the NHS (19/21 strongly agreed or agreed).

This was further supported by some of the additional insights given by PLs...

"I would want to acknowledge the benefit for me in helping my understanding of the current challenges which then helps my sense of perspective in other meeting situations, making my contributions more relevant (I hope)"
 Patient Leader

"I feel that mentoring is 2 way, since being a mentor I have on numerous occasions been able to use the knowledge I have gained during mentor sessions to give a different perspective on people's views outside of the trust"
 Patient Leader

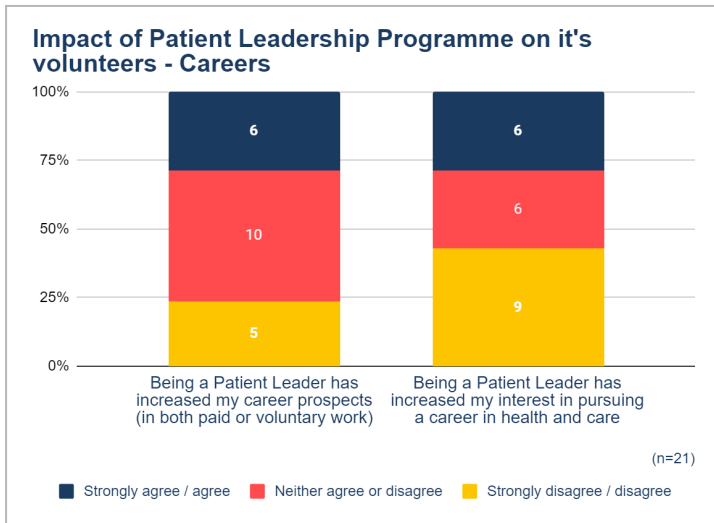
There was a common suggestion, however, that the utilisation of existing PL skills and experience could be enhanced. When we asked respondents how the programme could be improved, almost half of the PLs reported they felt both they and the Trust could benefit from matching their skills and roles¹³. They stated...

"Develop a PL (patient leader) skills matrix so these could be better utilised."
 Patient Leader

"..finding out what skills patient leaders have and putting them to good use."
 Patient Leader

Whilst not a direct anticipated outcome of the project, it is hoped that by developing skills and undertaking new opportunities there may be a positive impact on PL's career prospects. They were therefore asked if they felt their role had had an impact on their interest in pursuing a career in health and care or their ability to get paid or unpaid work...

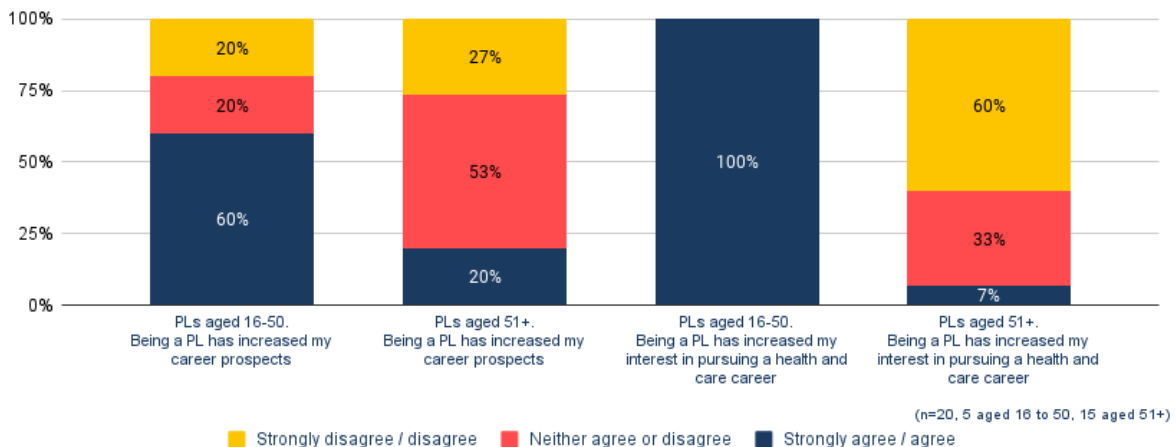
¹³ 9 of 21 PLs.



Just over a quarter of PLs agree or strongly agree that this was the case, however the majority of respondents either disagree, strongly disagree or neither agree nor disagree¹⁴. The extent the programme had an impact on this varied slightly depending on the age of PLs...

Individuals aged between 16 and 50 years old did appear to rate these statements more positively than individuals aged 51 and over;

Impact of Patient Leadership Programme on PLs - Careers by age group



Whilst PL response rates were low so we cannot draw any confirmed conclusions, this analysis does suggest there is disparity in perceived impact on career prospects for individuals of different ages. This was particularly evident in relation to interests in a health and care career, where all five volunteers aged 16 to 50 years agreed or strongly agreed, but just one of the 15 volunteers aged 51 and above agreed or strongly agreed.

¹⁴ For both increased career prospects and interest in health or care career, 15 of 21 PLs either disagreed, strongly disagreed or neither agreed nor disagreed.

Summary

Our insights therefore suggest the majority of respondents felt that their role had helped them to gain understanding into the complexities of health, care, the NHS, and its leadership. Further, there is a common agreement amongst PLs that the role allows them to utilise existing and develop new skills, as well as provide a meaningful contribution to their community and local hospital. However, it was reported this could be improved with enhanced skills matching of PLs' existing expertise to tasks and activities to ensure they can provide maximum impact.

5. Additional findings

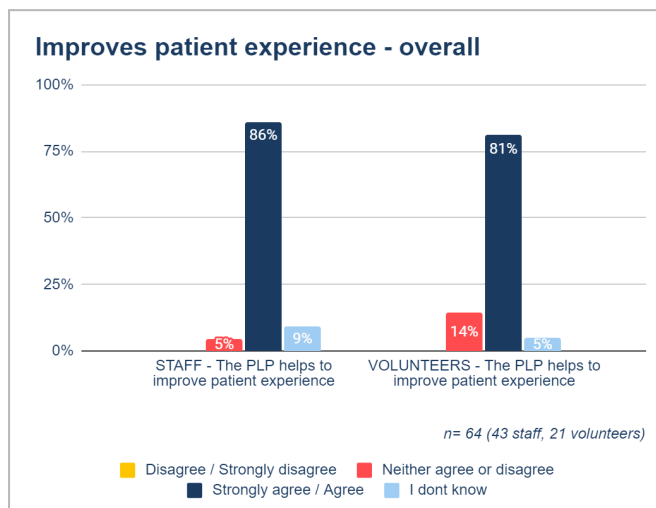
There are some additional anticipated outcomes of the PLP, namely...

- For the organisation to gain an appreciation of the views of the diverse community they serve.
- Patient views represented so better solutions that meet patient needs are identified and implemented.

Whilst these were not planned research questions for this evaluation, insights were provided by our respondents. The section below provides an overview of this feedback, and recommendations for further exploration of these objectives.

Does the PLP improve patient experience or help to better meet their needs?

Both staff and PLs were asked if they felt the overall programme helps to improve patients' experience...



37 of 43 staff and 17 of 21 PLs agreed or strongly agreed that the PLP does contribute to an improved patient experience. This was also reflected in the feedback received from respondents who felt the programme supported the Trust to provide better patient centred care. When asked what was the most impactful thing achieved by the programme, Staff repeatedly stated that patient leaders helped them to focus more on patient needs...

“Better patient centred care”
 Staff member

“Useful to have the voice of the patient in meetings to keep focus on what should be the key issue!”
 Staff member

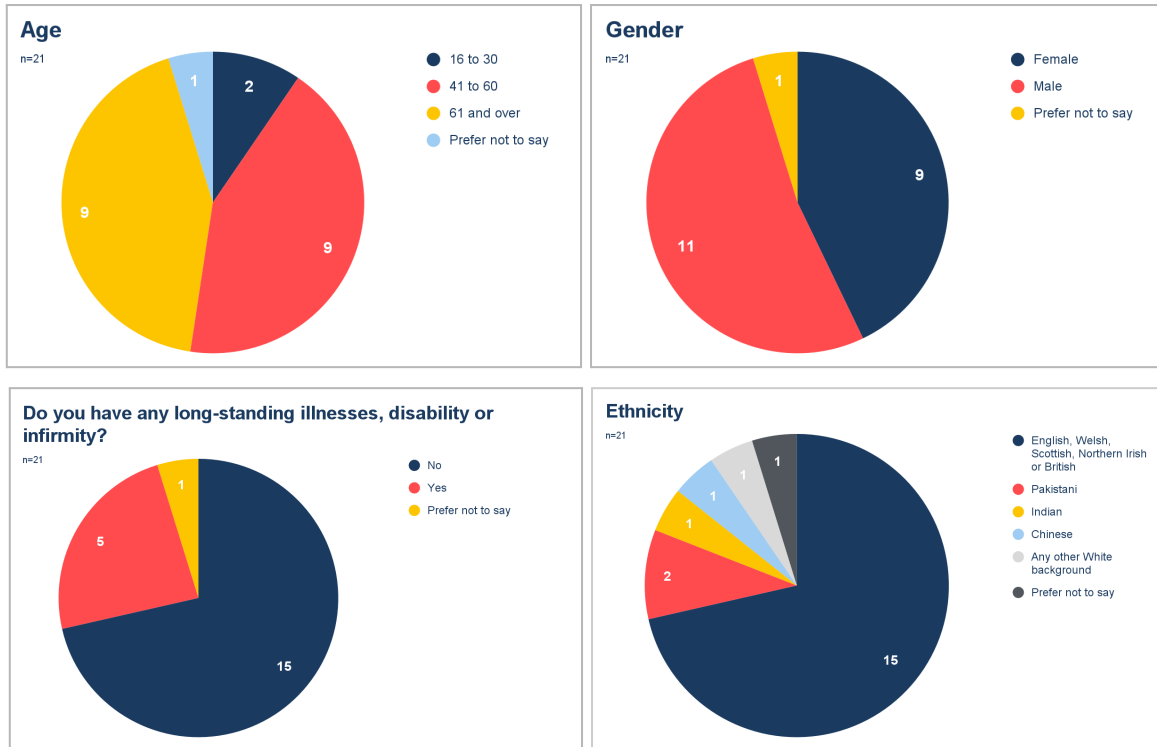
“They (PLs) always bring focus on the impact to the patient and its family.”
 Staff member

It therefore appears that from the perceptions of staff and PLs the PLP does have a positive impact on patients' experience. It is, however, a recommendation of the researchers that more evaluation is undertaken to gain insights from Patients directly, to see if the interventions undertaken or supported by PLs has a positive impact for them.

Is the PLP representative of the diverse community it serves?

Firstly, to understand the current cohort of PLs, we asked them to provide their demographic information.

Please note: demographic information provided below is only representative of the PLs who participated in the survey, not the full PL cohort.



The majority of respondents are aged 41 and over. No respondents are between the ages of 31 and 40, and just two are aged between 16 and 30 years. 11 of 21 respondents are male. No individuals identify as non-binary. 5 of the 21 respondents reported having a long standing illness, disability or infirmity. 15 of the 21 respondents are of English, Welsh, Scottish, Northern Irish or British ethnicities.

The Royal Berkshire NHS Foundation Trust is based in Reading, Berkshire. According to Reading Borough Council (2020)¹⁵: 17.1% are estimated to be aged 60 years or older; 50.9% of the population are male; 74.8% of the population are white. No information is available regarding health status.

In comparison to this data, we can estimate that the current cohort of PLs who responded to the survey consist of:

¹⁵Berkshire Observatory, Reading Borough Council, Population and Demographic statistics, 2020.

- 25.8% more individuals aged 60 years or older ¹⁶;
- 1.5% more males;
- 3.5% less individuals from white ethnicities.

Therefore, whilst the population of PLs who responded seems to be somewhat representative of the local population of Reading in relation to gender and ethnicity, there is a discrepancy between age groups. One Patient Leader told us...

 *“My voice and opinion as an ethnic minority is valued in my mentoring project which makes me feel like the RBH values tackling healthcare inequalities.”*
 Patient Leader

Conversely, when staff were asked how the PLP could be improved, there was a common theme that more should be done to ensure diversity within the PLP, highlighting the need for more inclusion of individuals from all backgrounds. Some insights from staff responses are as follows...

 *“A broader representation of diversity within the patient leader group.”*
 Staff member

 *“More people and a greater diversity both in terms of ages and ethnicity”*
 Staff member

 *“I think we need more cultural diversity in the candidates we choose.”*
 Staff member

We do need to use some **caution** in establishing conclusions from this comparison. With a small sample size of PLs and not representing all the current active PLs, as well as the data being compared to the population of Reading only, it is recommended that this information be used only as an illustration of potential representation. Further research should be undertaken in order to make robust conclusions, including analysis of the full population the Trust serves beyond Reading and the full cohort of current Patient Leaders. Comparison to the 2021 census data, when published, is also recommended.

¹⁶ Please note, this is not a direct comparison as for our report we used an age bracket of 61 and over, and the Reading Borough Council data uses an age bracket of 60 and over. For the purpose of this report we will refer to the data as 60 and over.

6. Conclusions and recommendations

The Royal Berkshire NHS Foundation Trust adopts a culture where the voice of patients are at the heart of all that they do. Underpinned by its care values - Compassionate, Aspirational, Resourceful and Excellent - the Trust strives for delivery of services built with the patient in mind. The PLP is considered a key facilitator in achieving this. PLs take an active role in working with senior leaders and beyond, with the aim that they will have a positive impact on decision making, patient care and Trust strategy.

The overall PLP holds many positive impacts for the Trust. Both staff and PL agreed that the programme **contributes to at least one of the Trust's care values**. Further, the majority of respondents agreed the overall PLP was successful in **representing the patient voice** and **enabling the Trust to seek opinions from patient representatives**¹⁷.

One of the areas where the programme appears to be less effective is the overall PLP's ability to **contribute to the strategic direction of the Trust**. Two thirds of staff and just over half of volunteers agreed this was an important outcome of the programme¹⁸. Respondents reported they would like to see more opportunities for PLs to feed into strategy, for example by obtaining thematic feedback from PLs which could influence strategy, or for PLs to be further empowered to develop and implement their own projects.

- **Recommendation:** Based upon this feedback, the Trust should consider if this should continue to be an aim of the PLP, and if it is, how it could be achieved more effectively. For instance, the Trust could invest time in developing a mechanism whereby PLs can put forward their ideas on new projects. This could be achieved by introducing a formal process that is facilitated by a PL and Trust staff which may help to introduce new initiatives and in turn contribute to the strategic direction of the Trust.

There are mixed views about the impact the PLP has on the overall experience of employees of the Trust. 4 in 5 staff members reported they are **satisfied with the PLP** and it has **supported them in their work**, thus illustrating the majority of staff are happy with the PLs contributions¹⁹. However, just half of staff members agreed that the **PLP helps to improve the employee experience**²⁰. Respondents made reference to a lack of understanding / misunderstanding from some staff members of the PL role and how they could contribute.

- **Recommendation:** It is therefore a recommendation of this evaluation that steps are taken to clearly document and communicate the purpose of the PL role. In turn this

¹⁷ 50 of 64 respondents (78%) agreed or strongly agreed that the PLP is representative of the patient voice within the community. 53 of 64 respondents (83%) agreed or strongly agreed the PLP enables the Trust to easily seek opinions from patients representatives which then shape service models and plans.

¹⁸ 39 of 64 respondents (61%) agreed or strongly agreed that the PLP contributes to the strategic direction of the organisation.

¹⁹ 34 of 43 staff respondents (79%) agreed or strongly agreed that they are satisfied with the PLP. 34 of 43 staff respondents (79%) agreed or strongly agreed that PLs have supported them in their work.

²⁰ 22 of 43 of staff respondents (51%) agreed or strongly agreed that the PLP helps to improve staff experience.

should result in more staff clarity of how PLs can contribute and, consequently, improving staff buy-in and utilisation of the PLP in their work.

PLs felt the role had many positive benefits for them as individuals, reporting it supports them to **give back to their local hospital**, and **gives them a sense of purpose**²¹. Whilst there was less certainty around the impact of their PL role on their **career prospects**, there was a recognition for skills development, with the majority of PLs agreeing that their role had **increased their knowledge of health care related issues**, and has **helped their understanding of NHS leadership**²². However, PLs also reported feeling that more could be done to match their skills with the opportunities available, to maximise the impact their role had.

- **Recommendation:** The Trust should explore how to offer PLs more opportunities that develop their experience and skills and potentially therefore enhance their career prospects.
- **Recommendation:** Additionally, it is recommended that the programme builds a skills matching process to enhance the visibility of the experience PLs bring to the programme and to better match existing skills to the different projects or tasks requesting PL support.

When considering the individual elements of the PL role, the **mentoring role** has a strong positive impact for the Trust, with 100% of respondents agreeing this is the case²³. Respondents felt the mentoring role was able to **provide a different perspective**. However, in contrast to the overarching programme, there is less certainty in the ability of PL mentors to **represent the patient voice** with just 1 in 2 PLs believing this was a key outcome of the mentoring role²⁴. This therefore suggests that individual PLs may feel confident in providing a non-clinical view point, but feel they are unable to represent the views of patients from across the community.

Interestingly, whilst the **mentoring role** appears particularly successful in **challenging decision making**, less than two thirds of both staff and volunteers felt mentors had the ability to **influence decision making/strategy**²⁵. It is clear that the mentoring role helps to provide a steer from a non-clinical perspective, but that the ultimate outcome may or may not be affected by this perspective.

²¹ 19 of 21 PL respondents agreed or strongly agreed that being a patient leader allows them to give something back to their local hospital. 15 of 21 PL respondents agreed or strongly agreed that being a patient leader gives them a sense of purpose.

²² 6 of 21 PL respondents agreed or strongly agreed that being a PL has increased career prospects or increased their interest in a health or care career. 20 of 21 PL respondents agreed or strongly agreed that being a PL has increased their knowledge of health care related issues. 19 or 21 PL respondents agreed or strongly agreed that being a PL has helped them to understand the complexities of leadership in the NHS.

²³ 19 of 19 respondents agreed the mentorship role has a slight or significant positive impact.

²⁴ 19 of 19 respondents agreed or strongly agreed that a key part of the mentorship role is to provide a different perspective. 4 of 8 PL respondents agreed or strongly agreed a key outcome of the mentorship role was to represent the patient voice.

²⁵ 18 of 19 respondents agreed or strongly agreed that a key part of the mentorship role is to challenge thinking and decision making. 12 of 19 respondents agreed or strongly agreed a key outcome of the mentorship role was to influence the outcomes of decisions / strategy.

- **Recommendation:** Researchers suggest the original purpose of the **mentorship role** is reviewed to understand if these outcomes are desired. If they are desired, further investigation should be undertaken to understand what additional support or integration may be required to ensure PLs feel able to influence strategy and to represent a wider patient view.

94% of respondents agreed that the **interview panel role** held an overwhelmingly positive impact for the trust ²⁶. This role was considered to be particularly effective in **representing the patient voice** and **providing a different perspective** ²⁷. Both staff and PLs commented that having patient leaders present on panels reinforces the message that the patients are a priority for the Trust. Furthermore, both staff and PLs felt that the interview panel role was impactful in **challenging decision making** and **influencing candidate selection** ²⁸.

Respondents did suggest some challenges with the **interview panel role**. For example, PLs may not always have an **understanding of the ward structure, team dynamics, or clinical knowledge**, which can be a barrier in carrying out interviews for potential staff. Additionally, some PLs and the majority of staff respondents believed, whilst helpful, PLs on interview panels had a minimal impact on **staff time** directly. Some stated this was due to staff still being needed to undertake recruitment proceedings alongside the PLs.

- **Recommendation:** The **interview panel role** clearly has several benefits for the Trust. Therefore it is recommended that this element of the PL role should be increasingly implemented in future recruitment proceedings. However, alongside this there should be clear communication of the purpose and anticipated benefits of the PL role on the interview panel for staff to manage expectations but also maximise the benefits. Further, PLs may benefit from additional training or support to prepare for interviews.

93% of respondents agreed that the **project groups / committees role** held a positive impact for the Trust ²⁹. Nearly all the respondents agreed this PL role **represented the patient voice** and **provided a different perspective** ³⁰. Additionally, the majority of respondents agreed that the project / committee role was successful in **challenging decision making** ³¹.

However, there was less certainty about the ability of the **project groups / committees role** to **influence the project design**, with just over two thirds of participants stating this was an outcome of the role ³². Additionally, whilst the majority of staff agreed, one third of PLs were unsure of the impact of the project group / committee role on **providing greater scrutiny of**

²⁶ 10 of 10 PLs and 19 of the 27 staff rated the impact on the interview panel as significant or slight.

²⁷ 24 of 27 staff members and 9 of 10 PLs agree or strongly agree that PLs on interview panels represent the patient voice. 26 of 27 staff and 8 of 10 PLs agree or strongly agree that PLs on interview panels provide a different perspective.

²⁸ 25 of 27 staff and 8 of 10 PLs agreed or strongly agreed PLs on interview panels challenged decision making. 20 of 27 staff and 8 of 10 PL agreed or strongly agreed that the interview panel role was impactful on the outcomes of the interview or candidate selection

²⁹ 31 of 33 staff and 15 of 17 PLs rated the overall impact of the project groups / committees role as slight or significant.

³⁰ 31 of 33 staff and 16 of 17 PLs agreed or strongly agreed the project groups / committees role represented the patient voice and provided a different perspective.

³¹ 31 of 33 staff, 15 of 17 PLs agreed or strongly agreed the project groups / committee role influenced decision making.

³² 23 of 33 staff and 12 of 17 PLs agreed or strongly agreed the project groups / committee role influenced the project design.

decision making ³³. Two PLs, who were unsure of the impact on these two elements, reflected that this was due to a lack of feedback on their contributions. PLs also reported varying experiences depending upon the committee in which they participated.

Whilst PLs were somewhat more positive, overall respondents were unsure that the **project groups committees role** frees up staff time or resources ³⁴. Staff members suggested potential inefficiencies due to PL's lack of knowledge, which occasionally resulted in PLs requiring "coaching through the complexities of what is trying to be delivered".

- **Recommendations:** Feedback regarding the **project groups / committees role** again highlights the need for additional training and support for PLs to be able to undertake the role confidently and successfully. This in turn should minimise the impact on staff time, but also support PLs to feel empowered to scrutinise decision making and project design. Additionally, the Trust may wish to consider implementing mechanisms for PLs to receive feedback on their contributions, to both improve PL's sense of contribution and further understand the impact of their roles.

The role of the Patient Leader is a unique one. Differing from many acute based volunteering roles that are designed to provide operational hands-on support to patients, the Patient Leadership Programme is designed to harness the knowledge and experience of its patients to influence how the Trust delivers its services. This evaluation provides emerging insights into the impact a Patient Leadership role can have, but also elements of the programme that can be further developed and enhanced. It is hoped that other Trusts can also learn from this evaluation, and adopt a similar programme to further embed the patient perspective into strategic and operational developments.

- **Recommendations:** Researchers recommend that the Royal Berkshire NHS Foundation Trust share these emerging findings, and use learning to support other interested NHS organisations to adapt a similar programme. However, researchers also recommend continued data collection as the service grows, to build upon the evidence gathered. This would help to confirm or challenge emerging findings, as well as give opportunity to explore other anticipated outcomes of the PLP.

7. Acknowledgements


Helpforce would like to acknowledge the hard work and support of the staff and PLs for running this innovation and providing data for the evaluation. Special thanks go to Maria Walker and Kirsten Rogers of the Royal Berkshire NHS Foundation Trust Patient Experience Team for their commitment to and support of this evaluation.


³³ 30 of 33 staff vs 12 of 17 PLs agreed or strongly agreed the project groups / committee role provided greater security of decision making.

³⁴ 6 of 33 staff vs 7 of 17 PLs agreed or strongly agreed the project groups / committee role freed up staff time / resources to work on other things..

8. Appendices

Appendix A - Staff Survey





Patient Leadership Programme (PLP) - Staff Survey

1. Which of the following best describes your occupational group?
(please select one option only)

- Allied Health Professionals / Healthcare Scientists / Scientific and Technical
- Medical and Dental (Doctor or Consultant)
- Registered Nurses and Midwives
- Nursing or Healthcare Assistants
- Wider Healthcare Team (including admin, clerical and corporate functions/services)
- Executive Level
- General Management (use only for management roles where none of the other options is applicable)
- Other

If you have ticked 'Other' please describe your role

2. When considering the overall concept of the Patient Leadership Programme (PLP), in your opinion which of our CARE Values does it support? *(please tick all that apply)*

- Compassionate
- Aspirational
- Resourceful
- Excellent
- None of them

3. The PLP has now been operating for 8 years. Approximately how many Patient Leaders have you worked with? *(please select one option only)*

- 1
- 2-3
- 4-5
- More than 5
- I don't know

4. Overall, what would you consider is the single most impactful thing that you have achieved by working with a patient leader? *(for example, what impact have patient leads had on a project, strategic direction or ways of thinking? If you don't know, please write 'I don't know')*

5. Thinking about the PLP overall, how much do you agree with the following statements?
 (on a scale of 1 to 5, where 1 is strongly agree and 5 is strongly disagree)

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know
● I am satisfied with the PLP	1	2	3	4	5	-
● The Patient Leaders have supported me in my work	1	2	3	4	5	-
● The PLP has freed up some of my time / resource to work on other things	1	2	3	4	5	-
● The PLP helps to improve patient experience	1	2	3	4	5	-
● The PLP helps to improve staff experience	1	2	3	4	5	-
● The PLP contributes to the strategic direction of the organisation	1	2	3	4	5	-
● The PLP represents the patient voice within the community	1	2	3	4	5	-
● The PLP enables the Trust to easily seek opinions from patient representatives which then shape service models and plans	1	2	3	4	5	-

6. What is working well within the Patient Leadership Programme? (for example, what would you wish to see continue)

7. How could the Patient Leadership Programme be improved? (for example, what would you wish to see changed)

8. The PLP assists the trust in many ways. Which of the following Patient Leadership roles have you worked alongside? (please tick all that apply)

- Patient Leaders providing mentoring (please complete Section B)
- Interview Panels (please complete Section C)
- Project Groups / committees (long or short term) (please complete Section D)
- Other, please provide details below

B. Patient Leaders in mentoring roles

Please only respond to the questions in this section if you have received mentoring support from a Patient Leader.

9. How would you describe the overall impact of having Patient Leader Mentors?
 (please select one option only)

- A significant positive impact
- A slight positive impact
- No impact
- A slight negative impact
- A significant negative impact
- I don't know

10. Thinking about the impact Patient Leaders currently have during mentoring, how much do you agree with the following statements? (on a scale of 1 to 5, where 1 is strongly agree and 5 is strongly disagree)

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
● To represent the patient voice	1	2	3	4	5	-
● To challenging thinking and decision making	1	2	3	4	5	-
● To provide a different perspective	1	2	3	4	5	-
● To influence the outcomes of decisions / strategy	1	2	3	4	5	-

11. Please add any comments about the mentoring programme (consider positive and negative impact and any suggestions for improvement)

C. Patient Leaders on Interview Panels

Please only respond to the questions in this section if you have been involved in a staff recruitment process involving Patient Leaders

12. How would you describe the overall impact of having a Patient Leader on an interview panel? *(please select one option only)*

- A significant positive impact
- A slight positive impact
- No impact
- A slight negative impact
- A significant negative impact
- I don't know

13. Thinking about the impact of having a Patient Leader on an interview panel, how much do you agree with the following statements? *(on a scale of 1 to 5, where 1 is very important and 5 is very unimportant)*

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Don't know
● To represent the patient voice	1	2	3	4	5	-
● To challenge thinking and decision making	1	2	3	4	5	-
● To provide a different perspective	1	2	3	4	5	-
● The free up staff time / resource to work on other things	1	2	3	4	5	-
● To influence the outcomes of interview / candidate selection	1	2	3	4	5	-

14. Please add any comments about Patient Leader being on interview panels (consider positive and negative impact, what difference having a PL involved in the interview had, and any suggestions for improvement)

D. Patient Leaders contributing to project groups / committees

Please only respond to the questions in this section if you have been involved in a short or long term project group or committee involving a Patient Leader.

15. How would you describe the overall impact of having a Patient Leader on a project group / committee? (please select one option only)

- A significant positive impact
- A slight positive impact
- No impact
- A slight negative impact
- A significant negative impact
- I don't know

16. Thinking about the impact Patient Leader currently have whilst on projects/groups, how much do you agree with the following statements? (on a scale of 1 to 5, where 1 is very important and 5 is very unimportant)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Don't know
● They represent the patient voice	1	2	3	4	5	-
● To challenge thinking and decision making	1	2	3	4	5	-
● To provide a different perspective	1	2	3	4	5	-
● The free up staff time / resource to work on other things	1	2	3	4	5	-
● To influence the project design	1	2	3	4	5	-
● To provide greater scrutiny of decision making	1	2	3	4	5	-

17. Please add any comments about Patient Leader being on project groups or committees (consider positive and negative impact, what difference having a Patient Leader involved in the project had, and any suggestions for improvement)

Appendix B - Patient Leader Survey

Patient Leadership Programme (PLP) - Volunteer Survey

1. How long have you been a Patient Leader? *(Please select one option)*

- Less than 3 months
- 3-6 months
- 6-12 months
- 1 - 2 years
- 3 - 4 years
- 5 years or more

2. How often are you currently volunteering as a patient leader? *(Please select one option)*

- At least once a week
- Less than once a week but at least once a month
- Less than once a month
- Less than once a quarter
- Other

If you have ticked 'Other' please provide details

3. When considering the overall concept of the Patient Leadership Programme (PLP), in your opinion which of our CARE Values do you think it supports? *(please tick all that apply)*

- Compassionate
- Aspirational
- Resourceful
- Excellent
- None of them

4. Overall, what would you consider to be the single most impactful thing you have delivered while working as a patient leader? *(for example, what impact have you had on a project, strategic direction or ways of thinking? If you don't know, please write 'I don't know')*

5. Thinking about the PLP overall, how much do you agree with the following statements?
 (on a scale of 1 to 5, where 1 is strongly agree and 5 is strongly disagree)

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know
• The PLP helps to improve patient experience	1	2	3	4	5	-
• The PLP helps to improve staff experience	1	2	3	4	5	-
• The PLP contributes to the strategic direction of the organisation	1	2	3	4	5	-
• The PLP represents the patient voice of our community	1	2	3	4	5	-
• The PLP enables the Trust to easily seek opinions from patient representatives which then shape service models and plans	1	2	3	4	5	-

6. In relation to your Patient Leader role, please rate how you feel about the following at the moment (on a scale of 1-5, where 1 is strongly agree and 5 is strongly disagree)

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know
• Being a Patient Leader gives me a sense of purpose	1	2	3	4	5	-
• Being a Patient Leader has increased my knowledge of health care related issues	1	2	3	4	5	-
• Being a Patient Leader has increased my career prospects (in both paid or voluntary work)	1	2	3	4	5	-
• Being a Patient Leader has increased my interest in pursuing a career in health and care	1	2	3	4	5	-
• Being a Patient Leader has helped me understand the complexities of leadership in the NHS	1	2	3	4	5	-
• Being a Patient Leader allows me to give something back to my local hospital	1	2	3	4	5	-
• Being a Patient Leader allows me to continue to use my skills for the good of the hospital	1	2	3	4	5	-

7. What is working well within the Patient Leadership Programme? *(for example, what would you wish to see continue)*

8. How could the Patient Leadership Programme be improved? *(for example, what would you wish to see changed)*

9. The PLP assists the trust in many ways. Which of the following Patient Leadership roles have you undertaken? *(please tick all that apply)*

- Patient Leaders providing mentoring (please complete Section B)
- Interview Panels (please complete Section C)
- Project Groups / committees (long or short term) (please complete Section D)
- Other, please provide details below

B. Patient Leaders in mentoring roles

Please only respond to the questions in this section if you have provided mentoring support as a Patient Leader.

10. How would you describe the overall impact of having Patient Leaders in mentoring roles?
(please select one option only)

- A significant positive impact
- A slight positive impact
- No impact
- A slight negative impact
- A significant negative impact
- I don't know

11. Thinking about the impact Patient Leaders currently have during mentoring, how much do you agree with the following statements? *(on a scale of 1 to 5, where 1 strongly agree and 5 is strongly disagree)*

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know
● To represent the patient	1	2	3	4	5	-
● To challenge thinking and decision making	1	2	3	4	5	-
● To provide a different perspective	1	2	3	4	5	-
● To influence the outcomes of decisions / strategy	1	2	3	4	5	-

12. Please add any comments about being a Patient Leader mentor (consider positive and negative impact, what difference you feel you have made or the impact it has had on you as an individual, please add any suggestions for improvement)

C. Patient Leaders on Interview Panels

Please only respond to the questions in this section if you have been involved in a staff recruitment process as a Patient Leader

13. How would you describe the overall impact of having a Patient Leader on an interview panel?
(please select one option only)

- A significant positive impact
- A slight positive impact
- No impact
- A slight negative impact
- A significant negative impact
- I don't know

14. Thinking about the impact of having a Patient Leader on an interview panel, how much do you agree with the following statements? *(on a scale of 1 to 5, where 1 is strongly agree and 5 is strongly disagree)*

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Don't Know
● To represent the patient voice	1	2	3	4	5	-
● To challenge thinking and decision making	1	2	3	4	5	-
● To provide a different perspective	1	2	3	4	5	-
● The free up staff time / resource to work on other things	1	2	3	4	5	-
● To influence the outcomes of interview / candidate selection	1	2	3	4	5	-

15. Please add any comments about being a Patient Leader being on interview panels (consider positive and negative impact, what difference do you think you have made to the interview process / outcome, and any suggestions for improvement)

D. Patient Leaders contributing to project groups / committees

Please only respond to the questions in this section if you have been involved in a short or long term project group or on a committee as a Patient Leader.

16. How would you describe the overall impact of having a Patient Leader on a project group / committee? *(please select one option only)*

- A significant positive impact
- A slight positive impact
- No impact
- A slight negative impact
- A significant negative impact
- I don't know

17. Thinking about the impact Patient Leaders currently have whilst on projects / groups, how much do you agree with the following statements? *(on a scale of 1 to 5, where 1 strongly agree and 5 strongly disagree)*

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't know
● To represent the patient voice	1	2	3	4	5	-
● To challenge thinking and decision making	1	2	3	4	5	-
● To provide a different perspective	1	2	3	4	5	-
● The free up staff time / resource to work on other things	1	2	3	4	5	-
● To influence the project design	1	2	3	4	5	-
● To provide greater scrutiny of decision making	1	2	3	4	5	-

18. Please add any comments about being a patient leader on a project group or committee (consider positive and negative impact, what difference do you think you made to the project / committee, things you have helped to change / done as a result of you being there, and any suggestions for improvement)

Appendix C - Further information on respondents.

At the time of the surveys, there were 33 PLs, therefore response rates are estimated to be ~64% of PLs...


- 9 of the 21 PLs who participated in the survey had been volunteering for 5 years or more.
- 9 respondents are volunteering at least once a month, with 2 of these individuals volunteering at least once a week. 5 respondents noted other frequencies, which included volunteers providing remote support due to the pandemic.

It was estimated that the programme had supported approximately 80 members of current staff around the time of the surveys, therefore response rates are estimated to be ~54% of staff members.

17 of the 43 responses (40%) were received from registered nurses/midwives. Responses were also received from:

- allied health professionals (1);
- the executive team (2);
- nursing or healthcare assistants (2);
- medical and dental doctors or consultants (4);
- the wider healthcare team including admin, clerical and corporate functions (8);
- and general management (9 responses).

Appendix D - Further information on Royal Berkshire NHS Foundation Trust Care Values.

	
<h1>OUR VALUES</h1>	
Value	Description
C ompassionate	All our relationships are based on empathy, respect, integrity and dignity. In every interaction and communication, we treat colleagues, patients and families with care and understanding.
A spirational	We strive to continuously improve, to be the very best that we can be – as individuals and as an organisation.
R esourceful	Living within our means. Responding to the challenges of today and tomorrow in effective, efficient, innovative and optimistic ways.
E xcellent	We commit to excellence in everything that we do – placing patient safety and quality at our heart. We learn from mistakes and we do what we say we are going to do and hold ourselves and others to account for adhering to our values and the behaviours we expect.