

Volunteer role description – Patient Representative

Role title	Patient Representative – Medicine Divisional Board
Named Volunteer Manager	Chair of the Board
Location of volunteering	Medicine Division
Role purpose	The RUH values the role that patient representatives play in bringing a unique perspective to our Boards, committees and Groups. People who have experience of being a patient or a patient's carer/ family member are experts by experience. We believe these experiences, both good and bad, empower patients to be meaningfully engaged in discussions around quality, service and system improvement and design.
	Patient representatives will be valued members of the Medicine Division Board and have the full support of the Chair.
	Patient/ carer representatives will be asking group members:
	 What are we doing to ensure public and patients' views about the Medicine Division are heard and responded to? How are people's views making a difference? What difference will this discussion/ decision make to patients and the local community?
General tasks	Tasks may include some or all of the following:
	 Contribute to meetings in a constructive manner, offering ideas and opinions which reflect the voice of patients, carers and their families. Where appropriate and applicable, patient representatives will support seeking the views of and feedback from Medicine Division patients. Keep abreast of local and national news and developments with regards to healthcare policy and patient experience, and consider the impact of this on the activities of the medicine division. Seek to attend training, when offered, if considered useful and applicable to support their role. Provide a commitment to the Board, attending as many meetings as they are able. Work on projects, agreed by the Chair, where the patient voice is integral to decision making.

Skills, experience and qualities needed	Patient representatives should not agree to take on projects, which they feel are outside of their remit, beyond their skill or knowledge level, or would require a time commitment which they are unable to keep. To be a critical friend – internally facing, supporting the patient, offering advice from a non-institutional perspective.
needed	 To be a community channel – externally facing, credible and bringing in wider perspectives by drawing on sources of information or support outside the hospital and bringing them coherently into the discussion. To encourage a proactive focus on improving patient and carer experience - not merely responding to issues but identifying topics important to patients and carers for the Medicine Division Board to consider. Experience of active involvement in professional meetings. Knowledge of the healthcare system, budget management, governance and safety.
Support and	Commitment to uphold trust core values and RUH policies. Friends of the RUH will provide mandatory begrital industion and
What's in it for the volunteer?	 Friends of the RUH will provide mandatory hospital induction and training. The Medicine Division Board Chair will induct the volunteer into the role and provide guidance and supervision as needed. Patient representatives will be supported through providing them with any necessary information or interpretation during meetings and ensuring their voice is heard and their viewpoints considered. If patient representatives have any queries relating to their role and responsibilities, they should contact the Medicine Division Board Chair. If a patient representative has any concerns relating to the activity of the Board and feel unable to raise this at the relevant meeting, they should contact the Chair outside the meeting. A single lay voice will not be marginalised. Patient-centred committees will have more than one (patient/ public) lay members. Two people can support and substitute for each other if needed.
	 Patient representatives will: Be valued and listened to as an equal in any meeting discussion. Have opportunities to offer informed, constructive challenge and interventions. Be provided with clear behaviour and values meeting protocols. Have an induction to the hospital and the purpose of the Board. Have regular opportunities to discuss and reflect on their role with the Chair. Be provided with opportunities to be involved in wider Medicine Division projects where the patient/ carer voice will improve and design services, if they wish.
Our expectations of volunteers	A commitment to a trial period of six monthS, with the expectation of a Tenure of Office for two years (extension/ renewal will be through mutual agreement)