![NHS Oxford University Hospitals NHS Foundation Trust]

Cover Sheet

Trust Board Meeting in Public: Wednesday 10 September 2025

TB2025.75

Title:	**Patient Experience Annual Report 2024-2025**

Status:	**For Discussion**
History:	

Board Lead:	**Chief Nursing Officer**
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Confidential:	**No**
Key Purpose:	Assurance, Performance.

Executive Summary

1. This Patient Experience Annual Report presents a comprehensive overview of patient feedback received across Oxford University Hospitals NHS Foundation Trust from April 2024 to March 2025. The report highlights key themes, trends, and outcomes derived from patient experience data, and outlines the Trust's continued commitment to placing patients, families, and carers at the heart of service improvement.

2. Over the reporting period, the Trust received over 185,000 items of patient feedback through a variety of channels, including the Friends and Family Test (FFT), national surveys, complaints and compliments, Patient Advice and Liaison Service (PALS) contacts, local surveys, focus groups, and community engagement events. This feedback has been instrumental in identifying areas of excellence and opportunities for learning and quality improvement.

3. Key achievements during the year include:

4. Sustained high levels of positive feedback in FFT responses, particularly in inpatient and outpatient services.

5. Improved response times and learning from upheld complaints.

6. Establishment of the Patient Experience and Family Carer Forum [PEFC]

7. Looking ahead, the Trust will continue to strengthen its patient experience strategy by developing more inclusive approaches to feedback collection, ensuring that all voices are heard and acted upon. The focus remains on delivering compassionate, person-centred care and using patient insight as a driver of continuous improvement.

Recommendations

8. The Trust Board is asked:

   - Note the contents of the report and the associated action plan.

Contents

Patient Experience Annual Report 2024-2025

1. Purpose

1.1. The Trust gathers feedback from various sources, including interactions with people accessing services, surveys, patient stories, the Friends and Family Test (FFT), the Patient Advice and Liaison (PALS) Team, complaints, compliments received, external stakeholders, and daily contact with individuals within the hospital. This feedback provides insights into people's experiences of care and what is important to patients and those significant to them.

1.2. Although the Trust receives more feedback about positive experiences of care, it remains essential to listen and learn from all feedback. Encouraging people to share insights on improvements helps enhance the overall experience and quality of care provided.

1.3. A priority for the Trust is to be responsive to the feedback received, facilitating person-centred improvements. Feedback is crucial for delivering the organisational vision and strategy. Patient experience is integral to the Trust's operations, and it is the responsibility of each staff member to uphold the Trust values, ensuring that patients are central to all decision-making processes.

2. Background

2.1. Improving patient experience is a core component of delivering high-quality healthcare and is recognised as one of the three pillars of quality by the NHS, alongside clinical effectiveness and patient safety. A positive patient experience is closely linked to improved health outcomes, increased patient engagement, and reduced healthcare inequalities. As such, it is a key priority for NHS organisations and is embedded in national policy through frameworks such as the NHS Constitution, the Long-Term Plan, and the NHS Patient Experience Framework.

2.2. The NHS continues to place significant emphasis on listening to and acting upon the views of patients, families, and carers. Tools such as the Friends and Family Test (FFT), national patient surveys, local feedback systems, complaints, and patient stories provide rich insights into what matters most to people using services. Understanding these experiences is vital for identifying gaps in care, addressing variation, and driving continuous improvement.

3. Compliments

3.1. Compliments are defined as unsolicited expressions of gratitude or praise. Therefore, complimentary feedback from the FFT feedback is not used because these comments are solicited. Below is a selection of compliments received and shared with the teams. Compliments can serve as evidence that compassionate care is being provided:

3.1.1. Throughout the whole process, which took 5 hours, all members of staff were helpful, considerate, respectful and understanding. There was clearly an organised team working well together.

3.1.2. The Doctor and his team combined all the attributes I value as a patient which are often missing from many hospitals and primary care. Welcoming, patient confidence boosting, excellent patient information about the procedure and being highly professional in the execution. The best collective I can come up with is to describe it as 'Care Culture' of the best.

3.1.3. Everyone was so professional, caring and diligent. I was especially impressed by my anaesthetist, as he made me feel so comfortable whilst I was being cannulated, listened so well to my concerns prior to the op and met my concerns with reassurance and a considered plan, so I knew I was in safe, caring hands.

3.1.4. I would like to sincerely thank the entire team for the care provided to my child during our recent visit to the Children's Hospital. From the moment we were admitted into the Day Care Ward, the staff were exceptional. They were incredibly friendly, informative, and made us feel very comfortable throughout the process. We deeply appreciate all their hard work and professionalism during what an important day for us was.

4. Complaints

4.1. The Trust aims to make its complaints process effective and empathetic, ensuring complainants feel heard and that improvements are made where necessary. The approach reflects the Health Service Ombudsman's Principles of Good Complaints Handling.

4.2. In 2024/25 the Trust saw more complaints but also a quicker handling of them compared to 2023/24. The total number of formal complaints rose by 13% from 1,344 the previous year to 1,518 in 2024/25.

4.3. The rise in complaints likely reflects improved awareness and reporting, but it also strains the process. Most complaints were about communication, appointment delays or cancellations, and staff attitudes and behaviour.

4.4.   The figure below presents the complaints by month from 1 April 2024 to 31 March 2025.
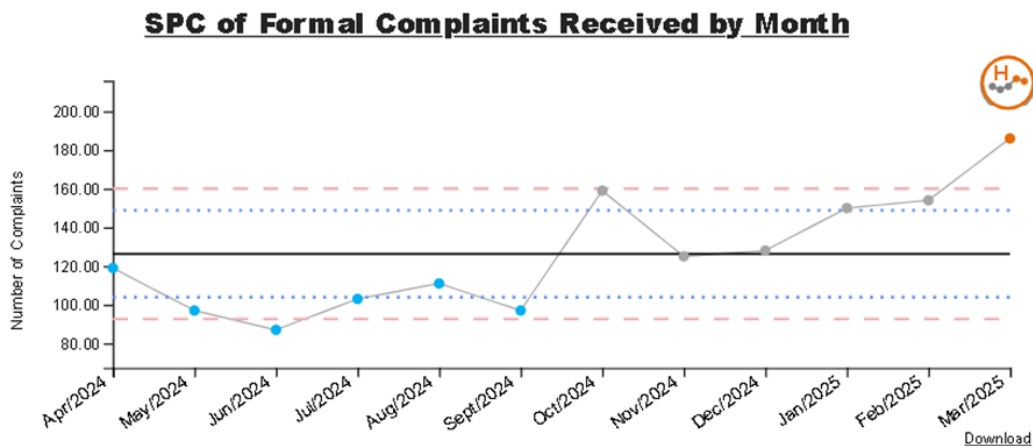

Figure 1: Formal complaints received by month

Performance in Complaints

4.5.   The NHS is expected to acknowledge all complaints received by Day 3, in writing. In 2024-25, the Trust updated its process to acknowledge all complaints on Day 1, allowing more time for investigation. As a result, 100% of complaints were acknowledged on the first day.

4.6.   Each complainant is assigned a designated Complaints Co-ordinator who serves as their primary point of contact throughout the investigation and resolution process. The Complaints Co-ordinator also provides support to staff involved in the investigation, ensuring that all concerns are addressed comprehensively and appropriately in the response.

5.   Response timescales

5.1.   During the 2024/25 period, the Trust updated its response timeframe for complaints, shortening the deadline from 40 working days to 25 working days. The table below presents performance metrics based on the new 25-day standard.
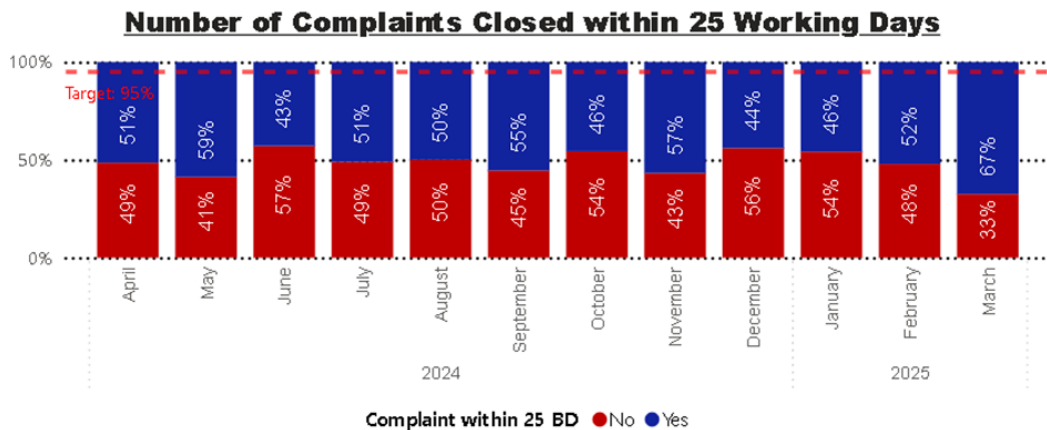

Figure 2: Number of complaints closed within 25 working days

5.2. Despite higher complaint volumes, response performance improved. Initially, 45-50% of complaints were resolved within 25 days, but by March 2025 this rose to 67%, up from 51% in April. This trend shows increasing efficiency in complaint handling.

5.3. There were several reasons as to why complaints have not been investigated and responded to in the required timescale, namely competing clinical priorities, and staff availability. Further work is being undertaken to improve the performance in response timescales with a performance target of 85% of all complaints to be completed in 25 working days expected to be met during 2025-26.

5.4. Performance on complaint response timescales is reported monthly to the Trust Board within the Integrated Performance Report. Additionally, the four clinical Divisions are monitored in their individual Divisional Performance reviews, with specific divisional targets for improvement set by the Trust Executives.

Key Themes in Complaints

5.5. All complaints are logged on the Trust's Customer Care module in Ulysses using NHS England's categories and sub-categories. Multi-faceted complaints may be assigned multiple categories. The following graph displays the top 10 complaint categories for 2024-25.
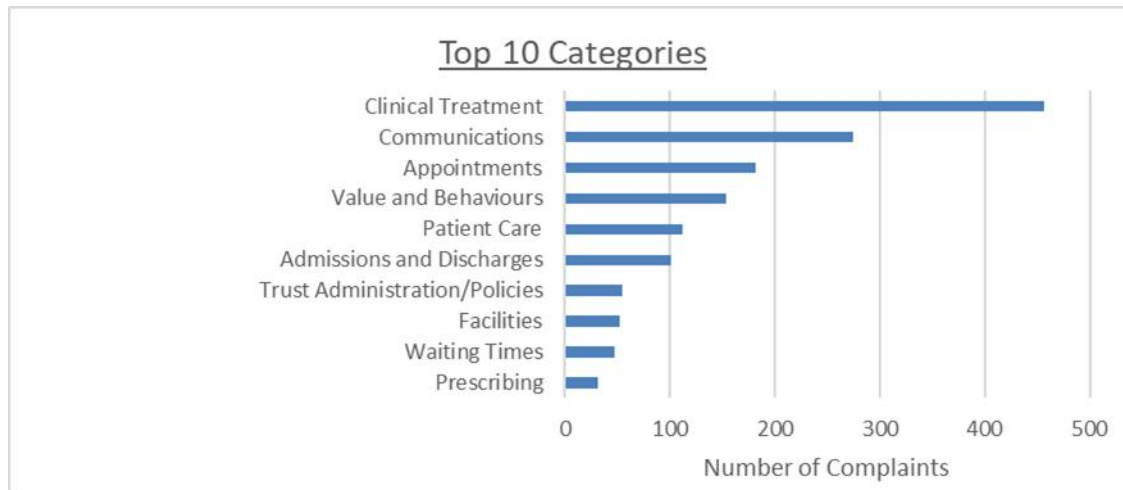
Figure 3: Top 10 categories of the complaints raised in 24-25

5.6. 456 complaints were recorded against Clinical Treatment in 2024-25, making it the most common category of complaint. Examples of complaints recorded in this category include Delay or Failure in Treatment, Delay or Failure to Diagnose and Injury Sustained during Treatment or Operation.

5.7. Communications was the second highest category of complaint, with 274 complaints recorded under this heading. Examples of complaints regarding Communication include Communication with Patients and Communication with Relatives.

5.8. Complaints regarding Appointments was the third highest category, with 182 complaints recorded. Reasons included Appointment Delay (inc. length of wait) and Appointment Cancellations.

Learning from Complaints

5.9. The Trust welcomes the opportunities provided to it from complaints, to allow for reflection, learning and making improvements. Below are some examples of learning that has arisen from complaints, and service changes/improvements made as a result:

5.10. Bowel screening – based on one patient's experience:

5.10.1. Family Cancer Clinics have been re-arranged to include urgent polyp slots to allow the medical team to see advanced polyp patients quickly in order to avoid "faceless" referral triage. This will allow the service to undertake advanced consent and to inform patients of the likely sequence of events and timescales. This has been actioned.

5.10.2. Re-wording of the endoscopy documentation software to mandate endoscopists with urgent (<12 month) requests to complete the referral form at the time of procedure. This has been actioned.

5.10.3. Development of a guideline for a minimal information set for endoscopists encountering a large or advanced looking polyp. This is in development.

5.10.4. Establishment of an advanced polyp multidisciplinary team meeting so that large polyps are subject to multiple opinions on the best course of action. This is planned.

5.10.5. IBD – based on a patient's feedback about continuity of care in the IBD service, they invited her to be a part of the patient panel.

5.11. Endoscopy – based on patient experiences:

5.11.1. The Endoscopy Management team are currently putting together a case to hopefully increase the activity in the Endoscopy Unit to ensure all patients waiting for endoscopy are seen, and with the aim to keep up with the number of diagnostic and therapeutic endoscopies required.

5.11.2. The Matron and Clinical Lead recently worked with a patient to accurately document on his record that he is on drug maintenance therapy and does not wish to receive opioids (this was previously not visibly documented). It now works the same way as a 'flag.'

Parliamentary and Health Services Ombudsman (PHSO)

5.12. In 2024-25, the Trust continued its eight-year record of having no complaints upheld by the PHSO after its investigations. The PHSO usually upholds complaints when there is evidence of inadequate handling by the Trust.

5.13. One case escalated to the PHSO by the complainant resulted in the Trust being asked to re-examine the information already provided to the complainant. Following completion of this task, the PHSO were satisfied that the Trust had taken all reasonable steps to resolve the issues for the complainant and closed the case at their end.

5.14. The PHSO introduced their Complaints Standards in 2021, which gives Trust advice and guidance on what good complaints handling looks like. The Trust is fully compliant with these standards.

Reopened complaints

5.15. The Trust monitors all reopened complaints each month, to understand the reasons why a complainant may request their complaint be reopened. The most common reason for someone reopening their complaint is that they wish to take the Trust up on the offer to meet to discuss the concerns and subsequent investigation in a face-to-face meeting. This is particularly useful for complaints that require a detailed exploration of a patient's journey through services, to allow for greater understanding and has been widely utilised within Maternity in the last 12 months.

5.16. Reopened complaints have been steady each month, with a slight rise in October 2024 that matches an increase in new complaints received by the Trust.

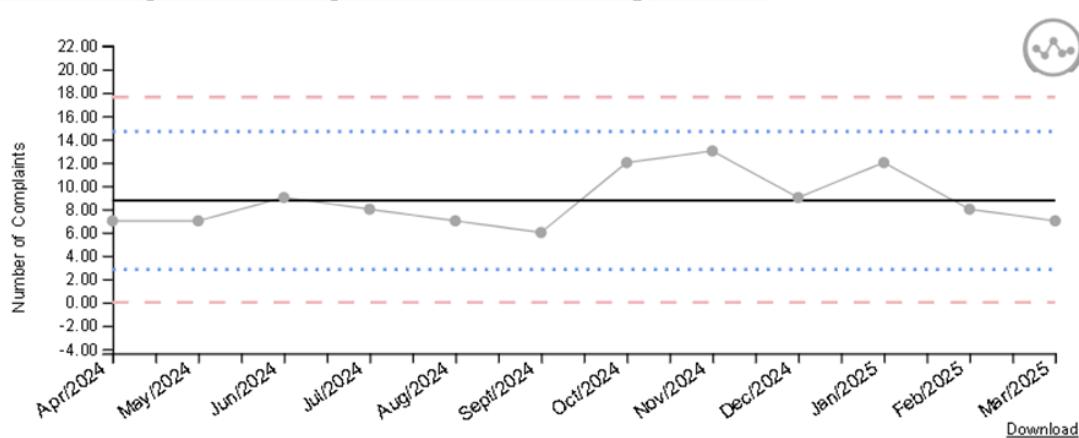5.17. The graph below shows the rate of reopened complaints in 2024-25:

Figure 4: Re-opened complaints received by month

5.18. The Trust saw a slight increase in the overall number of reopened complaints in 2024/25 (n=140) compared to 2023/24 (n=132).

PALS and Complaints Training

5.19. In 2024, the PALS and Complaints team organised and delivered training to staff from each of the five Divisions. The sessions included practical ways of delivering early resolution to issues, as well as ways to escalate matters as needed. The training also gave staff useful advice on how to support those involved in a complaint.

5.20. Training sessions will continue in 2025-26 and will include information given to new starter staff at the Trust induction.

6. Friends and Family Test [FFT]

6.1. The Friends and Family Test (FFT) serves as a crucial tool for gathering anonymous feedback, underpinning the essential principle that individuals utilising NHS services should have the chance to share their experiences. Those who provide feedback through the FFT and seek a direct response are advised to contact the Patient Advice and Liaison Service (PALS).

6.2. A national standardised question is asked: 'thinking about your visit to [area visited], overall, how was your experience of our service?'

6.3. In 2024/25, the Trust received 185,020 pieces of patient feedback, representing an increase compared to the 23/24 figures of 162,699. Most patients who completed the FFT indicated that they would recommend the service they received.

Service	Approval Rate	Disapproval Rate	Response Rate	Total No. of Feedback
Inpatient	95%	2.5%	24%	43,694
Outpatient	94%	3%	9.5%	122,827
Emergency Department	80%	12%	17.9%	18,137
Maternity	63%	27%	1%	106
Covid-19	98%	0.4%	N/A	256
Total	93%	4%	12%	185,020

Table 1: 24/25 FFT Feedback

6.4. Outpatient services have the highest volume of patient attendance but has the lowest response rate. Over the past 12 months, we have updated our FFT posters and SharePoint site with useful information to support the teams in the promotion and collection of FFT feedback, however we would

like to continue our focus on working with teams to increase feedback in this area with the delivery of the SMART action attached to this report.

6.5.   To encourage patient engagement with FFT, the Trust has developed equitable access methods, including both digital and paper-based options in multiple languages. This inclusive approach ensures all service users can provide valuable feedback. Further work needs to be done to support colleagues to promote FFT within service areas to encourage feedback. This approach was tested within maternity services and has increased uptake by over 90%.

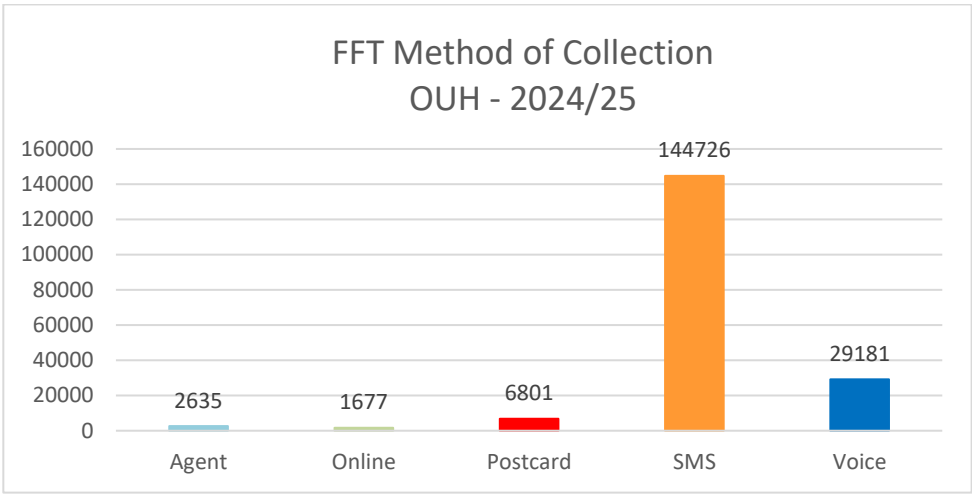6.6.   The below shows the methods of collection that are used most.

Figure 5: FFT Method of Collection 24/25

6.7.   Individual services receive monthly reports on their FFT results and can utilise these to develop a 'You Said, We Did' poster that illustrates the actions taken based on the received feedback. In the upcoming year, we aim to enhance this initiative by gathering examples of good practices throughout the organisation, creating feedback boards, and sharing these with different areas.

6.8.   Feedback and patient experience information is displayed with quality and safety data, supporting analysis and triangulation of key metrics. Information is displayed outside in wards / departments to provide transparency to all people accessing the area.

6.9.   Our goal is to establish a consistent system across the Trust to be able to effectively communicate to both staff and patients around how we have used feedback to shape services. In response to FFT feedback, several practical improvements have been made. For instance, the introduction of 24-hour visiting within maternity has been positively received, providing reassurance and support to patients. Additionally, a new maternity volunteer program has been initiated, with volunteers assisting in responses to call bells, sorting linen, and engaging with service users.

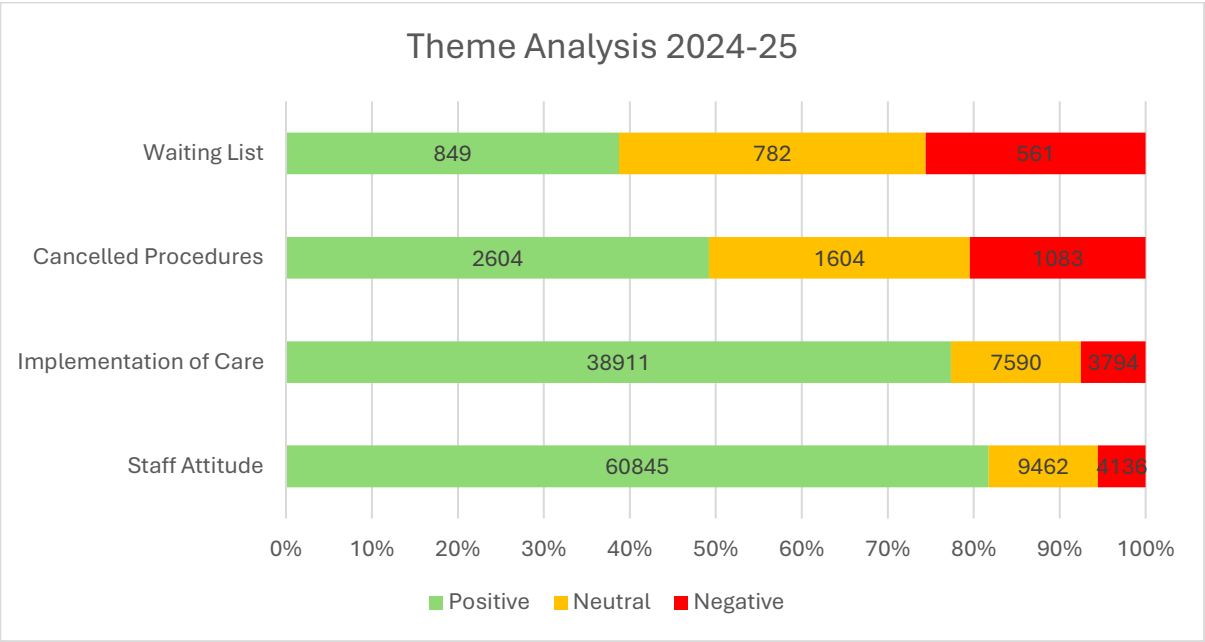6.10. A thematic analysis shows the most popular themes for the Trust

Figure 6: Theme Analysis 2024-25

7. Patient stories

7.1. Patient feedback includes capturing patient stories. From April 24, 6 patients/members of staff have presented stories in their own words, at each Trust Board. For those that have not wanted to present themselves, the clinical team have shared on their behalf.

7.2. The stories have shared the experiences of our patients including:

7.2.1. Kelly, who has diabetes and following a fracture, underwent reconstructive surgery preventing amputation of her foot. The clinical team shared their experience of providing ongoing supporting to patients with diabetes, and the importance of this.

7.2.2. Nell shared her experience of the Early pregnancy assessment unit [EPAU] following a miscarriage. Nell spoke movingly about her experience, praising the 'many small acts of kindness' from members of the EPAU team, and said how lucky she felt that her care when she lost her baby happened in an environment which didn't look or feel like a medical setting.

7.2.3. Barry, who following an accident had high risk heart surgery and needed to learn to walk and speak again. His story highlighted the treatment and care plan working with the Speech and Language Therapist and Ear, Nose and Throat [ENT] Multidisciplinary Team in the Vocal Cord Medialisation Clinic [VCMC]

7.2.4.   Helen shared her story, via Here for Health, about her diagnosis of Metabolic Dysfunction-Associated Steatotic Liver Disease [MASLD] and how she was able to significantly improve her liver function and reduced her insulin dosage through lifestyle changes and personalised support from Here for Health.

7.2.5.   Roger presented his and Ashleigh's story describing Ashleigh's post-natal depression, insomnia, and health anxiety, and the struggle to find a service who could help her, when Ashleigh frequently attended the Emergency Department (ED) sometimes multiple times a week. Roger attributed the high intensity users service as saving Ashleigh's life and enabling her to live her life well

7.2.6.   Nigel's story was told by one his carers and the diabetes team. Charlotte and Hayley shared Nigel's story in using evolving technology to improve person centred care for people with Diabetes and how this had improved Nigel's healthcare and quality of life.

8.   Care Quality Commission [CQC] CQC Patient Survey Programme

8.1.   During 2024, the CQC undertook and published the annual Inpatient 2023, Urgent and Emergency Care [UEC] 2024 and Maternity 2024 surveys.

Inpatient Survey 2023

8.2.   The Inpatient 2023 Survey respondents answered questions about their stay covering care quality, hospital admission, staff interactions and overall experience during November 2023. This was subsequently published in August 2024.

8.3.   The Trust had a 43% response rate, which was 2% below the 2022 response rate, however a1% improvement on the national average response rate, which was 42%.

8.4.   The best and worst performance relative to the Trust average are calculated comparing the Trust results against the national average across England, identifying the bottom and top five scores. The bottom and top results for OUH are shown below.
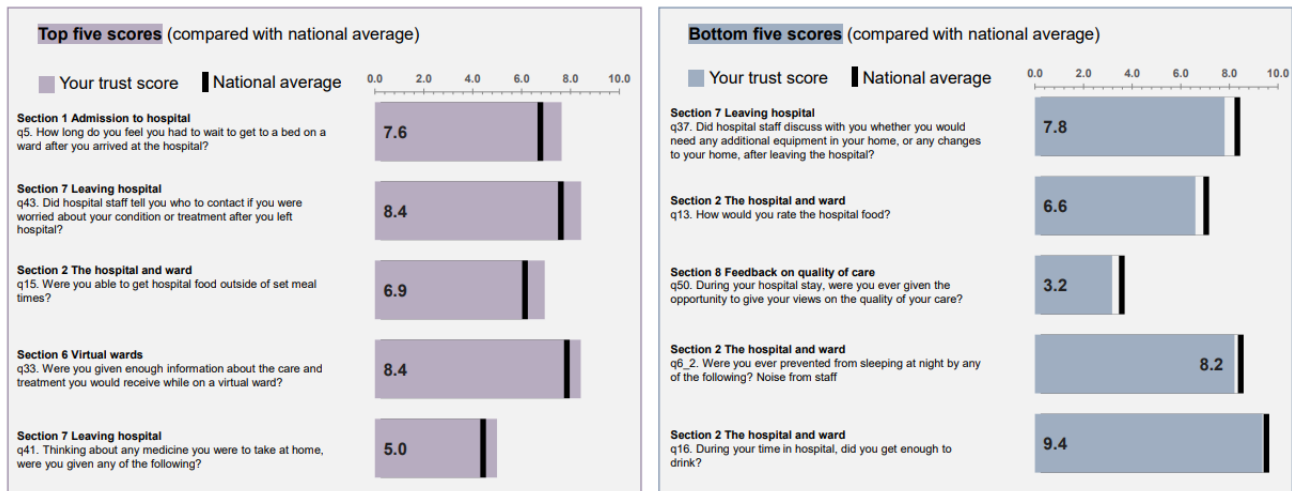
Figure 7: Top 5 and Bottom 5 scores

8.5.   The Trust performed 'somewhat better / better than expected' than other Trusts in 8 questions and 'about the same' as other Trusts in the remaining 41 questions. No questions scored 'worse,' 'much worse' or 'somewhat worse' than expected.

8.6.   The results have been shared with the Divisional leadership teams and improvement actions focused on the bottom 5 scores have been developed.

Urgent and Emergency Care 2024

8.7.   The Urgent and Emergency care survey 2024 looks at the experiences of people using type 1 and type 3 urgent and emergency care services. Type 1 services include A&E departments and may also be known as casualty or emergency departments. Type 3 services include urgent treatment centres and may also be known as minor injury units.

8.8.   In the Type 1 UEC survey, 950 People were surveyed with a 30% response rate. The average response rate for all trusts was 29%. The Trust scored better, and somewhat better than expected for 4 questions. The Trust scored about the same for 24 questions, and somewhat worse than expected for 1 question.

8.9.   The bottom and top results are shown below.
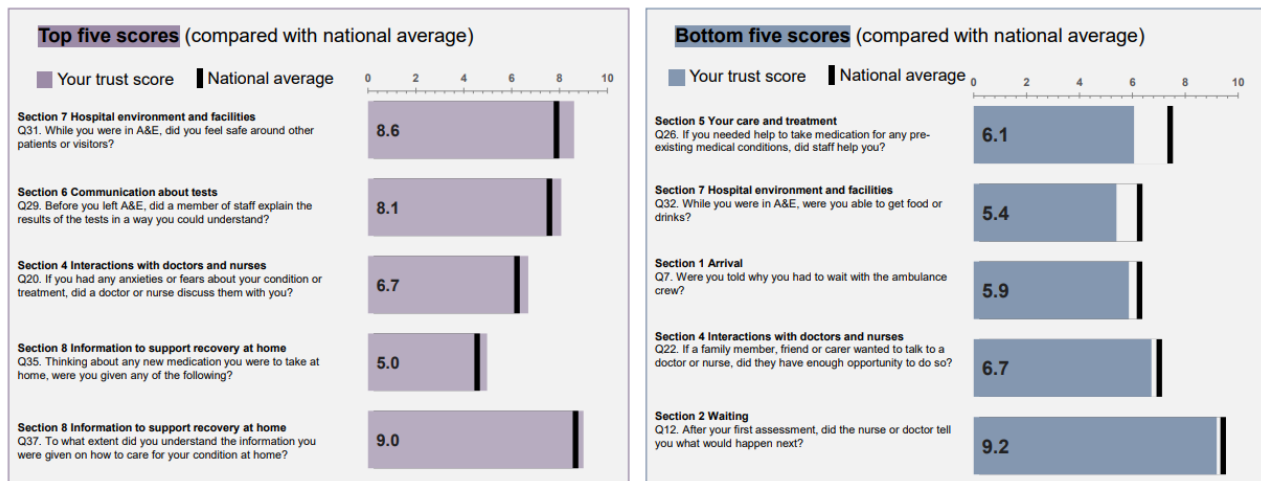
Figure 8: Top 5 and Bottom 5 scores

8.10. For the Type 3 UEC Survey, 580 people were surveyed with a 18% response rate. The average response rate for all trusts was 26%. The Trust scored much better, better and somewhat better in 3 questions, respectively. The Trust was about the same for the remaining 24 questions.

8.11. The bottom and top results are shown below.
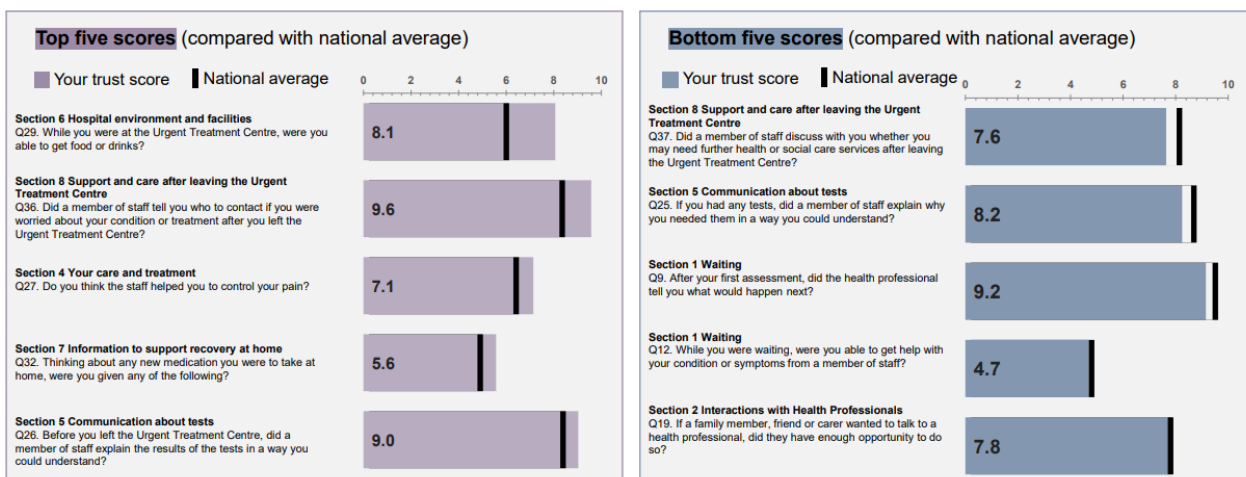
Figure 9:Top 5 and Bottom 5 scores

Maternity Survey 2024

8.12. 541 people were invited to take part in the Maternity Survey, which had a 51% response rate, compared to a 41% response rate nationally. The Trust scored better than expected in 2 questions, somewhat better than expected for 1 question, about the same for 31 questions and somewhat worse than expected for 1 question.

8.13. In comparison to the previous year, the trust was significantly worse in 4 questions.
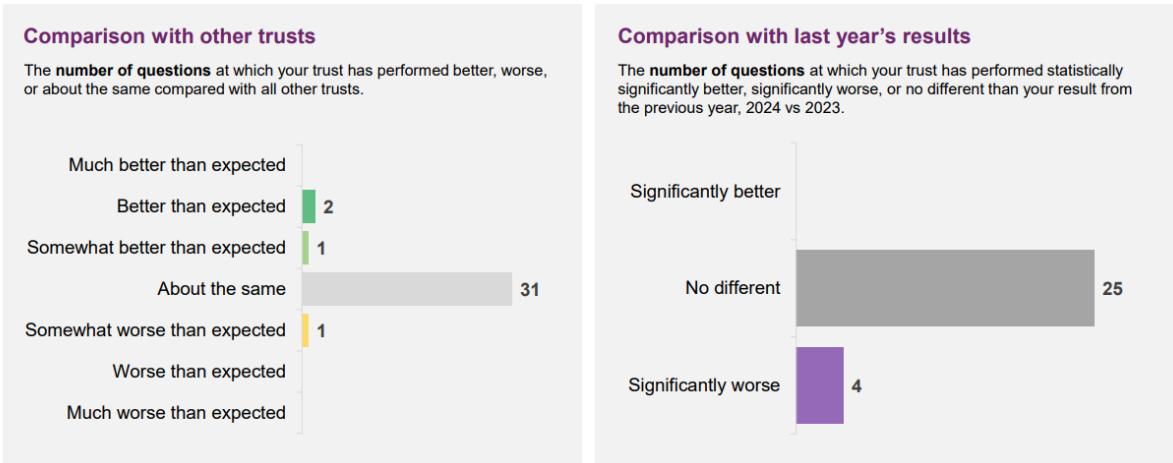
Figure 10: Comparison with other trust and last year's results

8.14. The Maternity Survey action plan was developed and continues to be monitored via the Triangulation and Learning Committee [TALC] that has been established within Maternity Services.

8.15. The process to ensure the development of adequate action plans following CQC National Surveys has been improved, with surveys presented at the Patient & Carer Experience Forum and a timescale agreed for the teams to present actions plans. This provides assurance of learning and improvement. Action plans for all surveys are now to be added to the Ulysses integrated governance system.

9. Equality Delivery System [EDS]

9.1. Neurosciences, Pharmacy, and Renal Transplant and Urology provided a presentation to a group of lay assessors on 20 November 2024. The focus was on how their services are inclusive and address the needs of patients with one or more of the nine protected characteristics. The scoring criteria and the subsequent grades given by the lay assessors for the presentations are shown below.

Domain one	Outcome	
Commissioned or provided services.	1A:	Patients (service users) have required levels of access to the service
	1B:	Individual patients (service users) health needs are met
	1C:	When patients (service users) use the service, they are free from harm
	1D:	Patients (service users) report positive experiences of the service

Table 2: Scoring criteria

Neurosciences	Underdeveloped	Developing	Achieving	Excelling
1A	0	2	5	1
1B	0	1	6	1
1C	0	2	5	1
1D	0	3	3	2
Pharmacy	**Underdeveloped**	**Developing**	**Achieving**	**Excelling**
1A	0	4	3	1
1B	0	2	6	0
1C	0	2	6	0
1D	1	3	3	1
Renal, Transplant and Urology	**Underdeveloped**	**Developing**	**Achieving**	**Excelling**
1A	0	6	10	8
1B	0	3	15	6
1C	0	4	14	6
1D	1	6	8	9

Table 3: Grades given by the lay assessors for the presentations

9.2.   The grading was combined with the Workforce and Leadership domains and presented to the Trust Board.

9.3.   The teams individually took away actions from the EDS presentations around areas for improvement which were suggested by graders, and these remain ongoing. As an example, we are working with the pharmacy team to look at a solution to enable them to collect service specific FFT feedback, and they are looking at how to create medicines information that can be translated for particular communities based on the feedback that those service users have given.

10. Interpreting and Translation / British Sign Language [BSL] services

10.1. Over 11,000 language interpreting sessions were provided across Trust services in 2024/25 through a combination of face-to-face and telephone interpreting.

10.2. The top five languages utilised by the Trust during 2024/25 were Tetum, Polish, Urdu, Arabic and Romanian

10.3. Devices on wheels are being trialled within several clinical areas to assess whether they enhance access for patients and staff and expedite access to interpreters.

10.4. The team has continued efforts to improve interpreting services throughout the organisation. Guidance has been developed for teams in a simplified format, including information on how to pre-book an interpreter or initiate a three-way call with a patient.

10.5. The Trust retains a specialist provider for BSL interpreting and translation services, and 392 interpreting sessions took place during the year. Additionally, a deaf awareness SharePoint page has been created, offering useful tips developed in collaboration with the deaf community.

11. Healthwatch

11.1. The Trust continues to appreciate the working relationship with Healthwatch in raising the profile of patients' experiences, engaging with communities, empowering their voice in healthcare and recommending changes to services, especially those people and communities whose voice is seldom heard.

11.2. During 2024/25, Healthwatch undertook four enter and view visits (Eye hospital, Oncology ward, discharge lounge, hand and plastics injury [HAPI] clinic) and conducted outreach visits on our Trust sites.

11.3. The Trust was given the opportunity to review and comment on the Healthwatch community engagement and report into Children's oral health in Oxfordshire, including the insights of those with lived experience, particularly children with special educational needs (SEND). The Trust was asked to comment on the report into people's experiences of leaving hospital in Oxfordshire, along with our ICB colleagues.

11.4. Healthwatch Oxfordshire attended the coffee morning with Action Deafness on 29th May 2024. They heard about the work of the Trust's Deaf Awareness Task and Finish group, to improve the care and experiences of patients who are deaf and hard of hearing.

11.5. Some of the improvements that have been made following the Healthwatch reports include improved signage within departments, improved patient

information and more support for patients with dietary needs, meal choices and accessing food and drink when appropriate.

12. Healthcare Transition/ Moving into Adult Services

12.1. Following the national publication of the Inbetweeners Report [1] in August 2023, work began to improve healthcare transition services for 14 – 19-year-olds, working in partnership with people and communities to inform and improve our services.

12.2. The aim of the project is to better understand the factors involved and improve the process and experience of Health Care Transition (HCT) within OUH and wider community. A specialist gap analysis commenced across the organisation to establish areas of exemplar practice and where services need to improve.

12.3. The patient experience team has:

12.3.1. Established an inclusive and multiagency steering group, with the aim of improving the experience of young people moving from children to adult services.

12.3.2. Developed a community of practice for clinical teams to learn exemplar practice to improve their own practice and learn from national initiatives

12.3.3. Joined the ICS Community of Practice

12.3.4. Established a link with the Southeast transition leads, who meet every 6 weeks with the aim of sharing good practice

12.3.5. Developed a Patient Participation Group [PPG] with service users and their families / carers. This is co-chaired by a young person with lived experience and one of the OUH Patient Safety Partners.

13. Yippee

13.1. We have held four successful Yippee meetings with positive feedback from the members that have attended and staff. We have recruited new members and hope that this upward trajectory continues with further promotion. We have developed an outline plan for upcoming projects and are looking forward to continuing to work together.

13.2. The new young governor joined the joint Trust Board and Council of Governors meeting on 13 November, and their feedback was that they felt welcomed at the meeting, the PE team is very grateful to the Council of Governors and Trust Board for supporting this positive experience.

13.3. Yippee conducted a meal tasting session with Mitie and reviewed the design of the food menus for children. The group provided feedback, leading to improvements being made in the menu design to be more visually appealing for young people.

13.4. Yippee is an important forum for young people to have a voice and be involved in decisions about how services are designed for young people and their families. A SharePoint page is being developed which will provide guidance around how colleagues can ask Yippee to help with projects / improvement programmes.

14. What Matters to You [WMTY]

14.1. WMTY featured at the Institute for Healthcare Improvement [IHI] Conference in early 2024 and enables patients and their families to provide feedback and raise concerns and improve experiences and healthcare outcomes. WMTY conversations help healthcare teams understand what is "most important" to patients, leading to better care partnerships and improved patient experience.

14.2. The team have:

14.2.1. Developed a film with 14 staff and patients.

14.2.2. Used this principle for the International Learning Collaborative [ILC] presentation on 8th June '24, and Safety Learning and Improvement conversations.

14.2.3. Used this approach when reviewing the Visitors Policy

14.2.4. For Phase 2 of the Shared Decision-Making project with Speech and Language Therapy/ Medialisation Clinic, we added this as a person-centred question at the end of the questionnaire.

14.2.5. We are developing a SharePoint page which will include promotional materials for teams to be able to use this approach within their local Quality improvement projects. This will be complete by 30 June 2025.

15. Shared Decision Making [SDM]

15.1. Decision support tools, also called patient decision aids, support shared decision making by making treatment, care and support options explicit. They provide evidence-based information about the associated benefits/harms and help patients to consider what matters most to them in relation to the possible outcomes, including doing nothing. The team have previously worked closely with pilot areas to implement the 'Ask 3

Questions' resource. From April 2024, we entered phase two and worked with three new teams.

16. Patient Participation Groups [PPG]

16.1. A regular PPG forum has been established for groups to share information and ideas. The aim is to implement a divisional reporting structure to capture and understand service users' views, which can then report through the patient experience and family carer forum. This will be developed in the coming year and will be embedded by March 2026.

17. Patient Information Leaflets [PIL]

17.1. The Oxford University Hospitals NHS Foundation Trust (OUH) work alongside Oxford Medical Illustrations (OMI) to produce Patient Information Leaflets (PILs) to be reviewed 3 yearly by the OUH clinician or Team who authored the leaflet.

17.2. The total number of active leaflets has decreased from 2054 to 1522 due to the review and removal of redundant leaflets and the promotion of existing external information. The number of outdated leaflets across the Trust (currently under review or pending review) has dropped from 918 in January 2024 to 251 at the time of writing. There are currently no outdated patient information leaflets that are not under review across the Trust.

17.3. Following a quality impact assessment, any leaflets (whether current or outdated) that do not meet UK accessibility standards are being removed from the Trust's website. We expect all leaflets to be reviewed, with any accessibility issues addressed by 31 May 2025.

17.4. A Patient Information Steering Group has been established which meets monthly, and a Patient Information Newsletter is circulated weekly to Directorate PIL coordinators to raise the profile and maintain the engagement of PILs across the Trust. A reading group composed of patients and FT members has been formed to review new Patient Information leaflets. Yippee and OMNVP review the children's and maternity leaflets.

17.5. Divisions have organised regular patient information workshops to sustain engagement in reviewing patient information, supported by the divisional management teams, PE team, and OMI. The updated policy has been reviewed by the Patient Information Steering Group and is presently undergoing Trust-wide consultation.

17.6. A patient information leaflet audit has been developed by the PE team to ensure that paper copies distributed in patient-facing areas are current and the latest version is being used. This audit is covered by the Care Assure

team and the OXSCA accreditation team, adopting a collaborative approach.

18. Translated Patient Information

18.1. The team is reviewing the availability of translated patient information due to its positive impact on access, engagement with services, health outcomes, safety, informed consent, and experience. This issue is particularly important for Maternity services, which need most of their catalogue in alternative languages. The PE team has benchmarked with Shelford Group to identify Trusts providing translated information. The Graphic Design team created a template for the Trust's interpreter provider for translations. The steering group is collaborating with the UK Association of Accessible Formats to develop a standard procedure ensuring translated information meets UK accessibility standards for publication on the Trust website.

19. Carers

19.1. We have held 5 carers café meetings at the JR throughout the year, attended by Dementia Oxfordshire, Carers Oxfordshire and Age UK. This has raised awareness of supporting employees who are carers and discussions are being held with the staff carers network to look at accessibility for our staff to be able to attend meetings.

19.2. In the following year, the aim is to join existing carers groups within the county that are already established and well attended as we recognise that travelling to our sites isn't always convenient for members of the public who have caring responsibilities.

19.3. In conjunction with Carers Oxfordshire, we have established the Carers ID card which supports unpaid carers within the hospital setting meaning that carers are identified as soon as possible in the patient pathway and are involved as much or as little as they wish to be in the care and treatment of the cared for.

19.4. This also helps to ensure that carers are identifiable to staff and allows them to indicate the need for reasonable adjustments to be made to ensure they can continue any provision of care they wish to give.

19.5. We are continuing to work with Carers Oxfordshire and Oxfordshire County Council to look at how this can be scaled up and rolled out within the wider system in Oxfordshire.

19.6. This report outlines a significant range of work undertaken by the Patient Experience Team in 2024/25 to improve patient and carer experiences

across OUH. With continued focus on feedback, shared learning, accessibility, and partnership, the Trust remains committed to compassionate, person-centred care for all.

20. Patient Experience and Family Carer Forum [PEFC]

20.1. The Patient Experience and Family Carer Forum was established in October 2024.

20.2. PEFC was established to raise the profile of improving experiences across all Trust services, and ensuring that patients, family carers and members of the public can contribute to quality improvement projects as experts by experience.

20.3. The forum meets monthly and has a broad membership, including Carers Oxfordshire, Healthwatch Oxfordshire, Oxfordshire Maternity and Neonatal Voices Partnership (OMNVP) Dementia Oxfordshire, and Oxford Brookes University.

21. Triangulation and Learning Committee [TALC] Maternity Services

21.1. Established in August 2024, the Triangulation and Learning Committee (TALC) is a pivotal element in the Trust's strategy for continuous improvement. The committee's membership is key, gathering diverse perspectives around a table regularly to approach the same themes with different tools.

21.2. Crucial to TALC is the involvement of maternity and neonatal operational members, which ensures immediate learning is shared and interventions are quickly implemented. This collaboration has not only improved service user experience but has also motivated and enhanced staff experience. Task and finish groups, such as the postnatal team, have successfully introduced initiatives like 24-hour visiting and the 'teaming' model on Level 5, which includes the Transitional Care Unit (TCU).

21.3. By working together in teams, continuity of care is achieved with time released for care rather than task-focused shifts. Recent feedback from long-term stayers on TCU highlighted the responsiveness of staff to their needs and the proactive offering of pain relief.

21.4. TALC brings accountability and the opportunity to share and learn. For example, the committee addressed a legal catheter care case with immediate action to spot-check TWOCs in postnatal areas. TALC is the most well-attended meeting in maternity and neonatal services, and its success has drawn interest from system partners eager to replicate the model.

21.5. "When others talk, listen completely," and our Triangulation and Learning Committee enables us to do just that, fostering an environment of continuous improvement and excellence in patient care.

22. Patient Advice and Liaison Service (PALS)

22.1. The Trust's Patient Advice and Liaison Service (PALS) team supports patients, relatives, carers and service users to raise informal concerns and requests for advice in a confidential, impartial, informal and timely manner. PALS can be contacted in person, via email or on the telephone.

22.2. PALS works closely with the Trust's Corporate Reception team, who triage straightforward enquiries, and the Trust's Complaints team, enabling issues to be escalated to a formal investigation when required.

23. PALS activity 2024/25

23.1. In 2024/25 the Trust's PALS team received and dealt with 2583 enquiries, which is a reduction of 16% from the number managed in 2023/24. The majority of enquiries were classified as an issue for resolution, as seen in the graph below.
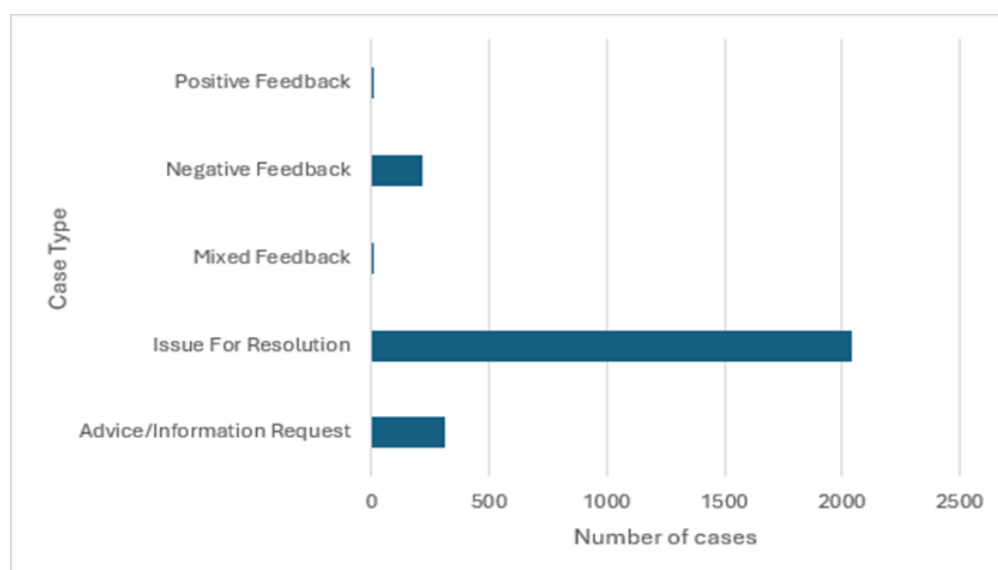

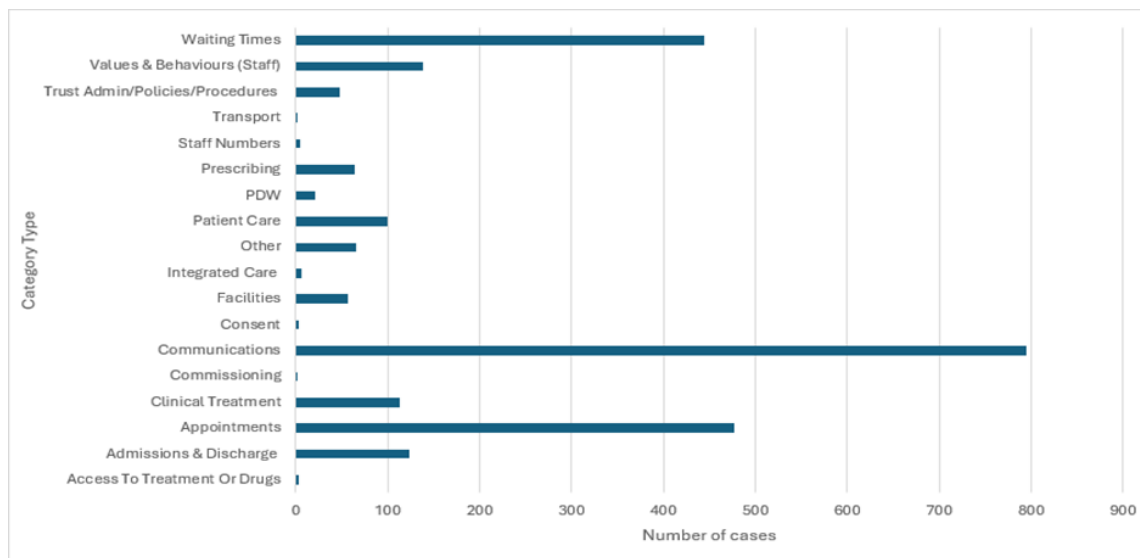*Figure 11: Enquiries received in 24/25*

Figure 12: Types of enquiries received in 24/25

23.2. The vast majority of enquiries relate to Communication issues, with Appointments and Waiting Times also ranked in the top three categories.

24. Conclusion

24.1. This annual report demonstrates the continued commitment of the Trust to listening to, learning from, and acting on the experiences of patients, families, and carers. Over the reporting period [April 2024 to March 2025], the Trust has made significant progress in strengthening the role of patient feedback in shaping services and driving improvements.

24.2. Through a range of feedback channels including the Friends and Family Test, national and local surveys, complaints and compliments, and direct engagement with patients and communities, the Trust has gained valuable insights into what matters most to those who use its services. These insights have informed targeted quality improvement initiatives, enhanced communication and responsiveness, and supported more inclusive, person-centred approaches to care.

24.3. While many areas of positive experience have been identified, the report also highlights opportunities for improvement. In particular, improve equity of experience, and strengthen mechanisms for involving underserved and underrepresented groups. Addressing these challenges remains a priority for the year ahead.

24.4. Looking forward, the Trust will continue to embed patient experience and strengthen partnerships with patients and communities, promoting a culture of continuous learning, and ensuring that every voice is heard and valued in the delivery and development of care.

25. Recommendations

25.1. The Trust Board is asked to:

- Note the contents of the report and the associated action plan.

Appendix 1 SMART Action Plan

Specific Objective	Measurements	Achievable	Relevant	Delivery timescale	Progress
Increase FFT in outpatient areas: Implement digital FFT feedback prompts via SMS and QR codes displayed at check-out desks and waiting areas and engage staff in promoting FFT completion during discharge.	Increase FFT response rate in outpatient areas by 30% over a 3-month period.	Use existing digital infrastructure (Healthcare Communications) and involve outpatient reception staff with a simple script to remind patients.	Directly supports objectives to gather real-time patient feedback to improve outpatient care and patient experience.	Launch the initiative by 1st July 2025, with progress reviewed monthly and full evaluation by 30th September 2025.	
Drive service improvement based on patient feedback: support directorates to co design improvement actions in response to feedback / track you said we did initiatives to close the feedback loop	Facilitate structured workshops with directorates to review patient feedback (FFT, complaints, surveys), identify themes, and co-produce at least one improvement initiative per directorate. Track and publish corresponding *You Said, We Did* outcomes Trust-wide.	80% of directorates to participate in at least one feedback-to-action workshop by December 2025.	Directly addresses Trust priorities for using feedback to improve care, enhances visibility of patient voice, and strengthens local ownership of	Launch workshops by July 2025. All directorates engaged by December 2025. Quarterly updates published starting	

Specific Objective	Measurements	Achievable	Relevant	Delivery timescale	Progress
			patient experience.	October 2025. Annual review of impact by March 2026.	
Promote equality and inclusivity in patient experience: Increase engagement with under-represented and vulnerable groups.	Achieve a 25% increase in feedback submissions from under-represented groups by March 2026. Deliver at least 3 outreach projects (e.g. listening events, translated surveys, community visits). Co-design and launch one pilot feedback tool tailored to a vulnerable group (e.g. Easy Read FFT card, BSL video survey). Track and report demographic breakdown of FFT responses quarterly.	Partner with local community organisations and Patient Public Involvement (PPI) leads. Leverage existing Equality, Diversity & Inclusion (EDI) teams and networks. Adapt current feedback tools with translation, interpretation, or accessible formats. Allocate engagement time from Patient Experience		Identify priority groups and partners by July 2025. Launch first engagement initiative by September 2025. Complete all 3 targeted projects by February 2026. Evaluate and report outcomes by March 2026.	

Specific Objective	Measurements	Achievable	Relevant	Delivery timescale	Progress
Enhance staff capacity and culture around patient experience: Deliver training and resources to empower staff in collecting and using feedback.	Develop and launch an eLearning module on patient experience by October 2025. Distribute patient experience resource packs (digital and print) to 100% of ward and department managers. Achieve at least 80% positive post-training feedback from participants.	Collaborate with the Learning & Development team to embed training into existing CPD and induction. Include real patient stories and local feedback examples to increase relevance and impact. Pilot with 2 directorates before full rollout.	Directly supports the Trust's goal to embed a culture of compassionate care and continuous improvement, aligned with quality and workforce priorities.	Develop training content by August 2025. Launch pilot training by September 2025. Roll out Trust-wide from November 2025 to March 2026. Evaluate impact and update resources by April 2026.	
Achieve 85% complaint closure within 25 days	Current rate is 63% (April 2025); target is 85%.	Weekly reports and meetings with all Divisions are in place to support progress. Divisions to ensure response is sent to	Timely complaint resolution is critical for patient satisfaction and regulatory compliance.	Reach 85% closure rate by October 2025.	

Specific Objective	Measurements	Achievable	Relevant	Delivery timescale	Progress
		Complaints team on Day 14			
Conduct regular training sessions for all divisions on Complaints and PALS.	Number of sessions delivered, and the number of staff trained per quarter	Use Complaints Co-ordinators and PALS Officers as subject matter experts alongside existing training materials	Enhances staff capability and consistency in handling complaints and PALS enquiries.	Deliver training to all Divisions within 12 months	
Partner with Microsoft to assess AI tools for complaint handling	Completion of feasibility study and pilot implementation.	Utilise Microsoft's expertise and internal IT support	Aims to reduce delays in investigation stage, thus ensuring response times are met and improve service quality.	Complete pilot and evaluation within 9 months.		