Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 27 May 2026

TB2026.43

Title:	**Patient Experience and Engagement Plan 2026–2030**

Status:	**For Decision**
History:	

Board Lead:	**Chief Nursing Officer**
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Confidential:	**No**
Strategic Pillar:	Patients, People

Executive Summary

1. This paper seeks Trust Board approval for the Patient Experience and Engagement Plan 2026–2030, which will be implemented through Trust-wide Delivery Actions (Appendix 1).
2. The Patient Experience and Engagement Plan (the Plan) sets out a five-year approach (2026–2030) to strengthen how OUH listens to, learns from and acts on patient, family, carer and community insight, ensuring improvement activity is inclusive and focused on what matters most. It builds the foundations—processes, tools, skills and governance—to support timely, compassionate responses to feedback and consistent collaboration with communities and service users.
3. The Plan has been informed by input from patients and staff through surveys and questionnaires, discussions with external partners, staff forums and public meetings, the baseline self-assessment against the NHS England Experience of Care Improvement Framework, and the NHS England 10 Year Health Plan.
4. The Plan has four priorities: Listen and Act; Patient and Public Participation; Fair Access for All (tackling barriers to healthcare); and Deciding What Matters Most. Together, these provide a coherent Trust-wide approach to gathering insight, working with communities and service users, reducing inequalities in experience, and ensuring experience data informs prioritisation and improvement.
5. The Plan is intended to be public-facing and therefore uses simple, inclusive language, including an explicit note on terminology to support readability and inclusion. The Delivery Actions are intended to be an internal working document and therefore use a more formal, operational tone to support delivery, assurance and accountability.
6. Important note on language and approach: Terms such as “co-design” and “co-develop” have been deliberately omitted because they are often misunderstood and can create barriers to authentic engagement. Instead, the Plan emphasises collaboration across a spectrum of methods, which the Plan and Delivery Actions define and embed consistently across the Trust.

Recommendations

7. The Trust Board is asked to:
   - Approve the Patient Experience and Engagement Plan 2026–2030
   - Note the timelines and measures set out in the Patient Experience and Engagement Plan Delivery Actions.

1. Purpose

1.1. This paper highlights the approach taken to develop the Patient Experience and Engagement Plan, demonstrates alignment with the NHS Experience of Care Improvement Framework, and provides information to Trust Board about how the Plan will be implemented and embedded across the Trust.

2. Process undertaken

2.1. The Plan has been developed through input from service users and staff via surveys and questionnaires, discussions with external partner organisations, staff forums and public meetings, and reference to the 10 Year Health Plan.

2.2. Throughout this process, service users and staff were asked what excellent patient experience means to them; responses shaped the Plan's ambition and ensured a shared understanding of what the Plan aims to achieve.

2.3. In parallel, OUH completed a baseline self-assessment against the NHS England Experience of Care (EoC) Improvement Framework (Leadership, Organisational Culture, Collecting Feedback, Analysing Feedback, Learning for Improvement). This provided insight into where improvement is needed to better listen to patients and use feedback to improve care delivery and helped shape the Plan's priorities and focus.

3. Plan's Focus, Scope and Terminology

3.1. The Plan seeks to build the foundations needed to listen to patients authentically, respond swiftly and with compassion, and collaborate to achieve meaningful goals.

3.2. Responsibility for delivery will be Trust-wide, and this is reflected in the Delivery Actions.

3.3. Throughout the Plan, the term **"**patient**"** is used as a collective term for everyone who uses (or may need to use) OUH services, including service users, families, carers, visitors, and members of the wider community. This is for readability and consistency and is not intended to exclude anyone; this is explained within the Plan document.

3.4. The Plan also avoids potentially exclusionary engagement jargon (e.g., “co-design/co-develop”) to reduce misunderstanding and support authentic, psychologically safe collaboration. Instead, the Plan aims to define and embed a spectrum of collaboration methods (from listening and testing ideas through to sustained partnership roles), matched to purpose and context, and supported by clear guidance and governance.

4. Plan’s Ambition, Priorities and Objectives

4.1. OUH’s ambition for the Plan is: for every patient, carer and family member to feel listened to, respected and involved in decisions about their care in an environment that is welcoming, inclusive and able to adapt to the needs of the populations we serve.

4.2. The four priorities for the Plan are:

4.2.1. Listen and Act

4.2.2. Patient and Public Participation

4.2.3. Fair Access for All (tackling barriers to healthcare)

4.2.4. Deciding What Matters Most.

Priority 1: Listen and Act

4.3. Objective 1: Make it easier for patients to give feedback and see what changed as a result. Key actions include:

4.3.1. Broaden and improve feedback routes through developing a better understanding of preferred methods, removing barriers to providing feedback and ensuring accessible and inclusive methods are available and shared.

4.3.2. Increasing awareness and trust in feedback processes through establishing a Trust-wide approach to publishing improvements and demonstrating the impact of collecting and using feedback from diverse populations.

4.4. Objective 2: Make it easier for staff to see and understand feedback so they can use it to make changes. Key actions include:

4.4.1. Define and implement a Trust-wide core experience question set to provide consistent insight and comparability over time (pilot then refine).

4.4.2. Develop/implement a Trust-wide survey and dashboard with drill-down capability and routine reporting, to help services identify issues and act more quickly.

4.4.3. Strengthen governance of feedback activity (via Patient Experience and Engagement Committee - PEEC) so new data collection is coordinated, avoids duplication/over-surveying, and is aligned to known gaps and organisational priorities.

4.4.4. Set clear rules/expectations for how feedback is collected, used and acted on, including responsibilities and support.

4.5. Objective 3: Build staff capability to listen and respond appropriately to feedback (role-appropriate). Key actions include:

4.5.1. Creating a role-based capability matrix and framework describing what different groups need to know and do to listen and respond to feedback.

4.5.2. Scope options for delivery of role-appropriate training modules so staff understand expectations.

4.5.3. Introduce a more consistent approach to recording, monitoring and sharing improvements made in response to complaints and feedback.

Priority 2: Patient and Public Participation (aligns with Quality Priority 8)

4.6. Objective 1: Understand the communities we serve and the organisations we work with. Key actions include:

4.6.1. Implement a Trust-wide patient census to build a clearer picture of cultural, language, spiritual and accessibility needs/preferences (with consent), and use findings to inform improvements.

4.6.2. Create and maintain a directory of community organisation partners reflecting the diversity of OUH populations, with guidance on when/how to engage them consistently.

4.7. Objective 2: Define and embed ways for patients and the public to get involved (clear roles, safe processes). Key actions include:

4.7.1. Develop and publish clear definitions of different “patient voice” roles (purpose, responsibilities, boundaries), including recruitment criteria, induction/support, reimbursement principles and escalation routes.

4.7.2. Provide staff with training, guidance and practical tools to build confidence and support psychologically safe collaboration with patient/community representatives.

4.7.3. Deliver a Trust-wide Patient and Public Participation (PPP) Framework + toolkit to embed lived experience in improvement and service change, with expectations and assurance.

4.8. Objective 3: Improve awareness and access to participation opportunities (for staff and the public). Key actions include:

4.8.1. Share good news stories showing how participation has improved services (using channels such as web / social / newsletters / meetings).

4.8.2. Provide easy-to-find information and guidance materials (guides/leaflets/videos) explaining who can get involved and the different ways people can contribute.

Priority 3: Fair Access for All (Tackling Barriers to Healthcare)

4.9. Objective 1: Reduce inequalities by understanding who is most affected and working with communities to remove barriers. Key actions include:

4.9.1. Work with system partners and staff networks to identify marginalised and inclusion health groups, strengthen collaboration with community groups experiencing the greatest inequalities, and publish Trust-wide guidance to support this.

4.10. Objective 2: Improve equity-enabled data and insight to support targeted action. Key actions include:

4.10.1. Identify barriers to effective demographic/equality data capture and prioritise system/process improvements so data better reflects patient population groups.

4.10.2. Use improved data to understand inequality trends, inform targeted actions, and embed routine monitoring/reporting through governance.

Priority 4: Deciding What Matters Most

4.11. Objective 1: Ensure decisions on improvement and resource allocation are guided by what patients and communities tell us. Key actions include:

4.11.1. Embed processes and decision-support tools so patient experience data is systematically integrated into prioritisation and planning (including business cases/service change proposals).

4.11.2. Establish and recruit patient roles that contribute to decision-making discussions regarding service design and improvement.

4.12. Objective 2: Ensure information about how experience of care data has influenced decision-making and service improvement is made available to the public. Action:

4.12.1. Ensure Quality Accounts include clear information about experience of care and examples of improvements made as a result of feedback.

5. When and how will the Plan be Delivered?

5.1. The Plan will be implemented over five years (2026–2030) and is supported by Trust-wide Delivery Actions defining actions, timelines and accountable owners, with measurable outcomes.

5.2. It also recognises that implementing and embedding the actions will continue beyond the five-year period and commits to ongoing involvement of patients and staff to prioritise, adapt and evolve delivery as learning emerges.

5.3. The Delivery Actions specify, for each workstream, the SMART deliverable, corporate enablers, divisional delivery actions, measures, Experience of Care Improvement Framework domain alignment, timescale, and evidence and assurance artefacts.

5.4. The new Patient Experience and Engagement Committee (PEEC) will provide governance and oversight of the Plan's implementation, ensuring accountability and assurance of progress against milestones.

6. Next Steps

6.1. The Plan and Delivery Actions will be tabled at the next PEEC to determine accountable owners for actions and objectives.

6.2. Following Board approval, the public-facing document will be prepared for publication.

6.3. Following approval, the Plan will be introduced internally, with a public launch in September aligned to the Annual Public Meeting.

7. Recommendations

7.1. The Trust Board is asked to:

- Approve the Patient Experience and Engagement Plan 2026–2030
- Note the timelines and measures set out in the Patient Experience and Engagement Plan Delivery Actions.

Ref	Strategy Priority / Objective	Corporate Action	RAG	Status Commentary	Key Risks / Dependencies	Interim Milestone (Year 1)	Target Completion Date
C1	**Listen & Act** Objective 1a	Design a survey tool to determine patient preferences (methodology and timing) and barriers to providing feedback for FFT and PE Survey			Staff engagement	Preference survey tool developed and implemented	30/06/2026
C2	**Listen & Act** Objective 1a	Establish a process (in collaboration with the divisions and service users) to deliver FFT and PE survey that aligns with service-user preferences and accessibility requirements.			Resource burden for consistent, accessible survey delivery	Process developed, accessible formats available	30/08/2026
C3	**Listen & Act** Objective 1b	Develop and implement a communication plan to ensure staff and service users are aware of the different platforms available to provide feedback, how to access them, and how we use the data.			Capacity	Communication plan endorsed (PEEC)	31/08/2026
C4	**Listen & Act** Objective 2a	Develop a OUH Patient Experience Survey to support monitoring and analysis of patient experience themes across the Trust and pilot across diverse services.			Capacity	Question set and pilot plan collaboratively developed and endorsed (PEEC)	30/06/2026
C5	**Listen & Act** Objective 2a	Refine Patient Experience Survey, develop resources to support implementation and embed Trustwide			Capacity	Patient Experience Survey and resources finalised and endorsed (PEEC)	31/10/2026
C6	**Listen & Act** Objective 2b	Develop and implement Patient Experience Dashboard for new Patient Experience Survey with drill-down capability to support local analysis and Trust-wide governance reporting			Analytics capacity/priorities	Dashboard published and in use	31/12/2026
C7	**Listen & Act** Objective 2c	Develop a Patient Experience Policy which includes management of patient experience data and establishes governance process and principles for patient experience surveys, ensuring avoidance of duplication and ensuring strategic alignment.			Clinical buy-in/resistance	Policy endorsed at PEEC and published	31/12/2026
C8	**Listen & Act** Objective 3	Collaborate with staff and service users to develop a capability matrix for patient experience that identifies the core skills required for staff at all levels (from frontline to Board).			Staff engagement	Stakeholder engagement plan developed and endorsed (PEEC)	31/12/2026
C9	**Listen & Act** Objective 3	Benchmark and research training options targeting key skills for patient experience.			System compatibility	Training options presented to PEEC.	31/03/2027
C10	**Listen & Act** Objective 3	Develop a tool to record, track, evaluate and share actions that have been identified for implementation in response to individual complaints			Divisional buy-in/capacity	Tool developed and endorsed (PEEC)	31/10/2026
C11	**Patient and Public Participation** Objective 1a	Develop a patient census tool and methodology that identifies patients with protected characteristics, geographical deprivation, vulnerable and inclusion health groups.			Requires input from staff networks and relevant stakeholders	Tool and methodology developed and endorsed (PEEC)	30/06/2026
C12	**Patient and Public Participation** Objective 1a	In collaboration with divisional teams and volunteers, undertake the census activity across the Trust sites and services (excluding A&E). Collate and evaluate the data, present to PEEC.			Capacity and logistics	Data collected and presented to PEEC	30/07/2026
C13	**Patient and Public Participation** Objective 1b	In collaboration with the divisional teams and community partners, map community groups and establish preferences for engagement. Establish and maintain a central repository with Community Partner Directory and guidance documents for Trust-wide use.			Maintaining accuracy and reliability	Community Partner Directory and guidance documents available	30/09/2026
C14	**Patient and Public Participation** Objective 2a	In collaboration with Patient Safety Partners, Patient Participation Groups, services users and staff, develop clear role definitions, purpose, responsibilities and boundaries for different patient partner roles. Recruitment criteria and processes to be developed, training and onboarding requirements identified. Information to be included in new Patient and Public Participation Policy.			Capacity, access to patient partners	Policy endorsed at PEEC and published	31/12/2026
C15	**Patient and Public Participation** Objective 2b	Scope role-appropriate training, guidance and practical tools to build staff and patient partner confidence in collaborating with each other.			Resource availability	Training options presented to PEEC.	31/12/2026
C16	**Patient and Public Participation** Objective 3a	Develop and implement a communication plan to share good news stories to show how engaging with service users and patient partners has made our services better.			Capacity	Communication plan endorsed (PEEC)	31/03/2027
C17	**Patient and Public Participation** Objective 3b	Develop and implement a Trust-wide PPP Framework (roles, support, processes, toolkit) to embed lived experience in improvement and service change.			Resource availability	Resources and toolkit developed and endorse (PEEC)	31/12/2027
C18	**Fair Access for All** Objective 1a	Using Trust and local demographic data, along with Trust analytics, identify population gaps and accessibility variation to identify vulnerable/at risk population groups.			Competing priorities	At risk populations identified and presented to PEEC.	31/12/2026
C19	**Fair Access for All** Objective 1b	Explore system solutions to improve data collection and analysis on characteristics that drive inequality.			Competing priorities, cost barriers, system limitations	Options presented to PEEC	31/12/2026

C20	**Deciding What Matters** Objective 1a	Establish processes and decision-support tools to ensure that patient experience data is systematically integrated into financial prioritisation and planning activities (e.g. Business Cases, service improvement, quality priorities).			Trust-wide awareness	Processes and tools approved and published in policy	31/12/2026
C21	**Deciding What Matters** Objective 1b	Establish and recruit patient roles that contribute to decision-making discussions regarding service design and improvement (e.g. Trust-wide PPG, Patient reps on TME)			Resource availability, dependency with PPP Framework	Patient partner roles and process for contributing approved.	31/12/2027
C22	**Deciding What Matters** Objective 2	Develop principles and processes that guide how we identify, record and include examples of improvements to services that have been made as a result of feedback for inclusion in the Quality Accounts			Trust-wide awareness	Principles and processes approved (CGC)	31/03/2027

Ref	Strategy Priority	Clinical Division Action	Action Owner	RAG	Status Commentary	Key Risks / Dependencies	Interim Milestone (Year 1)	Target Completion Date
D1	**Listen & Act** Objective 1a	Support delivery of the preference survey tool within local areas (inpatient, outpatient, community). **Ref C1**				Capacity to engage locally	Local engagement completed and reported	31/07/2026
D2	**Listen & Act** Objective 1a	Implement a process (in collaboration with the PE team and service users) to deliver FFT and PE survey that aligns with service-user preferences and accessibility requirements. **Ref C2**				Resource burden for consistent, accessible survey delivery	Process developed, accessible formats available	31/10/2026
D3	**Listen & Act** Objective 1b	Incorporate promotion of patient feedback methods and Patient Experience data reviews into ward huddles and performance meetings, and divisional governance committees.				Consistency across services	PE routinely discussed and embedded locally	31/10/2026
D4	**Listen & Act** Objective 2a	Collaborate on development of a OUH Patient Experience Survey to support monitoring and analysis of patient experience themes across the Trust. Implement question set (pilot) across selected services within the division. **Ref C4**				Capacity	Question set piloted and evaluated	31/10/2026
D5	**Listen & Act** Objective 2a	Implement OUH Patient Experience Survey across all wards/areas within the division. Incorporate promotion of patient feedback methods and Patient Experience data reviews into ward huddles and performance meetings, divisional governance committees, and staff performance appraisals.				Consistency across services	Survey implemented across all areas, governance through ward and divisional governance/performance established.	31/01/2027
D6	**Listen & Analyse** Objective 2b	Promote and support use of Patient Experience Dashboard for new Patient Experience Survey within local areas to support local quality improvement. Analysis and tracking of QI through divisional governance and PEEC. **Ref C6**				Digital capability	Patient Experience Dashboard consistently used in ward/area and divisional reports	31/03/2027
D7	**Listen & Analyse** Objective 2c	Identify key stakeholders to collaborate on the development of the Patient Experience Policy. Share all existing local patient experience surveys for PEEC review and approval. Share/promote policy across the division. **Ref C7**				Capacity to engage locally. Local compliance	Policy supported within the division, local surveys submitted to PEEC.	31/03/2027
D8	**Listen & Act** Objective 3	Identify key stakeholders to collaborate on development of a capability matrix for patient experience that identifies the core skills required for staff at all levels (from frontline to Board). **Ref C8**				Capacity	Stakeholders identified and protected time available	31/12/2026
D9	**Listen & Act** Objective 3	Share relevant existing local training materials or external resources with Patient Experience team				Training availability	Training materials shared	31/01/2027
D10	**Listen & Act** Objective 3	Develop a local process to implement the tool to record, track, evaluate and share actions that have been identified for implementation in response to individual complaints				Capacity	Process shared via local governance processes and with PEEC	31/10/2026
D11	**Patient and Public Participation** Objective 1a	Provide feedback on the patient census tool and methodology that identifies patients with protected characteristics, geographical deprivation, vulnerable and inclusion health groups. **Ref C11**				Capacity to engage locally. Local compliance	Tool and methodology developed and endorsed (PEEC)	30/06/2026

D12	**Patient and Public Participation** Objective 1a	In collaboration with the Patient Experience Team, undertake the census activity across the Trust sites and services (excluding A&E).				Capacity and logistics	Data collected and presented to PEEC	30/07/2026
D13	**Patient and Public Participation** Objective 1b	Directorates with established community partners to share contacts and known preferences with PE Team.				Clinical buy-in	Information shared	30/07/2026
D14	**Patient and Public Participation** Objective 2a	Identify key stakeholders to contribute to the development of the Patient and Public Participation Policy **Ref C14**				Capacity to engage locally. Local compliance	Policy endorsed at PEEC and published	31/12/2026
D15	**Patient and Public Participation** Objective 2b	Provide advice and feedback on role-appropriate training, guidance and practical tools to build staff and patient partner confidence in collaborating with each other.				Capacity	Feedback provided to Patient Experience	31/10/2026
D16	**Patient and Public Participation** Objective 3a	Share good news stories locally to show how engaging with service users and patient partners has made our services better.				Capacity	Stories shared through local governance	31/03/2027
D17	**Patient and Public Participation** Objective 3b	Promote implementation of the Trust-wide PPP Framework (roles, support, processes, toolkit) to embed lived experience in improvement and service change.				Capacity	Resources and toolkit promoted and in use	31/12/2027
D18	**Fair Access for All** Objective 1a	Using Healthcare Inequalities Dashboard, directorates to identify variation in access to healthcare and include insights via Triannual divisional reports				Data completeness	Healthcare Inequalities insights included in PEEC divisional reports	30/09/2026
D19	**Fair Access for All** Objective 1b	Local service improvement initiatives aimed at improving accessibility and experience of care to be developed				Data completeness	Improvement initiative planned and implemented	31/03/2027
D20	**Deciding What Matters** Objective 1a	Promote and embed processes and decision-support tools through local governance processes to ensure that patient experience data is systematically integrated into financial prioritisation and planning activities (e.g. Business Cases, service improvement, quality priorities). **Ref C20**				Trust-wide awareness	Processes and tools in use	31/03/2027
D21	**Deciding What Matters** Objective 1b	Establish and recruit patient roles that contribute to decision-making discussions regarding service design and improvement (e.g. Local PPGs, Patient reps on committees)				Resource limitations	Patient partner roles recruited	31/12/2027