



Oxford University Hospitals
NHS Foundation Trust



Patient Experience and Engagement Plan 2026-2031

STRENGTHENING HOW WE LISTEN, LEARN AND IMPROVE

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More information on our services is available
on the Trust website at www.ouh.nhs.uk

A warm welcome

from our Interim Chief Executive Officer, Simon Crowther



At Oxford University Hospitals (OUH),

we believe that every patient, carer, and family member deserves an outstanding experience – one where they feel respected, listened to, and empowered at every stage of their care journey. This *Patient Experience & Engagement Plan* is the first of its kind for OUH, setting out our collective vision and priorities for 2026 to 2030.

We are proud of the many examples of compassionate care and innovative engagement already taking place across our Trust. However, we recognise that to truly deliver excellence for all, we must work together in a more coordinated and strategic way – guided by the voices of our patients, carers, staff, and community partners.

This plan is shaped by what we have heard from those who use and deliver our services.

During our consultation, we asked a simple but powerful question: “*What does excellent patient experience look like?*” The answers have informed our vision and will continue to guide our actions as we learn and grow.

Our priorities – *Listen and Act, Patient and Public Participation, Fair Access to All, and Deciding What Matters Most* – reflect national ambitions, such as the NHS 10 Year Plan and the Experience of Care Improvement Framework, and our local commitment to continuous improvement.

Aligned with the OUH Quality Strategy, this document will help us make measurable progress in patient experience, alongside patient safety and clinical effectiveness. By placing patients and carers at the centre of everything we do, we will ensure that care is not only safe and effective, but also compassionate, timely, and tailored to individual needs.

Thank you to everyone who has contributed to the development of this Plan. Together, we will build a culture where every voice matters and every experience counts.

Simon Crowther
Interim Chief Executive Officer

“Our ambition is for everyone who uses our services to feel listened to, respected and involved in care that is welcoming, inclusive and responsive to their needs.”

A note on terminology

Throughout this Plan, the term ‘patient’ is used as a collective term to describe everyone who uses, or may have need to use, our services. This includes service users, families, carers, visitors, and members of the wider community who engage with OUH.

We recognise that not everyone identifies with the word ‘patient’. It is used in the plan solely for readability, consistency, and clarity across the document. It is not intended to exclude, overlook, or cause offence to any individual or group.

Our commitment remains to provide inclusive, person-centred care and to value the experience of all who interact with our services.



Building this Plan together

How did we develop our Patient Experience and Engagement Plan?

The ambition, priorities, and goals within this Plan have been developed by seeking input from patients and staff through the following methods.

- Surveys and questionnaires
- Discussions with external partner organisations
- Staff forums and public meetings

Throughout this process, we asked patients and staff what excellent patient experience meant to them. Responses to this question shaped the ambition for this Plan, ensuring we have a shared understanding of what the Plan aims to achieve.

By conducting a self-assessment with the new NHS Experience of Care Improvement Framework, we gained useful insights into how we can better listen to patients and use their feedback to improve our care delivery. This process helped shape the Plan and highlighted areas where improvement is possible.

What and who is the Plan for?

This Plan seeks to build the necessary foundations ensuring we have effective processes, tools, skills, and expertise to genuinely listen to patients, respond to their needs swiftly and with compassion, and collaborate to achieve significant improvements in patient care.

Our Plan is for everyone...

It describes the ways we will ensure that every voice is heard; the ways we will establish relationships and agreed processes with patients and community partners to ensure we know who, when, and how to collaborate and for what purpose; the ways we will seek to understand the needs of patient populations that we don't often hear from and those that we know experience poorer health outcomes; and the ways we will use what we hear to ensure that we use our resources on the right priorities, using the information provided to us by patients and the community.

Our Vision and Values

OUR VISION IS

'to be an exemplar in healthcare delivery that is compassionate and enabled by the highest levels of research and innovation',

centred on our Trust Values and underpinned by four strategic pillars which are the building blocks of all that we can achieve together – these are:



OUR VALUES



NOTE: These are our current Vision and Values. We are reviewing them to make sure they continue to reflect who we are and how we care for our patients, families and communities.



Our Ambition 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.

We will aim to...

- Make it easier for patients to give feedback about their care and see what improvements have been made as a result.
- Make it easier for staff to see and understand feedback so they can use it to make changes.
- Help staff learn how to listen to feedback and respond to concerns in ways that are relevant for their roles.

We will aim to...

- Make sure our services actively reduce healthcare inequalities by understanding who is most affected and by working with communities to remove barriers to access, experience, and outcomes.



PRIORITY 1

**Listen
and Act**



PRIORITY 2

**Patient
and Public
Participation**



PRIORITY 4

**Deciding
What Matters
Most**



PRIORITY 3

**Fair Access
to All**

We will aim to...

- Make sure we fully understand the different people and groups in our community, as well as the organisations we work closely with.
- Work together with staff, patients, and community groups to make a clear plan for how patients and the public can get involved and have their say.
- Make sure staff and patients know how they can get involved and have their say.

We will aim to...

- Ensure that decisions about service improvements and allocation of funding are guided by what patients and the community are telling us.
- Make information about how experience of care data has influenced decision-making and service improvements available to the public.

PLAN ON A PAGE

**OUH Patient Experience
and Engagement Plan 2026-2031**



PRIORITY 1

Listen and Act

What we've heard

- Under half of the patients surveyed told us that they were aware of ways in which they could provide feedback and identified barriers such as concerns that the feedback wouldn't be listened to or make a difference and concerns that providing feedback might negatively impact access to or quality of care.
- Staff were most familiar with complaints and compliments as mechanisms of patient feedback but only felt 'somewhat confident' in using feedback to make improvements. Many cited barriers such as lack of time and resources to act on feedback.

Experience of Care Improvement Framework requirements

- Trusts are expected to provide a range of accessible feedback routes and ensure that feedback is representative of all service users.
- Trusts must have processes in place to avoid duplication of surveys and ensure new data collection is aligned to known gaps and organisational priorities.
- Trusts must have the capability to interpret feedback data, identify variation and ensure learning is acted on.



Objective 1: *Make it easier for patients to give feedback about their care and see what improvements have been made as a result.*

What we will do	What we expect
Offer more ways for people to share their thoughts and experiences, such as online, on paper, by text message, phone call, or in person. How: We will ask people from many different backgrounds how they prefer to give feedback and use this information to make it easier for everyone to have their say.	Through understanding how different groups prefer to provide feedback, and hearing from more people with different needs, we will have a better understanding of the things we need to change to make the services we provide accessible and to deliver an excellent experience of care for everyone.
Help both patients and staff know about the different ways to give feedback, like the Friends and Family Test, compliments and complaints, and show how this feedback leads to improvements. How: We will regularly share improvements made from patient feedback with staff and the public to encourage more people to speak up and to show that feedback really makes a difference.	Consistently showcasing improvements driven by insights from feedback enables patients and staff to cultivate greater understanding and trust in the diverse approaches to obtaining and utilising feedback.



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

What we will do	What we expect
Create a simple set of questions to help us look at what matters most to patients and spot patterns or areas to improve. How: We will adapt questions from existing national surveys to ask patients about their experience of care.	By utilising targeted questions related to specific aspects of patient care – drawn from evidence-based national survey instruments – we can more effectively identify areas requiring improvement as well as gain insight from those demonstrating strong performance.
Set up an easy-to-use system where staff can see feedback relevant to their area. How: We will ask staff, patients, and our community partners what they need from this system to help us make services better.	Establishing a system that enables staff to access and address information regarding patients’ experiences allows for more timely and effective improvements.
Write clear rules about how we collect and use feedback from patients, carers, and families. How: We will work with staff and our partners to decide who is responsible for what, and to give advice and support as needed.	Through providing staff with rules and expectations, we can ensure that patients are not over-surveyed, and that everyone understands how they can contribute towards improving patient experience.

Objective 3: *Help staff learn how to listen to feedback and respond to concerns in ways that are relevant for their roles.*

What we will do	What we expect
Make a list of the main skills and knowledge needed for staff in different roles and levels across the Trust to properly respond to and act on feedback. How: We will collaborate with staff from all levels of the Trust and with patients to identify the skills and knowledge that is required to listen and respond to all types of patient feedback.	We will understand what knowledge and training staff require to respond to and act on feedback so a role-specific training programme can be developed.
Set up training that is right for each job level. How: We will develop a programme of training with different modules suitable for different staff groups ensuring all staff know and understand what is expected of them and that they have the skills to undertake their responsibilities.	Staff will have the skills and knowledge to respond appropriately to patient feedback, patients will feel heard and supported, and decision-makers know what is important to the people who use our services.
Bring in a simple way to record what we have agreed to change in response to complaints and feedback, and monitor and share the impact it has on patient care. How: We will look at what other Trusts are doing to learn from their best ideas.	Staff and patients will be able to see how feedback is used to drive improvements and that those improvements have made a difference.

PRIORITY 2

Patient and Public Participation

What we've heard

- Most patients surveyed (81%) were not aware of patient and public roles in safety, service design, and evaluation, and highlighted travel, cost of parking, and working commitments as barriers to getting involved.
- Staff surveyed indicated that patients were sometimes (40%) or rarely (29%) involved in the design or improvements of services in their areas and that training, support from the Patient Experience Team, and access to resources would help them to better engage with patients and the community for this purpose.

Experience of Care Improvement Framework requirements

- The Trust must have a Board-endorsed strategy for improving experience of care that includes a plan to hear from members of the community ensuring that those who do not currently access services but may have a need to (now or in the future) are also reached.
- The Trust is required to embed the voices of people with lived experience (of a health condition or population group) within its processes for improving services and how we deliver care.



Objective 1: *Make sure we fully understand the different people and groups in our community, as well as the organisations we work closely with.*

What we will do	What we expect
Set up a programme to find out what patients, service users, and carers need and prefer. How: On a set day, we will ask patients (with their consent) across our services about their cultural, language, spiritual, and accessibility needs.	This information will enable us to better understand the communities that use our services so we are able to identify the groups we should consult with when we are planning or improving our services to ensure services meet their needs.
Create a list of community groups and organisations that truly reflect the diverse patient populations we serve. How: We will collaborate with these groups to determine how and when we should consult with them and ensure this information is available to staff who are planning a change.	This list will ensure that we are engaging with groups in the way they prefer to be engaged, allowing their voices to guide improvements to our services and addressing the specific needs and priorities of the communities they represent.



Objective 2: *Work together with staff, patients and community groups to make a clear plan for how patients and the public can get involved and have their say.*

What we will do	What we expect
Public roles in enhancing safety and quality will be defined clearly, with support provided throughout their involvement. How: We will collaborate with patient partners and staff to develop clear role definitions and purpose, as well as agreed processes to ensure safe and effective partnership.	Clear definitions and robust processes will ensure that there is a shared understanding of the purpose of collaboration, how we achieve it, and mechanisms for support for patient partners and staff.
Help staff feel confident to work with patient partners and the public. How: We will give staff the training and tools they need to make sure patients' experiences are part of all our plans and projects.	This training will ensure that staff feel confident in their ability to engage with patient partners and the community for the purpose of service improvement and ensure that this is a positive experience for both.

Objective 3: *Make sure staff and patients know how they can get involved and have their say.*

What we will do	What we expect
Share good news stories to show how listening to patients and the public has made our services better. How: We will use social media, meetings, and newsletters to share these stories regularly.	Sharing these stories will help to raise awareness and promote the benefits of patient and public collaboration with the Trust.
Provide information and guidance materials to support collaboration. How: We will set up an easy-to-find place where staff and patients can get information about how to work together, including guides, leaflets, and videos that show the different ways people can get involved and how this helps improve care.	This information will ensure that staff know 'who', 'when', and 'how' to collaborate with patients and the public, understanding the benefits of different approaches; and patients and the public will know how they can use their experience to collaborate in different ways with the Trust.

PRIORITY 3

Fair Access to All

What we've heard

- Under half of the patients surveyed (44%) felt that their cultural, spiritual, language or personal needs were met when receiving care at OUH with environmental factors and better knowledge of their individual needs cited as opportunities for improvement.
- Staff surveyed demonstrated strong awareness of factors contributing to barriers to accessing healthcare but identified a need for more actionable data and support to address these issues.

Experience of Care Improvement Framework requirements

- The Trust must work with patients, carers, communities, and staff networks to make sure no population groups are missed. The Trust should map all groups, reach people who aren't using services yet, listen to their feedback, and use what it hears to shape services and improvements.
- The Trust must track patterns in feedback and complaints by different population groups, find out why gaps exist, take targeted action, and show evidence that changes are making care fairer over time.



Objective 1: *Make sure our services actively reduce healthcare inequalities by understanding who is most affected and working with communities to remove barriers to access, experience, and outcomes.*

What we will do	What we expect
Identify patient populations in Oxfordshire that are struggling to access OUH services and work with community and system partners to understand and address barriers. How: Using information about OUH patient populations and comparing to information about populations in Oxfordshire we will identify those populations who are at risk. This information will be shared across the Trust and guidance provided to enhance collaboration with those groups.	Enhanced collaboration with marginalised groups will ensure services and pathways reflect what people with lived experience say they need. Engagement will help reduce mistrust, improve cultural safety, and lead to services that patients feel confident using.
Improve data collection on the characteristics that drive inequality. How: We will explore barriers to effective data collection and prioritise system improvements to ensure data reliably reflects patient population groups.	Richer data will enable more accurate identification of inequality trends across OUH, supporting targeted action, better understanding of service gaps, and routine monitoring of progress in reducing inequalities.

PRIORITY 4

Deciding What Matters Most

What we’ve heard

- Patients, carers, and community members told us that OUH should use what patients and communities tell us when deciding where to spend money and which improvements to make. They want the experiences, needs, and views of people who use our services to help shape these decisions, especially when people face difficulties accessing care, communicating with staff or receiving fair care. They also want to know how their feedback has been used and see clear examples of changes that have been made as a result of what they have told us.
- Staff told us that patient and community feedback should help guide decisions about where OUH focuses its resources and improvement work. They want patient experiences, staff experience and information about inequalities to be used together to identify the issues that matter most. Staff also want feedback to be easier to access and understand, and they want clear evidence that what patients and communities tell us leads to real improvements in services.

Experience of Care Improvement Framework requirements



- The Trust should listen to patients, carers, and communities when making decisions about services and improvements.
- Feedback, personal experiences, and other information should be used to understand what matters most to people, identify where some groups may have a worse experience of care, and decide where improvements are needed.
- The Trust should show how feedback has been used to make decisions and improve services.



Objective 1: *Ensure that decisions about service improvements and allocation of funding are guided by what patients and the community are telling us.*

What we will do	What we expect
Establish processes and decision-support tools to ensure that patient experience data are systematically integrated into financial prioritisation and planning activities. How: We will collaborate with patients and staff to develop assessment tools and processes for inclusion in business cases and service improvement proposals.	By using these tools and processes, choices regarding which service improvements to prioritise and how funding is distributed will be guided by feedback gathered from patients and the community.
Establish and recruit patient roles that contribute to decision-making discussions regarding service design and improvement. How: We will co-design defined roles, recruitment criteria, and processes for patient and public participation.	By establishing clearly defined roles and recruitment pathways for patient representatives within Trust decision-making forums, we will improve accountability and ensure experience of care data is considered with equal weight to other factors that influence decision-making.

Objective 2: *Information about how experience of care data has influenced decision-making and service improvements will be made available to the public.*

What we will do	What we expect
Ensure the OUH Quality Accounts include information about experience of care and how the Trust is listening and responding to feedback from patients and the community. How: We will establish 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.	By providing examples of how we have used experience of care data to drive improvement, we demonstrate more clearly how we are listening to patients and acting on what we are hearing.

Looking ahead

When and how will our Patient Experience and Engagement Plan be delivered?

The Patient Experience and Engagement Plan will be delivered over five years, from 2026 to 2031. It supports the ‘Patient’ pillar of the wider OUH Strategy and will help us improve how we listen to, involve and respond to patients.

The plan will be supported by a Trust-wide action plan. This will set out what we will do, when we will do it and who will lead each part of the work. It will also help us measure progress, and show how the work is making a difference for patients, carers, and families.

We recognise that this work will take time, and not everything will be completed within the five-year period. We will continue to involve patients, carers, and staff as we develop, deliver and review the plan, so that people’s experiences continue to shape the work. This will help us focus on what matters most, adapt where needed and keep learning as we go.



Your voice matters. *Get involved...*

We are committed to making this Plan a reality, but we can only do this with your support. Whether you want to share feedback on a recent visit, join a Patient Participation Group, or simply learn more about our work, your involvement is welcomed and valued.

We want patients' lived experiences to help shape our work, and we are committed to listening, learning, and responding to what matters most to you.

**Here's how you can contact us
to find out more and get involved**

Visit: www.ouh.nhs.uk/patient-guide/feedback

Email: patient.experience@ouh.nhs.uk



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Acknowledgement of contributors

We would like to thank the many staff, patients, and community partners that have contributed to the development of this plan.



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Published by Oxford University Hospitals NHS Foundation Trust: www.ouh.nhs.uk

SEPTEMBER 2026 – OMI 123089