Enter and View Report
Minor Injuries Unit
Abingdon Community Hospital

healthwatch Oxfordshire

September 2026

Contents

Acknowledgements

Healthwatch Oxfordshire would like to thank all the patients we heard from, and staff at the Minor Injuries Unit at Abingdon Community Hospital for their support and contribution to our Enter and View visit.

Visit details

Service	
Service Name	Minor Injuries Unit (MIU) at Abingdon Community Hospital
Service Address	Marcham Road, Abingdon, OX14 1AG
Service Provider	Oxford Health NHS Foundation Trust (OH)
Date and Time of Visit	16th June 2026 10am-1pm
Authorised Representatives	Amier Alagab Veronica Barry
Visit Status	Announced visit
Contact details	Healthwatch Oxfordshire Office F20 Elmfield House New Yatt Road Witney Oxfordshire OX28 1GT T: 01865 520520

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff; it is merely an account of observations and contributions made at the time of the visit.

About Healthwatch Oxfordshire

Healthwatch Oxfordshire works to make sure NHS and social care leaders, and other decision-makers hear your voice and use your feedback to improve health and social care services. We can also provide you with reliable and trustworthy information and advice about local health and care services. We are an independent charity.

What is Enter and View?

Healthwatch Oxfordshire gathers information on people's experiences of using health and care services. One of the ways we do this is by visiting places where publicly funded health and care services are being delivered. This enables us to see and hear how those services are being provided.

These visits are called **Enter and View** visits and can be announced or unannounced. In an announced visit we will work with the service provider to agree the visit. As the local Healthwatch for Oxfordshire, we have statutory powers under the Health and Care Act 2012, and Local Government and Public Involvement in Health Act 2007, to carry out Enter and View visits to local health and care services.

Enter and View visits are carried out by a team of trained and DBS checked volunteers and staff. We call these our authorised representatives. We use what we hear and see on the day of our visit to report to providers and others with recommendations to inform change for the health and care services we visit. Enter and View visits are not an inspection and will always have a purpose.

Purpose of the visit

- To observe how the MIU operates and provides its services.
- To collect views from patients and staff on the service.
- To identify best practice and highlight any areas of concern.
- To report what we observe and hear about the quality of the services.

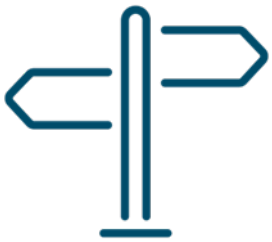
Strategic drivers

- This Healthwatch Oxfordshire Enter and View visit is part of a programme of visits to a range of services within Oxfordshire.
- These visits were planned and implemented in 2026 – 2027.

Summary of findings

During our visit to the Minor Injuries Unit (MIU) at Abingdon Community Hospital we heard from 11 patients and seven staff members.

Signage and information



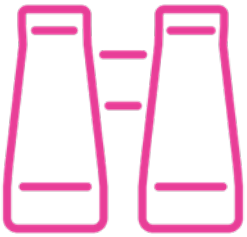
The signage directing patients and visitors from the car park to the MUI reception and the hospital main reception was clear and easy to follow. A welcome sign was displayed at the entrance to the unit, creating a positive first impression and helping visitors identify the area on arrival. The opening hours were clearly on display, 10am – 10.30pm.
Once inside the MIU, the reception desk was clearly visible and easy for patients and visitors to locate. Reception staff were welcoming and provided clear guidance to patients, ensuring they were directed to the appropriate area within the department.
The following information was on display:

- MIU Roadmap
- Oxfordshire Family Support Network (OFSN)
- Domestic Abuse
- Care Quality Commission (CQC) poster
- Female genital mutilation (FGM) poster
- Pharmacy First
- Carers Oxfordshire
- How to spot sepsis
- Hearing loop
- Feedback poster
- Chaperone offer/entitlement
- Parking information
- Carers assessment
- Young Minds
- Safety poster
- Water sign at reception and can ask for water from machine behind reception
- Healthwatch Oxfordshire poster

Two digital information screens were available within the waiting area. One screen displayed general NHS information, whilst the second provided up-to-date waiting times across the MIU supporting effective communication by informing patients how long their wait will be.
There were no translated information materials or leaflets in other languages on display and no information about how to access an interpreting service for patients when using the service.

There was a suggestion box, and information available informing patients about how to give feedback.

The general environment



The environment was modern, clean and well maintained, creating a welcoming atmosphere. A dedicated children's play area was available within the reception, featuring a safety gate, brightly painted wall murals, cushions, and a range of age-appropriate toys and activities to help keep children occupied whilst waiting.

The unit comprised of four treatment bays, including three for adults and one dedicated for children. Each bay was separated by curtains, providing a degree of visual privacy and there was a room at the side of reception for private conversations. However, the use of curtain partitions meant that conversations and clinical activity could be heard between bays, which may have limited patients' privacy and confidentiality during consultations and treatment.

The waiting area was bright and well ventilated, with a comfortable ambient temperature. However, space is limited, and demand at the time of our visit exceeded the available seating capacity, and some patients were waiting in their vehicles outside due to the lack of available seats. The seating in the waiting area was in good condition and appropriately arranged to maximise the available space.

The manager and staff demonstrated a welcoming and approachable manner, greeting patients warmly and contributing to a positive, reassuring and inclusive environment. The clinic rooms and toilets were very clean, and we were shown a staff room which was available for the staff team to use and was well equipped.

Patient and staff feedback

Patients spoke positively about the care and support provided by the staff, describing them as caring, committed and friendly. Their compassionate and approachable manner helped to build trust and encouraged patients to raise any concerns directly with the team.

Some patients were unaware of the formal process for providing feedback, making comments or raising complaints, highlighting the need for clear and accessible information to ensure all patients understand how they can share their experiences and contribute to service improvement.

Patients highlighted concerns about the limited seating available in the waiting area, reporting that they were often unable to find a seat and therefore chose to wait in their vehicles until they were called. Patients also expressed dissatisfaction with the length of waiting times, which had a negative impact on their overall experience of the service.

Staff demonstrated a high level of commitment and dedication to delivering patient care. The staff we spoke with reported feeling well supported in their professional development and training, which had enhanced their skills, confidence and job satisfaction.

Staff raised concerns regarding workforce shortages and the impact this had on service delivery. They also highlighted the need for greater public education and clearer promotion of the unit's services to improve patient understanding of the care available and ensure appropriate use of the service.

Recommendations

- Oxford Health should review the capacity of the waiting area to ensure it provides sufficient space to accommodate the number of patients, particularly during busy periods, to improve comfort and the overall patient experience.
- Provide translated patient information and service materials to improve accessibility for individuals whose first language is not English. This would help ensure that all patients have equitable access to essential information and support an inclusive approach to healthcare delivery.
- Provide and display clear information on how people can access the interpreting service.
- Consider relocating patient information leaflets to a clearly visible and easily accessible area within the unit. This would encourage patients and visitors to access information independently and improve awareness of the support and services available.
- Ensure that an appropriate hearing loop system is available within the unit and that clear signage is displayed to inform patients and visitors of its location and availability, helping to promote equitable access to services for people with hearing impairments.
- The Trust should review the operating hours of the X-Ray service with Oxford University Hospital NHS Foundation Trust to ensure they are aligned with the unit's opening hours. This would reduce the number of patients being asked to come back the following day, helping to improve patient flow, reduce delays and provide a more seamless patient journey.
- Influence improvement to communication across services and information given by NHS 111 about the service and timing and availability of X-Ray machines to avoid people having to make multiple visits.
- Ensure food is always available, along with information about nearby healthier food outlets for those on medications or waiting long periods.
- Continue to review waiting times within the unit and implement measures, where feasible, to minimise delays and ensure patients are kept informed of any expected waiting times.
- The Trust should improve public education, information and the promotion of the unit's services to increase awareness, enhance patient understanding of the care available, and support appropriate use of the service.
- Review staffing levels to ensure sufficient workforce capacity, promote staff wellbeing, and support the delivery of safe, effective and high-quality patient care.

Service response to recommendations

The following response was received by email from Pamela Mariga, Associate Director of Nursing Workforce and Regulatory Standards at Oxford Health NHS Foundation Trust:

1. **By 31 October 2026**, we will review the availability and visibility of translated patient information and interpreting access at Abingdon MIU, ensure Language Line posters are displayed throughout the unit, identify any remaining gaps, and document the actions required to improve accessibility.

2. **Leaflet visibility**, all staff felt that the leaflet rack with patient information leaflets was appropriately placed. The staff like to be able to discuss the patient management on discharge as part of care planning. The involves talking through the information leaflet with the patient. The current environment does not support visible leaflets due to the space constraints on the walls and within the unit.

3. **Hearing loop**, the hearing loop poster is available in reception for patients as and when required.

4. **By 31 December 2026**, Oxford Health NHS Foundation Trust will work with the Oxford University Hospitals NHS Foundation Trust radiology department and Thames Valley ICB to complete a review of the contractual X-ray operating hours at Abingdon MIU. The review will assess whether X-ray provision can be aligned more closely with MIU opening hours and will produce a documented outcome, agreed actions, responsible leads and implementation timescales to support timely imaging and a more streamlined patient journey.

5. **By 31 October 2026**, the senior clinical lead, as the accountable lead, will work with the NHS 111 Directory of Services Lead to confirm that call handlers can access the current Abingdon MIU and X-ray opening hours when booking appointments for patients attending via the NHS 111 route.

6. **By 31 December 2026**, the Abingdon MIU Clinical Lead, with support from senior leadership and the Trust's patient engagement and involvement leads, will develop and implement a public information and promotion plan for Abingdon MIU. This will include attending at least three relevant public-facing groups, engaging with at least five GP surgeries and publishing a minimum of four approved social media communications to raise awareness of the services available, appropriate use of the MIU and current opening arrangements. Engagement activity will be recorded—including the number of events attended, surgeries contacted, communications published and available audience reach—and reported to the service leadership team by the agreed deadline.

7. **By 31 December 2026**, the Senior Clinical Lead, supported by the matron, are currently reviewing the MIU staffing establishment, vacancies, skill mix and demand at all MIUs and implement an agreed workforce action plan. The service will achieve at least 95% planned rota fill each month, maintain agreed minimum safe staffing and appropriate senior clinical cover on every shift, and ensure 100% of staffing shortfalls are risk

assessed and escalated through the MIU escalation process on the day they arise. Progress, including rota fill, vacancies, sickness, temporary staffing use, incidents, waiting times and any service restrictions, will be reported monthly to the service leadership team.

8. **By 31 October 2026**, the Abingdon MIU Clinical Lead, supported by the site facilities team, will introduce a daily check of vending-machine food and drink availability, report low or unavailable stock to the external supplier within one working day, and maintain a record of reports and supplier responses. Clear, accessible information listing nearby food stores, their location and usual opening hours will be displayed in the waiting area and reviewed quarterly, enabling patients, carers and staff to identify alternative options when vending-machine supplies are unavailable.

9. **Waiting times,** the Abingdon MIU Clinical Lead will be accountable for ensuring that live waiting times are displayed accurately on the waiting-room dashboard and reception visual chart. The nurse in charge will verify the displays at the start of each shift and following any significant change in demand, while reception staff will provide every patient with the current estimated waiting time at check-in and notify the nurse in charge of any display discrepancy.

10. **By 31 December 2026**, the Senior Clinical Lead, supported by the Abingdon MIU Clinical Lead, Matron and Estates and Facilities Lead, will complete and document a review of waiting-area capacity at Abingdon MIU. The review will assess seating, accessibility, layout and patient numbers during at least three identified peak-demand periods, consider patient and staff feedback, and produce an agreed action plan with responsible owners and implementation dates. While the review is underway, the nurse in charge will use the established escalation process to manage crowding safely, including offering appropriate accompanying adults the option to wait elsewhere clinically safe. Progress and evidence of completed actions will be reported monthly to the service leadership team.

Report

Methodology

When organising an announced Enter and View we follow the steps below:

- **Plan:**
  - Appoint an Enter and View lead for the visit.
- **Communicate:**
  - Inform the provider of the visit, and relevant details including the purpose, date, time, estimation of how long it will take, how many people will be carrying out the visit, and the name of the lead person.
  - Prepare posters including the purpose of the visit, time and date, and send to the provider for display, so that people using the service are clear why the visit is taking place.
  - Include information about how members of the public can contact Healthwatch Oxfordshire if they are not able to when the visit is taking place.
- **Prepare:**
  - Prepare resources such as surveys and questionnaires.
  - Identify any requirements for special support necessary to facilitate the visit such as access or security. This must be done before the visit, as you may be refused entry.
  - Meet with the service provider before the visit.
- **Report:**
  - On completion of the visit a draft report is shared with the service provider requesting comments on factual accuracy and responses to any recommendations within 7 - 20 working days.
- **Follow up:**
  - The final report is published on Healthwatch Oxfordshire's website and shared with the Care Quality Commission (CQC) and service provider.

The visit took place from 10am to 1pm on 16th June 2026, with two trained Enter and View representatives.

During the visit, the team undertook observations of the day-to-day activities within MIU, reviewing the overall environment, including cleanliness, patient comfort and the accessibility of information. The team also engaged with patients and staff to gather feedback and gain a broader understanding of their experiences of the service.

About Minor Injuries Unit

The Minor Injuries Unit (MIU) is run by Oxford Health NHS Foundation Trust (OH) and located at Abingdon Community Hospital main building. Minor Injuries Units (MIUs) are for injuries that have been sustained in the last seven days that are not life-threatening but still need treatment.

They can treat things like:

- Deep cuts
- Eye injuries
- Broken bones
- Severe sprains
- Minor head injuries
- Minor burns and scalds

The unit is not suitable for patients suffering from minor illness presentations. The X-Ray facilities at the unit are provided by Oxford University Hospitals NHS Foundation Trust.

More details about MIU and the services they offer can be found at the following link:
https://oxfordhealth.nhs.uk/service_description/abingdon-community-hospital/

Our visit

During our visit, we were welcomed by the Senior Clinical Lead who provided an overview of the services delivered within the MIU. We were given a tour of the department before proceeding with the remainder of the visit. At the time of our visit, the clinical team was working continuously in a busy environment, reflecting the high demand for the service.
During the visit, we engaged with 11 patients and six members of staff to gather their views and experiences.

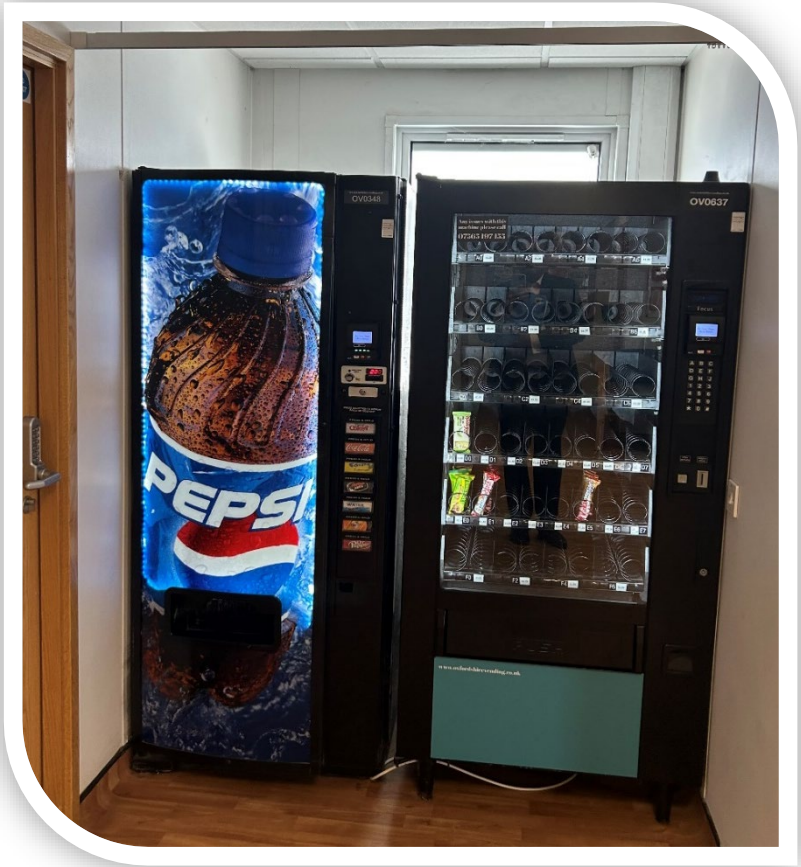
Access and signage

Signage directing patients and visitors from the car park to the MIU was clear, well positioned and easy to follow. On entering the unit, clear signage guided patients directly to the reception area, supporting straightforward navigation.
A welcome sign, navigation map, together with the unit's opening hours, was prominently displayed at the unit, providing patients and visitors with essential information on arrival.

The unit environment

The atmosphere within the MIU was busy but calm, reflecting the high demand for the service. Staff were welcoming and professional, and interactions between staff and patients were observed to be friendly, respectful and supportive.

A vending machine was available in the patient waiting area. However, at the time of our visit, the vending machine appeared to be inadequately stocked, with many items unavailable. This was noted in comments from patients on the day as an issue. Water was available on request behind reception.



The unit was well maintained, welcoming and cared for throughout. Although the department was relatively small, the available space was used efficiently, with all areas appearing well organised, and conducive to providing a comfortable environment for patients, visitors and staff within the small space.

The MIU was observed to be clean, tidy and well maintained throughout, from the entrance and reception area to the consultation rooms. The consultation rooms were well equipped and provided patients with a private, comfortable and appropriate environment for consultations, assessments, and treatment. These private spaces supported patient confidentiality and person-centred care, helping

Children's area

patients to feel respected and at ease throughout their visit, which contributed positively to their overall experience. The patients' waiting area was also clean, well-organised and welcoming. Seating was in good condition and arranged to maximise the available space while accommodating the needs of a diverse range of patients, contributing to a comfortable and accessible environment.

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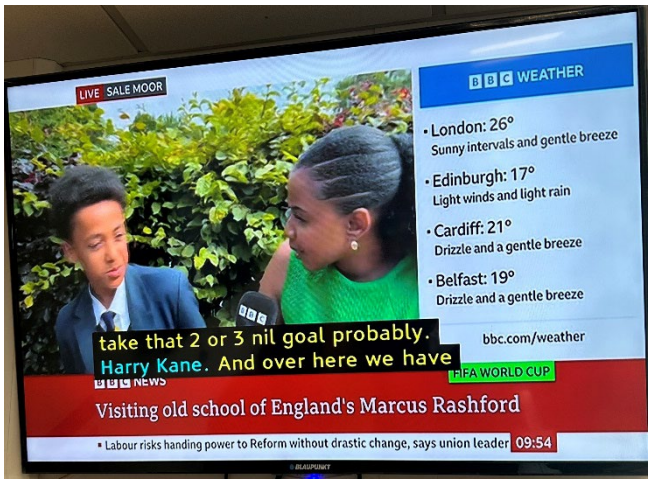
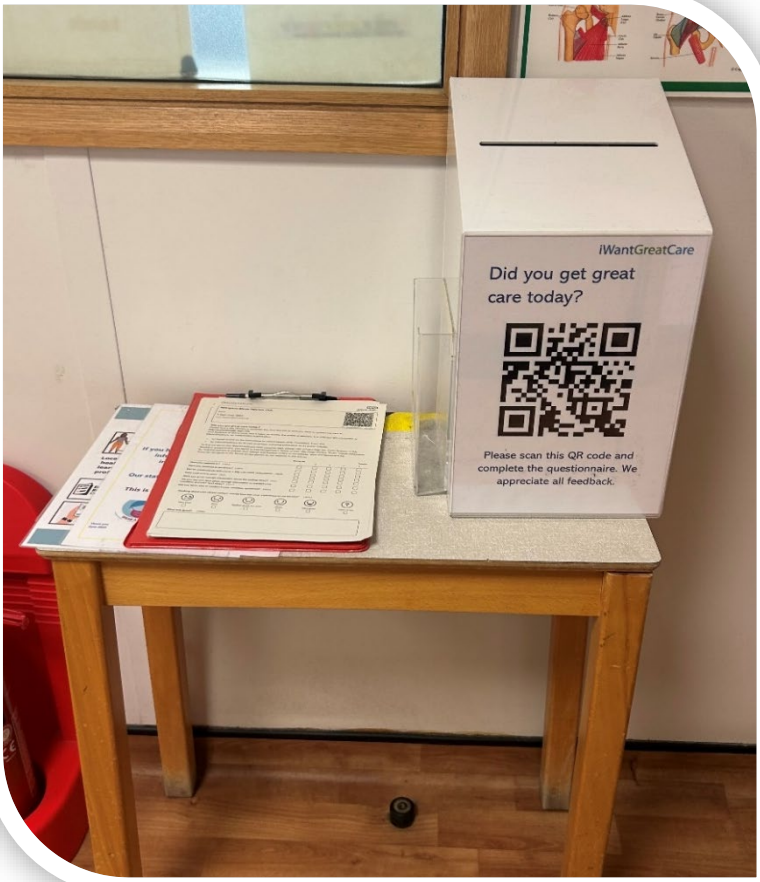
Reception staff were available to welcome patients, provide clear directions to the appropriate waiting area, and ensure they knew where to wait for their appointment. When patients were called, staff personally accompanied them to the treatment rooms.
The combination of clear signage, a well-organised and attentive staff support helped patients navigate the department with ease. This minimised confusion, promoted a smooth patient journey through the department, and contributed to a positive, welcoming and reassuring patient experience.

Reception

Two digital information screens were displayed within the waiting area. One provided general NHS information, while the other displayed current waiting times across the MIU helping to keep patients informed and manage expectations during their visit.



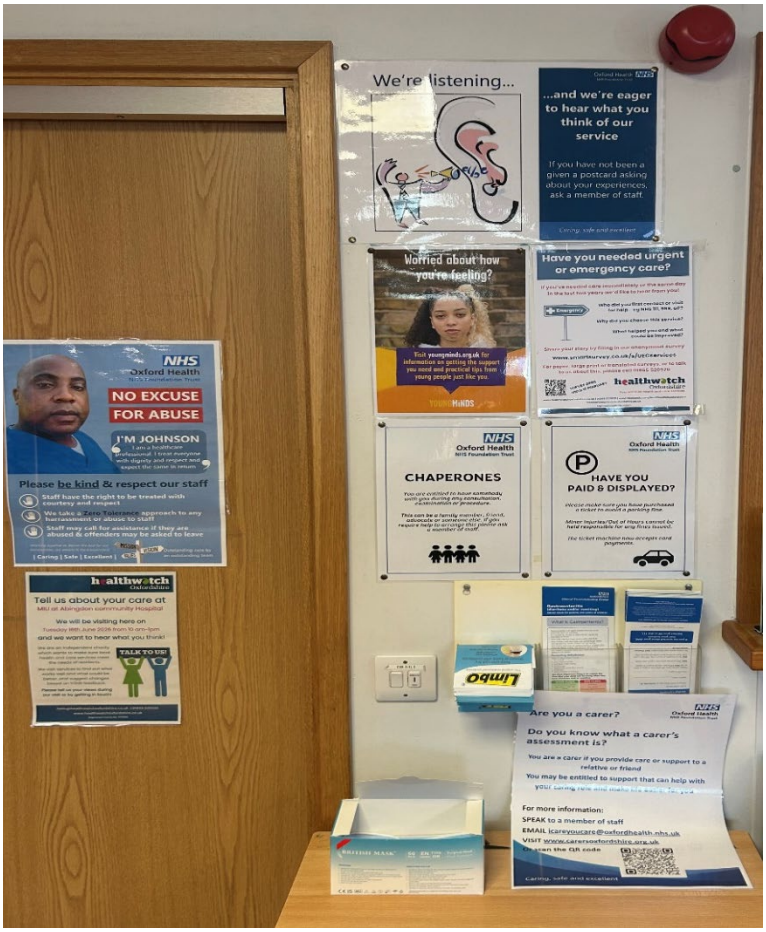
A suggestion box was available at reception to enable patients to provide feedback or raise concerns. Patient feedback forms were readily accessible, and dedicated display boards at the entrance presented patient feedback information alongside QR codes, allowing patients who are digitally aware to easily submit their comments and share their experiences electronically.



Significant improvements to the environment and the entrance have been made since our previous visit in September 2024, resulting in a more welcoming, comfortable and well-maintained setting.(Above are two photographs and a link below for an Oxford Health article about this improvement work.) [Major overhaul of Abingdon's emergency multidisciplinary unit | Oxford Health NHS Foundation Trust](#).

Information on display

A range of information on display related to the service.
A poster displayed in the reception area encouraged patients who had not received a patient experience postcard to ask a member of staff for one.
A prominent "You Said, We Did" noticeboard was also displayed, demonstrating how patient feedback had informed service improvements.
The board included a QR code and information about the "I Want Great Care" platform, enabling patients to provide feedback online.
At the time of our visit, we did not observe any signage informing patients that interpreting services were available.
We also did not observe any translated patient information or signage explaining how patients could access interpreting services.



Information on display

We also found no visible evidence that a hearing loop was available within the department to support patients with hearing impairments.

Patient information leaflets were observed to be displayed inside a storage room rather than in a publicly accessible area. As a result, they were not readily visible or easily available for patients to browse and take, which may have limited access to important information and support resources.

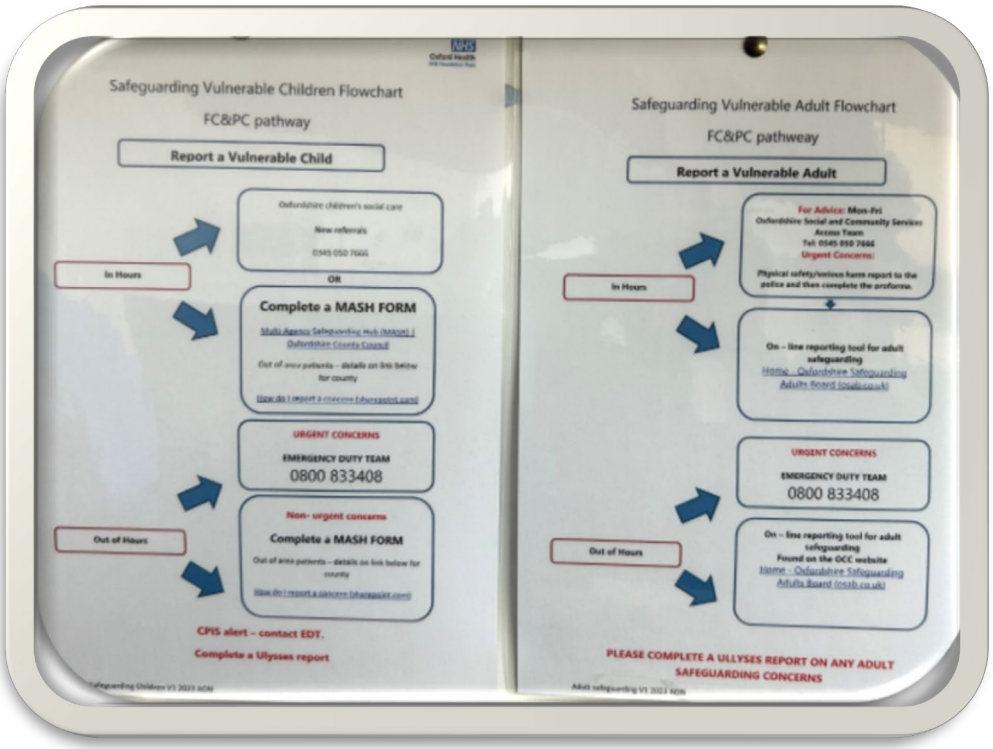
Patient leaflets

Patient information

A thank you board was displayed within the unit, showcasing messages of appreciation from patients and their families. This recognised the efforts of staff and reflected positive patient experiences, contributing to a supportive and appreciative culture within the service.

At the time of the visit, the unit was participating in **DRAFT3 – CAST vs SPLINT**, a quality improvement (QI) research study evaluating the management of distal radius fractures. The project was being conducted in partnership with the University of Oxford and Oxford Health NHS Foundation Trust. Involvement in research and QI has helped build staff expertise and motivation.

A safeguarding flowchart for vulnerable children and adults, together with the FC&PC (Family Concerns and Professional Concerns) pathway, was prominently displayed within the unit. The information provided staff with clear guidance on recognising safeguarding concerns, the appropriate reporting procedures, and the actions required to ensure that vulnerable children and adults receive timely protection and support. The visible display of these resources demonstrates the organisation's commitment to promoting safeguarding awareness and ensuring that staff have easy access to essential information when responding to safeguarding concerns.



Summary of patient and staff feedback

Patients feedback

During our e visit we spoke to eleven patients. The age range of the patients' we spoke to was between 7 and 79 years old. Additionally, seven of them identified as White British / English / Northern Irish / Scottish / Welsh, one Asian / Asian British: Pakistani and one East Timorese, one Pakistani and one Ghanaian.

We asked patients to tell us about accessing the department. Most patients said they were attending the MIU after calling 111 or being referred by their GP. Some had travelled from Oxford and beyond. We heard praise for the staff and efficiency of the service provided, but that many patients raised the long wait time. What we heard from patients included:

Waiting times:

Some patients described wanting clearer information about waiting process and time, as they had understood the time given was the slot they would be seen in:

'When I got here, I was told about the waiting time, and I have been here about 1.5 hours up to now. The staff I have spoken to are all friendly and professional. I have been here before, usually of a nighttime when it's been quieter. I wouldn't go to the JR Hospital as they have long waits - but the NHS isn't in a good place at the moment.'

'The receptionist welcomed me and clearly explained that there was a two hour wait - such a long wait - if I had known I would probably have gone to the JR Hospital as it would have been a shorter wait.'

'Welcomed by receptionist who explained there was a 2.5 hour wait. I asked for advice and the nurse in reception and asked for advice on care and they said they were happy to see us if we waited. However, they did say we could watch and wait how the bruising developed and phone 111 or come back later. I felt really reassured and went away happy with the advice I was given. I heard the receptionist explaining to people about the process and advising one patient who was going to leave and go to the GP to wait, as if they came back, they would have to start the process again.'

'Think they could be a bit more efficient/faster service especially as I phoned through for an appointment and got here on time. It says the target is 10 mins either side of your appointment. Didn't realise triage is more complex and I have three other children at home and I have had to pay for a whole day's parking.'

Patients had travelled from all parts of Oxfordshire, including Oxford city. Some described choosing to access Abingdon as a faster and less busy option and actively avoiding Accident and Emergency (A&E) at John Radcliffe (JR), which they saw as another option. Some had travelled by taxi from Oxford – an expensive journey - and others by car or public transport.

'I did an e-consult yesterday and the GP rang and recommended I came here and have an X-Ray - did bring my own painkillers and hope to have an X-Ray soon.'

'I came here from Oxford - thought it would be quicker. I came at 10am and was given a file to fill in there was a mad rush at 10am with lots of people coming in. I have been assessed and may have to go to the JR - I Just waiting here and came here because I didn't want to go to the JR and have a long wait'.

Some patients had been given appointments via NHS 111 - a process that worked smoothly.

'Called 111 before, who got me an appointment - it was a smooth transition everyone here has been very kind and clear. I was given very clear information expected I would have to wait - I have come from the USA (tourist) *so it's very different here. But I was very pleased to be seen here, I am waiting for an X-Ray as I have hurt my ankle".*

'I have followed the process - phone 111, talked to them and followed their advice and got an appointment here. But when you arrive it is ambiguous - it doesn't seem to matter that you have an appointment - would like clearer information about things on arrival.'

'Came from Oxford yesterday after calling NHS 111 - we were given the wrong information by 111 they said the X-Ray was open, and it wasn't - closed at 8pm.which was why we had to come back.'

'I phoned NHS 111 first and gave the details and described my daughter's symptoms. I had to ask my child to answer the questions. Did phone my GP first but they said it could be a bone injury - we had an appointment here at 11am but seen at about 11.40ish.'

Some patients had been referred by their GPs:

'I was advised to come by my GP as would be quicker than going to JR, I had to get a bus.'

Comments from patients about their experience on X-Ray service:

Some patients described being given incorrect information about X-Ray availability and times, meaning they had to make return visit.

'When we came yesterday the X-Ray machine was closed.'

'Having an X-Ray here is good, sometimes it's closed so you have to go to A&E.'

We spoke to two patients who spoke limited English and would need an interpreter. One was accompanied by their partner who was interpreting where needed. However, offer and provision of interpreter is key to supporting people in their care.

One East Timorese patient commented:

'Seen by reception, have little English... not asked if needed an interpreter but not seen a clinician yet.'

We asked patients to tell us about their care and the information they received during their visit.

Patients appreciated the care and support provided by the team members, the patients we spoke to said:

'I came yesterday and everyone was really friendly They explained to me everything, so I knew what to expect today.'

'The staff explain to me what happening and all about aftercare.'

'The receptionist was lovely and very polite.'

'The staff are lovely, very patient and kind as there a lot of people here to be seen, they listen to the patients.'

'I did feel listened to today but not yesterday. The X-Ray team explained what was happening and follow on. Yesterday didn't feel so happy with the information given and also no advice on pain relief.'

'To be honest I wasn't very happy with the information we were given by the nurse yesterday, wasn't clear and she couldn't really say what was wrong and I hoped I wouldn't see them today.'

We asked the patients if they knew about how to give feedback and complaints. We heard:

Most people we spoke to were happy about the service, but not all were sure how they could give feedback.

'Not sure how to give feedback but I was told about a QR code in the entrance. You can't fault the nurses here.'

'I felt really reassured and went away happy with the advice I was given.'

When we asked the patients about any improvement required in the unit we heard:

'It could be improved by giving you clearer information when you arrive. Explaining about everything that has been passed through and when you are expected to be seen, I wouldn't come without an appointment, and I have taken a day off work.'

'The vending machine could do with refilling, and the waiting area is cramped - they need more seats. I was worried I wouldn't be getting a parking spaces there is nowhere else nearby to park. The parking costs more here than the JR Hospital but it would have taken longer to get there. The parking is a rip off.'

"The vending machine is nearly empty – at 10am!"

"The vending machine needs restocking as its nearly empty - at some point I may need to go and find a shop as I need to eat with the medication I am taking. I don't know where the nearest place to get food is".

'I have been trying to connect to their Wi-Fi but can't connect. It is such a busy place really crowded - not enough seating or space. It is really clean with useful information around.'

'We called 111 and they sent us here yesterday evening, but the X-Ray department was closed after 8pm so we came back today.'

Staff feedback

We spoke with seven members of staff during the visit, representing a range of roles across the unit. Staff consistently demonstrated a positive and compassionate approach to their work and spoke enthusiastically about the care they provide. Their respectful interactions with patients and commitment to delivering high-quality care contributed to a welcoming and supportive atmosphere within the unit.

All staff members confirmed that they had completed the mandatory training required for their roles and felt they had the knowledge and skills necessary to carry out their responsibilities effectively and provide safe, person-centred care.

What is the best thing staff said about the job?

Staff indicated that they are satisfied with their jobs. We heard that:

> *'The best thing about my job is helping people in the local community, great skill development, great teamwork.'*
>
> *'Face-to-face patient care, working under pressure teamwork, anonymous practice.'*
>
> *'Interacting with patients and staff.'*
>
> *'Making sure process and procedures support staff and patients. Innovative approach/ looking for improvement.'*

What are the challenges staff raised?

We asked about any frustrations or challenges that staff might experience in their work and the service they provide.

Comments we heard included:

'The lack of self-care in the community.'

'Rude patients. Inappropriate referrals from GP Surgeries and then having to manage expectations of the service offered. Patients thinking this is an A&E department.'

'The frustrating thing about my job not meeting patients' expectation, volume of patient staff ratio, feeling of guilt if I need to have a break.

'The expectation of patients that does not have an injury and wants to be seen, the volumes of patient for a growing population, X-Ray returns when X-Ray is closed in the evening.'

'111 sometimes inconsistent information given to patients or the wrong directionals to where to go.'

We asked staff if they would raise concerns? They said:

'Not massively. I can make comments but on cautions.'

'Yes, open to having discussions, promote QI projects and involvement.'

We asked how staff thought the MIU and service they provide could be improved?

We heard suggestions including:

'More staff. Bigger premises to house staff. Match X-Ray times with our hours 8am – 6.30pm.

'Give more praise. Communication between teams needs to improve. More education - online learning, promoting the service, and more staff parking.'

'Longer X-Ray hours (reduce numbers of people coming back next day), appointment system (go away and come back later at a specific time, telephone triage) bigger waiting room.'

'To change or update the NHS website that says urgent care to be specific, electronic device highlighting the waiting time as this frustrates patient and is taken out on staff.'

'Advertising and informing the public this is MIU is NOT an A&E.'

'The Abingdon site needs to be improved on size and estates. The X-Ray department needs to align to the opening hours. Recognise the work the team do.'

healthwatch Oxfordshire

If you would like a paper copy of this report or would like it in a different format or language, please get in touch with us:

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