

# The Emergency Multidisciplinary Unit (EMU) at Abingdon Community Hospital

## Enter and View Report



**November 2024**

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### Acknowledgements

Healthwatch Oxfordshire would like to thank all the people we spoke to and heard from, and all the staff at the Emergency Multidisciplinary Unit (EMU) at Abingdon Community Hospital, for their support and contribution to the Enter and View visit.

## 2. Visit details

### 2.1 Details of the Visit

<b>Service Address</b>	The Emergency Multidisciplinary Unit, Abingdon Community Hospital Marcham Road Oxfordshire OX14 1AG
<b>Service Provider</b>	Oxford Health NHS Foundation Trust (OH)
<b>Date and Time</b>	10th September 2024, 10am to 1pm
<b>Authorised Representatives</b>	Amier Alagab, Katharine Howell, Diana O'Meara
<b>Visit Status</b>	Announced
<b>Contact details</b>	Healthwatch Oxfordshire 01865 520520

### 2.2 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, only an account of what was observed and contributed at the time.

### 3. What is Enter and View?

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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. Under this legislation, Enter and View visits can be made to any premises where health and social care is publicly funded – such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Through an Enter and View visit we collect evidence of what is working well and identify how patient experience could be improved. We use what we hear and see to report to providers and others with recommendations to inform change for health and care services we visit.

#### 3.1 Purpose of the visit

- To observe how the facility operates and provides its services.
- To collect views from patients, volunteers and staff on services.
- To identify 'Best Practice' and highlight any areas of concern.
- To report what we see and hear to improve the quality of health and care services.

#### 3.2 Strategic drivers

- The Healthwatch Oxfordshire Enter and View visit to the Emergency Multidisciplinary Unit at Abingdon Community Hospital is part of a number of visits to a range of services within Oxford Health NHS Foundation Trust
- These visits were planned and implemented in 2024 - 2025 with full support from Oxford Health.

## 4. Summary of findings

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Please note these findings represent a portrayal of what we observed and heard about the experiences of the service users and staff on the day that we visited.

During our visit to the Emergency Multidisciplinary Unit (EMU) at Abingdon Community Hospital we heard from 7 patients and 10 staff members.

### Signage and information

- Upon arrival, there was no one at reception, which can lead to confusion for visitors. We had some difficulty in finding the right doorbell to alert someone to our arrival for assistance.
- The hospital staff were welcoming, we observed a member of staff greeting a patient at the door and bringing them into the ward.
- The entrance sign above the main door was too small and because of its colour it blended in with the paintwork. It did not effectively serve its purpose.
- The signage inside the building was good and the toilets were clearly signed, with dementia-friendly signs on the toilet doors.
- There was a variety of informational resources on display, e.g. menopause; PPE instructions; staff photo board with names and positions; medical instruction boards, skin tear pathways, heart failure, clean hands / norovirus, sepsis identification and pathways etc. There was also a wall bracket containing lots of leaflets for all relevant types of admissions.
- There were posters with the 'I want Great Care' QR code displayed in several places, and each patient was given a paper feedback form to fill in with their feedback.
- There were no translated information or leaflets on display in the unit's main reception or at other areas.
- There was no information on display about how to access interpreter services.
- There was no hearing loop available in the unit.
- We could not see opening times of the unit as they were not on display.

## **The general environment**

- The unit was clean and tidy, decorated with nice colours and artwork on the walls, it was light and spacious. There were two disabled access toilets and a staff toilet with baby changing facilities. The disabled toilets appeared to be a bit small, e.g. for someone using a wide wheelchair accompanied by a member of staff.
- The waiting room was very small with very limited seating (only two chairs) and additional seating in the corridor. The design and layout of the patient's waiting room is so important to have a comfortable environment for those waiting.
- While the screens between beds/chairs can provide some level of separation, it is concerning that conversations between staff and patients can still be overheard from other areas. This lack of privacy may lead to discomfort for patients, as sensitive information might be unintentionally disclosed.
- Two side rooms were available, however, one of the side rooms had the main weighing scales in it. Every patient was taken in there on arrival to be weighed, which might be disruptive for the patient in the room.
- There is a water cooler in the hall, and whilst we were there, we observed staff regularly asking patients if they would like refreshments and bringing it to them, e.g. a cup of tea or a sandwich around noon.
- The staff kitchen is well equipped with posters on display about nutrition, instructions for drinks, including measuring of thickening fluids, and the appropriate extinguishers. Both the fridge and deep freezer were currently not functioning.
- The slope connecting the unit and the X-ray department presented some significant safety concerns due to its uneven floor and potholes.

## **Patient and staff feedback**

- The EMU is staffed by a dedicated team, including nurses, paramedics, GPs, consultants, and therapists, health care assistants and administrators, who are committed to ensuring the personal care and comfort of each patient. This focus on patient-centred care contributes significantly to the positive feedback from patients, who value the supportive environment provided by the EMU staff.
- Patients expressed high praise for the staff at the EMU, highlighting the care and support they received during their time there.
- Patients also made positive comments about the unit environment, cleanliness, temperature and efficiency of the services.

- Patients expressed feeling comfortable and empowered to raise any concerns about their treatment.
- A patient showed us how a nurse had drafted her discharge letter. The nurse effectively broke down the information into understandable chunks, making it easier for the patient to understand.
- Team members feel that they can easily communicate with leadership, raising concerns and sharing ideas to improve patient's care.
- Staff shared concerns about the patients transport issues, referral process, and termination of Oxford University Hospitals NHS Foundation Trust (OUH) consultants.

## 5. Recommendations

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Following on from our visit we would like to make the following recommendations:

- The uneven floor and potholes towards the X-ray department should be addressed as a priority issue to ensure a safe and smooth passage between the units.
- Address the broken appliances in the staff kitchen as a matter of urgency to ensure the kitchen meets staff needs effectively and safely.
- Ensure reception is staffed to help direct patients and visitors.
- Increase the size and contrast of the sign at the main reception indicating the bell and its purpose. This would make it more noticeable and easier for visitors.
- Invest in better soundproofing materials or more effective partitions to minimise the transmission of sound between beds/chairs to protect the patients' privacy.
- Explore the potential to redesign the toilet area to ensure there is ample space for wheelchair users to manoeuvre easily. This includes ensuring enough room for turning and positioning the wheelchair comfortably.
- Ensure translated materials for patients are made available.
- Provide and display clear information on how to people can access the interpreter service.
- Implement hearing loops in the unit to improve accessibility for patients with hearing impairments.
- Maintain the unit's main entrance to ensure both safety and a positive experience for patients and visitors.
- Relocate the weighing scales to a more suitable location to improve the patients' privacy both for those occupying the room and for those being weighed.



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12<sup>th</sup> November 2024

Dear Amier,

**Enter and View Visit – Abingdon EMU 10<sup>th</sup> September 2024**

Thank you for your report detailing the findings from undertaking the Enter and View visit of the Emergency Multidisciplinary Unit at Abingdon Community Hospital. These findings have been shared and an action plan has been developed by the service team.

The action plan is scheduled to be reviewed at our next IC5 (Regulation & Accreditation Oversight Group) meeting, which meets in November. In the interim please see the table below setting out our provisional plan. This identifies the Healthwatch recommendation, the action/update identified by the Operational Team, and the timescale identified for this to be completed within.

Ref	Healthwatch Recommendation	Trust Action/Update	Timescale	Lead
1	The uneven floor and potholes towards the X-Ray department should be addressed as a priority issue to ensure a safe and smooth passage between the units.	A works request has been raised with estates. The service will continue to monitor progress with this.	31/1/2025	Service Manager
2	Address the broken appliances in the staff kitchen as a matter of urgency to ensure the kitchen meets staff needs effectively and safely.	Since the visit the fridge and freezer have been replaced in the staff kitchen.	Complete	N/A

3	Ensure reception is staffed to help direct patients and visitors.	The reception is staffed 8am – 6pm Monday – Friday and 10am – 4 pm on Saturdays and Sundays. There is signage to support patients and visitors when the receptionist needs to leave the reception area. Time spent away from the reception area is minimal.	Complete	N/A
4	Increase the size and contrast of the sign at the main reception indicating the bell and its purpose. This would make it more noticeable and easier for visitors.	A new sign has been displayed with clearer instructions on where the bell is.	Complete	N/A
5	Invest in better soundproofing materials or more effective partitions to minimise the transmission of sound between beds/chairs to protect the patients' privacy.	Alternative options have been explored to improve sound proofing and privacy. We are currently unaware of any solutions that would improve this whilst ensuring that compliance with infection, prevention and control requirements are maintained.	Complete	N/A
6	Explore the potential to redesign the toilet area to ensure there is ample space for wheelchair users to manoeuvre easily. This includes ensuring enough room for turning and positioning the wheelchair comfortably.	The disabled toilets were designed specifically with wheelchair access in mind, this was supported by the Occupational Therapy team. No issues with wheelchair users have been raised. There are plans to work with Experts by Experience with wheelchair requirements to support in identifying what changes may be helpful to make the site more accessible.	30/1/2025	Senior AHP Clinical Lead
7	Ensure translated materials for patients are made available.	This has been identified as an issue that needs further discussion and planning in the	11/12/2024	Clinical Director

		Trust and will be progressed internally.  We encourage patients to ask for the information that they require and provide this for them in as timely a way as possible.		
8	Provide and display clear information on how people can access the interpreter service.	Since the visit a poster is now displayed in an appropriate patient facing area.	Complete	N/A
9	Implement hearing loops in the unit to improve accessibility for patients with hearing impairments.	At the time of the visit there was a functioning hearing loop in place. To highlight the presence of the hearing loop a poster is now displayed in an appropriate patient facing area.	Complete	N/A
10	Maintain the unit's main entrance to ensure both safety and a positive experience for patients and visitors.	A works request has been raised with estates. The service will continue to monitor progress with this.	31/1/2025	Service Manager
11	Relocate the weighing scales to a more suitable location to improve the patients' privacy both for those occupying the room and for those being weighed.	We take the privacy and dignity of our patients very seriously. Alternative options have been explored on where the weighing scales could be moved to that would not impact on the capacity of the unit. It has not been possible to identify a more suitable location, however use of the treatment room that contains the scales is the last option. We will continue to review this as alternative options become available.	Complete	N/A

12	Please can you ensure that this report is sent to the relevant service providers.	The report has been shared with the relevant service providers.	Complete	N/A
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Although not made into Healthwatch recommendations, there were other areas of feedback in the report that we would like to acknowledge:

- A concern was raised about the effectiveness of the external signage to the unit. There are plans to work with an Expert by Experience with a Learning Disability to support in identifying what changes may be helpful to make the site more accessible. The signage concern will be incorporated into this, with changes requested and implemented as required.
- Following the feedback received on the opening times of the unit not being displayed, this is now in place.
- There was mention of staff want for specific advanced training, a lack of competencies to develop their role. All staff undertake an annual Personal Development Review and regular supervision, there is opportunity within both to explore and identify specific training needs. Prior to the visit taking place work had started to review training, competencies and role progression within the Integrated Intensive Community Care pathway, which is still in progress.
- Staff raised issues with patient transport. We continue to work closely with our partners in the patient transport service to improve the care and service that our patients receive. Abingdon EMU is represented within this work.
- Staff highlighted the difficulty in navigating the internet. The intranet pages used by the unit are under development to simplify them and support staff in finding the information they require in a timelier manner.
- Staff raised comments regarding the future medical model for Abingdon EMU. This is being reviewed and discussed as part of the transformation plan which is fully engaging with staff.
- Staff reported that patients regularly complain about the unit's waiting time. Patients are seen according to clinical priority, meaning order and treatment times can vary, however patients are kept informed and are monitored by the team throughout their wait.

In addition to this please could the following corrections be made to your original report:

- Within the 'Patient and staff feedback' on page 6, please can the first sentence be amended to also include the following members of our dedicated team: therapists, health care assistants and administrators.

- Within the 'Service background' on page 10, please can the final sentence within the second paragraph be amended to reflect that 'Abingdon EMU is a multidisciplinary-led unit'
- Within the 'Service background' on page 10, please can the third paragraph be amended to 'Currently the unit is consultant-led. As part of the transformation plan the medical model provision to the unit is being reviewed.'
- Within the 'Service background' on page 10, please can the fourth paragraph be amended to reflect that the unit operates seven days a week and is open to patient admissions from 10am to 8pm, with phone lines operating from 8am onwards.
- Within the 'Service background' on page 10, please can the first sentence of the fifth paragraph be amended to the following: 'There are three Same Day Emergency Care locations: Abingdon EMU, Witney EMU and the Rapid Access Care Unit (RACU) in Henley.'
- Within the 'Service background' on page 10, please can the sixth paragraph be amended to show that the nine spaces available within the unit are made up of five beds and four patient chairs. Also, within this paragraph please could the final sentence be amended to 'If a patient cannot be safely sent home on the day, and if clinically appropriate, it is possible for patients to be admitted to the inpatient ward at Abingdon Community Hospital or to another appropriate setting for further care.'

We appreciate the work you and your team have put into conducting the Enter and View visit and providing this report, and we welcome the opportunity this provides to further develop our partnership with Healthwatch.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ben Riley', with a stylized flourish at the end.

**Dr Ben Riley FRCGP**  
**Chief Operating Officer**  
**Community Health Services, Dentistry & Primary Care**

\*The amendments to the report have made been made as requested

## 7. Main Report

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### Methodology

We follow Healthwatch England guidelines for Enter and View visits. The steps below summarise the process:

- **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 visit posters including the purpose of the visit, time and date, and dispatch these 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 website and shared with the Care Quality Commission (CQC) and service provider.

The visit took place between 10am – 1pm on 10th September 2024 with three trained Enter and View representatives. During the visit, the team were able to spend time observing the daily work of the EMU, noting the general environment such as cleanliness, comfort, and information displays, and to speak to both patients and staff. Additional question sheets, with FREEPOST envelopes for return, were left with staff and parents for comment and feedback.

## Service background

The Emergency Multidisciplinary Unit (EMU) is run by Oxford Health NHS Foundation Trust, and based at Abingdon Community Hospital, Marcham Road, Abingdon, Oxfordshire, OX14 1AG.

The introduction of the EMU in Oxfordshire represents a significant shift in healthcare delivery, aiming to provide care closer to patients' homes. The EMU at Abingdon Community Hospital specifically caters to individuals requiring sub-acute care, which was traditionally managed in acute hospitals like the John Radcliffe Hospital. The 'Abingdon EMU is a multidisciplinary-led unit' operated by Oxford Health, with support from GPs, and consultants from Oxford University Hospitals NHS Foundation Trust. Currently the unit is consultant-led. The unit operates seven days a week and is open to patient admissions from 10am to 8pm, with phone lines operating from 8am onwards.

There are three Same Day Emergency Care locations: Abingdon EMU, Witney EMU and the Rapid Access Care Unit (RACU) in Henley.'

An Oxford Health Physical Disabilities Physiotherapy Service operates within the EMU twice a week, offering specialised support to patients with physical disabilities. This service was active during our visit.

At the EMU in Abingdon Community Hospital, there are nine spaces available, the nine spaces available within the unit are made up of five beds and four patient chairs, but the actual capacity can vary based on the needs of the patients present on any given day. Most patients are typically ambulatory.

If a patient cannot be safely sent home on the day, and if clinically appropriate, it is possible for patients to be admitted to the inpatient ward at Abingdon Community Hospital or to another appropriate setting for further care.

More details about the EMU at Abingdon Community Hospital can be found at [https://www.oxfordhealth.nhs.uk/service\\_description/abingdon-community-hospital/](https://www.oxfordhealth.nhs.uk/service_description/abingdon-community-hospital/)



The main entrance

### **Access and signage**

The entrance sign above the main door is small and matches the colour of the paintwork, it does not stand out clearly and not easily visible for some patients. However, inside the building, the signage is well-designed and effectively guides visitors throughout the facility.

The use of dementia-friendly signs on the toilet doors is an excellent initiative. These signs are designed to be easily recognisable and understandable for individuals living with dementia, helping them feel more at ease and independent.

### **The EMU environment**

The atmosphere of the EMU was calm. Staff were exceptionally welcoming, interactions between staff and patients were consistently friendly and professional. The combination of professionalism and teamwork within the EMU highlighted the facility's commitment to providing excellent care. Upon entering the EMU there was no one seated at the reception desk. The absence of staff at the reception can leave visitors feeling uncertain about where to go or who to approach for assistance.



The presence of a small bell with an even smaller sign stating "press bell for attention" could be more clearly signed.



EMU reception

Face masks and hand sanitisers are available at the main reception and other areas.

Uneven surfaces and potholes between the EMU and the X-RAY department presented a tripping hazard, increasing the risk of falls and injuries for both patients and staff.



Uneven surface and exterior of unit

The main entrance of the hospital serves as the first point of contact for patients and visitors, making its condition particularly important. A well-maintained entrance conveys professionalism and care, while neglect can suggest a lack of attention to detail.

### Information on display

There was a comprehensive bank of leaflets - some of which have information about translation on the back. However, there was no clear information about translation or interpreting services on display.

The presence of poster boards covering topics such as menopause, PPE instructions, and medical pathways (like skin tear management and heart failure) ensures that patients and visitors have access to vital information. This can empower individuals to make informed decisions about their health.



Boards on display

The display of boards and signage related to hygiene and safety protocols help to minimise the risk of infections and ensure that both staff and patients adhere to best practices.



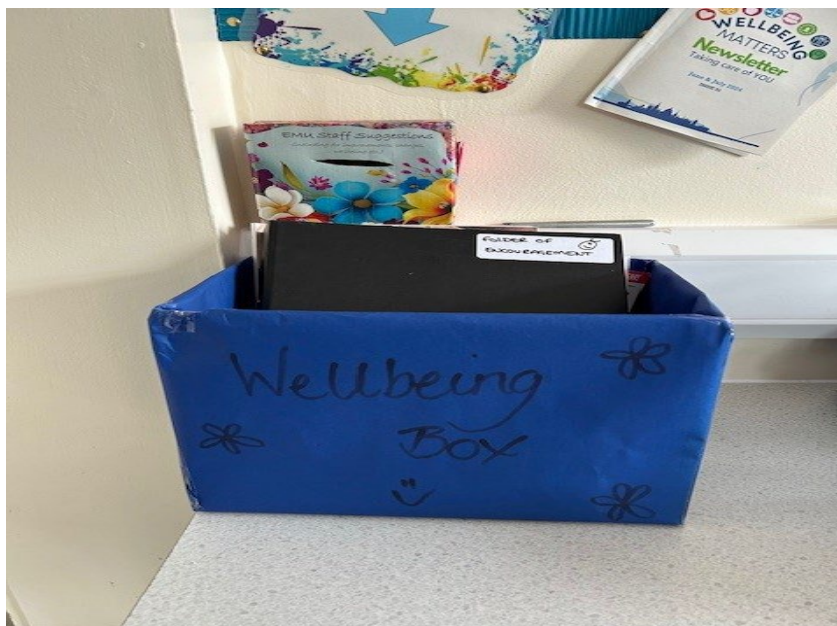
Infection control board

The Care Quality Commission report (CQC) was on display.



CQC report

There was a health and wellbeing box on display in the staff room, with topics on general wellbeing.



Wellbeing box

The unit was well equipped and tidy. There were four beds and two chairs with curtains dividing patients from each other in the main treatment room.



There were staff pictures on display in the corridor. Informing patients and visitors who was who. There was also a water cooler available in the hall.

The staff room is small but well designed and equipped with all required facilities.



Staff room

There was a small waiting room available, but only two chairs and small table there, not accommodating many visitors, people were sitting in the corridor as well.



The waiting room

There were many posters on display at the unit, and information leaflets about the health care services. These explained that Oxford Health is actively working to enhance the quality of its services through a structured approach that includes regular meetings focused on quality improvement.

These meetings are part of a broader initiative aimed at improving patient safety and the overall quality of care provided to individuals in hospitals.

Quality initiative poster





Leaflets on display

**Reducing Inappropriate Glove Use**  
 IPC generic email: [infectioncontrol@oxfhealth.nhs.uk](mailto:infectioncontrol@oxfhealth.nhs.uk)  
 NHS Oxford Health NHS Foundation Trust  
 Caring, safe and smart

**Aim**  
 To reduce inappropriate glove use and improve patient safety.

**What can you do to reduce inappropriate glove use in your clinical area?**

**Base Line Audit: 41.2%**  
 (Community and Older Adult Inpatient Wards)

**Why reducing inappropriate use of nonsterile gloves is vital?**

1. Increased risk of cross infection
2. Missed hand hygiene opportunities
3. Skin damage
4. Financial burden
5. Environmental impact

**Nonsterile glove should only be used if there is risk of contact with:**

1. Bodily fluids
2. Suspected or known infection
3. Disinfectants or cytotoxic medication

**Over the last 3 years OH has used 17 Million nonsterile gloves. Costing £1.3 Million.**

**17 million nonsterile gloves produces 68 tons of waste, equivalent to 10 elephants.**

**In 2022/23 Oxford Health has used 5.6 million nonsterile gloves, costing £430,000.**

**5.6 Million nonsterile gloves produces the same CO2 emission as driving a car round the world 26 times.**

Patient safety



I Want Great Care on display

Paper feedback versions were available in the unit.

### **Patients feedback**

In all we heard from seven patients/family members on the day, representing a range of ages. We spoke to patients across the unit; from the main treatment room, side room and waiting room.

Patients consistently expressed high levels of appreciation for the support and care they receive at the unit, reflecting the excellent care and support being provided by the EMU. They highlighted the positive impact of effective communication and collaboration on their overall experiences and the care they received. Patients praised and thanked the staff team. They said:

*'All brilliant, very relaxed and happy staff, never left alone long, offered food and drink.'*

*'Excellent staff and very professional.'*

*'They couldn't have been more helpful, keep popping head in.'*

We asked patients to tell us about accessing unit. They told us:

*'Doctor – phoned the JR Hospital, JR team told me to go to Witney, the GP phoned Witney and Witney referred me to Abingdon EMU. It's my first visit*



*here. I've been here for two days, my husband brought me, and we parked ok.'*

*'My GP referred me to the JR Hospital who referred me to the EMU at Abingdon.'*

We asked patients to tell us about the communication about their care and the information they received for their visit. They said:

*'Not really found out what is wrong and here I was able to talk to the doctor, so feel confident in the conversation.'*

*'Yes- staff told me what's going to happen and when patient transport coming.'*

We asked patients to give ideas for improvement. We heard:

*'If you hadn't been here before you wouldn't know you could ask for refreshments.'*

## **Staff feedback**

We received feedback and comments from ten members of staff in total, representing a cross-section of roles within the unit. Every member of staff we spoke to was friendly, approachable and helpful. Most staff were up to date about the required training, some staff suggested they would like to have to have specific advanced training in their field.

The positive attitude expressed by the staff members regarding their work was truly inspiring. They valued the interactions they had with the patients, and ensuring that each patient receives not just treatment, but compassion and understanding during their time in the unit. Staff told us that the present management are open to suggestions and feedback and that they felt listened to and able to make suggestions on the unit. Staff felt that their concerns would be taken seriously.

**We asked staff if they were happy in their job**, and they told us they are happy in their job and that they valued interactions with patients and caring roles:

*'Patient interaction and assisting patients when they are ill and needing support, excellent teamwork.'*

*'The variety of patients, conditions that we see. The opportunity to work alongside experienced consultants and the ability to provide superb care to patients in the community.'*

*'The face-to-face patient interaction and the positive difference the service provides to service users.'*

*'Everything is different, I love my job and the team I work with, making a difference.'*

**We asked staff to tell us about any frustrations or challenges with their work.**

Comments included:

*'Issues with patient transport, and sadly they are losing the consultants.'  
'I feel frustrated when I do not have enough time to give a patient the care I want to give. I have always strived to give every patient I see the best care I can and to do as much as I can to help them, if I cannot do that then I feel I have failed and I feel upset.'*

*'Lack of future competencies to develop role and occasional lack in staffing.'*

*'The internet is very unfriendly" trying to find a needle in a haystack", and cross working can feel disjointed across oxford health (recruitment etc).'*

*'Lack of therapy leadership in this area, discharge process, communication can be challenging, and expectations of families can be challenging.'*

*'Patient transport, we use to book transport online and it was quick straight forward process, now patient accepts only phone calls, and it can take 10 – 30 mins each.'*

**We asked if staff were comfortable to raise concerns?**

Staff told us:

*'Yes, I do feel able to and believe my managers would take it seriously.'*

*'Yes, I made a suggestion regarding health and wellbeing and my manager accepted that suggestion and been implemented.'*

**How would staff think the organisation and service they provide could be improved?**

We heard:

*'Joining with other community services to deliver comprehensive diagnosis and treatment close to patients' home. Keeping OUH consultants as our doctor service.'*

*'Levelling the ground towards the x-ray department, always patients complaining about it.'*

*'The unit itself need refurbishment. The building is old and tired, it does not give a good impression to the patients. Patients regularly complaining about the waiting time in the unit is too long, so having another doctor would help with this.'*

*'Keeping our (OUH) consultants instead of going to GP led and Keeping the referral coming through the unit instead of possible central hub'.*

*'Better hospital signage, and the waiting area for patients/family members could be improved rather than having them sit in the corridor.'*

*'Improve working with the administration teams and clinical teams.'*

### **What suggestions did staff make?**

Staff suggestions included:

- To keep the consultants instead of becoming a GP-led unit.
- Improving patient transport.
- Improving the signage.



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To find out more about Healthwatch Oxfordshire please see **[www.healthwatchoxfordshire.co.uk](http://www.healthwatchoxfordshire.co.uk)**

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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