



Oxford Magnetic Resonance Imaging Department at the John Radcliffe Hospital

**Enter and View Report
October 2026**

healthwatch
Oxfordshire

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Acknowledgements



Healthwatch Oxfordshire would like to thank all the patients we heard from, and the staff of the Oxford Magnetic Resonance Imaging Department for their support and contribution to our Enter and View visit.



Visit details

Service	
Service Name	Oxford Magnetic Resonance Imaging Department at the John Radcliffe Hospital
Service Address	Headley Way, Headington, Oxford OX3 9DU
Service Provider	Oxford University Hospitals NHS Foundation Trust (OUH)
Date and Time of Visit	28th April 2026 10am-1pm
Authorised Representatives	Amier Alagab Katharine Howell
Visit Status	Announced visit
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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 Oxford Magnetic Resonance Imaging Department operates and provides its services.
- To collect views from patients and staff.
- To identify best practice and highlight any areas of concern.
- To report what we observe and hear about the quality of the service.

Strategic drivers

- These Healthwatch Oxfordshire Enter and View visits are part of a programme of visits to a range of services within Oxfordshire.
- These visits were planned and implemented in 2026 – 2027 with full support of OUH.

Summary of findings

During our visit to the Oxford Magnetic Resonance Imaging (OMRI) department at the John Radcliffe Hospital in Oxford, we heard from four patients, one carer and 17 staff members on the day.

Signage and information



There was no clear signage for the OMRI department from the main entrance of the hospital. The department was not very straightforward to find from the main entrance, but a helpful volunteer saw us trying to find it on a sign and gave us good, clear directions. Once we arrived on the correct floor, the signage was better. We also heard patient feedback that the directions provided needed to be clearer.

There was a welcome sign near the door when entering the area. Once inside the OMRI, the reception was clearly visible from the entrance. Reception staff directed patients to where they should sit in the waiting area whilst waiting to be scanned, and then staff accompanied patients when they were called for their MRI procedure.

The following information was on display:

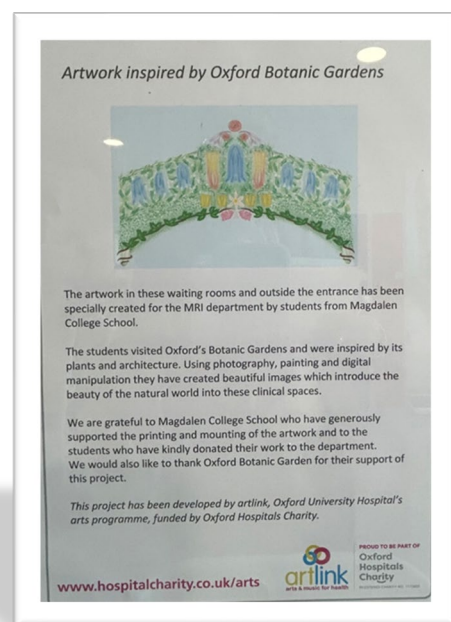
-  MRI safety information
-  General information, including risk management
-  MRI imaging team picture
-  MRI features of normal anatomy and pathology
-  Clinical governance communication board
-  Quality improvement projects
-  MRI burn prevention
-  Play in hospital week
-  Artwork created for MRI department by students from Magdalen College School.

There was no translated information or leaflets in other languages on display and no information about how to access the interpreting service whilst being seen in the department.

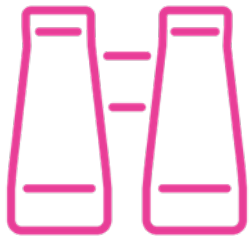
We did not see a Care Quality Commission (CQC) report on display.

The OMRI department has no hearing loop in place.

There was no suggestion box, and limited information about how to give feedback.



The general environment



The OMRI department was very clean. There were two waiting areas: one at the reception, where relatives could also wait, and another located beyond the reception, prior to being escorted to the MRI scanners. The furniture was in good condition, and a variety of chair widths and heights were provided. The area feels bright and spacious, with colourful art on the walls in the patients waiting area. The waiting area and clinical rooms were very clean; however, the patient changing rooms were quite small and appeared to

have recently experienced water leakage.

Hand sanitiser dispensers containing gel were available. There were separate male and female toilets, as well as a staff toilet and they were all in a clean condition.

The MRI safety lead and the team members were welcoming and greeted patients with warmth and friendliness.

The department had a warm and friendly atmosphere.

Patients were greeted promptly by reception staff and welcomed by clinical staff when called for their appointments.

We observed staff in the waiting area providing support, reassurance and guidance to patients before their MRI examinations.

The parking issues at the John Radcliffe Hospital continue to be a significant challenge, for both patients and staff.

Patient and staff feedback



Patients expressed appreciation for the staff's assistance, care, and support, describing them as caring, committed and friendly. However, despite this supportive environment, some patients were unaware of the formal processes for providing feedback, leaving comments or making complaints. This underscores the importance of clear communication and accessible information to ensure that all patients can actively participate in shaping and improving their care experience.

Patients mentioned that the environment is pleasant and efficient.

Parking is a challenge for those using the John Radcliffe, and this has been an ongoing focus for the Trust. On this visit, we again heard from patients and staff who raised the issue of parking, and how difficult it was to find a space – although staff were able to be flexible to support patients who experienced delays.

The staff we spoke to indicated they felt well-supported in their career development and professional training, which not only enhances their skills and confidence but also contributes to greater job satisfaction.

Staff demonstrated a caring and respectful approach, helping patients feel valued and at ease.

Staff reported a water leak in the building, which they expect to be resolved this month, as it is currently affecting their wellbeing.

Staff also mentioned the workload and pressures on them, due to non-availability of scanners at other hospitals.

Recommendations

- Review and improve signage from the hospital main entrance to the department, and ensure patients are given clear directions prior to their appointment, to avoid patient confusion.
- Ensure availability of translated materials to provide all patients with access to essential information, promoting inclusivity and equity in healthcare services.
- Provide and display clear information on how people can access the interpreting service.
- Install hearing loops within the unit to enhance accessibility for patients with hearing impairments.
- Due to the current workload and staffing capacity, additional scanners available at other hospitals, if possible, would help improve service provision and reduce operational pressure.
- Continue to focus on addressing parking and transport issues to help alleviate patient and staff concerns and to ensure that there are sufficient, accessible spaces available for everyone who needs to visit the hospital.
- Address the water leaks in the patient changing rooms and staff room.
- The Care Quality Commission report should be displayed as per [Health and Social Care Act 2008 regulations](#).

Service response to recommendations

Response to Healthwatch Oxfordshire Draft Enter and View Report – Oxford Magnetic Resonance Imaging Department, John Radcliffe Hospital

Dear Veronica and Amier,

Thank you for your letter dated 9 June 2026 and for sharing the Enter and View report, “Oxford Magnetic Resonance Imaging Department at John Radcliffe Hospital”.

Table 1 below sets out each recommendation and the Trust’s response.

Healthwatch Recommendation 1) Review and improve signage from the hospital main entrance to the department, and ensure patients are given clear directions prior to their appointment, to avoid patient confusion.	We will work with the Trust’s Estates and wayfinding teams to review signage from the hospital main entrance to the department and identify any further improvements needed. We will also review appointment information to ensure patients receive clear directions before their visit. Previous signage reviews have led to updates; however, further assessment is appropriate in light of recent changes to the hospital layout.
Healthwatch Recommendation 2) Ensure availability of translated materials to provide all patients with access to essential information, promoting inclusivity and equity in healthcare services.	We recognise the importance of equitable access to information. The department will review the availability of translated patient information and ensure appropriate materials are accessible to patients who need them.
Healthwatch Recommendation 3) Provide and display clear information on how people can access the interpreting service.	The department will make information about interpreting services easier for patients to find. Staff are aware of how to access interpreter support, and we will ensure patients are also clearly informed about this service.
Healthwatch Recommendation 4) Install hearing loops within the unit to enhance accessibility for patients with hearing impairments.	Hearing loops have now been purchased and installed in both the West Wing main Radiology Department and OMRI to improve accessibility for patients with hearing impairments.
Healthwatch Recommendation 5) Due to the current workload and staffing capacity, additional scanners available at other hospitals, if possible, would help improve service provision and reduce operational pressure.	We acknowledge the feedback about workload and capacity pressures. MRI demand has increased, and wider system capacity constraints continue to create operational challenges. Divisional and Trust teams are reviewing MRI capacity and using additional scanners where possible. However, MRI provision is specialty-specific, and not all scans are clinically appropriate to be undertaken on all sites, which remains a continuing pressure. We remain engaged in ongoing discussions and escalation to support safe, timely and appropriate patient care.

Healthwatch Recommendation 6)

Continue to focus on addressing parking and transport issues to help alleviate patient and staff concerns and to ensure that there are sufficient, accessible spaces available for everyone who needs to visit the hospital.

We acknowledge that parking remains a significant challenge for both patients and staff. This is a Trust-wide issue and is being addressed through broader organisational strategies. Staff continue to support patients where delays occur, and appointment information includes guidance on travel and parking.

Healthwatch Recommendation 7)

Address the water leaks in the patient changing rooms and staff room.

The reported water leaks were referred to Estates and have been resolved. We acknowledge the impact such issues can have on patient experience and staff wellbeing.

Healthwatch Recommendation 8)

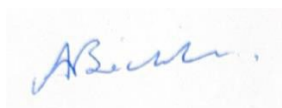
The Care Quality Commission report should be displayed as per [Health and Social Care Act 2008 regulations](#).

The CQC report is now displayed in both the West Wing main Radiology Department and OMRI, in line with regulatory requirements.

Staff were pleased to receive positive feedback about their professionalism, compassion and patient care. This reflects the commitment of the OMRI team despite ongoing service pressures.

Thank you once again to you and the Healthwatch team for sharing the report. We value our partnership and remain committed to providing an effective, compassionate and welcoming experience for patients and their families.

With best wishes



Aletha Bicknell
Head of Patient Experience

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 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's website and shared with the Care Quality Commission (CQC) and service provider.

The visit took place from 10am to 1pm on 28th April 2026, with two trained Enter and View representatives.

During the visit, the team were able to spend time observing the daily work of the OMRI department, noting the general environment, such as cleanliness, comfort and information displays, and to speak to both patients and staff.

About OMRI

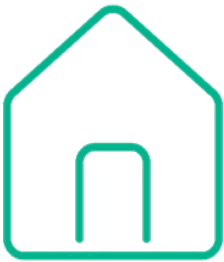


The OMRI department is run by Oxford University Hospitals NHS Foundation Trust (OUH) and located at the John Radcliffe Hospital main building, following the corridor past the main lifts and using the lifts opposite the League of Friends Café to Level 0.

More details about the OMRI department and the services offered can be found at the following link:

<https://www.ouh.nhs.uk/services/departments/radiology/jr-radiology/>

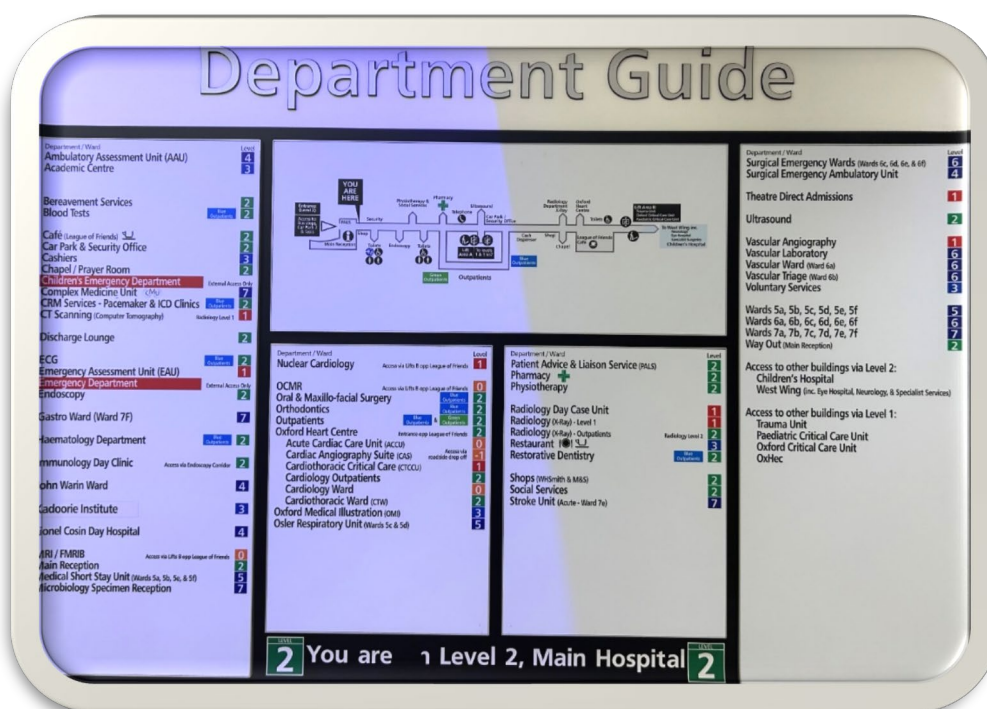
Our visit



During our visit we were welcomed by administrative staff at reception, who asked us to wait for the OMRI safety lead in the waiting area. We were then welcomed by the OMRI safety lead. They explained about the service offered. We had a tour around the building and then proceeded with the visit. On the day of the visit two admin staff were working at the reception. On the day we engaged with four patients, one carer and 17 members of staff.

Access and signage

The signage directing patients from the hospital's main entrance to the OMRI department was unclear, making it difficult to locate. A helpful volunteer provided clear directions when we appeared uncertain. Once on the correct floor, the signage improved. Patients also provided feedback indicating that the overall directions could be clearer. A welcome sign was displayed at the department entrance.



The department environment

The atmosphere of the OMRI department was very busy. Staff were welcoming and interactions between staff and patients seemed friendly. There were two waiting areas at the reception area with different size of chairs and one waiting room for patients after the reception adjacent to the changing rooms. During our visit, the majority of patients were in the latter waiting area.

The OMRI department has three MRI scanners, with a fourth on the floor above. It also has a general anaesthetic bay for patients who need to undergo their scan under general anaesthetic.

There was a water fountain in the patients waiting area.

The hospital in general from the entrance and the OMRI was very clean and tidy, with the exception of some tissue on the toilet floor and water damage in the patient changing room and staff room. The water leaks in the patient changing rooms and the staff room should be addressed to safeguard the health and wellbeing of all occupants.



Reception

The OMRI department was welcoming. Two members of staff at the reception were responding to phone calls and supporting patients on arrival and were very helpful.

The OMRI department included well-equipped diagnostic rooms, providing patients with a private and comfortable setting to receive care without feeling rushed. By ensuring privacy and comfort, the facility helps patients feel respected and supported, thereby enhancing patients' overall experience and satisfaction with the services provided. Additionally, the patients waiting areas were very clean and well organised; the seating was in good condition and there was a variety of chair widths and heights provided to accommodate people's different needs. There was nice colourful artwork on the walls created by students from Magdalen College School in Oxford.



The waiting areas



Demonstration replica scanner

The department has a replica demonstration MRI scanner, which is used alongside a video and support from a play specialist to enable some paediatric patients to have 'awake' scans rather than under general anaesthetic. This is an engaging and fun way to support children to understand and feel comfortable with having an MRI scan, promoting their safety and wellbeing.

There was no suggestion box at the reception for patients to submit their feedback and complaints. There was one poster about giving feedback online. However, we heard from some patients that they didn't know how to submit their feedback and suggestions, suggesting that this information could be clearer.



Patient room

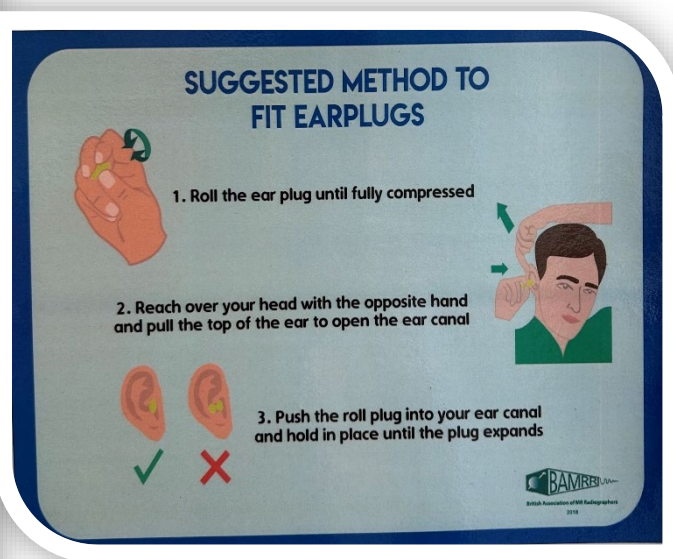


Changing room

The patient rooms were well-designed, with appropriate equipment and furniture to ensure patient comfort. Dedicated changing rooms were available to maintain privacy, dignity and comfort during preparation for MRI procedures. While these rooms were generally clean, there appeared to be a water leak on the wall that should be addressed to prevent future issues. Ample storage for patients' personal belongings was provided, and the patient toilets were found to be in good condition.

Information on display

The department displayed information and leaflets about its services, including MRI safety guidelines, general information on risk management, photographs of the MRI imaging team, features of normal anatomy and pathology in MRI, a clinical governance communication board, quality improvement projects, MRI burn prevention, and initiatives such as Play in Hospital Week.



During our visit, no translated materials or information on accessing interpreting services were observed, and there was no evidence of a hearing loop being available.

Quality improvement project, and patient and public involvement contributors on display



A staff room was available, equipped with all necessary facilities, where staff could take short breaks and enjoy complimentary tea or coffee provided by the department.



Staff room

Summary of patient and staff feedback

Patients feedback

During the visit to the OMRI department, we spoke to four patients and one carer, all were men. The age range of the patients we spoke to was between 65 and 79 years old. Additionally, all identified as White British/English/Northern Irish/Scottish/Welsh.

We asked patients to tell us about accessing the department. Most patients were aware of the available services and praised staff and the efficiency of the care provided. However, many also reported experiencing challenges and delays related to parking and finding the department.

What we heard from patients included:

'I'm the driver and have mobility problems and was bringing my [relative] who uses a wheelchair. When we arrived at the main entrance and went to the lifts, the first one we went to only went down to floor 1. We found another lift and that took us to a maintenance basement! We realised that the sign was missing a direction to the lift in Area B. Fortunately a member of staff directed us in the end. We allowed ourselves an hour to get here – there's never enough blue badge parking in Car Park 2, next time we'll use the P&R because those buses are all wheelchair friendly. Last time we were here, we tried to get through to here from the West Wing, on the map it looks like you can but it's staff-only access.'

This suggests that clarifying the instructions on the map provided could support patients in navigating the facility.

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

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



'The staff are fantastic, they couldn't be more helpful to put you to ease. They deliver a good service. The staff have no time to play with but they're always nice. They help you fill you forms in if you forget your glasses!'

'I've had lots of MRIs before, so I don't need an explanation, but the radiologist offered.'

'We're not sure why [relative] has been brought in for this scan but don't mind, we're more interested in getting a layman's interpretation of the results. Last time we had someone talk [relative] through the results in great detail, which was good – as often the GP can't see the results.'



When 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 and didn't have any complaints.

'I don't know how to give feedback, but I don't have anything to complain about!'

'Wouldn't know how to give feedback.'

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

'They need more scanners and more staff!'

'The first scanner I went in was at the old JR infirmary, it was like being slid into a torpedo, very claustrophobic. So, I was a bit apprehensive. But this one is wide and short, that's relieved me. Now in the future I'll know there's nothing to worry about at all. It could be something to tell patients to encourage them.'

This comment gives good insight into how patients could work with the Trust to support development of information about the process, in lay person's terms.

Staff feedback

Feedback and comments were received from 17 staff members on the day, representing a cross-section of roles. Staff consistently expressed a positive attitude towards their work, patient interactions, and the care they provide, contributing to a supportive environment within the unit. They appreciated the support offered by all the team members and reported that they had received all essential and required training to effectively carry out their roles.

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 is being the first point of reassurance for someone who might be anxious or unwell. I like being able to greet patients, visitors and families with a calm, friendly presence and help them feel safe before they see the clinical team.'

'Teaching and training staffs, helping and care for patients and getting their scans done to be treated as soon as possible especially for those patients who had conditional implants. '

'To work as a team.'

'Being able to help patients from all walks of life through the journey in MRI. Being able to assist patient with any queries or concerns they have which are MRI related.'

'Been able to provide a good quality images for patients' diagnosis and improving patient healthcare, been able to communicate with patient who are very claustrophobic having their scan done and seeing smiles on their faces. '

'Able to help the vulnerable ones, gain more knowledge and experience, build the connection with other people/patients.'

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:



'Long waiting lists of inpatients which comes with constant hassling from the wards - we don't have enough slots to deal with the number of patients needing scans.'

'Answering a phone call from physicians asking to do scans even it's out of capacity, dealing with different patients.'

'The most frustrating thing is being interrupted by the phone while I'm in mid conversation with a patient who is standing right in front of me, I have to decide whether to answer the call or finish helping the person. I handle this by keeping calls brief, taking a message when possible and always apologising to the patient in front of me first.'



'Time management and patient attend late time.'

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

'Yes, my managers provide good level of communication through scheduled meetings and emails.'

'Yes, in the line of the NHS they try.'

'I raise concerns when they arise and it is taken care of by my immediate superintendents.'

'No suggestions are given lip service. You have to be a certain grade before you are listened to and even then, it has to fit the agenda only a small number within the trust decide direction. Everyone below that is an administrator. Pushing back/disagreeing is not good for career.'

We asked how staff thought the MRI and service they provide could be improved? We heard suggestions including a need for more staff, as well as changes to facilities and ways of working to improve patient experience and staff wellbeing:

'Not sure, QR code needed for patient's feedback, more staff and better parking.'

'Improve the building by treating the leaks.'

'Improve referral quality communication and allocate protected time and training and development, better scheduling to reduce delays and patient backlog.'

'Currently we do our level best to scan more patients in limited time, before sending patients to MRI, requesting person should go through the clinical implant details that saves our time.'

'Prioritise quality over quantity. Pay higher salaries to attract better candidates. Allow staff to stay clinical beyond band 6 and respect the skills/knowledge they provide to the next generation. Stop thinking that bandings reflect intellect, skill and knowledge. Stop being so hierarchical and protectionist.'

We asked staff about anything else? We heard:

'I work within a highly trained team who all care about patient's outcome, this should be celebrated not ignored.'

'Need more mandatory training programme in person and must be conducted person to person, it's good to understand.'

'I'm happy working here, the hospital and the trust take care of their staff, and I feel valued, I don't have any major complaint or changes to suggest.'

'MRI is one of the main sites in OUH covering most areas in Oxfordshire and demands for MRI has changed dramatically from the last five years. We're covering scans for other external sites during out of hours and an increase pay for radiographer should be considered.'

'I love my job, but there are just not enough scanners or radiographers to keep up with the workload.'



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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