



Wintle Ward at Warneford Hospital

Enter and View Report
January 2026

healthwatch
Oxfordshire

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Visit details

Service	
Service Name	Wintle Ward at Warneford Hospital
Service Address	Warneford Lane, Oxford, OX3 7JX
Service Provider	Oxford Health NHS Foundation Trust (OH)
Date and Time of Visit	4th November 2025 10am-1pm
Authorised Representatives	Amier Alagab Carol Ball, Tania Wickham
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 Wintle Ward 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

- 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 2025 – 2026 with full support of Oxford Health.

Summary of findings

During our visit to the Wintle Ward at Warneford Hospital we heard from three patients and nine members of staff.

Signage and information



The ward was clearly signposted from the main entrance, with a manned reception desk where staff can help visitors as needed.

Inside the ward, prominent signage and extensive displays provided information about mental health care and Oxford Health services. An information board was present, featuring details about PALS, the current advocacy provider VoiceAbility, and also Powher, the former advocacy provider. However, we could see no visible information on how to make a complaint.

The following information was on display:

- Wintle physical health board
- Healthy eating
- My voice still counts
- Smoking cessation board
- Carers' board
- Fire strategy and evacuation plan
- Meet the team (staff pictures)
- You said we did
- Thank you board
- Estates and facilities notice board
- Infection control board
- Activities board
- Contraband list
- Nutrition board
- Patients' Section 132 rights board
- COVID19 principles of working
- Wellbeing day
- Care Quality Commission report
- Healthwatch Oxfordshire poster.



The general environment



The ward, though housed in an older Grade II listed building, is clean, tidy and well-maintained. Entrance doors are securely locked, with access controlled via an intercom system located at the entrance. All visitors are required to sign in upon arrival. Staff enter through a separate external door that leads directly to the first floor, where the administrative offices are located. Clear internal signage has been implemented to support and facilitate easy navigation.

The ward comprises of 16 bedrooms, each furnished with a bed, table, chair and wardrobe. There were four toilets and four shower rooms, one with disabled access.

The ward had a big lounge with a television, books, table and chairs and comfortable sofa sets. There was one staff toilet, and the staff had use of a small staff room with a separate kitchen. There was no water fountain available in the staff room or lounge area. On the ward there was a room set aside purposely for de-escalation which was painted a bright green colour. However, during our visit, the de-escalation room was occupied for a patient consultation. The activity room is also used for staff meetings. The ward is part of an old building and in itself is not intrinsically welcoming with the office corridor being a very busy and occasionally congested space.

There is a need for a dedicated consultation space. This is a concern that patients have also raised during their "Have Your Say" meetings held every second Tuesday of the month.

The ward was quiet and clean, with all toilets in good condition, although we noticed some toilet paper on the floor in one of the toilets. The garden was small but had a calm and peaceful atmosphere. The VoiceAbility Mental Health advocate drops in weekly. Patients had access to a laundry room with supervision and had their own locker space which the patients had access to under supervision.

There was no hearing loop device available on the ward.

Patient and staff feedback

The ward was calm and quiet even though there were a lot of staff visible. One patient was on a supervised watch, and this appeared to be well managed and unobtrusive.



The staff were friendly, welcoming and appeared very approachable to the patients.

Patients we spoke to during our visit expressed high levels of appreciation to the staff members and described them as:

'Amazing and they deserve a medal for the work they do and what they achieve.'

The patients we spoke to said they loved the activities provided:

'We do some lovely activities when the ward is fully staffed.'

'We cook and go to the farm park.'

We heard from one patient that the activity room could do with a revamp and be better organised with some clear labelling. Although there are guitars, it was suggested that someone could come in to give music lessons. It was also suggested that the welcome board could do with a revamp. The patients we spoke to would like to have a small table and chairs in the garden to make it more welcoming and accessible.

Overall, most patients told us that they felt safe and well cared for and appreciated the quality of attention provided by staff throughout their entire stay at the ward.

The staff team is highly dedicated, and the staff members we spoke with expressed that they felt well supported in their career development and training. This support enhances their skills and confidence, contributing to greater job satisfaction, and increases their likelihood of staying in their roles. The staff complained about the lack of space, which they manage by utilising the activity room or the lounge area for patient discussions, consultation and group sessions.

Recommendations

- Display a welcome sign in the entrance to the ward to create a more inviting and friendly atmosphere for visitors.
- Install hearing loops in the ward to enhance accessibility for patients with hearing impairments.
- Provide and display clear information on how people can access an interpreting service.
- To save staff time and improve convenience, a water fountain should be installed in the staff room or lounge, reducing the need for staff to leave the area to get water during their shifts.
- To enhance patient engagement and maintain motivation in the activities program, the activity board should be updated weekly with fresh content.
- The activity room could be better organised by arranging instruments and resources in a clear, accessible manner that maximises their usefulness to patients, which will help create a more welcoming and efficient environment that supports patient engagement.
- To enhance patient comfort and provide a relaxing environment, tables and chairs should be made available in the garden area, allowing patients who wish to sit outside a comfortable place to rest, socialise, or engage in activities, which can contribute positively to their overall wellbeing.
- To protect patient confidentiality, consultations should be conducted in private, designated areas rather than shared spaces like the lounge room, ensuring that sensitive information is kept secure, and patients feel comfortable and respected during their interactions with staff.
- That the de-escalation room is repainted in a colour more associated with a soothing and restful environment as recommended by NHS England ([HBN_03-01_Final.pdf](#))

Service response to recommendations

Response received by email as below:

Dear Amier,

Thank you again for sending this across.

I have copied the points below and then the response is in red:

- **Display a welcome sign in the entrance to the ward to create a more inviting and friendly atmosphere for visitors.** There is a large 'Welcome to Wintle' sign as you enter the hospital door – however we have asked our activity team to create some colourful artwork/welcome signs to go on the side of the main entrance to the ward so that it is more inviting.
- **Install hearing loops in the ward to enhance accessibility for patients with hearing impairments.** This will be put to our senior leadership team, as we are limited as to how much are able to change within the building at the Warneford Hospital.
- **Provide and display clear information on how people can access an interpreting service.** This information has been printed and is on display on the main ward for patients to see as required. This information is also within the patient welcome packs that are given out on admission to each patient.
- **To save staff time and improve convenience, a water fountain should be installed in the staff room or lounge, reducing the need for staff to leave the area to get water during their shifts.** Ward Manager (Elejo) is in the process of trying to bid for some additional funding to improve the staff room/lounge area for staff.
- **To enhance patient engagement and maintain motivation in the activities program, the activity board should be updated weekly with fresh content.** This has been fed back to the activity team and each weekend an up-to-date activity schedule is shared with the patients and displayed in the communal area and copies are given to patients to have in their room as needed.
- **The activity room could be better organised by arranging instruments and resources in a clear, accessible manner that maximises their usefulness to patients, which will help create a more welcoming and efficient environment that supports patient engagement.** There is limited space on the ward for the volume of meetings to take place, while taking into account additional room space for activities – this has been shared with the activity team to see if more boxes can be purchased to make the storing of items easier.
- **To enhance patient comfort and provide a relaxing environment, tables and chairs should be made available in the garden area, allowing patients who wish to sit outside a comfortable place to rest, socialise, or engage in activities, which can contribute positively to their overall wellbeing.** Additional funding can be requested at the end of the financial year for additional furniture for the garden to be purchased.

- **To protect patient confidentiality, consultations should be conducted in private, designated areas rather than shared spaces like the lounge room, ensuring that sensitive information is kept secure, and patients feel comfortable and respected during their interactions with staff.** This has been discussed in the ward business meetings and governance meetings the importance of not having patient discussions/1:1's in the communal space and that this should be done in private, if there are no side rooms available then in the patients' bedrooms where appropriate.
- **That the de-escalation room is repainted in a colour more associated with a soothing and restful environment as recommended by NHSE (HBN_03-01_Final.pdf)** There is currently a PAINT – task and finish group, which are looking at the colour scheme across the trust and changing the colour of rooms to fit the purpose of the room where appropriate.

Please do come back to me if any further points are needed on any of the above.

Thank you!

Best wishes,

Jamie-Louise Franklin

Ward Manager | Allen Ward – Female Acute Mental Health Ward.

Registered Learning Disability Nurse.

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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 4th November 2025, with three trained Enter and View representatives.

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

About Wintle Ward



The Wintle Ward at Warneford Hospital is a 16-bed female acute ward run by Oxford Health NHS Foundation Trust. The ward provides care and treatment for up to 16 patients experiencing a variety of mental health problems. There are separate entrances to the ward for patients and staff.

More details about Wintle Ward and the services they offer can be found at <http://www.oxfordhealth.nhs.uk/>

Our visit



During our visit, we were welcomed by administrative staff at the reception and escorted by the Interim Modern Manager, who explained about the services offered. We had a tour around the building, joined by the ward manager, and then proceeded with the visit. On the day of our visit, we engaged with three patients and nine members of staff.

Access and signage

The ward was clearly signposted from the main entrance of the hospital, with staff at reception ready to signpost visitors to where they would like to go. It is easy to navigate directly to the ward by following the signage.

The ward environment

All visitors must use the intercom to be let on to the ward and once on the ward it had a calm and quiet atmosphere despite the high visibility of staff members, who were welcoming and engaged in friendly interactions with patients. The ward was securely locked, requiring visitors to sign in and out, and providing them with an alarm for safety. However, there was no water fountain available in either the patient lounge area or the staff room. The hospital overall, including the entrance and the ward itself, was very clean and tidy.

During our tour, the dining room was being cleaned, and while the toilets were generally clean, one had toilet paper on the floor.

The activities room seemed to have a wide range of activity materials; however, it served as a versatile space used for both activities and ward rounds.

The garden was a calm, spacious and inviting space.



Activity board



Activity room

Although the ward is located in a listed building, considerable effort has been made to create a welcoming atmosphere, with some walls adorned with stickers and paintings. The ward was clean and the furniture in the dining room appeared new.

The activities board on display was not well ordered, and the information had fallen onto the bottom of the board. This should be well-organised and consistently maintained to ensure it remains up to date on a weekly basis to help keep patients informed as to what is happening.



The garden

The garden area is a clean, well maintained and carefully landscaped space, featuring benches that provide seating; however, there were no tables or additional chairs present (patients told us they would like a table and chairs).

The area's orderly and uncluttered appearance reflected a high standard of upkeep and attention to detail.



The lounge



Patient room



Toilet

The ward bedrooms, all of which were very clean and tidy, contained a single bed, table, chair and wardrobe, with no en-suite toilets, as all showers and toilets are located along the corridor. The lounge room featured a television, tables and chairs, a sofa and some books to read, while both the staff room and kitchen were small due to limited space.

Information on display

The Wintle Ward had a variety of information materials and leaflets on display, including : Wintle Physical Health board, Where to Get Help, Healthy Eating, My voice still counts, Smoking Cessation, Carers' Board, Meet the Team (staff picture), You Said We Did, Thank You, Infection Control, Activities board, Contraband List, Patients' Section 132 Rights, Care Quality Commission rating report (CQC). There was a notice board clearly showing the contraband list of prohibited items displayed around the ward. There is a healthy eating information on display, which promotes patient recovery and overall wellbeing encouraging healthy food choices.



Contraband items are strictly prohibited to ensure the safety and well-being of patients, staff, and visitors. These items include anything that could be used to cause harm, such as sharp objects, glass, lighters, drugs or alcohol.

All visitors were requested to sign in at the reception before entering the hospital.

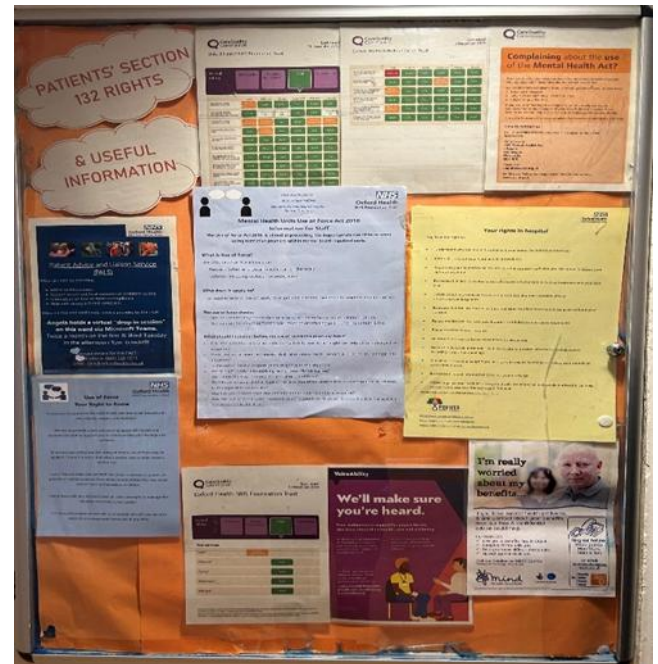


There are many resources and strategies available on display to help people successfully stop smoking. There was also an infection control board on display, carers board, smoking cessation and Care Quality Commission (CQC) rating report.



Infection control board

The CQC rating report on display.



There were 'You Said We Did' and thank you boards on display. These boards improve patient engagement and satisfaction by creating a positive, supportive atmosphere. These allow patients to express gratitude to healthcare providers, who supported them through their recovery journey.

Summary of patients and staff feedback

Patients feedback

During the visit to the Wintle Ward , we spoke to three patients.

We asked patients to tell us about information provided in the ward. The patients said they were aware of the services available and why they were here. We heard praise for the efficiency of the service provided and the staff.

What we heard from patients included:

'Yes, I was given information and when I came there was a nice lady who helped me to do some washing and drying of clothes. She told me about the ward, and I was already a bit familiar with the place.'

'I arrived late in the day and got my PJ's on and settled for the night. I found out about the ward the next day. I was given a ward leaflet, but I would have liked to have had more information such as a full tour of the ward and an explanation of who was who in the staff this would have helped me to familiarise myself with the ward and staff. I wanted a bath and there was a missing plug, I hadn't been told that the bath plug needs to be handed back in after use. The reception area is so busy it's a real hotspot with people gathering. I wish they could improve it, it's such a lovely old building it should be honoured.'

'I was already familiar with the ward. The staff did try to explain to me when I got here but I wasn't really listening to them.'

We asked the patients about when speaking with health and care professionals, how involved were they in their care plan? If they had any concerns, were they listened to?

'Yes, I was involved, I know my leave which is escorted and also my therapy.'

'Yes, my care plan is instrumental to my care, and I have a named care worker.'

'I'm not really sure as I said when I got here, I wasn't really taking it in. They did tell me about the ward and that's important as you need to know the routine.'

We asked the patients about the advocacy service (VoiceAbility) and how to contact them?

We heard:

'No, but I have had a leaflet about them.'

'Yes, there is an advocacy service who come here to the ward.'

'Yes, and they have been marvellous. Very valuable to the ward.'

We asked patients whether they feel able to speak to someone if they have concerns or worries, and if so, whether they know who to speak to.

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



'Yes, I can talk to staff here if I want to, but I do find it difficult to offload. I usually do open up eventually but when I was outside, I wasn't really heard so it sorts of made me think why bother.'

'Yes, the staff are very busy but will always make time for you. But the reception area is not brilliant and could do with a revamp to improve it.'



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

Most people we spoke to were happy about the service and said they wouldn't have any complaints.

'I would talk to staff – they look after me pretty well –there is a good routine which I fit into.'

We asked the patients about when leaving the ward, what support they will have and who from?

'I have a problem with my accommodation which needs sorting , I know my mental health team will be involved when I am discharged, and that is so important to me. I'm trying not to get stressed at the moment.'

'I expect I will have support from my MH team locally once I am discharged – I already know them.'

We asked patients if they feel able to be involved in their care and make suggestions, for example, about activities, food, or their care, how do they contribute ideas? (e.g. through “Have Your Say” meetings. We heard:

‘I think that the staff have control and I don’t. I feel I have to do as I am told to achieve my discharge. I would like more musical activities to liven the place up a bit.’

‘Yes, I would say and can always mention at the have your say meetings.’

‘I think the staff could encourage the patients to create their own door nameplate – personalised to them whilst also having the required information on. would also look more professional than what is currently used. The welcome board could do with a revamp. I would also like to have stronger power to the showers and some new toilet seats. The activity room could do with a rejig – it could be better organised with some clear labelling – there are guitars – perhaps someone to do music lessons.’

We asked the patients if they have anything else to add?

We heard:

‘The staff are amazing, I have seen the work they do and they transform people – they deserve a medal for the work they do and what they achieve.’

‘The stress tolerance group – they gave me strategies to help me cope. They really helped me, and this was a key breakthrough for me – really helped. In a way the session is like having a mental health toolbox – so useful.’

Staff feedback

On the day of our visit, we received feedback and comments from nine staff members representing a variety of roles. Staff consistently expressed a positive attitude toward their work, their interactions with patients and the high standard of care they deliver. This collective positivity helps create a supportive and welcoming environment within the centre. Additionally, all staff confirmed that they had received the essential training required to effectively perform their roles.

What is the best thing staff said about the job?

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

'Supporting staff on the ward and seeing them grow in confidence and skills when supporting patients on the ward. Having enough staff with the substantive role that means more staff can be supported to attend external training. Being part of a patient's complex clinical presentation and being included in that patient's treatment and discharge pathway.'

'My job is a rewarding and fulfilling role in making a positive difference for the patients. We play a key role in the well-being of the patients, reducing stress. The best part of my role is when patients say thank you and express their happiness with the cleanliness of the ward. I love seeing them smile and feeling satisfied with the food and service we provide.'

'We got an excellent team, everyone working together and support each other. We are always enough member of staff each shift. Staff always get opportunity for progression.'

'Witnessing patients recovery and enabling their return into the community.'

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:



'Not having enough time in the day. Some days feeling split between different roles and wanting to give my best to everyone.'

'Not having enough space on the ward for patients to be able to have more quiet space and been restricted by other meetings and room availability.'

'Sometimes workload when the ward gets busy and staff at times make the situation even more frustrating.'

'Work tasks being allocated to only specific people due to it being easier rather than challenging others to take on workload with training and support when needed.'

'Workload pressure. Difficulty in dealing with aggressive / challenging patients.'

'Unrealistic expectations, lack of awareness of what my job role should exist of excessive workload.'



We asked staff if they would raise concerns? We heard:

'We are having very good managers, and they are always listening to all staff members and give opportunity to give suggestions, and they take as serious. Our band 6 nurses are very professional and supportive.'

'I feel HR should be considering adjusted fixed hours or a flexible working agreement to co-ordinate the illness and reaction involuntary overtime shifts that are requested by the staff in question.'

'Yes, but at a higher level no one is interested in what admin staff have to say.'

We asked the staff about how they liaise with the Mental Health team in the community after patients being discharge? We heard:

'I attend twice daily patient flow meetings which involve the AMHT's to discuss to increasing admissions and patients' discharges from the ward. I attend a weekly meeting with the AMHT's in addition to the above just to discuss matters patients to identify any barriers to discharge and current treatment plans/goals. They have 48 hrs follow up in the community and ongoing community plan is put in place for them, this tends to be weekly depending on the need.'

'Handover to community psychologists summarizing the work they have completed by the time they got discharged. Attending the discussion / referral meeting with community psychologists.'

'Very well and the best that I have seen in my career this far, AMHT are all involved in patient's care and are up to date with their progress. AMHT are invited to attend ward revies. New patients without AMHT allocations are giving referred on admission. Follow up in the community with relevant mental health services. Follow up on relevant social care needs defined on the ward.'

We asked how staff thought the Wintle Ward and service they provide could be improved? We heard:

'Improving care by using patients feedback, the patients experience feedback can shape service to better meet patient needs. Train staff to have caring conversation and actively listen to patients concern.'

'Having more space to allow for more psychology groups to run.'

'Better training support for those who don't feel confident in certain workload tasks.'
'It would be great if admissions can be passed during high periods of activity on the ward as I feel this would be safer. Ward activity can be high in rare instance when there are multiple admissions and discharges all at once.'

'Monitoring staff who are late daily, disappear from the ward and are reluctant to volunteers for tasks.'



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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