

Report to the Oxfordshire Joint Health Overview and Scrutiny Committee

January 2026

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1. Healthwatch Oxfordshire reports to external bodies

For all external bodies we attend our reports can be found online at:

www.healthwatchoxfordshire.co.uk/reports-to-committees

We attend and report to Health and Wellbeing Board (Dec 2025) and Health Improvement Board (Nov 2025).

We also attend Children's Trust Board, Oxfordshire Place Based Partnership, Oxfordshire Adult Safeguarding Board and Oxfordshire Neighbourhood Health and Marmot Oxfordshire meetings. We bring insight into committees at Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level.

2. Update since the last Health Overview Scrutiny Committee (HOSC) Meeting 13 Nov 2025

Healthwatch Oxfordshire reports

All this years' reports to date can be seen here:

www.healthwatchoxfordshire.co.uk/reports-hub

All reports are available in **easy read**, and word format. We follow up responses to recommendations again after six months.

We will shortly be publishing insights from community research including, members of the Chinese community, and Sunrise Multicultural Centre with a focus on cancer awareness.

To read more about the **impact** of all our work and reports, and how we make a difference along with commissioner and provider responses and agreed actions, see here: www.healthwatchoxfordshire.co.uk/our-impact

Enter and View Visits

We have statutory powers under the Health and Social Care Act 2012 to make **Enter and View** visits to publicly funded local health and social care services. The aim of these visits is to identify what works well and what could be improved to make people's experiences better. Since the last meeting we made Enter and View visits to the following services:

We published **Enter and View reports** based on our observations from visits to the following services:

- Oxford Breast Imaging Centre – Churchill Hospital
- Children’s Ward – Horton Hospital
- Blue Outpatients Department – John Radcliffe

All published Enter and View reports with recommendations to, and responses and actions from providers are available here:

www.healthwatchoxfordshire.co.uk/enter-and-view-reports

Healthwatch Oxfordshire Webinars

Since the last meeting we held one public webinar: To see our webinar programme, zoom links and recordings of all past webinars: Open to all

www.healthwatchoxfordshire.co.uk/our-webinars

- We held one on ‘Neighbourhood Health’ Tuesday January 20th 2026 with speakers from across the health and care system.
- Our **next webinar** will be on: **Tuesday 17th March 2026**, 1-2 p.m. on Oxfordshire’s work on addressing health inequalities, as a ‘Marmot Place’.

Our ongoing work includes:

- A focus on hearing from people about views on **end of life care**, www.healthwatchoxfordshire.co.uk/have-your-say/complete-a-survey with an online survey supplemented by focused outreach. Working alongside Oxfordshire Palliative Care network and others.
- We have been commissioned to undertake additional engagement and listening across 14 rural areas (Deddington, Cropredy, Heyford, Yarnton, Chipping Norton, Charlbury, Long Hanborough, Freeland, Chalgrove, Sonning Common, Faringdon, Stanford in the Vale, Shrivenham and Watchfield) for Oxfordshire County Council as part of the Marmot focus on health inequalities. We are working in partnership with Community First Oxfordshire and are running a survey and focus groups. (People living in other rural areas of the county can also add views). The survey link is here: <https://www.smartsurvey.co.uk/s/rurallivingpublic/>
- We also have a call out to support planning our priorities for 2026–7 here: <https://www.smartsurvey.co.uk/s/priorities26-27/>
- In **Quarter 3** we engaged directly with approximately 389 people across the county through being on the streets, attending events, hospital stands, community gatherings and play days and Patient Participation group

meetings. We spoke to men in Faringdon as part of #30Chats, inspired by Men's Health Partnership.

- Additional funding with OCC (Oxfordshire Community Research Network) to undertake community-led development of a **'how to' guide for community researchers in Oxfordshire**. We held four workshops in the autumn, with over 20 people attending from grassroots groups in Oxfordshire's priority areas. The finished guide will be designed early 2026, and we hope to progress on supporting training.

3. What we are hearing from the public

Along with our themed research above, we hear from members of the public via phone, email, our advice and signposting, and online feedback on services (for reviews and to leave a review. see www.healthwatchoxfordshire.co.uk/services).

We also hold conversations when out and about on the street, in community settings, at hospital stands, with patient and VCS groups and services. This enables us to raise what we are hearing, including emerging themes, with health and care providers and commissioners.

Maternity Services

We hear feedback about maternity services via our feedback centre, emails and calls, and in our outreach. We attended the Oxford University Hospitals NHS Foundation Trust Maternity and Neonatal Listening Event, at end of December. We have been supporting a grassroots group, Black Women in Maternity, who are based in the Leys and have been funded by Well Together, with community research to hear the maternity experiences of Black women in their community, including support during their pregnancy and after giving birth.

Emerging themes from this and what we hear from other sources include praise when families experience kind and effective midwives and good continuity of care (e.g. being able to see the same midwife), and challenges around not feeling listened to and lack of joined up care between services, including primary-secondary care, breastfeeding support and perinatal mental health services.

Some of the feedback we have received on maternity illustrates these different experiences:

Excellent maternity care *"The team at the maternity service were very efficient and thorough. They managed to get me an appointment at short notice and are always willing to help. I've had excellent care throughout my maternity journey so far".*

(Feedback received during an outreach visit to Witney Community Hospital on 11th December 2025)

Absolutely incredible team and experience. *"We had our son at the Wantage Maternity Unit this year and cannot praise the team and their duty of care enough! [The team] were incredible and have completely turned my previously negative experience and thoughts on delivery around. They made me feel comfortable, safe and more importantly in control of my own delivery and for that I cannot thank them enough! I would highly recommend this option to anyone who qualifies as low risk and can take this route".* (Aug 2025, Wantage Maternity Unit)

C-section delivery – Good Job!!! *"Hi, I'd like to thank you all in Maternity department for helping with our son bringing to this world. You done amazing job before, in theatre and after. Keep doing what you're doing. Thank You".* (John Radcliffe, Jun 2025)

The best I could have hoped for! *"After a difficult first pregnancy abroad, I experienced a difficult situation in my second pregnancy here in Oxford. I was incredibly grateful for the existence of the EPAU and the NHS. Having specialised care in such a delicate moment made a world of difference. Thank you thank you thank you to all the professionals and everyone that helps EPAU run".* (Community Early Pregnancy Assessment Unit, Rose Hill, December 2025)

Invaluable service / care during ectopic pregnancy. *"This service and care from all employees/midwives/Drs were invaluable when going through my ectopic pregnancy. I was referred in and got an appointment the next day, which helped save my life. Every Dr and midwife/nurse that saw me was caring, compassionate and took their time with me, as I was rushed to the JR for emergency surgery. While waiting for an ambulance, the midwives came to check in on me. This service is exceptional and all those working within are remarkable – we are so lucky for it!!"* (Community Early Pregnancy Assessment Unit, Rose Hill, July 2025)

Empathetic staff. *"I have visited twice due to bad cramps and discharge. The staff have been so amazing and understanding. They make you feel so comfortable and reassured, this is an excellent service especially as the first trimester can be so scary".* (Community Early Pregnancy Assessment Unit, Rose Hill, July 2025)

High risk pregnancy – disappointing. *“I’ve called a few times during my high-risk pregnancy and have basically been fobbed off with text messages every time rather than a phone call. Unfortunately, their system for online appointments don’t let you add extra information they will need so would be great if they phoned patients so they could help them properly. It’s no good ringing the practice as it can take ages for them to answer the phone if they even do”. (GP support, July 2025)*

Staff supportive and happy to help. *“I gave birth in one of the rooms with a pool. My labour was unexpected and quite quick, regardless the team read my birth plan and made sure that all my wishes were met to the best of their ability. The staff was always supportive and happy to help, answer questions and give advice. They took excellent care of me, my baby and my partner, we even had a room with a double bed, so my partner was quite comfortable as well. Overall we are extremely happy with our experience there and the care received, I strongly recommend giving birth there, I would do it again”. (Oxford Spires, November 2025)*

Community midwives need to listen. *“Was originally at Chipping Norton, our preferences were not always listened to at John Radcliffe...also we had to push back... Was only at Spires 45 mins before birth. The midwife at Spires was great. One of the Community Midwives during labour was AWFUL. I think midwives need to listen, take on board preferences, and not scaremonger about birth choices leading to death”. (Oxford Spires, January 2026)*

Just left there. *“I gave birth 16 months ago at the JR in the Spires which was totally amazing but as soon as I was moved onto the recovery wards it was just hell. I was moved downstairs by a porter with my bag and my newborn on my knee (my partner had had to go home) and I was just left there, no-one came to see me at all, there was no-one there, I didn’t know what to do. Eventually a nurse came in four hours later and was surprised to see me – she said I’d been discharged from the system so I didn’t exist. I’d had three blood transfusions so I did really need to be kept an eye on. On my second day there I had to ask for pain relief but it took hours to get that – it was just so chaotic, really not a good experience.” (Signposting, July 2025)*

I was treated so well by all the staff members. *“I am a first-time mom, and understandably nervous. The staff treated me so well and efficiently. My blood tests were done the same day I called; I had a scan the next day and an injection. They*

also organised a follow up scan for the following week.” (Community Early Pregnancy Assessment Unit, Rose Hill, June 2025)

Looked after my wife and baby very well. *“When my wife was admitted to hospital, she was received well and had the care she needed, at maternity, so I don’t think there is room for improvement” (John Radcliffe, April 2025)*

Ongoing themes

We also continue to pick up on more **general themes** including dentistry access, GP access and waiting times, communication and admin challenges. We also continue to hear mixed experiences of Cora Health (Muscular Skeletal Service and physio – including difficulty getting appointments, poor communication, cancellations, and having to travel cross county).

We have recently started to hear more feedback about the **non-emergency transport services, and EMED**. Challenges raised regarding non-emergency patient transport include being unable to source accessible or other transport to hospital due to eligibility changes, including those with very complex needs. Pressure is also being placed on volunteer driving schemes as a result, who as volunteers are not able to support people who cannot independently access the vehicle.

“My 85 year old husband was in the Horton over the weekend, he was discharged on Monday and brought home by hospital transport. I was concerned by his handling by the two men from patient transport. They were heaving him about – he is not a large man – and used a handling belt which left him with huge welts across his back. And I felt the way they used the ramp down the steps to our front door was not safe”. (Sept 2025)

“I am a wheelchair user and needed to have surgery under anaesthetic at the John Radcliffe, however, patient transport couldn’t take me on the day I needed so I had to pay £300 for taxi’s, the surgery was then cancelled on arrival and booked for the next day when patient luckily could accommodate me”. (Jan 2026)

“This is about an elderly friend of mine. Our local non-emergency ambulance service has now been contracted out to a third party. My friend has been in terrible pain and was due to have a hip replacement. On the pre-assessment day, the ambulance didn’t arrive and when contact was made with the service, my friend was told there was no driver. Therefore my friend’s pre-assessment has had to be postponed along with the operation. And not only is this causing untold issues for

my friend, the hospital had a no-show. My friend has to use an ambulance wheelchair hence no-one else could take her to her appt. And this is not the first time she has been let down. Left in an outpatients dept for hours because she forgotten about." (Dec 2025)