

## Statement from Healthwatch Birmingham on Sandwell and West Birmingham NHS Trust Quality Account 2021/22

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Sandwell and West Birmingham NHS Trust 2021/2022. We are pleased to see that there is an open evaluation of the Trusts performance between 2021 and 2022. There is a clear identification of areas where the Trust has done well and areas where further improvements are needed. We acknowledge that Covid-19 continues to have a significant impact on the Trusts activities. In particular, we note the challenges the Trust is experiencing in restoring normal pre-covid 19 waiting list times in some areas, especially cancer targets. We agree that addressing waiting times and reducing waiting lists should be a priority as delayed care has an impact on patients' wellbeing and outcomes. Indeed, the experiences we have heard from the Trusts patients point to concerns with long waiting times for care.

*Waited long for the appointment but the consultation with the doctor was very good.*

*I have waited over 15 months for an eye hospital appointment. My optician has sent 2 letters and my GP has also written. Still not had any response.*

*I had been waiting six months for an appointment and the day before I was due to attend, they phoned and cancelled my appointment.*

We agree that resolving waiting lists will take time and note the actions the Trust is taking to resolve this. We are pleased to read that a process of prioritisation of cases has been followed by the Trust and an assessment of potential harm from any delay in treatment has been made. We, however, seek more clarity on the actions the Trust will be taking to ensure that there is support for people as they wait. How is the Trust making sure that people have the right information as they wait or are signposted to other organisations?

We welcome the work that the Trust has carried out over the past year to meet the priorities set. In particular, we are pleased to see the following developments:

- restoration of waiting times in gastrointestinal endoscopy and prioritising surgeries based on clinical need.
- identification of opportunities for clinical collaboration with acute trust partners and primary care on areas such as waiting times for urgent referrals, staff recruitment and training, ophthalmology and gynae-oncology
- development of clinical pathways for the acute care model at MMUH
- the introduction of Tendable to enable improvement in safety and quality.

We note the development of the Trusts draft quality strategy (Fundamentals of Care Approach) and its focus on improving standards of care for patients. We agree that to be successful, the implementation of this approach requires all staff, wards and departments to have a shared understanding of the standards the Trust wants to achieve. We are pleased to see that this approach includes ensuring that patients' needs, and voice are at the centre of their care. We note that standards of care will

be developed alongside patients, and we look forward to reading in the 2022/23 Quality Account the impact this has had on the focus of the Fundamentals of Care Approach.

The Trust has set itself a commendable target in its strategy under the patient objective that aims to ensure there is consistency in the care provided to all patients. We are pleased that the Trust has committed *to be good or outstanding at everything it does concerning patients*. We believe that understanding patients experiences, views and insights into the care they receive from the Trust, their suggestions on changes and improvements will become even more important as a measure of the quality of care. Crucial to success will also be understanding the needs that are specific to particular individuals or groups, especially people more at risk of health inequalities. We would like to see the Trust ensure the following as it develops and implements actions around the fundamentals of care priority.

- That the key objective of engagement with patients, families and the public is 'to use patient and public insight, experience, and involvement to identify, understand and address the potential consequences of service improvement, design and development on health inequalities and barriers to improvements in health outcomes (including increasing independence and preventing worsening ill-health).'
- Public health data should inform engagement plans to ensure that the Trust is hearing from all sections of the community particularly those impacted negatively by changes or improvements to services. Also use this to understand wider impact on health inequalities that have an impact on how the trust delivers its services.
- That the Trust is using varied ways of engaging with services users and members of the public that go beyond the use of online methods to ensure that the communication needs of diverse groups are met.

We note that there has been a decrease in the percentage of staff who would recommend the Trust as a provider of care to their family and friends (a drop from 63 to 58%), and staff who would recommend the Trust as a place to work (a drop from 60 to 54%). We are pleased to see that one of the Trusts strategic objective is to cultivate and sustain happy, engaged and productive staff. We would like to read the impact of the actions implemented under this objective on staff in the 2022-23 Quality Accounts.

We note that improvements are needed across the KPI standards set for the Trust, especially under the Access metrics. With the exception of Cancer – 62 day wait for first treatment from NHS Cancer Screening Service referral, performance in all other areas has been below the target required.

- Cancer – 2-week GP referral to first outpatient – 86% (against a target of 93%)
- Cancer – 2-week GP referral to first outpatient (breast symptoms)- 71.3% (against a target of 93%)

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- Cancer – 62 day wait for first treatment from urgent GP referral for suspected cancer (Excluding Rare Cancer) – 61.6% (against a target of 85%)
- Cancer – 62 day wait for first treatment from urgent GP referral for suspected cancer (Including Rare Cancer)- 59% (against a target of 85%)
- Emergency Care – 4 hour waits – 75.5% (against a target of 95%)
- Referral to treatment time – incomplete pathway <18 weeks – 70.5% (against a target of 92%)

Whilst we appreciate the impact that the COVID-19 pandemic has had on these numbers, it is worrying that the performance indicators are quite low for some of these access metrics. Considering the impact delayed care has on outcomes and the quality of life of patients. We will continue to work with the Trust and monitor the Trust's action plans implemented to make improvements. We will continue to share with the Trust feedback we receive from service users, carers, and the public on the Trust's services to inform improvements.

The feedback we receive at Healthwatch Birmingham from the Trusts patients is similar to the themes identified for complaints, PALS and Purple Point Calls. We note in particular communication which the Trust has identified as being focused around enabling patient contact with family and updates from clinical staff to families. We welcome that actions have been implemented to address these areas. Including the learning from complaints that has resulted in changes that will positively impact patient experience.

However, based on the feedback that we receive, we believe that the Trust needs to do more work to understand what other key underlying concerns are with communication. This would enable the Trust to develop varied interventions to address this. The feedback we have received indicates that in addition to updates to families, people want communication that meets their needs and communication in a way that they understand. Including communication that is compassionate and communication whilst people wait for care.

*The individual is waiting for surgery to remove silicon oil from her eye after retina surgery in April last year. "The wait is awful. No contact from Birmingham eye hospital. Can't speak to anyone on the phone. I've now written them a letter. I'm worried I've been lost in the system."*

*Communication could have been better, did not listen seem to be in a hurry didn't answer my question fully not very professional*

*A few months ago, my mum was in hospital, and she does not speak English and staff at the hospital don't talk to the family to update and my mother didn't know what was happening.*

*I am working as a part time interpreter, but when I experienced service provided there in AMU and afterwards at ward 26, I was overly disappointed regarding care in the ward. It needs a lot more effort, staffing and compassionate communication levels to deal with sick people.*

*Very poor communication with me and my family when I was there for treatment.*

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*Lack of communication at every level, nobody knows what they are doing.*

Healthwatch Birmingham agree with the strategic objectives covering the next five years and priorities for the Trust for 2022/23. We recognise many of the issues from our own engagement with the public and we will continue to work with the Trust to support this focus.

A handwritten signature in black ink, appearing to read 'A. Cave'.

**Andy Cave, CEO  
Healthwatch Birmingham**