

WEST HERTFORDSHIRE HOSPITALS TRUST

For the first time in its history West Hertfordshire Hospitals trust is looking to make a surplus this financial year and free itself from debt within the next two years.

Mount Vernon and Watford trust merged with St Albans and Hemel trust in 2000 to form West Hertfordshire Hospitals. Since then it has never been in financial balance.

The real deterioration in finances started in 2004-05 and by 2005-06 the trust had £27m of debt and was among the worst in the country.

Chief executive David Law explains that the turnaround process has three distinct phases: control, change in productivity focus and reconfiguration. He says: 'Last year was about control. Staff numbers, costs and strategy were top of the agenda and we took a centralised view. I signed off requests for temporary and new staff.'

Consultants Ernst & Young were brought in and carried out a review of non-pay expenditure for the trust, helping it to rein in costs.

Mr Law says: 'As part of gaining financial control we set up a programme management office to look at the costs of division proposals and ascertain the need for the action.'

Mr Law says the support of the primary care trust board has been invaluable: 'The board has changed quite a lot with new appointments but it has really supported the changes, providing high-level resolve at the top of the organisation.'

Efficiency and process were reassessed at all levels. Theatre use was looked at and consultants' programmed activity reduced. Mr Law says: 'We



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David Law

we're clear about what we wanted to implement and how much time we wanted to buy. This centred on targets and a tested, evidence-based approach.'

Communication proved key to keeping staff on board. 'We had to sell the changes to staff and the public,' he says. 'We deluged the organisation with messages about what we meant to do. I got out on the shop floor and held regular staff briefings. There was a newsletter produced every fortnight and face-to-face briefings.'

'The organisation has had to come to terms

with what we need to do. People were more apprehensive about the wait than when we actually got going. We were operating under a lot of pressure and people have responded very well.'

That is not to say the trust did not face difficult choices: 'We had to close outpatients on Fridays. It is a short-term measure that is not popular with staff and the community. It wasn't something people felt was the right thing to do. We will reopen it in future,' Mr Law explains.

'The high cost of temporary staff was also reined in by staff as were high prescribing and imaging costs. We redeployed people to reduce temporary staff and made no redundancies. We are trying to sustain that with reconfiguration.'

Next the trust looked at productivity: 'Doctors were looked at individually on things like length of stay by healthcare resource group. Surgeons' productivity was looked at and the individual performance of consultants was assessed through comparing them with colleagues.'

Acting divisional manager for surgery and anaesthetics Maxine McVey set up a one-stop pre-op assessment by nurse consultants to screen for MRSA, reduce return visits and cut referral-to-treatment times.

'We looked at the need for outpatients to have a follow-up appointment and set out key performance indicators around that. Patients are now admitted on the day of surgery where there used to be a certain per cent brought in days before. And we have brought in admission lounges, creating a space for patients to wait on the day of their surgery,' she says.

The radiology department formed a task force, a multidisciplinary team covering MRI, x-ray and CT scans. Productivity measures included staggered lunch breaks, streamlining patient



Happier times: Surrey and Sussex Healthcare trust chief pathways, using digital x-ray images, and extending opening hours.

Waiting times are down from 26 to 12 weeks for MRI scans and are now at 12 weeks for non-obstetric ultrasound, nine weeks for CT scans and six weeks for barium enemas.

Current radiology waits for referral to scans are all within national targets and the trust is working to achieve the six-week target by March 2008.

Divisional manager of acute care and accident and emergency Simon Green explains how productivity in his department has improved: 'We have introduced POW, a physician of the week,' he says.

'A consultant is freed up from their duties, and works in accident and emergency for a week. This means treatment is quicker as rather than a junior doctor ordering lots of tests a consultant is able to diagnose more readily. It was difficult to persuade them to give up their routine work for a week but it has worked really well.'

The trust won a judicial review in July to reconfigure services and to concentrate emergency services at Watford General Hospital, planned surgery at St Albans City Hospital, and outpatients, diagnostic and intermediate care at Hemel Hempstead General Hospital.

A new 120-bed acute admissions unit is planned. Assessment will take place on the first floor, cardiac, MRI and pharmacy facilities on the second and inpatients facilities on the third.

It has been a long journey, but West Herts Hospital trust has now met its financial control total, saving around £15m this year and ending the year £11.5m in deficit.

The progress continues. Victoria Vaughan