

cost improvements, were through a total review of the methods and practices in the provision of patient care.

Mr Harrisson said that it was possible that savings could be made on laundry for example, but changes would have to take place at ward level. He felt that savings could only realistically be made on staffing levels. Mr Nix said that devolution of laundry budgets to wards is about to happen and devolution of catering in the same way is being progressed with the necessary computer software changes in hand.

Mr Nix pointed out that this years' position was due in part to the effects of:-

- i. reduction in income from ECR/Variable sources including GP Fundholders
- ii New cost pressures including the new contract for junior doctors' hours

There was general discussion on the number of Trust employees. Mr Woolley suggested a head count of staff to show that the number of employees is actually falling. It was agreed that this was a helpful suggestion and this data would be provided in future. Dr Roylance explained the mechanism for recruiting staff internally rather than advertising externally, and confirmed that each staff vacancy both clinical and non-clinical would be reviewed by himself.

Mr Nix said there was a greater sharing of information on ideas for saving money between Trusts in the South West. Lists of any money saving ideas would be circulated to Clinical Directors to make sure that such measures had been or would be adopted if appropriate.

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Clinical Directorate of Surgery Overspend

Mrs Maisey pointed out that the Directorate of Surgery was not over workload target to the end of August, but was overspent. One reason for this problem was that in previous years surgery in general had overspent but this had been concealed by using funds underspent by Cardiac Surgery. This was no longer the case.

Dr Roylance said that the case mix in surgery needed to be examined further. There was general discussion over the in-patient and day case workload report, and it was pointed out that