

## Press Release

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### RUH 2010 Change Programme

In a message to staff this morning, acting chief executive John Williams said:

“Over the past few years we have been successful in making substantial savings. These have tended to focus on improving efficiency through ‘traditional’ savings programmes. The position we have is that all of the savings that are needed for the current financial year 2007/08 have been found, but the cost of repaying the loan (the £38m loan) and other investments such as CT and PACS will need to be found recurrently from 2008/09. This means that we have all of the current financial year to implement changes and new ways of working, so that from the 1 April 2008 we receive the full benefits of these efficiencies.

“Having decided that we needed help to facilitate changes in the way we work, we set about an extended tendering process which resulted in a team of change consultants called The Healthworks being chosen to work with RUH staff to identify and make further financial and efficiency savings. The Healthworks has a track record of success in other healthcare organisations including North Bristol NHS Trust, Gloucester Hospital Trust and East Hampshire Trust (Basingstoke Hospital).

“We anticipate that their time here will involve a total investment of around £0.75m which in return, will deliver over £6m of recurrent savings over and above the £3.4m that we have already saved.

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“The Healthworks’ first role will be to do a scoping study; this is the only part of their work for which they will receive a fixed fee (just under £60,000). The final cost of their consultancy will depend on the extent and the success of the work being done. This latter point is really important as this is a shared risk process, i.e. the consultants will lose a substantial amount of their fee if they are not successful.

“This initial scoping study will look at a number of areas where we think we may get the most benefit from changing processes with a view to making the Trust slicker whilst also improving patient care. This will result in improvements throughout the hospital as well a reduction in costs making it easier for staff to do their jobs.

“It’s inevitable that there will be some reduction in the number of posts as we implement any new system but it’s likely that there will be few, if any, redundancies. Last year, for example, we were successful in making £14.5m savings with only nine redundancies.

“We are anticipating that a variety of staff will work with The Healthworks. Some will be involved on a full-time basis around finance and activity; others will be seconded from time to time. This work will provide a good development opportunity for staff; their current roles will be back-filled to enable them to effectively work with and learn from the change consultants. We will need this transfer of skills so that we can carry on the good work once they have gone.

“It is important to recognise that the consultants will be working alongside us, to help us – where there is a need - to change the way that we work. The Healthworks’ success in finding better more efficient ways of working will also be our success. If the consultants don’t succeed, we won’t succeed, which means that we will be forced to go back to traditional ways of finding savings.

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“We will talk about the work that the change consultants are doing and highlight successes as well as discuss issues during future open staff meetings. This is not about whether the consultants succeed or not, this is about the future of the trust as we need to remain on a financially stable footing, as well as pay off our debts, if we are to realise our ambition of becoming a Foundation Trust within two years.

“Your support during this process will be the key to success.”

Chair of staff side Jenny Evans says: “Breaking even was the first step towards sorting out the trust's finances and becoming more efficient. Savings for this year have already been made in the budgets with staffside so the trust now has to look at how the hospital can become more efficient, and further improve things for patients and for staff. It is vital that we use the next 12 months to make the longer term changes. The next phase for the trust is to meet the 18 week GP referral to treatment target which will be a huge achievement and great news for our patients.”

**Ends**

**For more information please contact:**

Jane Farmer, communications and media relations manager, telephone 01225 825849.