## Freedom of Information Request

| Reference Number: | EPUT.FOI.24.3505 |
|-------------------|------------------|
| Date Received:    | 24 April 2024    |

## Information Requested:

Could I please make a Freedom of Information request for the following information?

1. Please provide the most recent iteration of the trust's cost improvement plan for 2024-25 - whether draft or final - in full including

| EPUT   | Financial Impact |
|--|------------------|
|  | 2024/25          |
|  | £m               |
| Workforce including corporate efficiencies<br>& temporary staffing                               | 20.1             |
| Non pay / procurement and Out of Area placements,<br>Estates Rationalisation, Meds optimisation. | 5.1              |
| Full year effects  | 3.4              |
| Total  | 28.6             |

a) The total value of the planned efficiencies for each scheme

## b) A description of how each scheme is planning to make savings.

The overall Trust plans for 24/25 are based on a saving of £28.6m with the vast majority of this coming from the benefits realisation of the Time to Care Programme, reduction in temporary staffing along with efficiency in procurement, contracts, estates and associated non-pay budgets. The focus of the plans is to ensure that we pursue our transformation of the Trust so that patients see improved services – we know that regular permanent staffing has huge advantages for our patients, families and carers in terms of enabling better knowledge of individuals and the care that they need. A move to a more stable staffing (which is at the heart of the Time to Care staffing model) is also much more cost effective.

In addition the operating model associated with Time to Care has a focus on a clear rationale for inpatient admission and a focus on a pathway to discharge. While the key driver for this is better patient care it also has significant cost benefits, given that inpatient care is more expensive when compared to supporting people in the community. A better flow of patients through care, treatment and discharge also leads to improved bed availability leading to less out of area placements with the associated therapeutic and cost benefits.

2. A list of all independent sector providers with elective contracts for 2024-2025. For each, can the ICB please state the estimated cost of the contract and brief details of activity commissioned (e.g. relevant specialty).

N/A



3. Please provide details of plans for each community diagnostic centre. This includes:

- a) The estimated cost
- b) The estimated split of national and local funding to meet the costs
- c) Current business case stage
- d) Estimated opening date
- e) And the name of the construction partner if appointed

Any plans for community diagnostic centres will need to be provided by the ICB's.

4. Please provide details of the trust plans for international recruitment in 2024/2025 and 2025/2026. This includes:

a) The number of planned international recruits and their nationalities for each relevant specialty in each year

b) The estimated spend on each planned specialty recruitment drive listed above Trust international recruitment funded programme for nurses/AHPs is now closed with no future plans for 2024/25 nor 2025/26.

Under our business as usual recruitment procedures, internationally trained professionals continue to be able to apply direct to EPUT as and when jobs are advertised.

## **Publication Scheme:**

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT's Publication Scheme is located on its Website at the following link <u>https://eput.nhs.uk</u>