NHS
East of England
Community Health and Care
NHS Trust

Key Matters and Escalation Report to the Trust Board

Name of Committee: Finance and Infrastructure
Chair: Mani Sharma, Non-Executive Director
Meeting Date: 29 June 2026

Key matters
The Committee received the following reports:

Finance **(Reasonable)**

- Both Trusts delivered a year end surplus of £1.6m for 2025/26
- Met efficiency expectations overall
- Maintained strong financial control (effective management of agency spend, cash positions and capital delivery)
- The project to merge NCHC and CCS Oracle finance and procurement systems was successfully delivered on 1 April 2026.
- Consolidation of the Finance, Contracting and Procurement teams continues to progress. The senior leadership structure for Finance has been formally established, with work now underway to design the detailed team structure beneath this.

Efficiency Programme Governance 26/27 **(Reasonable)**

- The efficiency target of 4.4% of operating expenditure remains a significant challenge for most clinical and operational teams as well as corporate functions, given the current levels of additional activity in many services.
- All efficiency schemes will require a Savings Initiation Document (SID) to ensure consistency across the Trust. Each SID will be progressed using the Gateways and impact assessments sign off process, thus providing a single view of all schemes and a clear audit trail of approvals.
- The efficiency programme will be reviewed at the Service Assurance Committees. The programme will also be reviewed at Group leadership Team where each Service Director and Executive Director will be challenged on their plans to reduce the unidentified gap.

Improved Productivity Metric **(Reasonable)**

- The latest published data from NHS England relates to Month 10 (end January). This shows that both Trusts are exceeding the required 2% productivity improvement.
- The committee's attention was drawn to the disruption to reporting due to the failure of agreed transitional arrangements for submission under the legacy RYV organisation code. Without the activity data for Q1 and Q2 the activity of the Trust will appear extremely expensive as the full cost of providing the service will be input but with only half the activity. This is a material risk to the productivity metric and this could impact the Trust's position in the relevant league tables and NHS Outcomes Framework (NOF). It could cause reputational damage. To mitigate this risk, repeated engagement has been had with the Data Liaison, Technical and Submissions team

and the Trust has submitted a letter to NHS England to make them aware of the situation.

Estates Report **(Reasonable)**

- The team restructure is underway with announcements on the leadership team imminent.
- In future one member of the Estates team will be named individual with lead responsibility for all fire risks.
- Staff are being encouraged to report abuse on DATIX so a clearer picture can emerge of what is happening on the ground.
- The introduction of Martyn's Law (2025) is an opportunity to refresh how sites operate and how staff and the public are kept safe.
- The Estates team are going to work closely with the Business Intelligence team to review the data sources available to Estates. This will help Estates make more informed decisions.

Digital Report **(Reasonable)**

- All projects are on track with the exception of Care@Hand. Lack of stakeholder engagement from the Norfolk Adults community nursing teams is causing a material risk to the project.

AOB – Cyber Security risk

- The Trust had been notified it had not met the required standards as laid out in the Cyber Assessment Framework for its cyber security plan. Mitigating actions have been agreed and implemented.

Key escalation

There were no matters of escalation relating to the items above.

Key risks and issues

Group BAF Risk 3709 – Cyber Security – rated 16.
Group BAF Risk 3928 - Contact Centre Telephony Platform End of Life – rated 12

Good practice or innovation

Innovation - the Digital Report was presented on the new reporting template.
Innovation – Dynamic Health expansion