East of England
Community Health and Care
NHS Trust

Key Matters and Escalation Report to the Trust Board

Name of Committee: Finance and Infrastructure Committee
Chair: Mani Sharma
Meeting Date: Wednesday, 11 November 2026

Key matters

The Estates Report *(reasonable assurance)*

- The report covered estates performance, fire and statutory compliance risks, capital delivery, security and estate rationalisation.
- Security at certain sites has been strengthened following an increase in abuse of staff members. The enhanced security measures include in-person security, door controls, CCTV, site audits and an external secure post-box for a high-risk contact patient. This particularly relates to iCaSH services and dental services.

The Finance Report *(reasonable assurance)*

- An error in the Provider Finance Return of £62k submitted to NHS England has resulted in the Trust being moved into the NHS Oversight Framework (NOF) Segment 3. We have been assured by the regional director of finance this will not impact our advanced foundation trust status and we are expecting a return back to either NOF Segment 1 or 2 at Quarter 3.
- The Trust remains on track to deliver a break-even position, reporting a marginal favourable £1K variance to plan as at Month 6. This is in contrast to regional performance which continues to deteriorate.
- While overall efficiency delivery remains on trajectory, the proportion of recurring savings remains below plan at 57%. This presents a sustainability risk for future years and increases the requirement for further recurrent savings programmes during 2027/28. The overall financial position of the Trust is being maintained through non recurrent vacancy underspends, slippage in planned expenditure and confirmed underlying efficiency gains.
- Neurodevelopmental Services (NDS) long waits initiative – funding has been confirmed for 2026/27 in the Norfolk region only.
- Urgent Community Response – Norfolk & Suffolk ICB have agreed £1.8m of funding for the remainder of 2026/27.
- Stroke services remain a significant financial pressure within Norfolk Adults Services. The ICB has now confirmed direct commissioning of an integrated community stroke pathway
- Norfolk Adults financial recovery plan - the principal drivers of the deficit remain community nursing demand, temporary staffing expenditure and inpatient capacity pressures. Detailed demand and capacity modelling is underway to quantify future service requirements and identify opportunities to return services to a recurrently funded position from 2027/28.

- Budget setting 2027/28 - The Trust is required to submit its 2027/28 financial plan and updated three-year financial strategy to NHS England, with an initial submission due on 10 December 2026 and a final submission expected in February 2027.

Efficiency Programme Governance report *(partial assurance)*

- Non-recurrent identified schemes have increased by £1,389k since the committee last met in August, whilst recurrent schemes have only increased by £214k. The majority of additional savings being identified by Divisions and Directorates are short term non-recurrent efficiencies and there has been no marked reduction in the recurrent efficiency shortfall for 2026/27.
- There were 141 efficiency schemes, with approximately 44% still at Gateway One and only around 9% having passed through the relevant approval stages into Gateway 2 and Gateway 3. Corporate services schemes were delayed partly by changes among finance business partners, with further progress expected over the following months.
- The biggest areas for potential efficiency savings remain in Directorate restructuring following the merger (moving from 17% overheads to 12% as set out in the Trust merger business case).

The Digital Report *(reasonable assurance)*

- Information Governance Incident**:** A confidential staff-data spreadsheet was published externally, remaining available for approximately two years before the organisation holding it notified the Trust. The incident affected a large number of legacy NCHC staff; it was removed and remediated, the Information Commission was contacted, and an investigation found no evidence of further disclosures or misuse, although access during the period could not be established.
- Cyber Risk**:** Cyber remains one of highest risks. Controls were strengthened through penetration testing, patching, vulnerability management, incident response, third-party assurance, and deployment of Tanium, which provides near-real-time visibility of laptops, tablets, phones, vulnerabilities, and patches across the endpoint estate.
- Digital transformation continues through Ambient Voice Technology, Federated Data Platform deployment and Copilot evaluation.
- Partnerships with Cambridge University, Bedfordshire University, and the University of East Anglia (UEA) are being used to place MPhil students on benefits-realisation and data-modelling work, including patient portal and ambient voice technology evaluations.

Key escalation

There are no escalation points that meet those outlined in the Governance Manual. However, the Board are asked to note:

- The NHS Financial Override, including the root cause, the additional controls the finance team have introduced, and assurance that the issue would not recur.
- The information governance incident, with assurance gained through containment actions, investigation findings, and strengthened controls.
- Board are asked to consider whether Audit and Risk Committee should have oversight of the Cyber Risk (BAF 3907), with the Finance and Infrastructure Committee monitoring whether resources were directed to the identified priorities.

Key risks and issues

BAF 3907 – Cyber Security – rated 16

No issues are rated as catastrophic

Good practice or Innovation

- Starting the budget planning process earlier in the financial year.
- An organisation wide data quality framework and template standardisation.
- Digital partnering with Cambridge University, Bedfordshire University, and the University of East Anglia (UEA) to place MPhil students on benefits-realisation and data-modelling work.