

Minutes of Frimley Commissioning Collaborative Board ¹ held on Tuesday 9 June 2020 between 09.30am and 11.00am via Microsoft Teams

Present:	<p><u>Frimley Commissioning Collaborative comprised of East Berkshire, Surrey Heath and North East Hampshire and Farnham – interim roles in response to Covid-19 detailed in <i>italics</i> below:</u></p> <p>Dr Andy Brooks – Clinical Chief Officer Nicola Airey, Executive Place Managing Director, Surrey Heath Sarah Bellars, Executive Director of Quality and Nursing Emma Boswell, Executive Director of Development and Improvement Rob Morgan, Executive Director of Finance Fiona Slevin-Brown, Executive Place Managing Director, Bracknell Forest Caroline Farrar, Executive Managing Director Royal Borough Ollie White – Interim Executive Place Managing Director, North East Hampshire and Farnham Daryl Gasson – Executive Place Managing Director North East Hampshire and Farnham Tracey Faraday-Drake – Executive Place Managing Director Slough Dr Peter Bibawy – Clinical Chair North East Hampshire and Farnham Caroline Warner – Lay Person for Patient and Public Engagement Surrey Heath and East Berkshire - Interim Lay Convenor for the Frimley Collaborative Dr Amanda Wellesley – Secondary Care Consultant East Berkshire and Surrey Heath- Dr Martin Kittel – Senior Clinical Lead East Berkshire Dr Ed Palfrey – Secondary Care Lay Member North East Hampshire and Farnham – Arthur Ferry - Lay Member for Audit and Governance East Berkshire Dr Huw Thomas - Locality Lead for the Royal Borough Tony Fitzgerald - Interim Lay Chair Surrey Heath Dr Steven Clarke – Governing Body GP North East Hampshire and Farnham Kathy Atkinson, Lay Member for Patient and Public Engagement North East Hampshire and Farnham Fiona Edwards – Chief Executive Surrey and Borders Partnership NHS Foundation Trust and Frimley Health and Care ICS Lead.</p>
In attendance:	<p>Sharon Ward, Deputy Director of Communication and Engagement. Ann Cooper, Deputy Director of Governance – North East Hampshire and Farnham M-J Steijger – Head of Governance (Acting) – North East Hampshire and Farnham (secretariat)</p>
Apologies for Absence:	<p>Dr Jim O'Donnell – Locality Lead for Clinical Leader for Slough Dr John Fraser – Clinical Lead Surrey Heath Dr Lalitha Iyer, Executive Medical Director</p>

Frimley Collaborative Board Seminar Session	
1	Welcome and Apologies
	<p>Caroline Warner in her capacity as Interim Lay Convenor welcomed the interim members to the meeting of the Frimley Collaborative Board which was taking place remotely in compliance with national social distancing guidance. The meeting was comprised of two parts – an opening Seminar Session followed by a short business meeting.</p>

¹ The Frimley Commissioning Collaborative Board comprises: NHS North East Hampshire & Farnham CCG; NHS Surrey Heath CCG; NHS East Berkshire CCG

Apologies were noted as outlined above.

Introduction from the Chief Officer setting out the context and outlining key aims for the session: Developing the next stage of the Frimley Collaborative strategic response to the Covid-19 emergency.

Andy Brooks made some opening remarks - summarising several recent events and conversations that he had with patients in his medical practice – he reflected on the breadth of patient experience from both a Covid and non-Covid perspective and also on the expectations of the public as the NHS began to restart some services. Andy Brooks observed that it would be essential to effectively manage patient and public expectation(s) as services were restarted in the Recovery and Restoration phase - balancing national messaging and directives against local constraining factors such as space / social distancing; workforce and PPE.

Andy Brooks introduced the presentation and outlined the purpose of the Seminar Session which was to give members an opportunity to review and provide updated views on the five strategic priorities which had been previously agreed and formed the basis of the Board Assurance Framework – that is, (i) Quality and Safeguarding (ii) System and Partnership working (iii) Finance and Resource (iv) Primary Care and Community Services and (v) Our People. These strategic ambitions would be updated to take account of any new or emerging risks.

Andy Brooks provided background statistical data for the South East Region which showed cumulative figures for track and trace; outbreaks of Covid in Care Homes and death rates. Members also noted a slide which modelled a second wave of Covid-19 across the Local Resilience Forum footprint against the UK Government Covid Alert System - he reminded colleagues that the NHS continued to operate within a Level 4 Emergency Preparedness, Resilience and Response Framework (EPRR) context.

Andy Brooks provided high level *national, system; collaborative and place* context – he highlighted the *national* focus / expectation on the restoration of urgent and elective services – *regional* focus with its increasing assurance focus - *system* focus on recovery plans embedded within existing work streams alongside a refresh of the Long Term Plan in the light of Covid-19 – *collaborative* focus on updated portfolios for the Exec Team and increased focus on Place for Phase 2 and *place* focus on Primary Care Networks and Care Homes and the high profile BAME project in Slough.

Members were informed that as part of the population health planning that was being undertaken by The NHS South East Region in response to Covid-19 and a potential second wave – the Frimley ICS had undertaken to further advance its collaborative practice – adopting approaches that had been originally developed by “Altogether Better” a network organisation which supported health and care services to tackle the unprecedented challenges that they were facing.

“Altogether Better” – *Our Seacole Approach* would build on existing Frimley ICS ambitions, collaboration and integration – key aims of the approach included developing NHS 111 as the first point of contact for all urgent health issues (including A&E) with digitally supported remote assessments – moving away from an automatic expectation that all health care was received by travelling to a physical location - targeting those who were most at risk to ensure that they received an enhanced service. The approach would also focus on digital and analytics and allow more effective use of hospital bedded and staff capacity for both emergency and elective activity and enable a differentiated community response based on local needs and population demographics. Andy Brooks advised that the initiative also presented an opportunity build on strong partnership working between health and local authorities and the Primary Care Network (PCN) delivery approach, wrapping enhanced community services around the existing foundations and developing even stronger local relationships between partners and their communities in each of our 5 local places. Andy Brooks advised that the Frimley ICS was due to submit its bid for national funding in June 2020.

Andy Brooks also highlighted a framework developed in London for restarting services in Phase 2 entitled “the 8 tests we must meet” – this framework was being held up as an exemplar to other systems.

	<p>Andy Brooks commented that the Frimley System would work to develop a framework for restarting services that was pro-active, reflected the 11 Frimley ICS Recovery Principles and built upon the Long Term Plan ambitions – a framework which “reflected yesterday’s integration, informed today’s delivery and provided tomorrow’s assurance”.</p> <p>Members noted the presentation.</p>
2.1	<p>Three Month Review of EPRR Arrangements</p>
	<p>Sarah Bellars introduced the paper which sought to review the decisions that had been taken at the Frimley Collaborative Board on 24 March 2020 – namely:</p> <ul style="list-style-type: none"> • SUSPEND meetings for 3 months with the exception of the Collaborative Board, Audit Committee and Primary Care Commissioning Board; and • APPROVE the delegation of emergency/ extraordinary powers to the Clinical Chief Officer, and Director of Finance (CFO) to take effect between 23 March until 30 June 2020. <p>Given that the NHS continued to operate within a command and control Level 4 Emergency Preparedness, Resilience and Response Framework (EPRR) context the Frimley Collaborative Board was asked to extend the delegation of emergency / extra-ordinary powers to the Clinical Chief Officer and Director of Finance (CFO) for a further three-month period effective from 1 July 2020 to 30 September 2020.</p> <p>Members provided their approval for the extension of delegated powers for the Clinical Chief Officer and Director of Finance (CFO) until 30 September 2020 – the decision would be reviewed at the Frimley Collaborative Board meeting on 8 September 2020.</p> <p><u>Members reviewed the Options for Meetings in Phase 2 and approved the following recommendations in respect of the meetings that had been suspended:</u></p> <ul style="list-style-type: none"> • Convene a Quality, Performance and Finance Committee to meet for the first time in July 2020 to provide an overview on risks and issues relating to Covid-19 Phase 2. • Convene an Interim Primary Care Commissioning Committees in Common in July 2020 whilst EPRR arrangements remained in force. <p>Members noted that <u>no</u> final decision had been made to establish a single substantive Primary Care Commissioning Committee in Common. Tony Fitzgerald had been appointed as the Chair of the <i>Interim</i> Primary Care Commissioning Committee and that the debate around whether the Frimley Collaborative should retain its existing arrangements – that is, three separate Primary Care Commissioning Committees for East Berkshire; Surrey Heath and North East Hampshire and Farnham remained an ongoing topic of discussion.</p> <ul style="list-style-type: none"> • Members expressed concern about the proposed timeline for the resumption of the work of the Interim Remuneration Committee in Common and <u>did not agree</u> the recommendation that it should resume its work in September 2020; there was a view that given the work that would need to be undertaken in respect of the terms of office for the interim roles which ended on 30 September 2020 the Interim Remuneration Committee in Common should consider resuming its work sooner than September 2020. <p>It was agreed that Emma Boswell would meet with members of the Interim Frimley Collaborative Remuneration Committee in Common to understand (i) what work needed to be started <i>before</i> September 2020 and (ii) to consider its programme of work. Action: Emma Boswell</p> <ul style="list-style-type: none"> • As previously agreed at the meeting on 24 March 2020 it was noted that the interim posts which had been established in response to Covid-19 and the enactment of EPRR arrangements had been extended until 30 September 2020. Members noted the collaborative and place roles described in the paper – there was one omission to the list of Interim Collaborative Board Member

Roles – Dr Amanda Wellesley had been appointed to the role of Interim Secondary Care Consultant until 30 September 2020. The final version of the paper would be amended to reflect this correction.

Members agreed the aforementioned approvals.

2.2 Phase 2 – Recovery Plans / Switching Services back on across the Frimley ICS

Sarah Bellars introduced the item and sought to provide assurance to members on the decision making framework for the Frimley ICS Incident Control Centre (ICC) supported by the Frimley ICS Strategy and Recovery Group and (ii) Clinical Quality EQIA Group in response to the Covid-19 emergency.

Members noted the Terms of Reference for the newly established Frimley ICS Executive Leaders and Clinical Reference Group which had been formed from two existing Frimley ICS Board sub-committees – namely, the Frimley ICS Quality & Performance Committee and the Frimley ICS Clinical Reference Group to provide system quality oversight of changes and developments in service delivery in response to Covid-19 – the decisions made by the group will be considered in the context of the wider Frimley System Recovery Principles.

As part of the Restoration and Recovery Phase the Frimley ICS Executive Leaders and Clinical Reference Group would receive proposals on service restarts with supporting operational and quality impact assessments; assurances on risk mitigations and interdependencies across the system.

Members noted the scope of the group and the reporting structure of the Frimley ICS ICC.

Amanda Wellesley asked about the membership of the newly formed Frimley ICS Executive Leads and Clinical Reference Group – she suggested that the group would benefit from expanding its membership to include a Non-Executive Director. Sarah Bellars agreed to take this suggestion back to the Frimley ICS Executive Leads and Clinical Reference Group for further consideration.

Action: Sarah Bellars

Caroline Warner invited comments and questions from members – together with any reflections on strategic priorities.

Ed Palfrey emphasised the need for the Frimley Collaborative to work at speed to provide assurances to its local population on how services would be restarted across the Frimley System - he was of the view that it was essential that public confidence in health services was maintained during Recovery and Restoration – he commented that the Frimley Collaborative should work to produce clear messaging to its local populations on how services were being restarted. Ed Palfrey asked Sarah Bellars about the feasibility of developing a “Road Map” with outline timeline for the Frimley Collaborative Board to show how services would be restarted in the Recovery and Restoration Phase.

Sarah Bellars reflected on the enormity of the task of restarting services and emphasised that there were remaining rate limiting factors that impacted on the national timelines that had been set out to switch services back on – such as, the requirement for social distancing and the ongoing issues around the availability of PPE.

Nicola Airey commented that at this present moment it would be hard to provide an outline “Road Map” for the restarting of services - the situation remained very fluid and providers in the Frimley ICS were continuing to actively work to articulate the services that could be safely restarted. Nicola Airey agreed with the point that Ed Palfrey had made about the need to provide greater confidence to the local population on the restarting of services and stated that the position was likely to become clearer in July and August.

Martin Kittel acknowledged the difficulty of providing a very detailed “Road Map” for the restarting of services - however, he believed that it was possible to develop an outline Framework for the Recovery and Restoration phase showing the split of provider and commissioner responsibilities when pathways had been changed and services restarted.

Martin Kittel also commented that his own patients had expressed anxiety about receiving care in a large hospital setting and were instead seeking to receive care in smaller local place based settings – a Framework showing where care would be undertaken would help to provide this increased confidence to patients.

Caroline Warner agreed that the Frimley Collaborative must work to enhance its public messaging and agreed that the information set out in the introductory slide that Andy Brooks had given at the start of the Seminar Session - the eight tests to meet patient needs; address new priorities and reset to a better health and care system could be adapted to support communication with the Frimley System population.

Fiona Edwards accepted the robust challenges that had been made for a (i) timeline on the restarting of services and for (ii) clear communications that enabled the Frimley Collaborative to evidence that it was complying with its duties to engage with the public. Fiona Edwards reported that the Frimley ICS Board was itself working to address these very points and members of the Frimley ICS Board would be meeting with regional counterparts on Monday 15 June to consider the next steps for the Restoration and Recovery work. Fiona Edwards reflected that the NHS was still in the middle of responding to and working through a range of government directives that had been recently issued – most notably the requirement for all patients to wear protective face masks. Fiona Edward stated that the Frimley ICS Board was due to sign off the eleven Recovery Principles that it had developed at its next meeting in June and that these principles would in turn support the development of a “Road Map”.

Following discussions members requested assurance on the quality and financial decisions that had been made in respect of services since the enactment of EPRR arrangements on behalf of the Frimley Collaborative Board by the (i) Chief Clinical Officer & Director of Finance (ii) the Frimley Incident Control Centre and (iii) the Frimley ICS Exec Quality and Clinical Reference Group.

Members asked for a copy of Decision Logs to brought to the next meeting to help inform the Frimley Collaborative Board about the resumption of services as part of Restoration and Recovery Phase.

Action: Sarah Bellars

Members noted the paper.

2.3 **Draft Collaborative Communication and Engagement Framework**

Emma Boswell introduced the draft Collaborative Engagement Framework which outlined a series of proposals for engaging with local communities within the current covid-19 context – she reflected on the sensitivities involved in engaging with local communities who were still experiencing bereavement and high levels of anxiety

Emma Boswell highlighted the following proposals set out in the paper:

- Continued mapping engagement activity across the Collaborative which reviewed the impact of postponing engagement in response to covid-19 and planning next steps
- Consideration of how we make Collaborative Board meetings in public available to wider audiences on-line
- Development of an alternative/complimentary ‘Virtual Community Forum’ offer - 5 Community Forums to provide feedback and engage on plans
- Hold 5 x Place based AGM's and make content available to the wider public
- Consider opportunity to build insight profiles at Place
- Consider a series of Place-based surveys, building on the work of the Frimley ICS Community Panel survey in support of the ICS Community Deal Ambition – the ICS Community Panel now had more than 1,500 members
- Utilise the support of volunteers to support engagement, through the Community Ambassador scheme

Emma Boswell advised members that the Frimley ICS Community Panel Survey launched on 28 May 2020 focussed on experiences of Covid-19; experiences of accessing health care during lockdown; experiences of physical, mental health and wellbeing during lockdown and also sought views on community support and volunteering and changes that can be made to support the community deal and the development of healthier communities. The survey would also be sent out to the 6,000 members of Frimley Health NHS Foundation Trust.

Members were asked to support the approaches described in the *draft Collaborative Engagement Framework* and to agree the work that was described in the next steps and timeline for ICS; Collaborative and Place engagement activities for the remainder of the year.

Fiona Slevin-Brown asked for further consideration to be given to how the Frimley Collaborative aligned its activities at Place with the Local Authorities to ensure a truly integrated approach.

Emma Boswell acknowledged that the draft Engagement Framework still required more work to clearly evidence and articulate this integrated approach.

Kathy Atkinson suggested that the slide that Andy Brooks had presented earlier in the meeting – “8 Tests that we must meet” to support the restarting of services – could be further adapted for the Frimley System to include (i) positive messages to support the community deal and (ii) layer on the results of the Frimley ICS Community Panel Survey

Members provided their approval for the further development of the draft Frimley Collaborative Engagement Framework for 2020/21 and agreed the proposal that it should hold a Collaborative Board meeting in public in July 2020

Following discussion, it was agreed that the Lay Members would have a further opportunity to input to the development of the *draft Communications & Engagement Framework* - a separate workshop would be organised to support this work.

Action: Emma Boswell

2.4 **Seminar Session Question – “Given the information and discussion today and in last month’s board meeting, what strategic themes are emerging that we should consider as priorities”**

Caroline Warner invited members to provide any other comments and reflections:

Tony Fitzgerald wished to gain a more in-depth understanding on system plans for service restarts – he commented that whilst it was important to have clear and consistent messaging to the public to maintain confidence it was also crucial to communicate more widely with GPs on the restart of services – he reinforced the ongoing importance of existing GP Briefing Bulletins.

Members acknowledged that whilst a proactive approach was required – it was essential that when services were restarted they were sustainable in the long term.

Tracey Faraday-Drake expressed concern that stopping and starting interventions for people with serious mental health conditions would adversely impact on patient outcomes as well as on the wellbeing of families and communities.

Martin Kittel asked for further “un-bureaucratic” integration of primary care and secondary care – he asked if it was possible to adapt existing pathways so that secondary care consultants could work from primary care practices; this sort of “cross fertilisation” would be drive further innovation.

Amanda Wellesley commented that all clinicians needed to be encouraged to develop new ways of working to build on what had already been changed. Amanda Wellesley also emphasised the need to undertake a “look back” exercise on what had worked well and what had not worked well in Phase 1 to ensure that any gaps were mapped in readiness for a second wave.

Steven Clarke reflected that consideration could be given to developing educational resources – for example, recording remote secondary care and primary care joint meetings.

	<p>Tony Fitzgerald asked for further insights into how the Frimley System was managing any inherent tensions as a result of the introduction of block contracts and cost reimbursement schemes versus previous ways of working as self-assuring system working collaboratively to manage its control total.</p> <p>Rob Morgan acknowledged that there were tensions that had resulted from the introduction of a national command and control approach – however, he anticipated that further guidance for Phase 3 would help to address some of these concerns.</p> <p>Andy Brooks thanked members for their valued contributions to the discussion and summarised key themes that had emerged:</p> <ul style="list-style-type: none"> • Clear / proactive communication on the restarting of services to ensure public confidence • Communication with GPs on the restarting of services • Development of a “Road Map” to support Frimley Collaborative Board thinking on the re-starting of services in Phase 2 • High level Decision Log • Enhanced assurance and performance metrics for the Frimley Collaborative Board • Proactive Collaborative and Place response in anticipation of a second wave / look back exercise on what had worked well in Phase 1 and what had not worked well to help inform Recovery and Restoration • Acceleration of a new Clinical Model • Further integration of System and Place • Further integration of social prescribing across the System <p>The aforementioned views on emerging priorities would be collated – these themes would inform the next iteration of the strategic priorities for the Frimley Collaborative which would be brought back to the next meeting. Action: Andy Brooks</p>
3	Welcome from the Lay Convenor to the Business Meeting
	Caroline Warner thanked members for their contribution to the Seminar Session – the Frimley Collaborative Board now commenced its formal business meeting.
4	Conflicts of Interest Register
	<p>There were no amendments to the Conflicts of Interest Register which had been included within the pack of papers.</p> <p>Fiona Edwards advised that she had a Conflicts of Interest in relation to item 6 – Surrey Wide Committees in Common for the recommission and procurement of Children’s Emotional Wellbeing and Mental Health (EWMH) in her capacity as the Chief Executive of Surrey and Borders Partnership NHS Foundation Trust.</p> <p>Fiona Edwards confirmed that she did <i>not</i> have any additional points to raise in item 8 - Frimley System Updates which had not already been covered during the earlier Seminar Session.</p> <p>Fiona Edwards left the business meeting.</p> <p>Members noted the Conflicts of Interest Register.</p>
5	Minutes of the Frimley Collaborative Board meeting on 12 May 2020 and Action Tracker
	The minutes of the previous meetings on 12 May 2020 were approved without amendment as a correct record,

	<p>The minutes of the previous meetings were approved.</p> <p>The action tracker from the previous meetings was reviewed – the one remaining outstanding action <u>015</u> would be reviewed at the next meeting on 14 July 2020.</p> <p>The action tracked was reviewed and noted.</p> <p>Matters Arising not otherwise covered on the agenda</p>
	<p>There were no matters arising.</p>
6	<p>Decision of the Surrey Wide Committees in Common for the recommission and procurement of Children’s Emotional Wellbeing and Mental Health (EWMH) Services in Surrey from April 2021.</p> <p>Nicola Airey introduced the paper which updated members on the work that had been undertaken to recommission Emotional Wellbeing and Mental Health (EWMH) services that are jointly commissioned by Surrey County Council and the 6 CCGs across Surrey - including Surrey Heath and North East Hampshire and Farnham who were working as “one team” to avoid duplication and to make the best use of capacity.</p> <p>Members noted that prior to the establishment of the Collaborative Board in December 2019 - the Governing Bodies of North East Hampshire and Farnham and Surrey Heath CCGs approved a number of recommendations related to the contract for children’s EWMH Services via the Surrey Committees in Common – notably to approve a service model approach that emphasised early intervention. Nicola Airey summarised the key changes under the new service model and confirmed that there had been strong clinical engagement and significant service user input, including from children and young people, into the redesign of the services.</p> <p>The Frimley Collaborative Board noted the decisions made by the Surrey Wide Procurement Board Committee in Common on 28 March 2020 in respect of the timeline for a light touch procurement process during Covid 19 leading to the award of the contract in October 2020 and a start date of 1 April 2020; additional investment including significant extra funding for early interventions.</p> <p>Nicola Airey advised members that both North East Hampshire and Surrey Heath had raised concerns at the last Surrey Wide Committee in Common meeting on the procurement timeline given the scale of the service transformation – the following assurances had been provided:</p> <ul style="list-style-type: none"> • The procurement documentation included the ability for some flexibility within the timelines should this be required by bidders • Surrey and Borders Partnership NHS Foundation Trust (the incumbent provider) had agreed that a temporary extension to the current contract would be agreed if there were delays to the procurement process • A detailed risk register would be held by the Surrey Wide Procurement Board Committee in Common. <p>Members of the Frimley Collaborative Board were asked to ratify the decision of the Surrey Wide Committees in Common for the recommission and procurement of the Children’s Emotional Wellbeing and Mental Health Services in Surrey from April 2021.</p> <p>The aforementioned recommendation was duly ratified by the Frimley Collaborative Board.</p>
7	<p>Freedom to Speak Up Guardian</p> <p>Sarah Bellars introduced the paper which asked the Frimley Collaborative Board to approve the recommendation that Sarah Bellars is appointed as the Executive Freedom to Speak Up Guardian for primary care and that Kathy Atkinson Lay Member for Patient and Public Engagement is appointed to the role of Freedom to Speak Up Guardian for staff across the Collaborative.</p> <p>The recommendation was approved.</p>
8	<p>Integrated Care System Update from the Frimley ICS Lead</p>

	A System Update had been provided as part of the earlier discussion in the Seminar Session – there was no additional update.
9	<p>Position Statement on Covid 19</p> <p>Fiona Slevin Brown in her capacity as full time System Gold Lead provided members with a position statement on the System response to Covid-19 since its last meeting on 12 May 2020.</p> <p>Fiona Slevin-Brown noted most of the key issues had been covered by Andy Brooks in his presentation – however, she reiterated the earlier points which had been made around the difficulties of restarting services; the impact of physical limitations imposed by social distancing and PPE on patient flows; clinical space and reduced operating theatre capacity – whilst simultaneously ensuring that clinical harm was minimised for all services that were going to be restarted. There was a recognition that Secondary Care would not be able to run efficiently for some time to come and that any services that were restarted needed to be safely maintained. Fiona Slevin-Brown confirmed that patient numbers attending local Emergency Departments were increasing and the Frimley System had employed data analytics to segment the underlying causes of these increases to try and further understand the differences across the north and south of the geography and provide a targeted local response.</p> <p>Caroline Warner invited questions/ comments from members.</p> <p>Amanda Wellesley commented that in her personal view as a Secondary Care Consultant – more “worried well” patients were presenting in ED, possibly because of changes to pathways as a result of Covid-19.</p> <p>Andy Brooks referred to his earlier briefing on the funding bid for the “Altogether Better” Seacole Approach – national initiatives that were trialling such as booked triage in Emergency Departments were aimed at helping to tackle the challenges on capacity and demand going forward.</p> <p>Members agreed that as part of the engagement work that was going across the Frimley System – patients and members of the public who were worried about their health received clear and reassuring messages about how and where to access care in the best possible setting.</p> <p>Ed Palfrey asked that the Frimley Collaborative Quality Performance and Finance Committee received detailed performance metrics for services that were being switched on across the Frimley System. Fiona Slevin-Brown agreed that enhanced performance metrics would be brought to the committee meeting in July.</p> <p>Members noted the assurances provided by Fiona Slevin-Brown</p>
10	<p>Board Assurance Framework / SITREP</p> <p>As agreed at the previous meeting the Board Assurance Framework/SITREP document which had been circulated to members before the start of the meeting was intended to provide a clear concise report on the status of current threats against achievement of the strategic priorities. Each of the five Executive Leads had provided a short synopsis of the key risks; risk scores; controls and mitigating actions within their areas which were set out in the paper.</p> <ol style="list-style-type: none"> 1. Quality and Safeguarding – Sarah Bellars 2. System and Partnership Working – Fiona Slevin-Brown 3. Finance and Resources – Rob Morgan 4. Primary Care and Community Services – Nicola Airey 5. Our People – Emma Boswell <p>Caroline Warner invited any additional comments from the Executive Team.</p>

	<p>Nicola Airey thanked clinical colleagues for their support in signing off the Network Directed Enhanced Service Contract (DES) – excellent progress had been made since May 2020 and all but two practices from amongst a total of seventy-six had signed the DES. It was noted that the same two practices had not signed the DES in 2019/20. Clinical Leaders had been identified for Care Homes and support for Learning Disability Care Homes was a continued focus.</p> <p>There were no other questions.</p> <p>Members noted the reports.</p>
11	<p>Members noted the following approved minutes which had been included with the pack of papers:</p> <ul style="list-style-type: none"> • Frimley ICS Board summary notes 21 April 2020 • Frimley Collaborative Audit Committee in Common 12 February and 6 March 2020 • Place Committee North East Hampshire and Farnham 29 April and 13 May 2020 • Place Committee Surrey Heath 5 May 2020
12	<p>The meeting closed at 11.00am. The next meeting would take place on Tuesday 14 July 2020.</p>