

Meeting Notes of the Extra-Ordinary Frimley Commissioning Collaborative Board ¹held on Tuesday 24 March 2020 between 1.30pm and 3.30pm held in Aldershot Centre for Health and via skype

Present:	<p><u>Frimley Commissioning Collaborative comprised of East Berkshire, Surrey Heath and North East Hampshire and Farnham:</u> Dr Andy Brooks – Clinical Chief Officer Dr Lalitha Iyer, Executive Medical Director 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 Ollie White – Interim Executive Place Managing Director, NEHF</p> <p><u>East Berkshire:</u> Dr William Tong - Clinical Chair (convenor) Dr Amanda Wellseley - Secondary Care Consultant Dr Jackie McGlynn - Locality Lead for Bracknell Forest Dr Martin Kittel – Senior Clinical Lead Clive Bowman - Lay Member for Governance Arthur Ferry - Lay Member for Governance Dr Huw Thomas - Locality Lead for the Royal Borough of Windsor and Maidenhead Dr Jim O'Donnell - Locality Lead for Slough</p> <p><u>Surrey Heath:</u> Tony Fitzgerald - Interim Lay Chair Dr John Fraser - Governing Body GP Dr Amanda Wellesley - Secondary Care Consultant Caroline Warner – Lay Member for Patient and Public Engagement</p> <p><u>North East Hampshire and Farnham:</u> Dr Peter Bibawy - Clinical Chair Dr Ed Palfrey - Secondary Care Consultant for the Hampshire and Isle of Wight Partnership Kathy Atkinson – Lay Members for Patient and Public Engagement Dr Steven Clarke - Governing Body Clinical Director</p> <p><u>Frimley Health and Care:</u> Fiona Edwards – Chief Executive Surrey and Borders Partnership NHS Foundation Trust and Frimley Health and Care Lead.</p>
In attendance:	<p>Ann Cooper, Deputy Director of Governance – North East Hampshire and Farnham CCG Vikki Wadd – Director of Transition Frimley Collaborative M-J Steijger – Head of Governance (Acting) – North East Hampshire and Farnham CCG (secretariat)</p>
Apologies for Absence:	<p><u>East Berkshire</u> Clive Bowman, Lay Member for Governance</p>

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

1	Welcome and Apologies
	<p>William Tong in his capacity as Convenor welcomed the interim members to the extra-ordinary meeting of the Frimley Collaborative Board.</p> <p>It was noted that some members had joined the meeting in person using a large room which allowed sufficient spacing to comply with national guidance on social distancing – the remainder of members had joined the meeting remotely via skype.</p> <p>William Tong welcomed Fiona Edwards, Lead for the Frimley Health and Care Integrated Care System (ICS) via skype.</p> <p>Apologies were noted as outlined above.</p> <p>William Tong reminded members that for those joining via skype questions should be submitted via the message section – Viki Wadd would capture the questions that had been submitted and ensure that they were communicated to all members during the meeting.</p> <p>One question had been received in advance from Tony Fitzgerald for paper 6.1.</p>
2	Conflicts of Interest Register
	<p>Members noted the Conflicts of Interest Register and agreed that Dr Martin Kittel's name should be added to an updated register in anticipation that he would become the Clinical Lead for Bracknell Forest – as proposed in paper 6.1</p> <p>The Conflicts of Interest Register would be updated accordingly. Action: M-J Steijger</p>
3	Matters Arising not otherwise covered on the agenda
	<p>There were no matters arising.</p>
4	Clinical Chief Officers Introduction and context for the extra-ordinary meeting
	<p>Andy Brooks thanked members for joining the extra-ordinary Frimley Collaborative Board Meeting which had been convened in response to the (i) COVID-19 pandemic which had been declared a national incident and (ii) the announcement from the Prime Minister on 23 March 2020 about and the introduction of stricter measures to enforce social distancing.</p> <p>Members noted the Frimley Collaborative had revised its priorities and in line with national guidance its key responsibility would be to: (1) lead and resource the Frimley Health and Care ICS COVID-19 Incident Control Centre and (ii) support primary care to respond to the impact of COVID-19 The Frimley Collaborative would focus on business critical activities only to ensure that it delivered and supported the Frimley ICS to meet emerging demand.</p> <p>Up-to-date information for the system could be obtained information could be found on www.nhs.uk/coronavirus.</p> <p>Andy Brooks would provide members with regular update messages in response to the rapidly changing nature of the pandemic. Action: Andy Brooks</p> <p>Members noted the assurances received from Andy Brooks.</p>
5	Briefing on Covid 19

Fiona Slevin Brown in her new capacity as full time System Gold Lead provided members with a briefing on the Covid 19 pandemic.

The Frimley ICS was enacting the important and urgent actions set out by Sir Simon Stevens, NHS Chief Executive and Amanda Pritchard, NHS Chief Operating Officer – detailed in their letter of 17 March 2020.

Fiona Slevin-Brown advised the Frimley Collaborative Board that outside the London area the Frimley ICS was experiencing the 3rd highest proportion of new cases of Covid 19 – the situation was evolving at speed.

Key Issues / Risks for the Frimley ICS included:

- Availability of Personal Protective Equipment (PPE) for staff members which she acknowledged was generating anxiety amongst staff. Fiona Slevin Brown confirmed that the Frimley ICS was following national and regional team guidance on the use of PPE. National procurement teams had advised that there was a sufficient supply of PPE, however, there were local distribution issues that were being reported – this risk was being actively addressed with system partners.

Sarah Bellars and the Infection Prevention and Control Team are actively providing personalised advice to staff in primary care on the use of PPE and providing reassurance wherever possible.

- The Frimley ICS was working to free up the maximum possible inpatient and critical care capacity – however, there was a recognition that supported discharges were not being made sufficiently quickly and a whole system approach with social care partners was being undertaken to address this high level risk.
- There was a national move to test staff who were self-isolating, however, at present there were issues around the availability of testing facilities and capacity. The Frimley ICS had flagged these risks and was continuing to report upwards to NHS England – the issue of testing was also being managed through the local resilience forum.
- Risk of maintaining workforce capacity due to sickness from COVID-19.

Fiona Edwards advised members that on an earlier call with the national team she had received assurances that the Army Logistics Corps would be working to deliver supplies of PPE and work to better co-ordinate supported discharges was being rolled out; enhanced staff testing was being prioritised at national level.

Members noted the assurances provided by Fiona Slevin-Brown and Fiona Edwards.

6.1 Governance Paper to support the response to Covid 19

Sarah Bellars introduced the paper with two key areas of focus which required decisions:

- 1. How can the Frimley Collaborative do its work over the next three months without face to face meetings and if so which meetings are required and which meetings can be suspended?**

It was proposed that from 23 March to 30 June 2020 all meetings would be suspended with the exception of the Frimley Collaborative Board; Audit Committee and Primary Care Commissioning Committees. Any meetings that were required would take place via teleconference / skype and Microsoft Teams. The Governing Body Assurance Framework would act as SITREP and assurance during this time period.

- 2. What are the statutory responsibilities that are must do's and what can be suspended?**

It was proposed that the Frimley Collaborative Board should provide its approval for the delegation of emergency /extra-ordinary powers under the term of the *Scheme of Reservation and Delegation*

to the Clinical Chief Officer and Chief Finance Officer to support decision making at pace as follows:

1.8	Approve arrangements for making exceptional funding requests.
1.10	Appoint and dismiss Committees and subcommittees accountable to the Governing Body
1.11	Agree the delegated authority for Places
1.12	Agree the operational management of the delegated authority for the Place
5.4	Approval of the arrangements for discharging the group's statutory duties as an employer.
6.5	Respond to specific clinical governance and healthcare assurance issues.
11.2	Approve arrangements for co-ordinating the commissioning of services with other groups and or with the local authority(ies), where appropriate

One question had been received in advance from Tony Fitzgerald in relation to Section 1.10 of the Scheme of Reservation and Delegation – he asked if this meant that Executive had the power to create new committees and / or dispense with existing committees, or instead authority to appoint and dismiss the members of any such committees.

Andy Brooks assured Tony Fitzgerald and other members of the Frimley Collaborative Board that under the terms of the Constitution these powers of delegation already existed in the event that Emergency Preparedness Resilience and Response arrangements were enacted and the Frimley Collaborative Board was therefore asked to provide its consent to a pre-existing power of delegation to the Clinical Chief Office and Chief Finance Officer. In the event that either Clinical Chair or the Chief Finance Officer were unable to fulfil their roles then their respective delegated powers would be cascaded to the next named individuals within the Interim Executive Structure described in paper 6.2

Following discussion, it was agreed that the term “dismissed” contained within the paper should read “suspended” to ensure consistency and a clarity of understanding – there was agreement that this suspension was time limited until 30 June 2020.

It was agreed that both the Frimley Collaborative Remuneration Committee in Common and the Quality Performance and Finance Committee in Common would be suspended to maximise capacity. Members would receive assurance(s) through the Governing Body Assurance Framework / SITREP and the Governance Team would log all governance decisions until 30 June 2020 when delegated authority would be subject to a further review by the Frimley Collaborative Board.

The Frimley Collaborative Board made the following two decisions:

1. **SUSPEND meetings for 3 months with the exception of the Collaborative Board, Audit Committee and Primary Care Commissioning Board; and**
2. **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.**

The Frimley Collaborative Board would review the aforementioned decisions at its meeting on 9 June 2020 – the forward work planner would be updated accordingly.

Action: Governance Team

6.2 Establishment of the Command and Control Structure for the Frimley Collaborative

Andy Brooks gave a presentation which described the (i) command and control arrangements which were being enacted through the Emergency Preparedness Resilience and Response arrangements in response to the COVID-19 critical incident and (ii) resultant changes to the Interim Executive Structure; roles and responsibilities - all executive members would undertake system roles to support the Incident Co-Ordination Centre and Primary Care. The paper also set out the proposed Interim Place Based and Interim Collaborative Structures.

Members agreed the following recommended changes to an Interim Executive Structure:

- Rob Morgan - System use of Resource
- Fiona Slevin-Brown - Full Time System Gold Lead
- Nicola Airey - Chief Operating Officer, supporting and co-ordinating places, emphasis on primary care and community services (supported by 4 x Interim Director of Operations, and Interim Managing Director in NEHF)
- Sarah Bellars – Director of Nursing and Quality - Focus on IPC, Governance, Safeguarding, System Quality, supported by Jackie McGlynn
- Emma Boswell - Staff, workforce and comms, capturing improvement practice
- Lalitha Iyer - Aligning clinical thresholds at System, supporting COO, and DQN. Ensuring clinical capacity of CCG GP time is supporting the frontline

Members agreed the following recommended changes to the Interim Place Based Structure for the five Places – the Interim Place Based Interim Managing Director and the four Directors of Operation would be responsible for leading the operational delivery in the pandemic phase and would link closely with the Place Based Leads and other key partners at Place.

- Ollie White - would continue as the Interim Managing Director for NEHF
- Director of Operations for the following four Places:
 - Bracknell Forest – Helen Single
 - Royal Borough – Alex Tilley
 - Slough - Sangeeta Saran
 - Surrey Heath – Tom Lawlor

Members agreed the following recommended changes to the Interim Collaborative Structure:

- Collaborative Clinical Chair - Peter Bibawy
- Collaborative Lay Convenor - Caroline Warner
- Collaborative Placed Based Lay Members:
 1. Bracknell Forest – Ed Palfrey
 2. North East Hampshire & Farnham - Kathy Atkinson responsible for PPE
 3. Royal Borough - Arthur Ferry
 4. Slough - Arthur Ferry responsible for Audit
 5. Surrey Heath - Tony Fitzgerald responsible for Primary Care
- Secondary Care Consultant - Amanda Wellesley
- Place Based Clinical Leaders:
 1. Bracknell Forest – Martin Kittel
 2. North East Hampshire & Farnham – Steven Clarke
 3. Royal Borough – Huw Thomas
 4. Slough – Jim O'Donnell
 5. Surrey Heath – John Fraser

Andy Brooks advised members that we had combined the statutory roles of the CCGs with the responsibilities of the Frimley ICS to form a single Frimley ICS Incident Co-Ordination Centre with Gold (strategic director level), Silver (tactical manager level) and Bronze (operational department manager) functions. The Frimley Collaborative would lead the local Place Based primary care co-ordination for patients within the community.

Members noted the assurances on the Emergency Preparedness Resilience and Response arrangements that had been enacted for the Frimley ICS and the reporting lines to the three Local Health Resilience Partnerships and Local Resilience Forum.

	<p>Members noted the Frimley ICS Place and System Delivery Programmes and schedule of meetings for the Incident Control Centre.</p> <p>Andy Brooks advised members of the Frimley Collaborative Board that the NHS command and control centres had been stood up to seven days a week working and that it was likely that more formalised seven-day working for the Frimley system would be rolled out in the near future.</p> <p>Andy Brooks invited any questions from members:</p> <ul style="list-style-type: none"> • Kathy Atkinson asked if the appointment process for the three remaining Managing Director positions for NEHF; Slough and Royal Borough had been suspended. <p>Andy Brooks confirmed that the appointment process was continuing however this would be reviewed on a case by case basis for the duration of the Covid 19 critical incident.</p> <ul style="list-style-type: none"> • Tony Fitzgerald asked if discussions around a potential merger of the CCGs had been suspended. <p>Andy Brooks confirmed that any such discussions had been suspended at present.</p> <ul style="list-style-type: none"> • Kathy Atkinson asked what support was being put in place for staff members in anticipation that seven-day working would be rolled out. <p>Emma Boswell assured Kathy Atkinson that she was prioritising plans and resources for the Frimley Collaborative to ensure and maintain workforce resilience during the Covid 19 critical incident. Emma Boswell confirmed that she and other Executive Team members had direct access and escalation route to Andy Brooks.</p> <p>Members noted the enactment of EPRR arrangements for the Frimley Collaborative and the establishment of the Frimley ICS Critical Incident Centre.</p>
6.3	<p>Quality Assurance Reporting</p> <p>Sarah Bellars introduced the paper that set out the flow chart showing the Frimley ICS COVID-19 Changes to Service Provision and Quality Impact Processes which were comprised of three separate elements: (i) provider planner or enacted changes (ii) CCH quality reviews and (iii) ICS Executive Quality Leads Group Review.</p> <p>Members noted the flow chart.</p>
7	<p>Assurance Reporting</p> <p>Sarah Bellars informed members that work to develop an Integrated Performance Report had been halted during the COVID-19 critical incident – she introduced an <u>Assurance Framework – Situation Report (SITREP)</u> which was intended to provide the Frimley Collaborative Board with a clear concise report on the status of current threats against achievement of the strategic priorities. The Executive Team had developed the following five strategic priorities – each of the five Executive Leads provided a short synopsis of the key risks; risk scores; controls and mitigating actions within their areas which were described in detail in the paper.</p> <ol style="list-style-type: none"> 1. Quality – 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. Staff – Emma Boswell

	<p>Members were asked to provide their view on whether the five areas outlined above broadly aligned with their own understanding of current organisational risks.</p> <p>The Frimley Collaborative Board confirmed that the five strategic priorities described above were aligned with their understanding of current organisational risks.</p> <p>Emma Boswell stated that in view of the escalating risks she intended to review the risk rating in relation to the risk description: “if staff experience sustained high volume of work pressure and significant anxiety which would then have an impact on performance and increased sickness absence”.</p> <p>All Executives would review their risks. Action: Exec Team</p> <p>Members noted the new Assurance Framework/SITREP – an updated version would be presented at the next Frimley Collaborative Board meeting in April.</p>
8	<p>Development of the aligned Frimley Collaborative SIRO; Caldicott Guardian and DPO Arrangements for the Frimley Collaborative</p> <p>Members of the Frimley Collaborative were asked to agree the proposal that Rob Morgan assumed overall Senior Information Risk Owner (SIRO) responsibilities for the Frimley Collaborative.</p> <p>It was proposed that existing separate Caldicott Guardian arrangements were streamlined and a single Caldicott Guardian was appointed across the Frimley Collaborative – previously Sarah Bellars had responsibility for East Berkshire; John Fraser for Surrey Heath and Karl Bennett for NEHF. Members were asked to agree the proposal that Sarah Bellars assumed overall Caldicott Guardian responsibility – with continued support from Karl Bennett because of his extensive experience in primary care.</p> <p>Members were asked to provide their agreement for existing Data Protection Officer (DPO) responsibilities across the Frimley Collaborative to be further streamlined – under the new arrangements Ann Cooper the existing DPO for NEHF would also assume responsibility for Surrey Heath. There were no proposed changes to existing arrangements for East Berkshire and Anshu Varma would continue to have DPO responsibilities.</p> <p>Members approved all three recommendations in respect of the SIRO; Caldicott Guardian and the DPO.</p>
9	<p>Reflection</p> <p>William Tong was of the view that it had been a good meeting in very challenging circumstances – he thanked the members who had joined the meeting via skype for their contributions and questions – he also thanked Viki Wadd for her support in capturing the questions which had been received and for relaying these questions to other members who were either present in the room and or on the telephone. There was general consensus amongst members that there had been sufficient opportunities / time to raise questions on key issues. There were some key learnings including addressing the various technical issues that a number of members had with their electronic devices – these issues would be followed up by the Governance Team.</p> <p>Andy Brooks also thanked members for their co-operation and patience with this first meeting conducted via skype which had been disciplined and focussed and had meant that the meeting could be concluded ahead of schedule.</p>
10	<p>The meeting closed at 3.00pm ahead of the previously scheduled time of 3.30pm</p>