

**Buckinghamshire, Oxfordshire and Berkshire West
and Frimley Integrated Care Boards**
Joint Committee

Title of Paper	Joint ICB Quality Report		
Agenda Item	4.2	Date of meeting	13 January 2026
Exec Lead	Sarah Bellars, CNO Frimley ICB and Interim CNO BOB ICB		
Author(s)	Heidi Beddall, DCNO BOB ICB and Melanie Bessant DCNO Frimley ICB		

Purpose	To Approve	<input type="checkbox"/>	Decision required	Joint Committee	<input checked="" type="checkbox"/>
	To Ratify	<input type="checkbox"/>		BOB only	<input type="checkbox"/>
	To Discuss	<input type="checkbox"/>		Frimley only	<input type="checkbox"/>
	To Note	<input checked="" type="checkbox"/>		Meeting in Public	<input checked="" type="checkbox"/>

Executive Summary	
The report will provide high level surveillance of developing quality issues and a precis of current issues and concerns.	
Areas acknowledged in the report are Patient Advice & Complaints (PACT) data, escalations to the ICB's by providers, Never Events and/or patient safety incidents, CQC updates and external reviews or visits.	
Recommendation	The Joint Committee is asked to note the quality issues and mitigations highlighted in this report.

Conflict of interest identified	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Detail	

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome

Joint Quality Boards in Common Public Report

Date of Writing: 30th December 2025

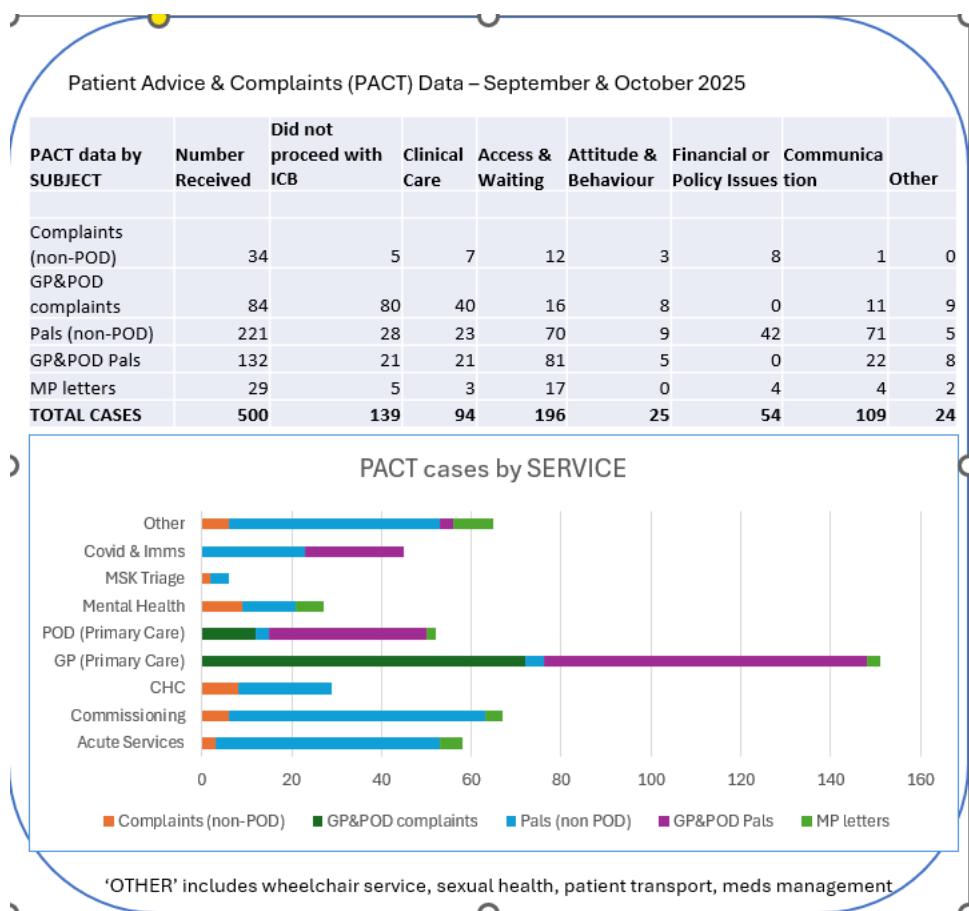
1. Introduction

The purpose of this report is to provide the Boards in Common with high level surveillance of developing quality issues and soft intelligence. The report provides a precis of current issues and concerns that may not be covered in the Quality Report due to the nature of the concern or level of quantifiable assurance at the time of writing.

2. Surveillance Update

2.1. Complaints

2.1.1. BOB ICB Update



There have been 500 cases in September and October, 139 cases did not proceed to full investigation as many cases had been dealt with by local resolution with the patient and GP practice/dental practice.

The key themes continue to be access and waiting, clinical care, and communication. Most of these relate to primary care (GP and Dental), and Pharmacy & Optometry.

Other cases include wheelchair services, sexual health, patient transport and medicines management.

There have been an increased number of inquiries relating to eligibility criteria and availability of covid vaccinations for the Autumn campaign (45 contacts in Sept & Oct).

There continues to be concerns and complaints from patients and their MPs about delayed access to ADHD assessments and barriers to accessing ongoing prescribing of ADHD medications under shared care protocols within a primary care setting.

Several CHC complaints cases remain open for extended periods as complainants are advising they are not willing to close their complaint whilst awaiting the outcome of their CHC appeal.

2.1.2. Frimley ICB Update

The table below shows Cumulative annual figures for CSU PALS and complaints across the Frimley area:

	2024-25	Q1 (Apr-Jun 25)	Q2 (Jul-Sept 25)	Oct 25	Nov 25	Total YTD
ICB Complaints	46	37	25	14	12	88
ICB PALS	325	97	85	47	59	288
POD Complaints	51	58	41	22	11	132
POD PALS/concerns	51	50	57	40	15	162

On reviewing the complaints categorisation between the period of 1st April 2025 and the 30th of November 2025, there is a common theme between PALS enquires and formal complaints. The top three categories are; access and waiting times, clinical care and communication.

2.2. Never Events or Patient Safety Incidents

FHFT – There have been no new never events reported

BOB – There have been no new never events reported.

Escalations by Provider

BHFT have temporarily paused their Adult ADHD referrals pathway from 1st December 2025 due to capacity and demand pressures impacting on the ability of the Trust to keep pace with medication reviews. While reducing risks in respect of delays to medication reviews for patients on the BHFT caseload, the pause exacerbates capacity pressures across the whole system pathway, especially in the context of the Imposition of Indicative Activity Plans (IAPs) for Right to Choose providers, and the adoption of Adult Access Criteria.

EMED patient transport - Performance KPI's are not being consistently met which is having some impact on quality of care. Whilst recognising this is a new service, monthly assurance/monitoring is in place. Escalations will be in line with quality frameworks as appropriate. EMED are reviewing capacity.

Infection Prevention and Control – The current communicable disease incident/outbreak response across BOB is undertaken in a spot-purchase manner. The ICB are reviewing this and looking towards a commissioned service going forward.

3. External Reviews or Visits

OUH The Thames Valley & Wessex Adult Critical Care Network visited the Oxford Critical Care Unit and Churchill Intensive Care Unit on 12th August 2025. Recommendations made regarding estates strategy, post-surgical care, ongoing nurse recruitment needs, potential opportunities for advanced critical care practitioners to support medical rotas, outreach services.

4. CQC Updates

Primary Care.

London Street Surgery had a CQC visit on 29/10/25. The practice was rated as GOOD (previous rating was Requires Improvement).

5. ICB Escalations

The LeDeR programme in BOB ICB has been on-hold since December 2024. A paper was presented to ICB executives describing the LeDeR review backlog and recommendations.

Fixed term recruitment to Local Area Coordinator role and LeDeR reviewer resource has been secured. Reviews have commenced and the approach mirrors that of Frimley ICB. Stakeholder and public briefings have been shared.

Conclusion

This report has outlined a number of quality issues and concerns that the teams will be working with system partner organisations on during January 2025. Progress on these concerns will be reported to the Boards in Common through either the Quality Report or a future private report.

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