



Oxfordshire County Council

Joint Health Overview Scrutiny Committee

Commissioning Paper on SCAS CQC Improvement Journey

Introduction

In February 2024 South Central Ambulance Service (SCAS) attended the Joint Health Overview Scrutiny Committee to provide information around our performance, staffing and resourcing within Oxfordshire, wellbeing for our staff, management of Infection, prevention and Control measures, health and safety measures, but also to update the committee on our Care Quality Commission (CQC) visits in 2022 where the Trust was moved from Good to Requires Improvement.

SCAS has been invited to provide an update and to share an update on the progress made during our journey back from requiring improvement.

1.0 Clear Baseline and Context for the Improvement Journey

The CQC review 5 elements when they look at a provider organisation. Those are, Safe, Effective, Caring, Responsive and Well-Led.

The chart below shows the current status of SCAS by service when they last inspected us in 2025.

There was a review undertaken by the CQC in January 2026, we are still awaiting their latest rating following that visit.

It must be noted that Oxfordshire Patient Transport Service (PTS) is no longer provided by SCAS

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency operations centre (EOC)	Good ▲ May 2025	Good May 2025	Good May 2025	Good ▲ May 2025	RI ▼ May 2025	Good ▲ May 2025
Patient transport services	RI ▼ Jun 2020	Good Jun 2020	Good Jun 2020	Good Jun 2020	Good Jun 2020	Good Jun 2020
Emergency and urgent care	RI ▲ May 2025	Good May 2025	Good May 2025	Good May 2025	RI ▲ May 2025	RI ▲ May 2025
Resilience	Good Nov 2018	Good Nov 2018	Insufficient evidence to rate	Good Nov 2018	Good Nov 2018	Good Nov 2018

There were 3 main areas of concern when we previously inspected:



- Regulation 1 – Continued concern regarding the storage, and oversight of medicine management.
- Regulation 17 – Lack of understanding regarding governance and risk management, with roles and responsibilities unclear.
- Regulation 18 – Lack of clinical oversight to ensure staff were supported and had effective development, to consistently deliver safe care and treatment.

Following the visit a Trust wide action plan was written and shared with the CQC to ensure they addressed the regulatory breaches.

Work was started and continues to ensure the breaches of the regulations are met but also maintained for the future.

2.0 Structure and Governance of the Improvement Programme

- The overall structure of the CQC improvement programme, including key workstreams and priorities.
- How the programme is governed at board and executive level, including frequency of oversight and challenge.
- The role of external support or assurance (e.g. NHS recovery or improvement support) and how this is being used; and
- How learning from inspections and assurance visits is translated into operational change rather than standalone action plans.

2.1 Trust Improvement Programme

Trust improvement programmes have continued during 2025/26. Following a recommendation made to the NHSE Executive Performance, Quality and Delivery Group by the NHS England South East regional team, the Trust has received formal confirmation of its exit from the Recovery Support Programme (RSP) in January 2026.

NHS England wrote to the Trust in March 2026 to confirm a full review of the existing 2024 undertakings and determine progress. The South East Regional Support Group (RSG) approved the recommendation on 15 April 2026 to issue a compliance certificate and therefore removal of the SCAS 2024 undertakings. The existing September 2023 Finance undertakings will remain as is and will be reviewed during Quarter One 2026/27. The removal of the 2024 Undertakings is a positive step in the improvement journey of SCAS.

Whilst these are positive milestones the board are clear that further improvement is required. The improvement work that is required already forms part of our Fit for the Future programme and we will continue to use the framework as our mechanism for reporting our progress to the Board and to the NHSE regional team.



3.0 Progress Against Issues Previously Raised by the CQC and by JHOSC

- The key themes raised by the CQC as still requiring improvement (for example, elements of safe or well led domains).
- What tangible changes have been made since the last inspection, with examples of impact rather than process alone; and
- Where challenges remain, an honest account of why improvement is harder in those areas and what mitigations are in place.

Work has been undertaken across SCAS and continues to be developed. Areas of focus have been:

Areas of focus for further improvement include

- Patient safety (PSIRF) has been introduced to the Trust, as part of the national role out, e-learning and physical learning has been provided to staff with practices developed to comply with the PSIRF process, this continues across the Trust with good compliance of the e-learning aspect, achieving further focus on embedding this learning continues to be rolled out.
- Medicines management, whilst a lot of progress has been made in this area, including relocating the pharmacy team to a new site in Southampton, this continues to develop as we upgrade our management process and change the management of controlled medicines within the Trust.
- Culture – sexual safety. As with many public organisations changing the culture of the organisation takes time, effort and consistency. SCAS is on that journey to recognise, challenge, manage and form behaviours, ensuring that the Trust remains a safe place to work, developing a psychologically safe working environment.

The CQC recognised Improvements demonstrated and recognised in the 2025 CQC visit including:

- Safeguarding – The work started in this area continues, the safeguarding team was increased in size, which enabled improvements in management of workload. Work continues to monitor and improve the feedback process of any safeguarding concerns.
- Infection prevention and control – work is constant in this area, aiming to ensure compliance with regulations and ensuring that SCAS manages to maintain a safe environment for patients and staff. One recent activity is the work being undertaken to introduce pouches on new ambulances coming onto the fleet which will reduce the impact time of deep cleaning of ambulances but also ensuring that consumables items are kept clean and able to be replaced quickly when the need arises.



- Patient Safety – Work continues to embed PSIRF within the organisation, including the setting up of review panels to regularly look at potential and actual incidents of harm, with learning and action wherever required.

4.0 Measurable Improvement and Outcomes

- Performance indicators that demonstrate whether changes are actually improving patient experience and safety (for example response performance, call handling, handover delays, and medicines management where highlighted by CQC)
- How SCAS assures itself that improvements are sustained, not just short term compliance responses; and
- How performance in Oxfordshire specifically compares with system wide performance, where data is available.
- Details of the demand trend for Oxfordshire.
- What is the current strategy for meeting demand without the need for private providers and what is progress.

Performance

During 2025/26 SCAS was set a target by NHSE of achieving a category two response time of 29 minutes and 49 seconds. Considerable work was undertaken throughout the year to ensure the target was met, including looking at the time taken to complete an incident (task time), operational hours, fleet availability, maximising alternatives to conveyance. SCAS ended the year at thirty minutes and two seconds, so just short of the target.

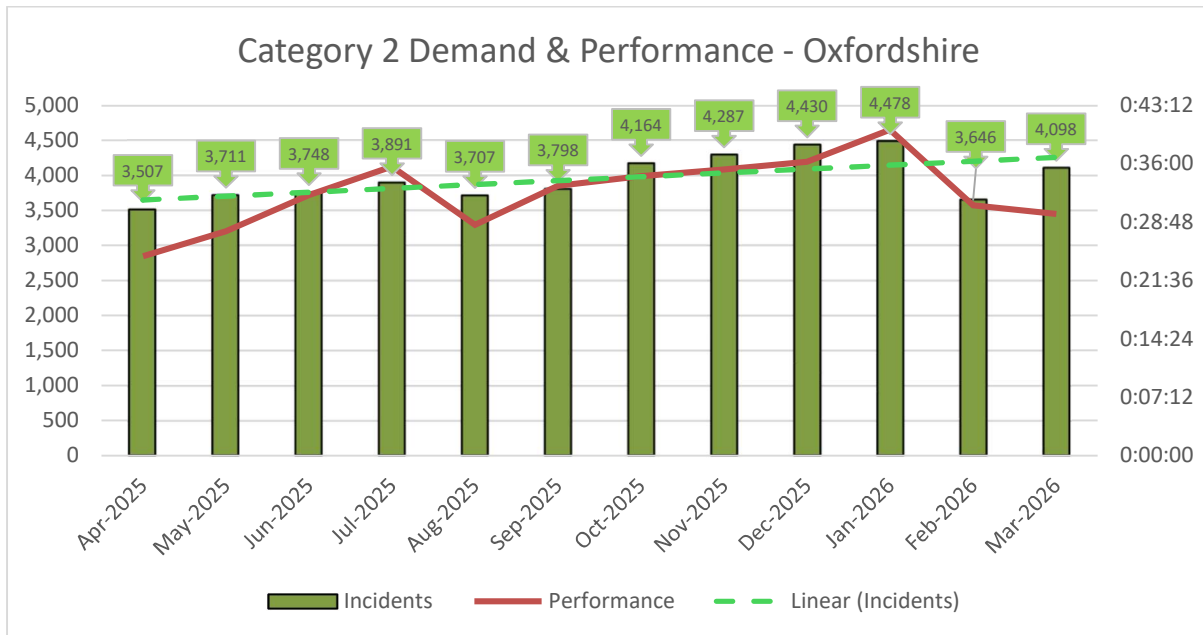
Whilst SCAS did not meet the response target, the management of patients, namely Hear and Treat (speaking with the patient in the clinical co-ordination centre CCC to manage them without dispatching an ambulance) exceeded the 15% target and achieved 17.3% for SCAS. Oxfordshire achieving 18.3%.

See and Treat targets, where a crew attend a patient and manage them within the community, without transporting to the Emergency Department exceeded the 30% target with SCAS achieving 30.6% and Oxfordshire achieving 32.9%

Category 2 demand increased by 2.36% compared to the 2024/25 year, with 47,465 incidents responded to in Oxfordshire.

Category 1 demand, however, saw a reduction of 2.62% across the year, with 6,544 incidents responded to in Oxfordshire.

Our Resource Escalation Plan (REAP) level was reduced to 2, which is the lowest it has been for some time. Reflecting modest pressure across the Trust. With the heatwave and spike in demand, this has just been increased back to 3. During the previous year the Trust was at both REAP levels 3 and 4 for points of the year, reflecting the sustained pressure on the service. However, pressure started to ease towards the end of the last financial year.



5.0 Workforce, Culture and Staff Wellbeing

- progress on staff recruitment, retention, training and appraisal, including whether staff feel supported to deliver high-quality care.
- actions taken to strengthen speaking-up culture, leadership visibility and staff engagement; and
- how staff wellbeing is being protected in the context of operational pressures.

Since the last visit to the JHOSC, SCAS has undergone a review of rota's operated across the Trust to better align resourcing to the demand. This is an ongoing process and the Trust is regularly reviewing to identify where change may be necessary. It must be understood that this change needs to be carefully managed, as it is important to try and balance the delivery of service with family friendly rotas as much as possible.

The financial pressures experienced by the whole of the NHS has meant that SCAS has had to review and manage our resources and finances extremely carefully. The new rotas and the financial pressure have resulted in a realignment of establishment for Oxfordshire and other parts of SCAS.

As a result of this, Oxfordshire is currently over-establishment for clinical colleagues, but under establishment for clinical support colleagues.

As part of the culture work being undertaken in SCAS, Freedom to Speak up (FTSU) has played an essential role in working towards a psychologically safe place for colleagues to work in. We have developed a network of 'Champions' across all parts of the organisation, this has helped enable over 800 conversations with staff, enabling them to speak up, improving our ability to listen up and enabling better follow up.

As part of our education programme for staff, we have achieved a 99% compliance in 2025 for the FTSU e-learning. There was a 26% increase in concerns being recorded.



The year at a glance



The data shows:

- There are a greater awareness and use of the speaking up process.
- An increase in anonymous concerns being raised, suggesting there is still some concern around fearing retaliation, judgement, or negative consequences.
- Concerns being raised are from a wider range of staff than previously, including students and leaders.
- The significant themes are still ones of bullying and harassment, behaviours, psychological and sexual safety.
- It is recognised that staff welfare and psychological safety are closely linked to safe patient care.

This demonstrates and reinforces the goals of the organisation in building a culture where:

- People feel safe to speak up
- Concerns are listened to early
- Colleagues treat each other with civility and respect
- Everyone feels valued, included and supported
- Creating that culture is not one person's responsibility, it belongs to everyone

Over the last year SCAS has worked to embed speaking up within the wider leadership and cultural framework, rather than treating it as a standalone process. This has included aligning the FTSU work with the supporting our people leadership framework, particularly its emphasis on accountability, integrity, curiosity, inclusion, collaboration and compassion.



This is now explicitly linked to the expectations of leaders to encourage open dialogue, listen effectively and ensure staff feel safe to raise concerns and challenge appropriately.

SCAS has developed a Building Trust Together Culture Improvement programme, with a focus on building foundations to delivering a visible, measurable impact.

We have a goal to ensure:

- People feel valued
- People feel well-led
- People feel safe

The background to this requirement is the latest NHS staff survey. Whilst we scored higher than the national average for, We are a Team which reflects positive local team relationships and peer support, staff health and wellbeing, morale and burnout scored below the national average. Both organisational trust and engagement have also both declined. The key challenge is in reducing the gap between local and organisational trust levels.

2025/26 was the foundational year for this programme, focussing on listening, designing the programme and building the governance structures. There is now a clear leadership ownership, defined workstreams and delivery structures. The active measurable delivery has now started as the 2026/25 workstream.

People Feel Valued

- Monthly Building Trust Together sessions established to strengthen openness and staff voice
- Digital PDR rolled out Trust-wide with positive staff feedback
- People Voice Hub refreshed and relaunched
- Culture Champions network established to support local engagement and communication
- Self-rostering pilot launched with positive feedback
- Staff Recognition Awards relaunch underway

People Feel Well Led

- Monthly Leadership Forum now fully embedded
- First Leadership Symposium delivered for operational leaders in April
- NHS Elect leadership modules delivered across multiple cohorts
- Sub-Executive leadership development launched (32 leaders), including 360 feedback and self-assessment
- Art of Showing Up programme launched to strengthen compassionate and visible leadership
- Every Conversation Counts toolkit and handbook developed to support quality conversations in 1-1s and appraisals



People Feel Safe

- Sexual Safety Prevention Lead appointed
- 80 managers trained as sexual safety investigators
- Sexual Safety Programme Oversight Assurance Group established with weekly check in
- ER and FTSU sexual safety cases now formally classified for improved oversight and reporting (support by triage group)
- 95% All staff trained in sexual safety and 93% all managers
- See Me First campaign relaunched with pledges increased from 51 to over 120 in 2 months
- Values & Behaviours Framework confirmed Caring, Professional and Honest

People Management Improvement

SCAS as part of improving support services for staff and leaders have, working with partner suppliers, introduced, Manager self-service to improve payroll accuracy and reduce delays.

SCAS has also provided additional interview skills training delivered to support staff through organisational change, introduction of a recruitment and retention taskforce within the Clinical Co-ordination Centres (CCC).

Health and Wellbeing

As part of our commitment to improving staff health and wellbeing, we have provided Wellbeing conversations e-learning and been actively promoting it across the organisation, SCAS has also actively supported:

- Mental Health First Aid network and Trauma Risk Management (TRiM) practitioner support being strengthened to support staff immediately (60)
- Occupational Health moved to a hybrid model to improve on-site access for staff
- £250k Wellbeing grant secured to strengthen wellbeing support and interventions for learners/ new recruits
- Management development modules support wellbeing, recognising early concerns and to create safe, supportive teams.
- Prioritise burnout and mental health support via Mental Health Toolkit
- Develop one Occupational Health service with SECAMB
- Mental Health Suicide Prevention Steering Group as a priority area of focus to drive coordinated action to improve mental health safety.

Culture

As part of SCAS' commitment to improving and developing a healthy culture within the organisation we are actively encouraging staff to feedback via the monthly Pulse Survey response rates.

With the aim to have 2- 3 check-ins with staff annually we are aiming to embed quality conversations into those meetings and also the personal development reviews (PDR) which are held annually.

- Developing Culture Champions to cascade messages and support local engagement
- Improve PDR completion toward 95% target



- Continue with monthly Building Trust Together all staff sessions
- Continue Sexual Safety Programme, with full Charter compliance by October 2026
- Work closely with SECAMB to share learning and strengthen sexual safety practice
- Publish trauma-informed Sexual Misconduct Policy in June, supported by dedicated campaign
- Publish quarterly anonymised sexual safety data to improve transparency and learning
- Launch Values & Behaviours Framework on 22 June 2026
- Deliver roadshows, clinics and local conversations on appropriate and inappropriate behaviours
- Continue See Me First pledge campaign including site visits, with conversations on allyship, race equity and not being a bystander

To date, we have achieved training 80 managers as sexual safety investigators and exploring collaborative working with SECAMB to strengthen relationships and a capability that did not exist 12 months ago.

ER and FTSU cases are formally classified for the first time, giving us real data to track and a dedicated prevention lead to drive it.

SCAS has established Executive and Sub-Executive Visible Values Walkabouts across sites.

Delivering of local leadership sessions to reinforce visibility, role-modelling and behavioural expectations, continuing to support and deliver NHS Elect leadership modules, including first-line manager development.

Working with our group partner we are exploring the opportunities to develop a joint leadership programme for SCAS and SECAMB leaders and close partnership e.g. Mates to Managers

Continue Art of Showing Up training, focused on compassion, presence and role-modelling (available every quarter). New managers are being provided an induction programme (3 days) following a successful launch. Monthly Leadership Forums and Symposiums with guest speakers from other organisations. In June SCAS are launching the Every conversation counts toolkit and weekly lunch and learn sessions to improve the quality of every day conversations.



Designed Intentionally for Sustainable Change

Every workstream was designed with intent and shaped by what our people told us.

This is what coordinated, purposeful culture change looks like to win hearts and minds.

01

We listened first

Staff Survey, Pulse Survey, FTSU disclosures, ER themes and local engagement all of it read, triangulated and acted on.

02

Leadership at the centre

We put visible, compassionate and accountable leadership at the heart of this because leadership is the engine for change

03

Built to connect

Valued, Safe, Well Led. Three pillars, one programme. Each workstream reinforces the others intentionally to build trust and confidence

04

Sprint and Marathon

We fixed the basics fast payroll, ER grip, JD governance to build confidence. And we are running the long race on culture and conditions simultaneously for positive change.

Recruitment

The financial pressures experienced by SCAS resulted in the requirement to redefine the establishment numbers, based on funding as well as performance pressure.

Nationally there were pressures experienced and resulted in most Trusts reducing their recruitment of clinical staff. This had the beneficial consequence of reducing our attrition numbers. Due to the improved retention and budgeted establishment constraints, a recruitment freeze was put in place last year and a renewed pause was continued for this financial year. Onboarding has been limited and driven primarily by station availability rather than targeted workforce planning. As a result, only one Emergency Care Assistant (ECA) was appointed in Oxford in February 2025, with no further hires at this location. However, we are onboarding 6 ECAs to Buckinghamshire and 2 to Berkshire next month to support. Oxfordshire has always been a popular location to work, so we have been fortunate to experience good staffing levels. The recruitment freeze does create challenges, but not as significant as other areas within Thames Valley, we are over-established on our clinical workforce, but under-established on our clinical support workforce.

Looking ahead, we are acutely aware of the impact of not recruiting new graduates this year, particularly in relation to our engagement with students and our partnership with Oxford Brookes University. We work closely with the University, but this is impacted by not being able to offer employment opportunities to newly qualified Paramedics who we have supported through their 3 year degree. Internal students undergoing the same process are guaranteed employment as a Paramedic, but we may not be able to facilitate their employment within Oxfordshire but may have to move them to other parts of the Thames Valley. There is also a risk that future recruitment efforts may be more challenging, as the current pause means we will need to rebuild our candidate pipeline.

Additionally, the removal of Patient Transport Services in the Thames Valley has reduced a valuable internal feeder route into ECA roles, which had previously supported workforce development and progression.



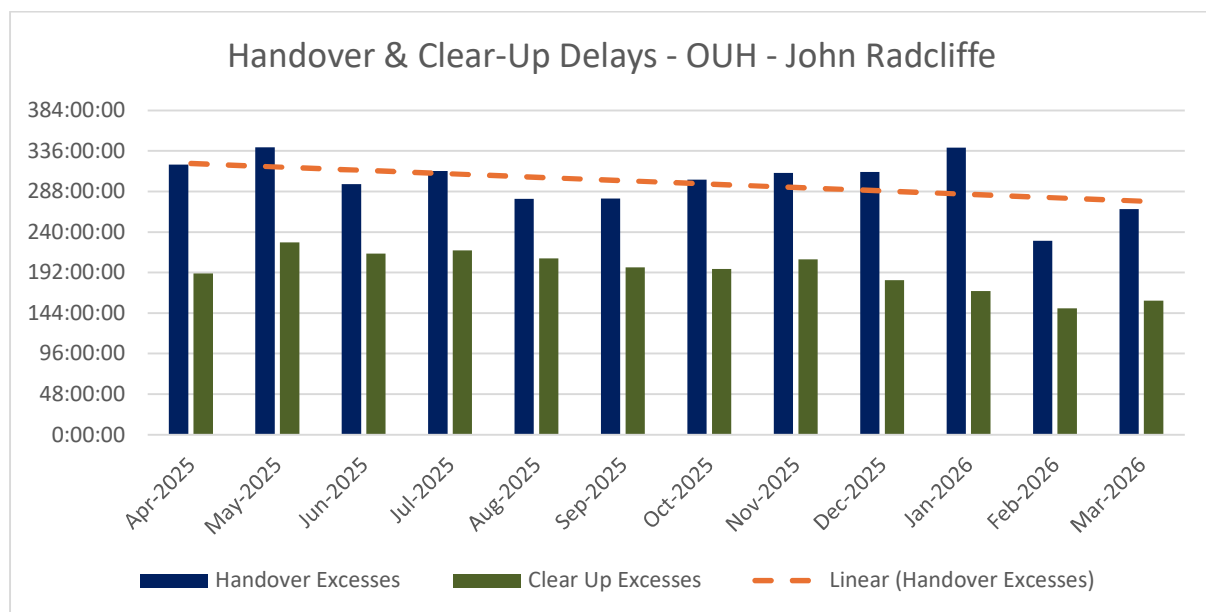
6.0 Interaction with the wider Oxfordshire health system

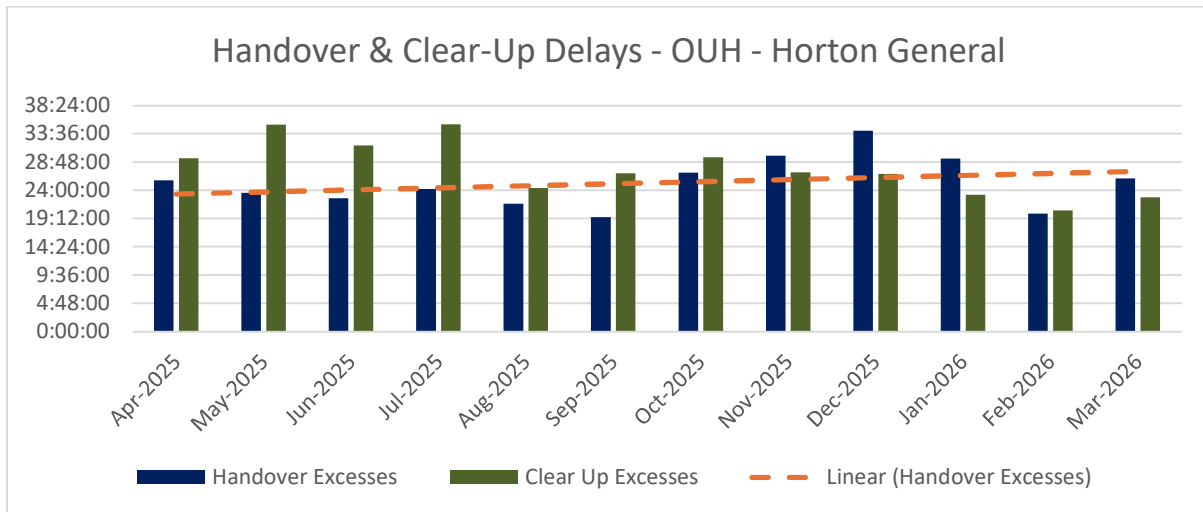
- How improvement depends on, or is constrained by, system-wide factors such as hospital handover delays
- What joint work is taking place with ICBs and acute trusts in Oxfordshire to address these issues; and
- How SCAS escalates risks that sit beyond its direct control.

SCAS is an integral part of the health and social care system within Oxfordshire. We are represented at many levels across the system including daily calls where we can provide an update on our daily position, understand the other partners situations and offer support where we can.

Hospital Handover

A key part of our improvement to task time is the ability to offload patients when we arrive at the Hospital. Nationally this has been a key challenge, SCAS has built an excellent working relationship with the Oxfordshire University Hospital and supported by the Integrated Care Board (ICB, Berkshire, Oxfordshire, and Buckinghamshire, which has just amalgamated to become the Thames Valley ICB), we have seen improvements in the excess handover times. We continually work together to see how we can improve processes and reduce the amount of time taken to transfer care of the patient to the receiving hospital.





Whilst the trend line is going up for the Horton, it must be stressed that their handover times are normally within the national guidance and, whilst we have seen an increase in handover times, it is as a result of spikes during winter.

At the daily calls, we review handover delays that exceed 45-minutes and have honest and open conversations around the causes for those delays. Not all delays are classed as true delays, as they may be a process issue, rather than a capacity issue. SCAS within Oxfordshire are extremely fortunate to have ability to access many pathways and the system fully supports opportunities to avoid admission to hospital wherever possible.

SCAS has regular meetings with colleagues from the OUH where handover is the main discussion point, looking at how we support each other, what steps we need to put in place jointly to improve the handover situation, this is a collaborative opportunity where we review process to identify any blocks to improving handover. This has resulted in a reduction in 45-minute delays being reported and ensuring that the majority of delays are due to a physical delay, rather than a process error. These delays are then reviewed to identify if any learning can be identified from both the OUH and from SCAS.

The OUH is extremely cognisant of the impact created by handover delays and works hard to reduce that impact wherever it is possible. SCAS will send out messaging to staff on a daily basis, especially if there are pressures being experienced. Colleagues from other services will aim to surge their availability to support operational crews in managing patients as effectively within the community, rather than defaulting to conveyance, thereby actively reducing the pressure on the OUH, but also improving our availability to respond to the next call, without being delayed at a pressured unit.

Oxfordshire maintains the highest non-conveyance rate within SCAS, this is because of the support and willingness to explore as many alternatives provided by partner providers within the wider system.

SCAS is represented at ICB and system led meetings, where we review areas and concerns, plus reporting around work being undertaken by us and other partners to improve the non-conveyance options.



When SCAS faces challenges, we are able to discuss directly with the OUH, but also able to raise to the Thames Valley ICB to gain their support in enabling progress. One recent example has been staff reporting delays whilst trying to refer to one of our partners, which has increased our times on scene, reducing availability for the next incident. We invited the partner provider and the ICB to an Oxfordshire leadership meeting, where we were able to discuss the challenges faced by staff, recognition of how our partner agency may be able to adapt to improve that was discussed and solutions offered by the partner agency. This has enabled some work to be commenced in ensuring a faster acceptance of our referrals, which will hopefully start to show improvements.

7.0 Forward look and readiness for future inspection

- Any next milestones in the improvement journey
- how SCAS is preparing for any future CQC inspections or re-assessments; and what risks could derail progress, and how these are being actively managed.

We look forward to the realisation of the regulatory breach action plans and report progress against these. However, some of these are integral to existing workstreams, with timelines drafted and some that will be subject to the submission of business cases.

SCAS has introduced an accreditation regime across the Trust, a team made up of members from the Clinical Team (who lead on our CQC inspections), a member of the executive team, or a non-exec Director, plus the local senior leadership team undertake an inspection of a site.

Preparation for CQC inspections is business as usual. The accreditation programme provides assurance against internally agreed standards. All stations have been through the first round of the programme, and the second round of visits has commenced.

SCAS is working in close collaboration with South East Coast Ambulance Service (SECAMB) as we are the first two ambulance trusts in the country to form a Group model. Both Trusts work independently but have an alignment with one Chief Executive and Chairperson who both lead the joint organisations. Both organisations are focussed on partnership wherever possible to improve and level up any differences between the two Trusts. We have always been collaboratively minded as partners and are already part of the South Ambulance Service Collaboration, which is made up of SCAS, SECAMB, London (LAS), Great Western (GWAS), and East of England (EEAS) to enable improvements in processes and alignment with cost benefits of scale.