Excellence in Care

Framework

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The EiC Lead Nurses

The EiC eHealth Leads

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Foreword

“Fundamentally the work of Excellence in Care (EiC) is about enabling and providing evidence to support the best and highest standards of care to those who use our health and social care services. There is no doubt that the pandemic has taught us much about the use of technology in supporting patients and staff. But equally we know that in recent times our ability to deliver the highest standards of care has been challenged. Going forward we need to ensure that the conditions to enable safe and effective care can be met and that we can measure these improvements and sustain them. To achieve that ambition our workforce need to be supported to do so, that is where this EiC framework and other improvement programmes will play a vital role.”

Professor Alex McMahon, Chief Nursing Officer, Scottish Government

“Delivery of high-quality care is fundamental for nursing and midwifery practice and is an important consideration as we recover from the impact of the pandemic. The EiC framework provides front line nurses and midwives and their managers with the tools to manage, lead and continuously improve care with people who use our services. Nurse Directors across all boards in Scotland support and endorse the approach.”

Ann Gow, Director of Nursing, Midwifery and Allied Health Professionals, Healthcare Improvement Scotland and Chair of Scottish Executive Nurse Directors

Background

Excellence in Care (EiC) is a national approach which aims to ensure people have confidence that they will receive a consistent standard of high-quality of care no matter where they receive treatment in NHS Scotland.

Commissioned by the Scottish Government in response to the Vale of Leven Hospital Inquiry recommendations (1), EiC seeks to improve, integrate and coordinate the way nursing and midwifery services are delivered.

Prior to the Vale of Leven Inquiry report, there was an increasing emphasis on healthcare to assure the quality of its provision following the recommendations from the Francis Report (Feb, 2013)(2); Keogh Report (July, 2013)(3) and the Rapid Review of the Safety and Quality of Care for Acute Adults in Territorial Health Boards (Dec, 2013)(4).

Scotland's national approach to assuring and improving nursing and midwifery care was requested by the Cabinet Secretary for Health and Sport and agreed at a National Meeting in 2015. The programme is supported by the Chief Nursing Officer (CNO) and Scottish Executive Nurse Directors. The programme will deliver the following four key objectives:

- identify and/or develop a nationally agreed set of clearly defined key measures/indicators of high-quality nursing and midwifery care,
- provide a framework document that outlines key principles/guidance to NHS boards and Integrated Joint Boards on development and implementation of EiC,
- design and deliver a local and national infrastructure, and 'dashboard', that enables effective and consistent reporting 'from Ward (point-of-care) to board', and
- design a set of NHS Scotland record keeping standards and guiding principles that drive shared decision making and support professional judgement whilst taking a proportionate and appropriate response to risk.

In addition to delivering the four key objectives EiC is integral to the duties outlined within the Health and Care (Staffing) (Scotland) Act 2019(5).

EiC and the Health and Care (Staffing) (Scotland) Act 2019 share a common purpose to ensure the provision of safe and high-quality health care and that the health and wellbeing of staff and patients is supported through a framework of continual improvement and assurance.

The EiC programme has been established since 2016 as a multi-agency collaboration between Scottish Government, Healthcare Improvement Scotland, NHS National Services Scotland, NHS Education for Scotland and public partners. Funding has been made available to ensure a senior nurse/midwife and data specialist from each board has dedicated time to support national and local delivery of the approach. An initial focus of the programme has been the development of the Care Assurance and Improvement Resource (CAIR) dashboard and a suite

of quality measures. The measures were co-developed with nurses, midwives and clinical experts and informed by research to provide organisation and public assurance and confidence in the consistent delivery of quality person-centred care across Scotland.

In March 2020, EiC was paused due to the COVID-19 pandemic where it remained in hiatus until it was remobilised in May 2021. The COVID-19 pandemic has had, and continues to have, a profound impact on the delivery of healthcare throughout Scotland. In January 2022, the number of confirmed COVID-19 cases surpassed 1 million in Scotland and had resulted in the deaths of 9,890 people following a positive test, however, it is widely recognised that the full extent of the direct and indirect impact of COVID-19 on public health is still relatively unknown. In addition, the continuation of the pandemic has provided significant challenges to the health and wellbeing of staff, ultimately having significant impact on the capacity and ability of the workforce to deliver the expected quality of care highlighting the importance of assurance and improvement within health and care.

Vision

Excellence in Care (EiC)'s vision is to provide assurance whilst promoting the culture and conditions in which high-quality standards of care are delivered consistently across Scotland. This will be achieved through the unique contribution of nurses and midwives working as part of a multi professional team, who are enabled to flourish and provide excellence every time.

Framework

The EiC framework is based on the premise that in order to achieve 'excellence in care' all of the elements within the framework are interlinked and are of equal importance.

The framework is built upon a strong inner core informed by the Vale of Leven Inquiry. The families who contributed to the Vale of Leven Inquiry identified four essential requirements: Person Centredness; Compassion; Fundamentals of Care; and Communication, both verbal and written, with patients, their families and between staff. These four essentials provide the foundation for high-quality, person-centred care delivered within a culture of continuous improvement utilising a Quality Management Systems (QMS) approach.

Ensuring the consistent delivery of high-quality care requires integration of several key elements; patient safety, supported through the work of the Scottish Patient Safety Programme (SPSP), informed by evidence and standards and delivered by an enabled workforce who are appropriately trained and working in sufficient numbers and skill mix. Leadership, culture and staff wellbeing are inextricably linked and essential to creating the

conditions in which excellence can flourish. All of this needs to be delivered within a backdrop of systems and processes that provide assurance from 'point-of-care to board level' as part of local governance arrangements that support the sharing of learning, starting with what has gone well.

The EiC framework has been co-developed with a range of stakeholders and through extensive stakeholder engagement. It has been informed by evidence-based research and with consideration to the alignment with other strategic and improvement priorities and with an appreciation of the origins of EiC's inception. The framework is intended to support staff with the implementation of EiC and serve as a reference, providing the evidence base and rationale to why each element is vital to delivering quality person-centred care.

Fundamentals of Care and Person-centred

The Vale of Leven Inquiry identified significant shortcomings in the delivery of the fundamental aspects of nursing care highlighting how critical they were to the delivery of good quality and compassionate care (1). In recognition of the learning and its importance ‘fundamentals of care’ is at the core of EiC.

'Caring for our most vulnerable is only done properly if patients, families and staff work together as a team'

Michelle McGinty, Patient and Family Representative

EiC supports the ethos of the nursing and midwifery 2030 Vision, that confident, competent and compassionate practitioners consistently deliver person-centred care. Person-centred practice is therefore a key focus and golden thread through the EiC framework.

Fundamentals of Care

In the past several decades, it has become clear that modern healthcare systems have devalued basic aspects of care in favour of cost-efficiency and disease-focused models of care, with reports of patients receiving inadequate nutrition and hygiene care (2, 7). The consequences of these failures to meet basic needs have resulted in poor patient safety, increased lengths of hospital stay, and adverse patient outcomes (7-9). Subjective indicators–such as patient surveys–have reported varying levels of dissatisfaction with the level of care provided by healthcare professionals, with patients expressing a desire to work in partnership with staff and to ‘get the basics right’ (10). In response to the Vale of Leven Inquiry, EiC prioritises the fundamentals of care, referencing the primary levels of care required by all patients that are irrespective of an individual’s particular disease or treatment (8). These have been further conceptualised as actions which address patients’: safety, comfort, communication, dignity, respiration, privacy, eating and drinking, respecting their choices, elimination of bodily waste, mobility, personal cleaning and dressing, expressing sexuality, temperature control, and rest/sleep (11). Through engaging with nurse leaders and developing the CAIR dashboard, EiC stresses the importance of the fundamentals of care, including standard infection prevention and control precautions (SICPs) across Scottish healthcare systems (1, 7, 12).

Person-centred

As healthcare models have shifted from a purely bio-physiological perspective towards a whole-systems approach that recognises how biological, psychological and social factors combine to represent an individual’s wellness, efforts are made to include patients as partners in their care rather than purely recipients of services (13). Person-centred care is grounded in the model of personhood, recognising the patient as a whole person and developing a relationship of equals (14, 15). This healthcare perspective describes a philosophy that: considers patients’ needs, wants, perspectives and individual experiences; offers patients the opportunity to contribute to their care; and enhances the partnership between the patient and carer (16). The World Health Organisation describe people-centred health services as: '…an approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted

health systems that respond to their needs and preferences in humane and holistic ways. Person-centred care requires that people have the education and support they need to make decisions and participate in their own care. It is organised around the health needs and expectations of people rather than diseases.' (17)

When delivering person-centred care, the following key factors should be considered: the delivery of care against the identified need; the patient’s confidence in the knowledge and skills of the care provider and their sense of safety during care delivery; the inclusion of the patient in the decision making relating to their care and how their choices/preferences are respected; understanding what is important to the patient; time spent by care providers and care receivers; and the support for patients to self-care where appropriate. (18)

Compassion and Communication

EiC recognises the importance of compassion and effective communication, both verbal and written, with patients, their families and between staff as essential to ensuring a person-centred culture and approach.

Compassionate, person-centred practice focuses on the relationships between all those involved in care delivery, those receiving care and those that matter to the individual. Compassionate relationships are achieved through an empathic approach, whilst maintaining the dignity of all parties involved in care delivery. The Vale of Leven Inquiry highlighted record keeping and good communication as important elements of patient care ensuring patients, and where appropriate relatives, can be involved in decisions about care (1).

Compassion

Compassion is one key aspect of providing person-centred care, and indeed an inherent quality of effective healthcare provision more broadly. Compassion can be defined as, 'the sensitivity shown in order to understand another person’s suffering, combined with a willingness to help and to promote the wellbeing of that person, in order to find a solution to their situation.' (19). Similar to conceptualisations of generosity, altruism and empathy, compassionate care is not necessarily expressed through specific words or healthcare processes but is rather experienced as a respectful and caring attitude that can be felt by patients in everyday acts with healthcare professionals (20).

Greater compassion–as perceived by patients–is associated with lower anxiety, higher levels of patient satisfaction and better rates of recovery; healthcare professionals with more reported compassion also appear to derive more pleasure from their work and are more likely to remain in the healthcare field (21, 22). Unfortunately, past research has indicated that patients within the NHS have not always experienced compassionate care during their treatment and that nurses report high work environment-related barriers to providing this type of care (22, 23). Thus, EiC aims to facilitate the provision of compassionate care across the Scottish healthcare system to improve outcomes for patients and staff.

Communication

Effective communication (both between carer/patient and between members of a healthcare team) is paramount to providing person-centred care, particularly as failures to communicate are a primary cause of adverse patient outcomes in healthcare (24). In contrast, successful communication is associated with increased patient satisfaction, adherence to medical advice and treatment, and long-term changes towards a healthy lifestyle (25, 26). In recent years, healthcare providers' communication skills have been recognised as an important part of the medical curricula for nurses and physicians (26). Specifically, health communication literature has identified interpersonal sensitivity, partnership building, and information transfer as key communication skills that are predictive of better health outcomes for patients (27). Healthcare provider-patient communication can be facilitated by encouraging a two-way dialogue, maintaining eye contact, speaking slowly and in non-medical jargon, listening attentively, allowing patients time and space to share their experience (28, 29). Given the significance of communication to positive patient outcomes and experiences, EiC has explicitly focused on this facet of person-centred care within its theoretical framework.

The importance of the structures and process are recognised as key components to delivering safe, person-centred care within the SPSP's Essentials of Safe Care. Through these structures such as flexible visiting and person centre care planning documentation it is possible for the person to be involved in both realistic and shared decision making with those providing their care and support. Enabling family and carer presence and involvement has been shown to have clear links to ensuring safety for people receiving care or support (30).

Quality Planning, Control and Improvement

To help create a coordinated and consistent approach to managing quality EiC promotes the use of the principles of Healthcare Improvement Scotland's QMS. The EiC framework incorporates the elements of the QMS to ensure a consistent approach to quality improvement. Quality planning, quality improvement and quality control are key components of the EiC framework and fundamental to maintaining and improving the consistent delivery of high-quality care.

To support local teams to access quality data a core function of the EiC national programme has been the development of the CAIR dashboard.

Quality Planning

Joseph Juran famously described quality planning within manufacturing as 'a systematic process for developing services and processes that ensure customer needs are met' (31). Over the last 30 years Juran's process has been adapted within healthcare to deliver improved patient experience through understanding the unmet needs of the service user (31) with quality planning being a key component of this process. Quality planning relies on mechanisms which help teams and services to identify their priorities for improvement and then design the right interventions to deliver improvements. The three main sources of discovery which should feed quality planning processes are:

- quality control and/or quality assurance mechanisms
- work to understand the population/customers' needs and assets
- government strategies and targets

Quality Control

Understanding, monitoring and controlling variation in clinical variables is an integral part of clinical practice (32). Quality control covers the processes that are in place to monitor performance in real time and then take action when results don't match the agreed performance standards. Ideally quality control processes should be owned by those directly providing the service. This means care delivery teams understand what good looks like, have real time data (quantitative and qualitative) to know if they are meeting those performance standards, have the skills and permission to address the quality/performance problems within their control, and know who else to involve in addressing the ones beyond their control.

The development of nationally agreed measures of quality for nursing and midwifery and the development of the CAIR dashboard supports local teams to access quality measurement data that will help them identify and plan improvements within their own area of practice. These developments are a core component of the EiC National Programme.

Quality Improvement

The term 'quality improvement' refers to the systematic use of methods and tools to try to continuously improve quality of care and outcomes for patients (33). There are various methods and tools, but they enable some common principles:

- knowing why there is a need to improve
- being able to interpret if improvement is happening through measurement
- developing an effective change theory which will result in improvement
- testing a change before moving to implementation
- knowing when and how to implement a change

Evidence and Standards and Safety

It is recognised that safe, consistent, person-centred care is delivered by a skilled workforce utilising evidence and best practice. EiC aims to provide assurance on the consistent standard and quality of care across NHS Scotland through the use of evidence from research and best practice to inform the development of a suite of measures of quality. Through collaboration with other improvement programmes and national organisations EiC strives to incorporate, inform and influence improvement priorities and the available body of evidence. EiC has strong links with the work of Healthcare Improvement Scotland's SPSP and promotes the use of the practical packages of evidence-based

guidance and improvement support such as the 'Essentials of Safe Care' to support the delivery of safe care.

Evidence and Standards

Healthcare systems across the world are dedicated to delivering care that is informed by evidence rather than historically based traditions and dogma (34). Evidence-based practice is defined by the International Council of Nurses as, 'a problem solving approach to clinical decision making that incorporated a search for the best and latest evidence, clinical expertise and assessment, and patient preference values within a context of caring (35).' The UK, and Scotland more specifically, have several dedicated bodies to evaluating scientific research and establishing best practices such as: the National Institute for Clinical Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN). EiC works in tandem with these organisations, whilst simultaneously commissioning our own research and collaborating with clinical and academic colleagues, to determine what indications of care quality should be considered and promoted by NHS Scotland. This approach combines positivist, research-based data with the expert knowledge of clinical staff contributes to robust evidence that is used to inform EiC's objectives and priorities (36).

To ensure EiC is an informed, evidence-based programme, there is an established academic advisory group whose role is to ensure the programme is informed by the latest evidence and best practice standards. EiC will work in partnership with our quality assurance and evidence directorates to share learning and intelligence to inform and influence priorities for improvement and standardisation of evidence-based care.

Safety

Safety is paramount in conceptualisations of quality care and is identified as the first step in ensuring EiC (37). Patient safety can be defined as the reduction of risk of unnecessary harm, simultaneously maximising the successful implementation of care (38). Despite efforts by healthcare professionals, evidence suggests that approximately 10 % of those admitted into NHS Scotland hospitals experienced some degree of unintentional harm–with researchers estimating that roughly half of these adverse events were avoidable (39). In response to concerns over patient safety, NHS Scotland became the first health service in the world to create a nationwide, systematic approach to improving patient safety: the SPSP. Early results have indicated that as of the implementation of this programme, all health boards have reported some improvements in patient safety (40). Informed by SPSP, several of the measures included in the CAIR dashboard are explicitly related to the safety of patients, such as falls rates and pressure ulcers, whilst other indicators of care quality are indirectly associated with patient safety and experience of the healthcare system more broadly.

As well as the co-development of measures, it is the aspiration of EiC to work with the SPSP to drive improvement through the use of the CAIR dashboard to influence, prioritise and reduce risk within the health and care system in Scotland. This collegial approach will increase quality improvement capacity through joint working and reduce systemic waste by decreasing duplication.

Workforce

The aim of the Health and Care (Staffing) (Scotland) Act 2019 is to ensure that boards will provide appropriate staffing in order to deliver safe high-quality health and social care, which also supports the health and wellbeing of staff.
EiC is integral to the application of the Common Staffing Method (CSM) through the provision of workforce and quality data which should be utilised alongside the other components of the CSM to inform workforce planning. This will support health boards ensure that they have the right people, with the right skills, in the right place at the right time to meet the obligations of the Act (5), and the delivery of high-quality, person-centred care.

Workforce

It is widely accepted that healthcare staffing levels are associated with high-quality care, with inadequate staffing levels consistently associated with adverse patient outcomes (41-43). Lower staffing levels have been linked to higher rates of falls, pressure ulcers, nosocomial infections, longer hospital stay, increased risk of mortality, and other metrics indicative of the quality of care (44-48). This relationship between lower staffing and poorer care quality can be attributed to the increased workload for healthcare professionals and thus a decrease in the level of oversight afforded to patients (49). Additionally, the skill mix of staff within healthcare settings has been proposed as a significant contributor to care quality; whilst the number of staff is an important factor, staff qualifications and competencies also must be considered in relation to patient care needs (50, 51). Thus, in conjunction with the Healthcare Staffing Programme, measures relating to healthcare staff have been included within the CAIR dashboard to enable and encourage the senior healthcare professionals to monitor their staffing levels and inform their workforce development and planning decisions.

The CSM is a framework that supports a triangulated approach to determining the required staffing levels and skill mix. The Health and Care (Staffing) (Scotland) Act 2019 specifically highlights that areas with a staffing tool in place have a duty to follow the CSM. However, in areas that do not have a specific tool, using the key principles of the CSM provides a robust framework to review staffing. The CSM can be used to review and triangulate the outputs from the speciality specific workload and the professional judgement tool, as well as taking into account a number of other factors, including local context and quality measures in order to make a robust and evidence-based decision regarding staffing requirements. Quality is an important aspect of the CSM. The CAIR dashboard provides measures relating to healthcare staff as well as other quality indicators which can all be used to evaluate if the current staffing levels are impacting on the quality of care provided.

Leadership and Culture

EiC recognises the vital role of interactions between people, including the impact of leadership behaviours and organisation cultures. Continuous learning and an ability to embrace change by those delivering services is integral to this.

Flexible, compassionate and supportive leadership is required to create a positive culture to enable the delivery of high-quality, person-centred care and staff wellbeing.

Leadership is a skill that should be embedded across all levels of an organisation and helps to promote a culture which enables rapid decision making and positive risk taking. Staff will then feel psychologically safe to raise concerns and ask questions. Leadership and culture are key components of the QMS and fundamental for 'creating the conditions' for reliable delivery of high-quality care.

Leadership

Leadership is a significant factor in shaping an organisational culture that delivers high-quality care, and thus effective leadership behaviours, strategies, and development are fundamental to NHS Scotland's objectives (46). Positive, effective leadership is built on trusting relationships between supervisors and their staff, in which decisions are inclusive, participation is promoted, staff are empowered to access support, and opportunities to grow are available (52-54).

The quality of nursing leadership is significantly associated with staff wellbeing, workplace satisfaction, and retention rates (52, 53, 55). Combined with adequate nursing supervision it is associated with better outcomes for nurses' wellbeing, with observed correlations between clinical supervision and physical symptoms of anxiety (56). In contrast, poor leadership is associated with work-related burnout in healthcare professionals (57). Effective leadership is also associated with improved outcomes for patients; leaders that prioritise compassion for both staff and patients enabled effective collaboration between multiprofessional teams which positively influenced patients' experiences (57-60).

Evidence suggests that nursing leadership skills can be acquired and developed through experience and education (61). Thus, EiC will explore further opportunities to foster leadership development across Scottish health boards to ensure effective leadership for the benefit of staff and patients.

Culture

A key challenge facing the NHS is to nurture cultures that guarantee the delivery of safe, high-quality, person-centred care that demonstrates continuous improvement (62). Organisational culture can be conceptualised as the beliefs and values that are facilitated by the social interactions of staff and patients, and through the decisions and objectives set by management (63). Researchers have proposed five elements of an effective workplace culture that assures a high-quality of care within healthcare organisations: operationalising an organisation's vision across all levels of work, setting clear objectives for staff, encouraging supportive management styles, supporting team working, and embedding quality improvement and innovation in day-to-day practice (58, 60).

The relationship between organisational culture and the wellbeing of staff and patients is well established in literature (63). For example, workplace settings which foster resiliency through supportive interpersonal relationships have been demonstrated to promote wellbeing and facilitate higher levels of job satisfaction, thus improving retention rates of healthcare staff (62, 63). Encouraging a culture of psychological safety in particular (ie staff feeling comfortable to discuss one's feelings and using them to guide the decision making process) is associated with high levels of nursing compassion and empathy towards patients (65).

Organisational culture has also been demonstrated to impact patient safety and mortality rates; with workplaces that encourage initiative taking, innovative approaches, and problem solving reporting less safety issues and lower mortality rates than those that place a strong emphasis on hierarchy and control (66-68). Similarly, hierarchal structures–characterised by high levels of bureaucracy and regulation–are linked to poor patient satisfaction across the literature (69, 70). Thus, EiC has prioritised shaping organisational culture within NHS Scotland, incorporating staff and patients' perspectives to guide our quality improvement efforts to deliver safe, person-centred care consistently.

Staff Wellbeing

Staff provide a unique contribution to the support, treatment and care for people across Scotland each day. It is their knowledge and skill, and their desire to improve care, which are the driving force behind the successful delivery of excellent person-centred care.

To achieve this, staff should be well informed; appropriately trained; included in decisions that affect them; treated fairly and consistently; and provided with a safe and improved working environment.

It is widely recognised that positive staff experience and the promotion of wellbeing are vital elements of high performing teams and therefore EiC.

Staff Wellbeing

The wellbeing of nursing and midwifery staff has a significant impact on the healthcare system and the quality of the care that patients receive. Healthcare professionals who report high scores on wellbeing measures tend to stay in their jobs longer, describe more resiliency, and demonstrate more caring behaviours towards patients (53). Staff that describe high resiliency tend to exhibit less of these negative symptoms of mental distress and utilise positive coping skills to manage workplace stress, with resilience playing a mediating role between the impacts of the job demands of nursing and mental ill-health (64). Thus, the EiC framework prioritises the wellbeing of healthcare staff and includes measures within the CAIR dashboard that concern workforce and ward capacity, and strives to build resiliency through leadership, learning and culture. By creating an environment that supports staff wellbeing, we aim to empower staff to provide compassionate, person-centred care consistently for every patient.

Healthcare professionals' workloads continue to increase as the healthcare system's capacity changes due to fiscal changes, ageing population, inadequate staffing, and more (68). These increasing

pressures have been associated with poorer staff wellbeing. Nurses and midwives' physical and mental wellbeing may suffer as a result of their occupation, from increased risk of communicable disease to high rates of adverse mental health problems (depression, anxiety, etc) (57). Rates of psychological ill-health (such as: depression, burnout, and anxiety) have been on the rise in British nursing populations for the last two decades, with some studies reporting rates of mental health symptoms as high as 80 % (64). Mental wellbeing has been additionally tested by the COVID-19 pandemic, challenging an already stretched healthcare system (71).

These high levels of psychological distress are associated with wide-ranging adverse outcomes for patients, the healthcare system and staff themselves. Nurses and midwives' wellbeing is associated with patient satisfaction, safety, and outcomes, and has been conceptualised as the 'working conditions-patient outcomes' relationship (53, 63, 68, 72). In addition to the impact on patient care, staff who report poor mental wellbeing have higher rates of medical leave and increased attrition, with high numbers of healthcare professionals expressing their intentions to leave their current employment or the field of care altogether (53, 56, 63). This attrition increases work burden for the remaining staff and impacts nurse-to-patient ratios, contributing to a negative feedback loop that has implications for patient safety (55, 64). Given the association between staff wellbeing and the quality of care, EiC is coordinating with the Healthcare Staffing Programme, ensuring that its objectives aligned with the Health and Care (Staffing) (Scotland) Act 2019.

Assurance and Governance

Effective governance provides the system through which the NHS works to monitor and improve the quality of care and services they deliver. Health Boards should ensure that there is a clear and effective line of professional responsibility between the ward and the board.

EiC will provide the framework to ensure a clear and consistent approach for assurance and governance, from ward ('point-of-care') to board level, and across Scotland.

Assurance

Quality assurance within a healthcare context can be conceptualised as the process by which care is objectively and systematically monitored for the appropriateness and quality of patient care to inform continuous improvement efforts (73, 74). Quality assurance efforts have become key policy agenda items for healthcare systems worldwide, including the UK with recent publications emphasising quality and excellence initiatives within the NHS (75-77). In response to the Vale of Leven Inquiry, in which care quality was found to be significantly eroded, NHS Scotland has prioritised efforts to ensure consistent high-quality care across healthcare boards, with particular focus on the important role of nurses and midwives (78).

EiC will assure care quality first through quality assessment using the CAIR dashboard, developing a suite of valid and reliable measures informed by scientific literature that are indicative of high-quality healthcare (79). In line with the Institute of Medicine, EiC have highlighted patient experience, safety,

effectiveness, efficiency, and sustainability as fundamental domains of care quality, and thus the measures selected for the CAIR dashboard will reflect these priorities (80).

Governance

Historically governance structures in the NHS have been aligned with a hierarchical model, in which managers have had a dominant control over nursing care (81, 82), however there have been recent reforms towards clinical governance in which control is devolved from managers towards frontline staff (83). This shared governance perspective was developed as a strategy to facilitate nurses' control over their care practice, reducing the inequalities between management and frontline staff, with core principles of accountability, recognition for the decision making role of nurses, and the facilitation of collaboration with staff to promote working conditions that reflect this shared authority (83-85).

Governance strategies that promote shared decision making and empower staff have been recognised by professional nursing bodies as key components of healthcare system structure that ensure a high-quality of care, with the literature demonstrating an association between shared, clinical governance and positive outcomes for patients and staff (83, 85). Conversely, inadequate professional autonomy–as perceived by healthcare professionals–is correlated with high levels of burnout, job dissatisfaction, stress and turnover. These negative impacts on staff subsequently influence the quality of care provided (82, 86). There is evidence that nurses within the NHS perceive a discrepancy between their expectations of professional autonomy and the way in which their work was governed; reporting a lack of significant control over their nursing practice and that management enacted inappropriate levels of control over their work (87). Therefore, the EiC framework recognises the importance of healthcare governance structures that emphasise the perspectives of staff across all levels of the organisation, aligning this aspect of the framework with a positive workplace culture and prioritising staff wellbeing.

Learning

Learning is an essential ingredient to success in any environment, and is influenced by the elements within the EiC framework. Whilst it is essential to learn from adverse events and complaints, it is also important to share the learning from events that have produced positive outcomes. Learning is more effective within a caring and compassionate environment that promotes openness and transparency and welcomes staff and service user feedback.

The implementation of the EiC framework will promote an environment that flourishes through shared learning, it connects and influences people and develops their understanding.

Learning

EiC is committed to the development of a culture of learning across Scottish health boards. Following several NHS inquiries [i.e. Bristol Royal Infirmary Inquiry 2001 (88), Shipman Inquiry 2002 (89), Victoria Climbié Inquiry 2003 (90), The Vale of Leven Inquiry 2014 (1), Francis Report 2013 (2)], a culture of learning within the NHS has been prioritised (52). These reports proposed that the noted failures could not be attributed to individual healthcare professionals but rather resulted from systemic issues in

which potential concerns were not communicated and learned from [91]. The literature has identified several key areas for improvement within healthcare systems: developing a culture of psychological safety, encouraging continuous learning and reflection, and sharing knowledge across networks.

As highlighted by the Care Quality Commission [92] and Leonard and Frankel [93], a culture of learning is integral to psychological safety, and thus the ability for staff to report incidents and concerns. Through cultivating a culture of learning, healthcare systems can shift away from policies that perpetuate fear and blaming, where healthcare staff can raise issues without distress, and actions can be taken immediately to address the issue [93]. There is evidence that some NHS staff currently perceive a lack of psychological safety within their teams, and thus report apprehension to point out mistakes or areas needing improvement [95]. Within the EiC framework culture is a key element that promotes the facilitation of supportive teams and empowering staff to raise concerns.

Stinson and colleagues [91] emphasise that healthcare organisations must protect time for professional development so that staff may continuously learn and be up-to-date on the latest improvements related to care. Hospitals with high percentages of staff receiving job-relevant training, provided a better quality of care for patients and lower levels of patient mortality [52]. However, as proposed by Stevenson and Moore [95], learning should be specified towards areas needing improvement. Through the CAIR dashboard, healthcare teams will be able to engage in reflective practice, identifying specific areas for improvement using the quality measures within the dashboard.

Critically, learning needs to occur across healthcare settings so that the entirety of the healthcare system can benefit, rather than keeping knowledge solely within local teams [95]. EiC engages with stakeholders and staff across all of Scotland’s health boards, aiming to create a space where learning can be shared between teams to reduce inefficiency and improve care nationally. This aligns with a learning system that aims to accelerate the sharing of learning and improvement work across all care services. Through collaborative working, sharing good practice and signposting to training resources SPSP and EiC aim to encourage continuous learning at all levels, in every care setting.

“Empowering people to be at the centre of their care and listening to them, their families and carers is a strategic priority for NHS Scotland and the Scottish Government. We are committed to developing a culture of openness and transparency in NHS Scotland that views feedback as a tool for learning and continuous improvement.”

Scottish Government’s Response to the Vale of Leven Hospital Inquiry, 2015

CAIR

To support the aspirations of EiC, NHS National Services Scotland (now known as Public Health Scotland, PHS) developed a central data repository and data visualisation ‘dashboard.’ The CAIR allows users to view and understand their data over time, respond appropriately and plan improvement. CAIR informs quality of care reviews at national and local level and helps to drive quality improvement in nursing and midwifery. The dashboard provides a range of visualisations and analytics to assist in the

monitoring of the quality of care (quality control), understand the impact of any planned or unplanned change (quality improvement) and inform areas and priorities for improvements (quality planning).

Alongside HIS, NHS Education Scotland (NES) and the Scottish Government, PHS play an important role in the EiC programme through the development and maintenance of the CAIR dashboard and providing analytical input to the development of the measures of quality of care that are displayed on the dashboard. Data are predominantly collected by NHS boards and submitted to PHS via secure data transfer. Some data are collected by other national programmes and organisations such as the Scottish Standard Time System hosted by ATOS and NES which hosts the Quality Management and Practice Learning Environment (QMPLE) system. These national data are submitted to the dashboard by PHS with the approval of all NHS boards.

Although CAIR does not collect or report direct patient, staff or student identifiers, the personal data displayed in CAIR are classed as potentially identifiable; this means that where small numbers are reported it could potentially allow an individual to be identified with access to other information that is not collected and reported in CAIR.

More information about the measures is available on the CAIR dashboard which can be found on the PHS website.

Access to the CAIR dashboard is managed locally within the NHS boards and is allocated based upon requirement.

If you would like access to the CAIR dashboard and believe it is beneficial to the role you work in, then please contact your board’s EiC lead for more information.

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Table of Abbreviations

CAIR	Care Assurance Improvement Resource
CNO	Chief Nursing Officer
CSM	Common Staffing Method
EiC	Excellence in Care
NES	NHS Education Scotland
NICE	National Institute for Clinical Excellence
QMPLE	Quality Management and Practice Learning Environment
QMS	Quality Management System
SICP	Standard infection prevention and control precautions
SIGN	Scottish Intercollegiate Guidelines Network
SPSP	Scottish Patient Safety Programme

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