



# Excellence in Care

Strategy 2022-2025

June 2022



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# Background

Excellence in care (EiC) is a national approach which aims to ensure people have confidence they will receive a consistent standard of high-quality 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 (Appendix 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); Keogh Report (July 2013) and the Rapid Review of the Safety and Quality of Care for Acute Adults in Territorial Health Boards (Dec 2013).

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 and Scottish Executive Nurse Directors and aims to deliver the following programme 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'.
- 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 response to this request the EiC programme was established with an initial focus on creating the programme's infrastructure, the development of the Care Assurance Improvement Resource (CAIR) dashboard and the provision of an initial 'small' suite of measures that reflect the delivery of quality nursing and midwifery care. The initial and current EiC measures were co-developed with nurses, midwives, and clinical experts in line with the latest research, evidence, and best practice with an aim of providing organisation and public assurance of the consistent delivery of quality person-centred care across NHS Scotland. There are now over 20 ratified EiC Measures on the CAIR Dashboard, many focussing on specific areas of practice, with over 30 additional measures at various stages of the development process.

The CAIR dashboard allows users to view and understand their data over time, respond appropriately and plan improvement. CAIR has the potential to inform quality of care reviews at local and national 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).

## Vale of Leven inquiry

The commission of EIC formed part of the Scottish Government's response to the Vale of Leven Hospital Inquiry where the report highlighted serious systemic failings in the provision of patient care<sup>1</sup>. It was found that individual and systemic failings in quality and governance had directly contributed to the deaths of at least 34 people from Clostridium Difficile (C. diff) infection at the hospital in 2007.

Crucially, the families who contributed to the Inquiry have been, and remain, instrumental in shaping and developing the EIC Vision and the elements that underpin its delivery which have been incorporated within the EIC Framework. The ethos of EIC focuses on giving ownership for the delivery of high-quality person-centred to frontline clinical teams with clear and effective lines of professional responsibility between the clinical team and the Board.

The EIC approach recognises the importance of enabling senior charge nurses, team leaders and the wider team to focus on what matters to them as professionals, whilst working in partnership with what matters to patients and families, to foster meaningful improvements in care.

## Impact of Covid-19

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 has resulted in the deaths of 9,890 people following a positive test. Alarming, the full extent of the indirect impact of Covid-19 is still relatively unknown. To manage the challenges presented by Covid-19, several national and local programmes, including EIC, were paused to refocus the attention on managing the pandemic with staff redeployed to areas requiring support.

As the pandemic has progressed the number of people accessing the NHS for non-Covid-19 related reasons has steadily increased back towards pre-pandemic levels. In addition to the increasing non-Covid-19 demand, the number of Covid-19 cases remains a persistent challenge through high infection rates in those accessing and those working within the NHS.

Whilst the presence of Covid-19 has presented significant challenges for the health and care systems, it has also cultivated a period of innovation and has changed how health and care is accessed and delivered. For example, the Covid-19 period has instigated an increase in use of digital platforms to deliver care with Public Health Scotland (PHS) reporting that 16% of outpatient appointments were carried out by telephone and a further 5% by videolink. These appointments were uncommon prior to March 2020<sup>5</sup>.

The legacy of the Covid-19 pandemic is one of increasing service demand with increasing waiting times and increasing patient complexity against a backdrop of significant workforce shortages creating the conditions for the widening of the quality gap. The current and future challenges will require the NHS to adapt and respond to meet demand. The role of EIC will be

to ensure that the consistent delivery of high-quality of person-centred care is maintained through the provision of data on the quality of care to enable clinical leaders to respond appropriately and plan improvement as required.

## Current state

Prior to the pandemic, the EiC programme made considerable progress towards the objectives set by the Scottish Government. Some of the major achievements since the programme's inception include:

- National Programme infrastructure - Healthcare Improvement Scotland (HIS)/Public Health Scotland (PHS)/NHS Education Scotland (NES),
- Established networks for EiC Lead Nurses and eHealth Leads,
- Extensive engagement with stakeholders,
- Launch of the CAIR dashboard (2017) with a further 20 version updates released to date,
- Access available for 14 territorial health boards and 3 specialist boards,
- Development of 24 ratified measures available on CAIR across 12 nursing and midwifery job families,
- 6 data visualisations available across 5 levels from ward/team level to National Level,
- The design and delivery of regular training on the CAIR dashboard, and
- 440 current users of the CAIR dashboard and a total of 995 users since the dashboard launch.

However, in March 2020 progress was halted due to the suspension of the EiC programme and non-requirement to submit data to CAIR dashboard. The decision was made to enable boards to focus on the immediate priorities of the Covid-19 pandemic. This resulted in a marked reduction in the consistency of data submissions from the health boards and subsequent users of the CAIR dashboard due to a lack of visible data. The programme was on hiatus until May 2021 when the Scottish Executive Nurse Directors (SEND) and the Chief Nursing Officer Directorate (CNOD) agreed to the programme's remobilisation.

Since May 2021, there has been engagement with all the health boards, with the EiC Lead Nurses returning to their substantive roles, eager to reinvigorate the programme and reestablish data submissions. However, the continuation of the direct and indirect impact of the pandemic has resulted in ongoing challenges in remobilising EiC due to increased workload, higher absence, and further redeployment of Health Board staff, including EiC Lead Nurses and eHealth leads to support with local priorities.

Whilst the unpredictable nature of external pressures has provided barriers to EiC's remobilisation, it has provided an opportunity for the national team to work alongside key stakeholders and refresh the foundations of the programme to ensure success in its delivery.

# Outlining the future

The delivery of EIC’s future state is built upon 4 key foundations that collectively provide clear direction, rationale, and evidence alongside a plan of how the desired outcomes will be achieved.

These foundations are:

**The EIC vision (Appendix 2):** The EIC Vision is the future aspirational state of the programme that provides focus and long-term ambition.

**The strategy:** The strategic plan informs the direction of EIC and provides a high-level road how the EIC Vision will be achieved.

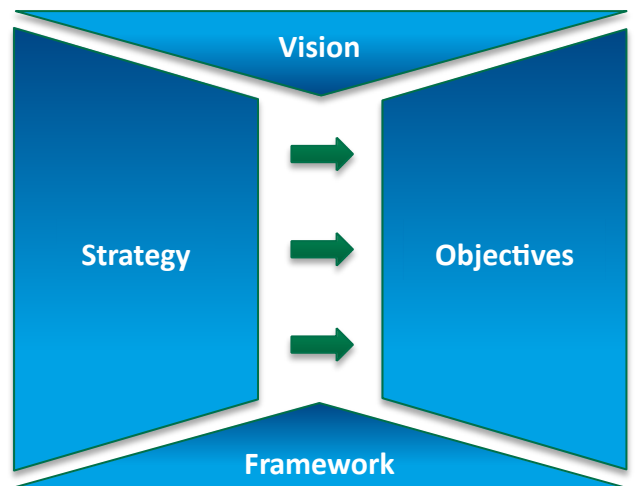


Figure 1- The 4 foundations of the EIC delivery model map

**The objectives:** The objectives are the goals or outcomes that inform key priorities and work plans that are required to progress the programmes delivery. Objectives are derived from the strategic objectives and often need to be translated from high-level (national or organisational) to local level (board or department level).

**The EIC framework (Appendix 2):** The delivery of the programme is underpinned by a refreshed evidence-based framework that is founded upon the delivery of high-quality person-centred care and how it aligns with other improvement programmes.

## Excellence in Care vision (2022)

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.

By achieving the vision EiC will contribute to a national quality management approach which ensures that all NHS boards have consistent, robust processes and systems for measuring, assuring, and reporting on the quality of care and practice. EiC will deliver an approach to multi-disciplinary working through nationally agreed measures of quality with a focus on outcomes. Data over time will be accessible from ward/team level to Scotland wide level and will inform quality of care reviews at local and national level, driving continuous learning and improvement. Ultimately, this will result in improved experiences and outcomes for patients and their families and the workforce.

# Excellence in Care strategy

## Preparation of the strategy

This strategy is a product of collaboration between Scottish Government, HIS, PHS, Public Partners and EiC and eHealth representatives from across the health boards. To facilitate the input of all key stakeholders, HIS facilitated several discussions using existing channels to ensure the views of all partners were represented. A final draft was subsequently presented to the Programme Board for approval.

The strategy is underpinned by several other influential documents that reinforce the delivery of high-quality person-centre care. These include, but are not exhaustive of, the following:

- The Vale of Leven Inquiry and the Scottish Government's response to the Vale of Leven Inquiry,
- NHS Recovery Plan 2021-2026,
- HIS' Essentials of Safe Care,
- The Nursing 2030 Strategy,
- Healthcare Quality Strategy 2010,
- HIS' Strategy 2017-2022,
- The Feeley Report,
- The Health and Care (Staffing)(Scotland) Act 2019,
- HIS' Quality of Care Approach (Sept 2018), and
- HIS' Quality Management System.

## Strategic outline

This strategy will be delivered in 3 key phases. Whilst each phase is loosely attributed to a year, the actions are not confined to a 1-year period, yet the focus will primarily align to an overarching goal that will drive EiC towards achieving its vision. The 3 key phases of the EiC strategy, which are outlined later in this document, are:

## Strategy governance process

The strategy will be reviewed annually through a governance process that is supported by data and evidence which inform decision making and risk mitigation. The purpose of this process will be to understand:

- Whether the developers and implementers are making decisions consistent with the current national policies,
- Adequate resources have been allocated and are being utilised to maximise their potential,
- The events in the external environment are occurring as anticipated and to understand the impact of any deviation,
- The short term and long-term goals are being achieved, and



- Whether the strategy requires any correction to remain on track or course.

## Objectives

Over the next 3 years the EiC strategic objectives will be achieved through 5 main programme objectives. These high-level priorities will be underpinned by annual work plans that map the necessary steps and actions required to ensure success. These 5 main objectives are:

- To ensure appropriate National Team programme infrastructure and governance are in place,
- Support for the Implementation of EiC,
- EiC measure development and review,
- Ensuring agreed quality measure data is captured and visualised on the CAIR system, and
- EiC collaboration and alignment with other relevant national programmes.

## Excellence in Care framework



Figure 2 - The EiC delivery framework

The EiC Framework is based on the premise that to achieve ‘excellence in care’ all 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 4 essential requirements: Person Centeredness; Compassion; Fundamentals of care; and Communication, both verbal and written, with patients, their families and between

staff. These 4 essentials provide the foundation for high-quality person-centred care delivered

within a culture of continuous improvement utilising a Quality Management System’s (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 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.

# Outlining the EiC strategy

## 2022-2023 – Reinvigorate, review and relaunch of EiC

### What is this phase?

The first phase of this strategy will inform the future direction for EiC whilst building upon the findings and recommendations of the Vale of Leven Inquiry and learning taken from the Covid-19 pandemic. Building upon the EiC Vision and this strategy, a refreshed governance structure including national delivery plan/objectives and framework will provide the foundations for success. The national objectives must be relevant, achievable, and most importantly, translatable to local plans and objectives that are specific to individuals and teams within each Board. A detailed education and communication plan will support the integration of the EiC Framework within the NHS Boards by raising awareness and importance of EiC, and increasing quality assurance capacity and capability.

The education plan will aim to develop a series of training courses and materials that support the integration of the elements within EiC Framework into the delivery of person-centred care. The EiC education capacity and capability model demonstrates the capacity of the workforce and the suggested level of education required to support the integration of EiC. The model highlights the need for a lower percentage of staff in dedicated EiC roles as experts with the majority of staff requiring an awareness of the EiC programme through self-learning materials and support from EiC experts and leaders.

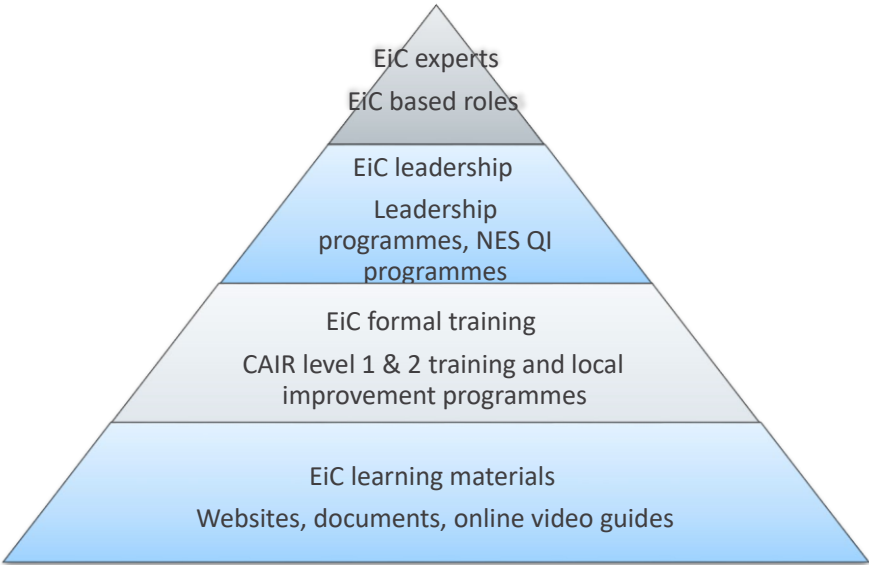


Figure 3 - EiC education capacity and capability model

Effective delivery of the programme must be underpinned by a clear rationale and understanding of the value, for patients, families, and staff, that will be achieved through the objectives. This rationale should also be specific to teams and individuals. The model breaks the delivery from the vision down to an individual level which installs value into the workforce and creates the opportunities for improvement and learning. This learning enables decisive action, making appropriate adjustments or introducing mitigations to ensure the best chance of successful progress. The following diagram provides a visual of how this approach supports a culture where every employee is aware of how their role contributes to achieving the EIC Vision.

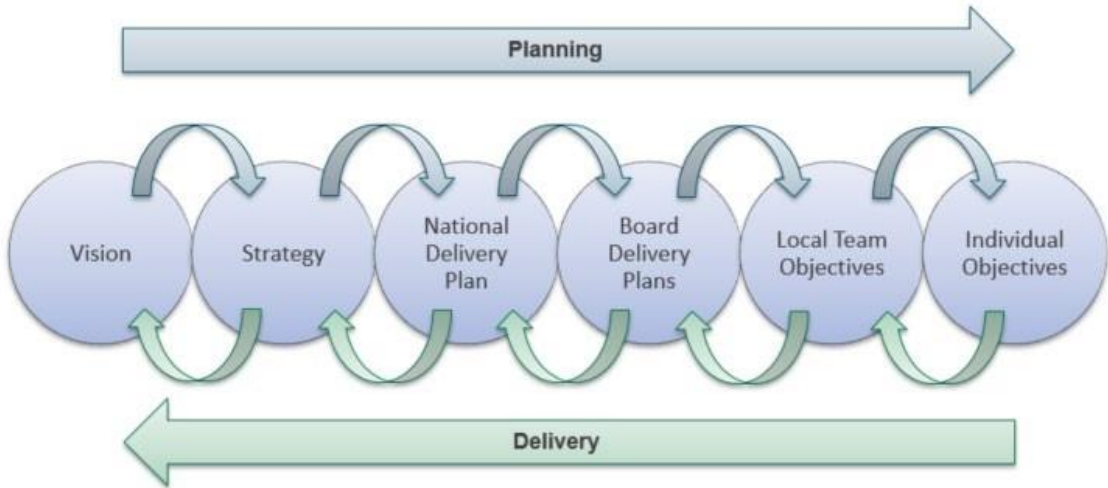


Figure 4 - EIC Vision to value delivery & planning model

The EIC programme will relaunch in the first quarter of 2022/2023 with a stakeholder event marking the occasion. The aim of the relaunch is to bring EIC back to the forefront of care delivery and provide a strong understanding of its importance for stakeholders at all levels. The relaunch will provide clarity of EIC’s aims, how these will be achieved, and the future developments of the programme. It will also highlight how EIC supports and aligns to the delivery of other improvement programmes, such as the Healthcare Staffing Programme (HSP) and the SPSP, utilising quality management as the national approach for improvement and assurance.

To support the successful implementation following the relaunch of EIC, the relevant planning and governance process will be reviewed and re-established prior to the stakeholder event. The EIC Programme Board will provide strategic direction and oversight of the national programme. The national team will ensure delivery using robust programme management, reporting, and sharing intelligence. The national team will also provide direction and guidance to a range of working groups tasked with taking forward key pieces of work. In addition, the programme will re-establish the Academic and Research Advisory Group (ARAG) which will provide an academic and evidence-based perspective to the strategic direction and supports EIC to champion the best quality policy and evidence-based practice and innovation across global healthcare.

One of the key tasks within the first phase is to support the boards with the re-establishment of their local EiC programme. The HIS national team and PHS will provide ongoing support to the boards with their implementation plans, including facilitation of data submission to the CAIR dashboard, and the design of progress reporting mechanisms. With the first phase focussing on reinvigorating EiC within all the health boards, all existing ratified measures will be reviewed to ensure they are clearly defined, successful indicators of quality care and are meaningful to staff and service users. The review process will be carried out through a renewed measurement review process that is governed by a dedicated review group. Where measures are identified as requiring change, relevant evidence-based recommendations will be presented to inform decision making at the EiC programme board.

The process for developing new measures will be refined with our partners ensuring all measures are informative and valuable indicators of the quality of care and are thoroughly tested prior to implementation. Like the prioritisation process for existing measures, a similar exercise will be done with the ambition of developing a specialty measure for all nursing and midwifery families that currently do not have one in addition to a suite of core measures that are applicable across all families.

There will be continuous developments within the CAIR dashboard to ensure it meets the needs of the system user. The developments of the dashboard will be informed and prioritised from user feedback and evidence from the measure development and review processes. The developments will be planned and managed by PHS and governed through a dedicated CAIR development group with a focus on the visualisation of quantitative data and exploring the potential use of qualitative data.

EiC will work collaboratively with our colleagues in other improvement programmes, specifically the SPSP, to identify opportunities to promote alignment, increase improvement capacity and reduce the data burden placed upon clinical and Board staff. The programmes will work in partnership with colleagues from the national adverse events team to standardise definitions and reporting which in turn will inform national practice relating to improvement and assurance of quality care. Another key focus for EiC is the alignment with the HSP and the further development of workforce and quality measures to support the application of the Common Staffing Method as part of the Health and Care (Staffing) (Scotland) Act (2019).

The need for effective communication, both written and verbal, was a key element identified by the families of the patients involved in the Vale of Leven Inquiry. An essential part of effective communication is the accurate completion of patient documentation and care plans. EiC will support a range of stakeholders to scope the requirements for the introduction of a national electronic patient record system to help the standardisation, capture and access of relevant information and promote patient and family involvement in decisions about care. In addition, the introduction of the electronic patient record would simplify the collection and submission process releasing clinical time spent on collating data to be better used for delivering, improving, and assuring the quality of care.

## How will this be achieved?

- A relaunch of EiC outlining the vision, strategic objectives, national delivery plan and delivery framework that has been developed in collaboration with our key stakeholders,
- Development of a communication and training plan and relevant events and materials that support the delivery of the vision, framework, and strategy, and promote the alignment with other improvement programmes,
- All measures will undergo a review process to ensure they are still relevant and meaningful in providing assurance of the delivery of quality care. Evidence-based recommendations will be put forward where it is felt measures can be improved to add more value,
- Remobilise agreed measure development groups with an initial focus on nursing and midwifery families without an existing specialty measure,
- All new measures will be prioritised using a matrix that considers the programme and stakeholder's capacity, its previous stage of development, the type of measure and the measures relevance to national priorities. This will support boards to re-establish existing measures and prevent boards from becoming overwhelmed,
- Sufficient dedicated resources, including personnel, are allocated to the delivery of EiC across all key stakeholder groups,
- The development of Board delivery plans, supported by the national team, to progress the data collection of the agreed priority measures and working at the pace of the Boards to support the integration of the EiC Framework within existing programmes of work and assurance/governance systems and processes,
- Collaborate with other national improvement programmes to raise the profile of EiC and promote alignment to build improvement capacity and intelligence,
- The ARAG will be re-established in addition to other working groups to take forward specific aspects of programme delivery, and
- Hold a stakeholder event to inform the requirements of a national electronic patient record.

## How will we know this has been successful?

- There will be an increase in the amount of data submitted to the CAIR dashboard and the number of users accessing it,
- The funding for an education plan aimed at developing EiC leaders will be approved by the Scottish Government with the programme content developed ahead of the first cohort in 2023/2024,
- EiC's vision, framework, strategy, and national delivery plan are agreed and endorsed by CNOD, SEND and the Programme Board,
- The vision, framework, strategy, and national delivery plan is translated to local Board specific delivery plans,

- There will be an increased awareness and understanding of EiC and its role in the delivery of high-quality person-centred care through the delivery of our education and communication plans,
- All existing ratified measures have undertaken a review process with any agreed actions been translated into time specific deliverables,
- The national team and all health boards return to a position where their EiC and eHealth related posts are filled and can focus on the delivery of EiC without the need for redeployment,
- All health boards return to a position where data is being submitted for existing ratified measures. Where health boards are unable to do so, detailed risk and action plans will be in place to support progress towards achieving the set objectives,
- An agreed refreshed version of the measurement development process with the development of a minimum of 1 specialty measure for each of the Nursing and Midwifery job families,
- The ARAG group will have been successfully re-established with the group's terms of reference and membership refreshed, and
- Initial proposal to take forward an options appraisal for the development of a national electronic patient record that is endorsed by the Scottish Government.

## 2023-2024 – Improving care quality, assurance and expansion planning

### What is this phase?

Building on the foundations achieved in phase 1, phase 2 of the strategy will focus on strengthening the support for boards to embed EiC within their local assurance and governance programmes. This will be demonstrated through the collaborative alignment and promotion across HIS' improvement programmes and how this approach can maximise improvement opportunities.

Phase 2 of the strategy will focus on increasing the utilisation of the CAIR dashboard by front line staff with a particular focus on how the use of available data can inform and prioritise improvement. The CAIR dashboard will be promoted throughout the health boards as a single source of national data which reduces the risk of duplication and contradictory information from multiple sources. To ensure that the CAIR dashboard is widely used for assurance and improvement, the dashboard will continuously be developed to meet the needs of the user, with development managed through the CAIR development forum.

To support the use of data to inform and assure the quality of care being delivered, it is essential to develop sufficient quality management capacity and capability within the health boards. The second phase of the strategy will deliver the range of education and training outlined in the education plan developed during 2022/23. The content will focus on developing EiC leaders, self-learning web-based material, webinars, supporting documentation and guides that are based upon the 4 foundations of the EiC programme.

Working alongside NES, the EiC national team and the EiC Lead Nurses will develop an education plan aimed at increasing leadership within the programme and complements the current quality improvement programmes such as the Scottish Coaching and Leading for Improvement Programme (SCLIP) and Scottish Improvement Leader Programme (ScIL). This plan will be aimed at Senior Charge Nurse/Team Leaders and will focus on the elements within the EiC Framework and the importance of person-centred care. To support the transfer of theory into practice the EiC national team and EiC Lead Nurses will create a learning network and will support participants throughout the programme to promote the sharing of learning. The review process, in collaboration with wider professional groups and stakeholders, will continue with 6 and 12-monthly reviews taking place for the current ratified priority 4-6 measures. This will run alongside the further development of new core and speciality measures and progressing those impacted by the pause in the EiC programme.

There will be a particular focus on the development of key multi-disciplinary measures and potential measures for other professional groups. Both the measure development and the measures review groups will be cognisant of the current evolving environment within the health and care systems. Both groups will actively govern the processes to ensure EiC is able to adapt and provide assurance for quality care across different environments.

Phase 2 will also see further progression in the delivery of collaborations between EiC and the HSP, in line with the enactment of the Health and Care (Staffing) (Scotland) Act 2019. Through the provision of a suite of workforce and quality measures, EiC will provide assurance and learning for the national team, workforce leads and boards to support the application of the common staffing method.

As new measures are developed and existing measures are reviewed, consideration will be given to the data burden on boards. The EiC national team alongside PHS will support the local EiC Lead Nurses and eHealth Leads to develop and test data collection processes that optimise digital solutions, reduce waste, and increase value.

Following the initial scoping of the potential national electronic patient record system in 2022/2023, EiC will support and inform the options appraisal for the software to ensure the chosen product is user-friendly, promotes person-centred record keeping, care planning and data extraction.

### How will this be achieved?

- Continuation of regular meetings between the EiC national team and the health boards to monitor progress, provide shared intelligence and identify areas for improvement,
- Ensure regular feedback is received from CAIR users to inform future developments. This feedback will be gathered through various mechanisms such as EiC hub events and CAIR huddles,
- Work with stakeholders to identify opportunities for additional measures, including multidisciplinary services,

- Creation of Multi-Disciplinary Team (MDT) and other healthcare professional working groups to support the development of new measures through the measure development process and governance structure,
- Collaborate with other national improvement programmes to promote EiC and opportunities for further alignment building improvement capacity and intelligence,
- Increase EiC capacity and capability through the promotion and delivery of a range of formal and informal training,
- Work with Health Board partners to further develop and refine the EiC's education plan to ensure it is accessible and meaningful,
- Work in partnership with NES to deliver and refine the education plan to develop EiC Leaders,
- Refine robust plans and reporting structure between the EiC national team and the local health boards to integrate EiC into local assurance and governance programmes, and
- Options for an electronic patient record will be appraised through the project team with final project timelines and costings presented to the Scottish Government and national procurement.

### How will we know this has been successful?

- There will be a progressive increase in the number of users accessing the CAIR dashboard and evidence of data being used to inform improvements with the health boards,
- The EiC programme is incorporated into and promoted within local education, assurance, and governance plans, with the delivery supported by the EiC national team. Additionally, EiC will be actively promoted across all levels within health boards and recognised as the national assurance programme for nursing and midwifery,
- CAIR development feedback mechanisms are developed and promoted across health boards and within formal structures such as hubs and CAIR huddles. A standard operating procedure will be agreed for the CAIR development group to receive feedback from various forums,
- A small number of MDT measures are developed and tested as indicators of quality care with investigatory work on how MDT measures will be visualised on the CAIR dashboard,
- All patient facing boards with Nursing, Midwifery and Allied Healthcare Professionals will have a measure on the CAIR dashboard,
- EiC is strongly associated with other improvement programmes by our external stakeholders and is actively promoted as part of quality management approach,
- A prospectus of educational offerings will be available to support EiC delivery including self-learning materials, formal training, incorporation into existing programmes, and
- A service provider for the electronic patient record is identified and a project plan with costings is presented to the Scottish Government for consideration.



## 2024-2025 – Evaluating impact, self-sustainability and spread

### What is this phase?

Building upon the work completed in phase 1 and 2, the objectives for phase 3 will continue to evaluate the progress and impact on local Board's assurance programmes, linking the data to outcomes. The data provided from the CAIR dashboard will form a vital part of intelligence sharing, informing local and national care reviews and improvement priorities, encompassing the monitoring of the Health and Care (Staffing) (Scotland) Act 2019. The evaluation will also support the future direction of the programme assessing risks and needs to improve alignment with other programmes and new policies that are introduced.

The EiC education and communication plan will be continuously developed to maximise the building of quality improvement and assurance capacity and capability. As well as building capacity within nursing and midwifery, the programme will look to spread current resources, such as the EiC education plan, to other professional groups and alternative avenues such pre-registered and allied health professionals. This includes working alongside higher education institutes to incorporate EiC and its framework into available undergraduate, postgraduate and continuous professional development courses.

The EiC Framework and the CAIR dashboard will be used by MDTs to provide assurance and drive improvement with a focus on improving the patient's whole care journey. The EiC team will work alongside our partners in the health and care organisations to embed the elements of the EiC Framework across the practice of MDTs with the aspiration of entrenching EiC in the practice of all health and care professions.

The development of EiC measures will continue throughout the 3rd year of the strategy with further focus placed on multi-disciplinary measures and the development on measures for other professional groups beyond nursing and midwifery. In addition, the spread of EiC will take cognisance of assuring care in new and alternative environments as the landscape evolves from the national recovery from Covid-19 and the implementation of the National Care Service. As well as the development of new measures, all measures, will continue to be reviewed using the established measurement review process.

The CAIR dashboard will continue to be developed and refined through user feedback to ensure it meets their requirements and provides value when accessing both qualitative and quantitative data. With the addition of MDT measures in the second year of the strategy, visuals displaying the connections between clinical teams will be incorporated into the dashboard and providing evidence between care delivery and outcomes.

Following the successful procurement of an electronic patient record system, the EiC team will work with stakeholders to test the system and support the development of automated data extraction processes. The successful roll out of the electronic patient record system will improve the consistency in documentation, and subsequent communication and care planning. Additionally, the introduction of an electronic record would support the long-term

future for data extraction for the CAIR dashboard with a digitalised solution ensuring sustainability with any amendments to the measures on the CAIR dashboard.

In phase 3, the delivery of this strategy will be fully evaluated outlining its progress, achievements, and areas for improvement and spread. This will form the basis of discussions with stakeholders to shape the next stage of EiC and a refreshed strategy.

### How will this be achieved?

- The deliver progress of this strategy and its work streams will be fully evaluated. This includes:
  - Evaluation of the EiC learning network and educational plan and identify areas of potential spread to other professional groups,
  - Evaluation of EiC's alignment to national and local assurance systems and governance structures,
  - Evaluation of EiC's alignment to other improvement programmes and priorities, and
  - Evaluation of EiC's impact on local assurance, outcomes, and delivery of care.
- The EiC national team continue regular communication with the health boards to ensure consistent data submission for all relevant measures, the promotion of EiC within the boards and its valuable contribution within local reviews, and assurance and governance structures,
- Working in partnership with health boards and further and higher education institutions, incorporate EiC into undergraduate and postgraduate modules, programmes and short courses,
- Expansion of the EiC education plan to include leaders from other professional groups,
- Ongoing review and development of measures, including MDT measures and measures specific to other professional groups, through robust governance systems and processes,
- Continue the measure review process with a view of spreading current measures into other MDT and other professional groups. The continuous development of the CAIR dashboard to support the use of qualitative and quantitative data, and visuals that connect relevant data across MDTs,
- Begin the testing and roll out of national electronic patient records across health boards, including the development of the required data extraction process for the CAIR dashboard, and
- Review of the EiC Vision and Framework to ensure its inclusivity and transferability to other health and care professions.

### How will we know this has been successful?

- The EiC national team can evidence the successful delivery of the 2022/2025 strategy to the Programme Board and build upon its success with the subsequent strategy,

- EIC is a widely recognised as the national assurance programme across all nursing, midwifery, and associated healthcare professions,
- The education plan will be refined, and additional materials and training developed in response to staff feedback and learning needs. There will also be a successful uptake and usage of courses that is evidenced through access, and impact on learning outcomes,
- All boards are submitting data for all relevant, established measures, including MDT and measures specific to other professional groups. This data is actively used to provide assurance and improvement,
- The EIC elements from the framework and the data from CAIR dashboard are integrated into quality of care reviews at national and local level, where they will provide evidence of the expected standard of person-centred care,
- MDTs working together to support the delivery of EIC utilising the EIC Framework and CAIR Dashboard to provide assurance and drive improvement at a local level,
- The CAIR dashboard continues to be developed to meet the needs of users and visualises qualitative and quantitative data in a user-friendly manner, and
- The National procurement of an agreed national electronic patient record system undertaken with an agreed project plan endorsed by the Scottish Government which outlines the testing scheduled and expected delivery timelines and benefits realisation.

# Appendices

## Appendix 1: Scottish Government's response to the Vale of Leven hospital inquiry

The Scottish Government's Response to the Vale of Leven Hospital Inquiry can be found through the following link:

<https://www.gov.scot/publications/scottish-governments-response-vale-leven-hospitalinquiry-report/>

## Appendix 2: EIC vision and framework

[Excellence in Care framework: June 2022 – Healthcare Improvement Scotland](#)

# References

- <sup>1</sup> MacLean RNM. The Vale of Leven Hospital Inquiry Report: Executive Summary: Vale of Leven Hospital Inquiry; 2016.
- <sup>2</sup> Francis R. Report of the Mid Staffordshire NHS Foundation Trust public inquiry: executive summary: The Stationery Office; 2013.
- <sup>3</sup> Keogh B (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. London: NHS England
- <sup>4</sup> Healthcare Improvement Scotland, A Rapid Review of the Safety and Quality of Care for Acute Adults in Territorial Health Boards in NHS Lanarkshire: Findings and Recommendations. 2013. <sup>5</sup> [Covid-19 Daily Dashboard | Tableau Public](#)

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Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP

0131 623 4300

0141 225 6999

[www.healthcareimprovementscotland.scot](http://www.healthcareimprovementscotland.scot)