**Future State:** EiC contributes to a national Quality Management Approach ensuring 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 multidisciplinary 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. EiC 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.

**Phase 3 – Evaluating Impact, Self-Sustainability and Spread**

| People | MDT working together to develop integrated ways of working to support the delivery of EiC.  
Continually evaluate and develop EiC leadership opportunities and network, exploring the spread to other professional groups.  
Embed EiC within undergraduate and professional development programmes. |
| Process | Ongoing review and development of EiC MDT Quality measures.  
Continued alignment with other improvement programmes and priorities; and evaluate the progress and impact on local assurance and outcomes. |
| Product | EiC Framework and CAIR Dashboard utilised by MDTs to provide assurance and drive improvement.  
National consensus for an electronic patient records system that supports the consistent documentation and communication of care. |

**Phase 2 – Improving Care Quality, Assurance and Expansion Planning**

| People | Engage wider professional groups and stakeholders to identify opportunities to inform programme expansion.  
Inform and support local delivery of EiC using the framework through communication, engagement and training.  
Continued delivery and refinement of the EiC education plan. |
| Process | Promote EiC leadership development opportunities and expand the network of EiC leaders.  
Continued review and development of EiC quality measures including the development of multidisciplinary team working groups.  
Strengthens programme alignment with other improvement programmes and priorities and support Boards to embed EiC within their local Assurance and Governance arrangements. |
| Product | EiC Vision and Framework utilised to support the local delivery of high-quality Person Centred Care.  
Expanded suite of Core and Specialist Measures for N&M, including consideration of Multi-Disciplinary Team (MDT) measures.  
CAIR widely used to provide assurance and support improvement as a single source of consistently submitted national data.  
National electronic patient record system options appraisal. |

**Phase 1 - Reinvigorate, Review and Relaunch of EiC**

| People | Re-engage across health boards with focus on integration of Vision and Framework.  
Scope and develop educational opportunities to promote EiC Leadership. |
| Process | Develop and implement a robust governance structure for the development and review of EiC Quality Measures.  
Development of a 3-year Strategy that informs the direction and plan for how the EiC Vision will be achieved.  
Re-establish the Academic & Research Advisory Group and the Person-Centred working group to inform and support with programme governance. |
| Product | A refreshed Vision and Framework for EiC that is founded on the delivery of high-quality person-centred care.  
‘Core Measures’ and a minimum of one ‘Specialty Measure’ for every nursing and midwifery (N&M) job family.  
Additional functionality of the Care Assurance and Improvement Resource (CAIR) Dashboard.  
Stakeholder event to identify requirements of an electronic patient records system. |

**Current State:** The focus to date has been on the development of a small suite of core and specialty measures of Quality for Nursing and Midwifery (N&M) alongside the development of the National Care Assurance and Improvement Resource (CAIR) Dashboard. This enables clinical staff at all levels of the organisation to view the Quality of N&M care from ward/team level to Scotland wide level. Lack of clarity on the vision and purpose of EiC, its applicability within modern multi-disciplinary models of care delivery and its position and alignment with other improvement priorities has contributed to a lack of engagement with the programme. This has been compounded by the COVID-19 pandemic which has diverted staff’s focus to managing the immediate priorities of the pandemic resulting in a lack of data submission for the CAIR Dashboard, duplication and inconsistency of national data and a lack of capacity to implement EiC utilising a Quality Management approach.