Public Board meeting	26 November 2025
	Item 09

THIS PAPER IS FOR APPROVAL

EXCELLENCE IN CARE REPORTING SURVEY TO SCOTTISH GOVERNMENT

Lead Director	Emma Stirling – Director of Care Quality and Professional Development
Author	David Fitzpatrick – Lead Practitioner for Health and Care Staffing/Excellence in Care
Action required	To review and provide feedback on the information provided in this paper and seek assurance that the report fulfils its aims to capture work to support the current EiC programme objectives and priorities as laid out in the EiC Strategy (2022).
Key points	• The recommended CAIR dashboard, designed to measure Nursing EiC, is not used by the Scottish Ambulance Service as recent multi-disciplinary review has determined it lacks contextual validity • A Lead Practitioner for EiC is now in post: (seconded to 31st March 2026 pending further SG funding confirmation). • Significant progress in developing a methodological approach to explicit Ambulance Care Quality Measures with Academic Partners. • Examples of good practice pertaining to Care Measurement and dashboards are provided around Stroke Care for which quality improvement activity has reduced on-scene times. • Positive examples of patient feedback processes i.e. Care Opinion via our Patient Experience Team. • Clinical Documentation Standards Guidance is being reviewed providing guidance on minimum requirements for patient record completion. • Key objectives have been set for the next reporting period (bi-annual).
Timing	Bi-annual report submitted to Scottish Government.
Associated Corporate Risk Identification	N/A

Link to Corporate Ambitions	This paper relates to: - We will work collaboratively with citizens and our partners to create healthier and safer communities - We will innovate to continuously improve our care and enhance the resilience and sustainability of our services - We will improve population health and tackle the impact of inequalities - We will provide the people of Scotland with compassionate, safe and effective care when and where they need it - We will be a great place to work, focusing on staff experience, health and wellbeing
Link to NHS Scotland's Quality Ambitions	- Safe - Effective - Person Centred
Benefit to Patients	The EiC programme is a bout enabling and providing evidence to support the best and highest standards of care to those who use our health and social care services.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	The EiC Framework (2022) is grounded in a model of 'personhood' recognising patients as a whole person and developing equal relationships. This philosophical approach considers the patient needs, wants, perspective's and individual experiences. Equality and Diversity is therefore a central component of this ethical approach.

Excellence in Care Programme – Reporting Survey to the Scottish Government
Reporting Period: October 2024 to March 2025 due in by 30th April 2025

The reporting template has been updated to be more impact and outcome focussed, now that the EiC programme is embedded within NHS Boards and professional and clinical governance structures. Additionally, the report aims to capture work to support the current programme objectives and priorities as laid out in the EiC Strategy (2022).

It is hoped that the report will provide a template and format to assist with internal reporting in the Board, and provide evidence and assurance of programme delivery against national and local priorities, and considering the contribution of the EiC Programme as part of wider Quality Management Systems.

For the shaded areas below, please provide updates only if any changes occur during the reporting period.

NHS Board:	Scottish Ambulance Service
Executive Nurse Director:	Emma Stirling - Director for Care Quality and Professional Development
Excellence in Care Lead(s):	David Fitzpatrick - David.Fitzpatrick4@NHS.scot
eHealth Lead:	N/A

SECTION 1: GOVERNANCE, STRUCTURES & FUNDING

GOVERNANCE		
Do you have an EiC steering group (or similar) in place, with appropriate governance oversight and reporting within the Board?	Y	*Please only update with any changes to previous reporting.* Reporting lines shared with Health and Care Staffing to Clinical Governance and Staff Governance groups.
Do you use the CAIR dashboard as a standalone resource, or alongside other dashboards. If alongside other dashboards, please provide more detail about what this is, and how these collectively contribute to care assurance in Board.	N	*Please only update with any additional information or changes to previous reporting.* On process of developing our own inhouse dashboard.

CAPACITY & CAPABILITY – CURRENT POSITION

| Please indicate if the funded posts are currently recruited to or vacant

Please refer to both EiC Leads and eHealth.	Role	In Post	Vacancy	WTE Funded by SG	WTE funded by Board
	Excellence in Care Lead:	In Post	0	0.4	0
	eHealth:				
	Other				
If you have indicated vacancies above, what plans do you have to recruit to these posts. What barriers do you anticipate?	N/A				
Do you anticipate any risks to the programme as a consequence of vacancy; 　a) Programme objectives & deliverables 　b) Inability to use funding to support EiC	a) N/A				
	b) N/A				
Do you have any additional posts / resource allocated to support EiC beyond those funded nationally? If yes, please advise job role, WTE and if fixed term or substantive.	No				
Is the EiC Lead responsible for other areas of quality and safety / care assurance, or part of a wider team.	*If you have provided this information in previous reporting, and there has been no change, then no additional information is required.* Also responsible for Health and Care Staffing legislation in SAS (0.6 WTE funded by board)				

SECTION 2: IMPLEMENTATION OF EiC – EDUCATION & LEADING EXCELLENCE IN CARE (LEiC)

MAKING EXCELLENCE IN CARE A REALITY – INFRASTRUCTURE

Have your EiC lead (and eHealth lead, where appropriate) completed a National quality improvement course e.g. ScIL	*Please highlight only if no QI training completed, with timeline for completion.* No – for consideration, new in post October 2025
Do all SCNs, SCMs & team leaders have access to the CAIR dashboard, or similar with all CAIR measures / data included, in your Board? *PHS can provide overall user numbers, and last access period, to Health Boards.*	*Please provide information about CAIR users across N&M families and narrative around areas accessing CAIR or other dashboards.* There is currently no dashboard - Internal dashboard currently in development.
Is your Board EiC Delivery Plan / Work Plan reviewed and updated to reflect local priorities, aligned with EiC Strategy?	*For example, priorities and workplan reflect Board quality strategy.* Yes
How is the EiC strategy integrated within the Boards approach to quality/assurance?	*Please provide examples in practice.* Work is ongoing to integrate EiC. Quality of Care reviews are being supported to test the framework in Stroke Care improvement work to be further rolled out when learning has been consolidated.
How is EiC embedded within professional and practice development / learning teams (or equivalent)?	*For example, undergraduate programme, induction, embedded within other learning and development opportunities, use of LEiC.* EiC has been included as part of the Health and Care staffing educational resource included in the 25/26 annual training update for staff.
How is the EiC programme supporting Health & Care (Staffing) (Scotland) Act 2019 compliance and reporting in your Board?	*For example, how is EiC information and intelligence supporting the Use of the CSM, also other workforce information being used as part of wider quality and safety indicators?* The development of our dashboard will give insight into care quality measures across the organisation. This will inform our workforce planning and appropriate staffing approaches under the HCSA. The use of Quality of Care reviews will strengthen our understanding of high quality care and provide learning for the organisation.

SECTION 3: ACTIVITIES TO DELIVER EiC PROGRAMME & STRATEGY

Quality of Care and Care Assurance as part of a Quality Management System (QMS)

Quality of Care (QoC) Reviews & Care Assurance Processes
This section asks about the care assurance processes in place within your Board, and the outcomes, impact and learning from these.
We are keen to hear about how the Quality of Care review process is being used, however would ask that you also include wider examples of care assurance, in particular if the QoC review framework has not been adopted in Board.

Please tell us about how the QoC reviews framework & other care assurance processes are being used in Board	*Do you have an agreed approach or plan for routine use and / or intelligence led approach.* *Please describe how the process has been applied in the reporting period, including how many areas, what settings, etc…* Quality of Care reviews are in their early stages in SAS. Currently a test of the framework is being carried out into Stroke Care delivery in East region. This is being led by a Regional Clinical Quality Lead and both the data and framework are being scrutinised. This is contributing to the level of assurance SAS is able to provide to the National Stroke Care improvement work. The Stroke Care Improvement programme consisted of a multi-modal QI intervention which collectively reduced on-scene times to 19 mins (mean time) when compared to the Scottish Government Target of 20 mins. The programme is complete with a report submitted to the relevant organisational leads June 2025.
What have you learned from the QoC Reviews / Care Assurance Processes	*For example, thematic learning from QoC.* Challenges remain around the framework and its translation to an ambulance service. Feedback from individuals receiving care is difficult to record hence work is ongoing to utilise Care Opinion to monitor the core principles of the EiC framework, compassion, person-centredness and communication.
How has the QoC review processes contributed to Care Assurance work	*For example, how is this being considered as part of the EiC framework.* The QoC review reports will be integrated into our current assurance processes. This will be achieved by reporting into the appropriate groups within the organisation. A key piece of work is introducing QoC reviews to colleagues such that reviews become part of the toolkit available to them examine areas of excellence and concern in the delivery of care.
How is patient feedback and related learning captured as part of EiC to improve quality, safety and outcomes?	*Please include processes in place, as well as examples of this in practice.* Individuals receive unscheduled care from SAS in a variety of ways. Just over half of service user contacts are not conveyed to hospital; a proportion are cared for through telephone-based advice from advanced practitioners or through face to face contact with ambulance staff. Work has been established to seek feedback through text messaging for those supported by phone. The improved use of Care Opinion, especially the opportunity to provide directed links seeking specific feedback, is being explored. In scheduled care there is an opportunity to provide cards detailing access to Care Opinion. The SAS patient experience team supports our complaints and compliments processes.

How is patient feedback and related learning influencing practice?	*Please include examples in practice.* A Patient Centred Care Update is presented to the Board for their consideration at our bimonthly Board meetings. This gives insights into the themes SAS receives in feedback and assists in directing organisational focus on improvement. This report includes information on complaints, SAERs and SPSO reports.
Record Keeping standards & Electronic Patient records (EPR) Please tell us about work related to Record Keeping Standards, any areas of concern or risk, and actions to address these.	SAS has a long record of using EPRs. SAS is moving to an updated software version for its EPRs which has been successfully trialled and is being rolled out across the organisation as we speak. This has been supported by educational materials and interactive demonstrations. The increased functionality of the system will contribute to quality as multiple authors can contribute to an EPR and this will reduce the occurrence of multiple EPRS for a single patientcare episode. We are currently reviewing our documentation standards guideline which outlines the Scottish Ambulance Service's minimum requirements for the completion of clinical records for every patient contact. The updated version will be reviewed through our clinical governance framework and made available to clinicians via our intranet and mobile app.
Please tell us about any work ongoing to deliver an EPR within the Board?	N/A
Expanding EiC beyond N&M Please tell us about how EiC is supporting quality and safety beyond N&M professions.	*For example, as part of a QMS, use of LEiC resource.* The EiC programme in SAS sits in the portfolio of the Care Quality and Professional Development Directorate and specifically in the Quality Improvement Team. SAS is early in the development of instigating the programme and integrating with our existing quality workstreams. The inclusion of the EiC programme in the annual training update to all clinical staff, the majority of which are AHPs, will provide a strong foundation for future work. The EiC programme also affords an opportunity to review existing Quality Care Measures and define/develop these to reflect Care Quality in the Ambulance Care environment. Once measures are integrated these will be used to sharpen organisational focus on quality and safety elements of care.
Please tell us about any specific challenges or issues in engaging beyond N&M and actions to address these.	The origin of EiC in nursing and midwifery is evident in the language and assumed structures referred to in the EiC framework and QoC Reviews guidance. SAS has worked with NES to adapt elements of the educational framework for the HCSA to make it more relevant to staff. This will improve engagement with staff. The EiC programme implementation will necessitate change within SAS and broadening the focus away from nursing and midwifery in materials will assist in management of the change. As such, a Rapid Review of Care Quality Measures, followed by a Consensus Study (collaboration with the University of Stirling) is being considered. This approach is planned over the next 12 months and will culminate with a stakeholder conference to disseminate and refine the measures for inclusion on our dashboard. This approach is being shared with other Allied Health Professions for their consideration.
Key Achievements and Impact	
Please record key achievements and activities in the last reporting period	*The feedback in the section should link to the objectives and actions planned in the previous report, as well as any additional success and achievements.*

(**October 2024 to March 2025**) related to the EiC programme. Please also consider; How did this impact the Programme and, How has this success been shared?	- Recruitment has been successful with the EiC Lead also leading on the Health and Care Staffing Act. - Work to establish the governance for EiC within our existing internal assurance groups has begun. - A structured, evidence informed approach has been agreed by the Quality and Safety Forum to develop bespoke Care Quality Measures valid for the ambulance care setting.

Key Objectives for next reporting period

Please use this space to outline 3 key objectives and activities planned as part of your Objective setting for the EiC programme for the next reporting period (**April to September 2025**). Please include how these objectives are being approached and supported?	- Identify an expert advisory group to guide and inform the development of care quality measures/indicators - The completion of the Rapid Scoping Review to identify Key quality measures within the ambulance setting. - Determine the most appropriate methodological approach to develop a consensus for Care Quality Measures in the Scottish perspective.

SECTION 4: DATA FOR IMPROVEMENT

EXCELLENCE IN CARE – Data Submission, the CAIR Dashboard and Quality Assurance

If you are not submitting data into CAIR **for specific measures**, what local processes **or alternative measures** are used in place to provide assurance of care?	*For example, what measures do you have and how is feedback collected and used.* KPIs are reportedly publicly to the Board bimonthly. Internal assurance groups assess clinical and care measures. Our Patient Experience team and Patient Safety team manage compliments, complaints and SAERs.
Do all SCNs, SCMs and team leaders with access, use the CAIR dashboard (or similar as above) at least monthly to review their data for improvement?	*Please use this space to provide any updates or progress, where this isn't fully embedded, or you have examples of shared learning.* N/A Dashboard not live

If not, what actions are being taken to embed this in quality assurance culture?	
How is data being used for assurance and improvement?	*Please provide examples of how knowledge/experience from EiC and information extracted from the CAIR / local dashboard is used to assure standards of care and support practice development, identify any risk, or opportunity for improvement?* N/A
How is the EiC programme (including qualitative and quantitative data, and QoC reviews) being used in Board as part of a Quality Management System	*Please include structures in place, as well as examples of this in practice (data triangulation, qualitative information and intelligence and quality improvement).* The EiC programme has not started contributing at this point to existing assurance and QMS systems.
For nurse / midwifery families that are included in EiC, are all wards / teams included as part of that nurse family in your reference file. If not, why not? Are there any teams missing from the reference file?	N/A- Dashboard not live.
Do you have any particular challenges in keeping your reference file up to date, please provide details – in general or specific to individual measures as appropriate.	*Please include any opportunities for shared learning.* N/A- SAS has yet to construct its dashboard.

	Where the information can be extracted in a report from PHS / CAIR, this can be attached rather than transcribing information, however, please ensure supporting narrative and timescales for any planned activity is included.					
EiC Measure	Submission rate in the latest complete quarter (%)	If not reporting or NA, please provide expected 'go live' date	Is data submission to PHS automated, extracted digitally locally or manual data collection?	Total measure rate at Health Board level	What is the usual sample size of the data submitted for this measure? *E.g., full population, 20 cases*	Where you are not reporting, or submitting data manually please provide details of barriers or challenges. Please provide as much detail as possible and include actions in place to address these including impact of delivery of the programme.
Inpatient Falls Rate (IFR)						
Predictable Absence Allowance (PTA)						
Pressure Ulcer rates (PUR)						
Supplementary Staffing Use (SSUBA) – Bank and Agency						
Supplementary Staffing Use (SSUOE) – Overtime and Excess						
Establishment Variance (VAC)						
Accurate Early Warning Score (AEW)						
Correct Frequency of Early Warning Scores (EWF)						

OFFICIAL – SENSITIVE

Paediatric Early Warning Score (PEWS) Escalation (DPO1)						
Paediatric Early Warning Score (PEWS) Compliance (DPP1)						
Maternity Early Warning Score Compliance (MEWC)						
MEWS Escalation (MEWE)						
Neonatal Temperature Measurement (NN1)						
Skin to Skin Contact (SSC)						
Stress and Distress (SDU1)						
FFN MUST score (FFN1)						
FFN Nutritional Assessment (FFN2)						
FFN Care Plan (FFN3)						
Preferred place of death documented (PPD)						
Preferred place of death achieved (PPA)						
*Multi-Drug Resistant Organism (MDRO) Screening Risk Assessment (MDRO1)						
**Quality Management of the Practice Learning Environment Score (QMPLE) Student Feedback (PLE1)						

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**Quality Management of the Practice Learning Environment (QMPLE) Score (PLE2)						
***Mental Health Person-Centred Care Planning (MHCP)						
****Medicine omission						****For Boards with HEPMA please indicate N/A

We note the following measures may not apply to all areas, all of the time, and number can therefore be variable. Please include any narrative to support submission / report.
*   MDRO - Only admitting wards relevant and measure awaiting review
**   QMPLE - Not always student nurses in a team each month, so non-submissions can be expected
*** MHCP - measure under review so some HBs not submitting due to issues with the measure as it stands
****Medicine Omission – Non applicable for Boards with HEPMA

EXCELLENCE IN CARE – additional comments	
Please use this space to provide any additional comments around the EiC programme.	Initial focus will be constructing a dashboard. This will support increased engagement across the organisation and build upon the EiC information in this year's annual training update for staff. QoC reviews will increase and take a Safety II approach initially. That is to explore and understand where and why SAS operates well. This learning will then be used to support improvement within our QMS system.