

W3: Building improvement capacity and capability across national care systems:  
The Scottish and Scandinavian stories

# Improving at a National Level



**Healthier  
Scotland**  
Scottish  
Government



**Professor Jason Leitch**  
**National Clinical Director**  
**NHS Scotland**

**Hanne Ellegaard Miang**  
**Senior Consultant and**  
**Programme Lead**  
**Danish Society for**  
**Patient Safety**

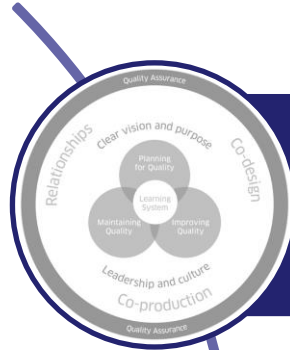
**Ida Waal Rømuld**  
**Senior Advisor and**  
**Project Leader**  
**Norwegian Directorate**  
**for Health**



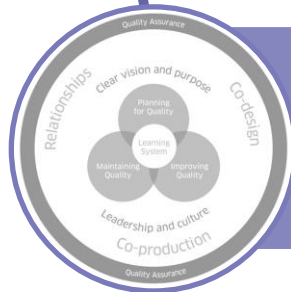
**Healthier  
Scotland**  
Scottish  
Government



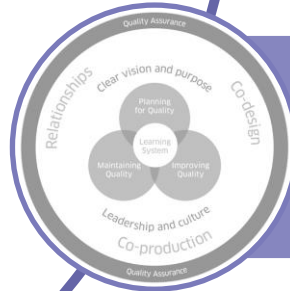
# Outcomes



Understand how to develop and deliver QI training programmes at scale.



Appreciate the challenges experienced and the solutions necessary to provide value-adding training to a busy workforce.



Understand how training programmes can support implementation of improvement and patient safety programmes.






















- 5.4 million people
- £13 billion +
- 3 Regions
- 14 Health Boards
- 8 Support Boards
- Health and social care integration since April 2016



**Building  
our capability**

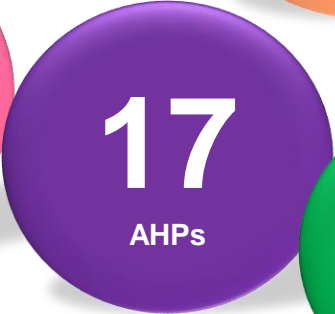
# Scottish Improvement Leaders Programme (ScIL)



				
501	89	3	3	1
Scotland	N Ireland	England	Wales	Canada



# QUALITY & SAFETY FELLOWS (COHORTS 1-14)



213

Scotland



58

N Ireland



14

Ireland



40

Norway



27

Denmark



1

England



1

Wales



1

Canada

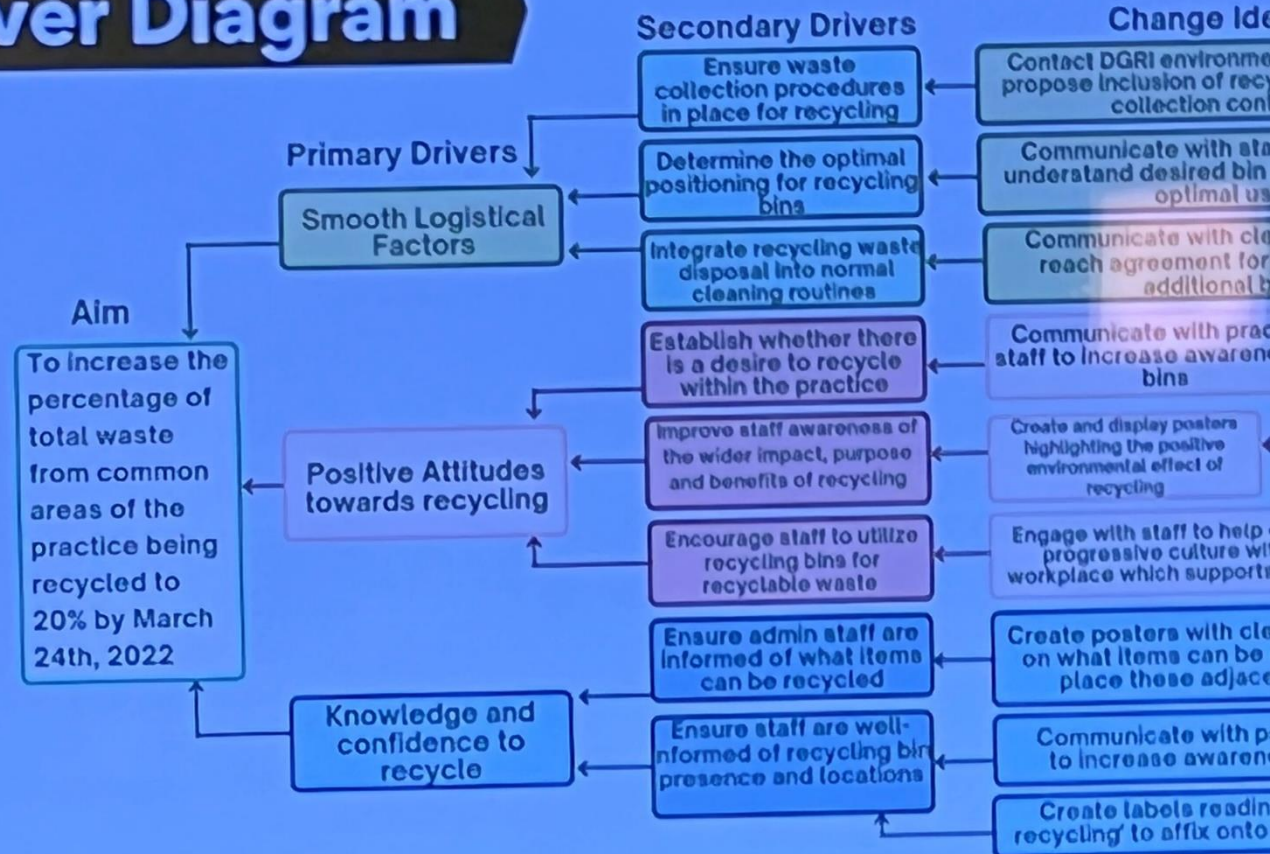


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New  
Zealand



# Driver Diagram





A blue and white pennant flag is shown waving against a clear blue sky. The flag has a white diagonal stripe running from the top-left to the bottom-right. The text "Our Approach" is overlaid in the center of the flag.

# Our Approach



## Aims:

To deliver the **highest quality healthcare** services to the people of Scotland

For NHSScotland to be recognised as **world-leading** in the quality of healthcare it provides

# Strategic Direction of Change

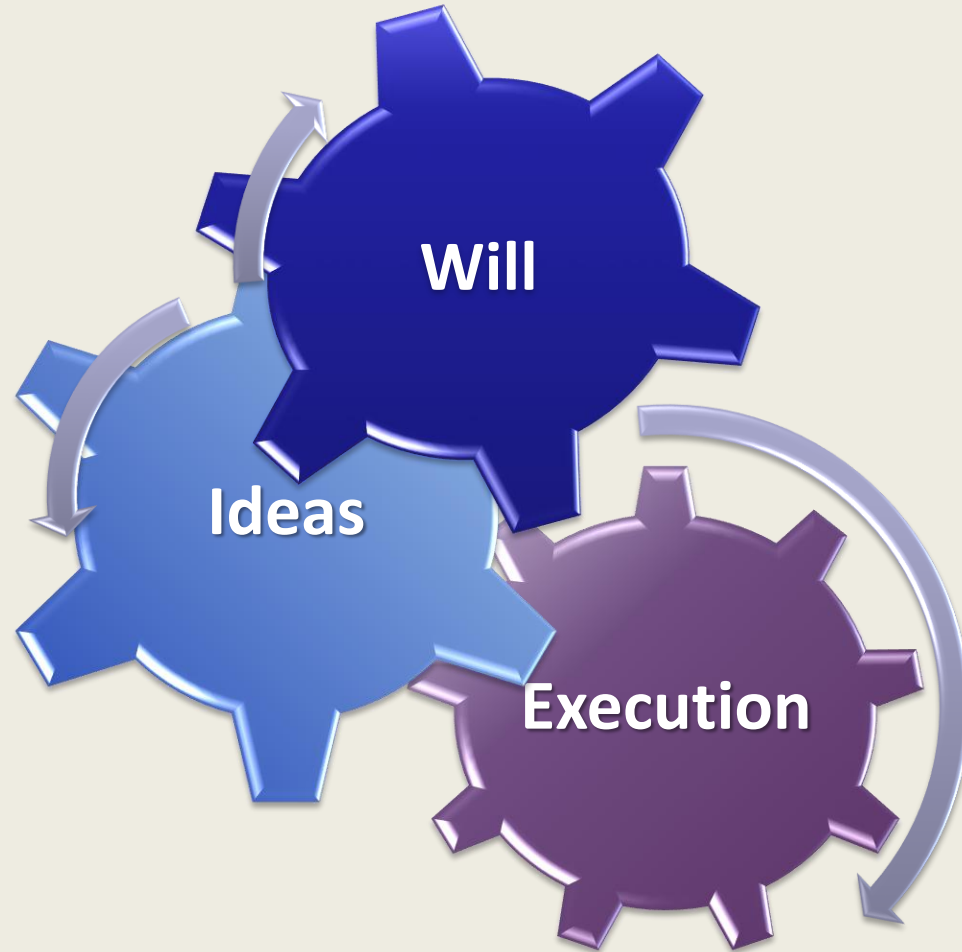


**Improving  
Population Health**





# Implementing at scale.... can it be done?



# The Typical Approach...

## Conference Room



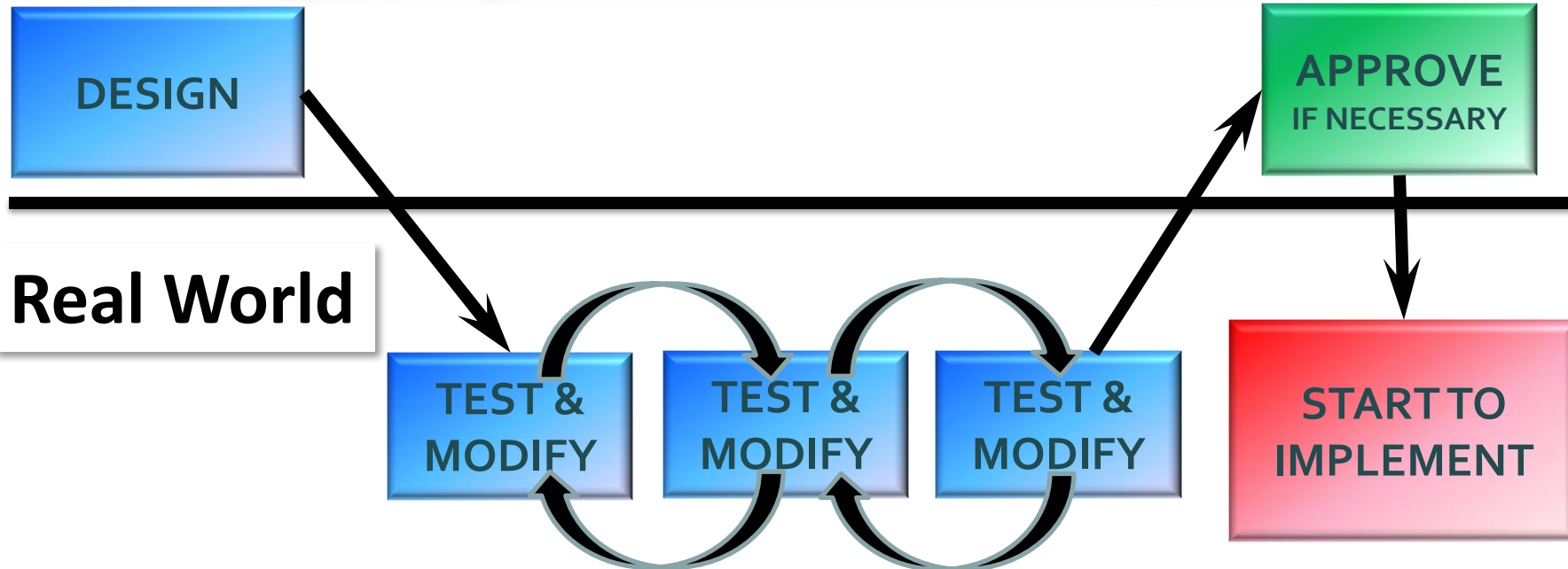
## Real World



IMPLEMENT

# The Quality Improvement Approach

Conference Room

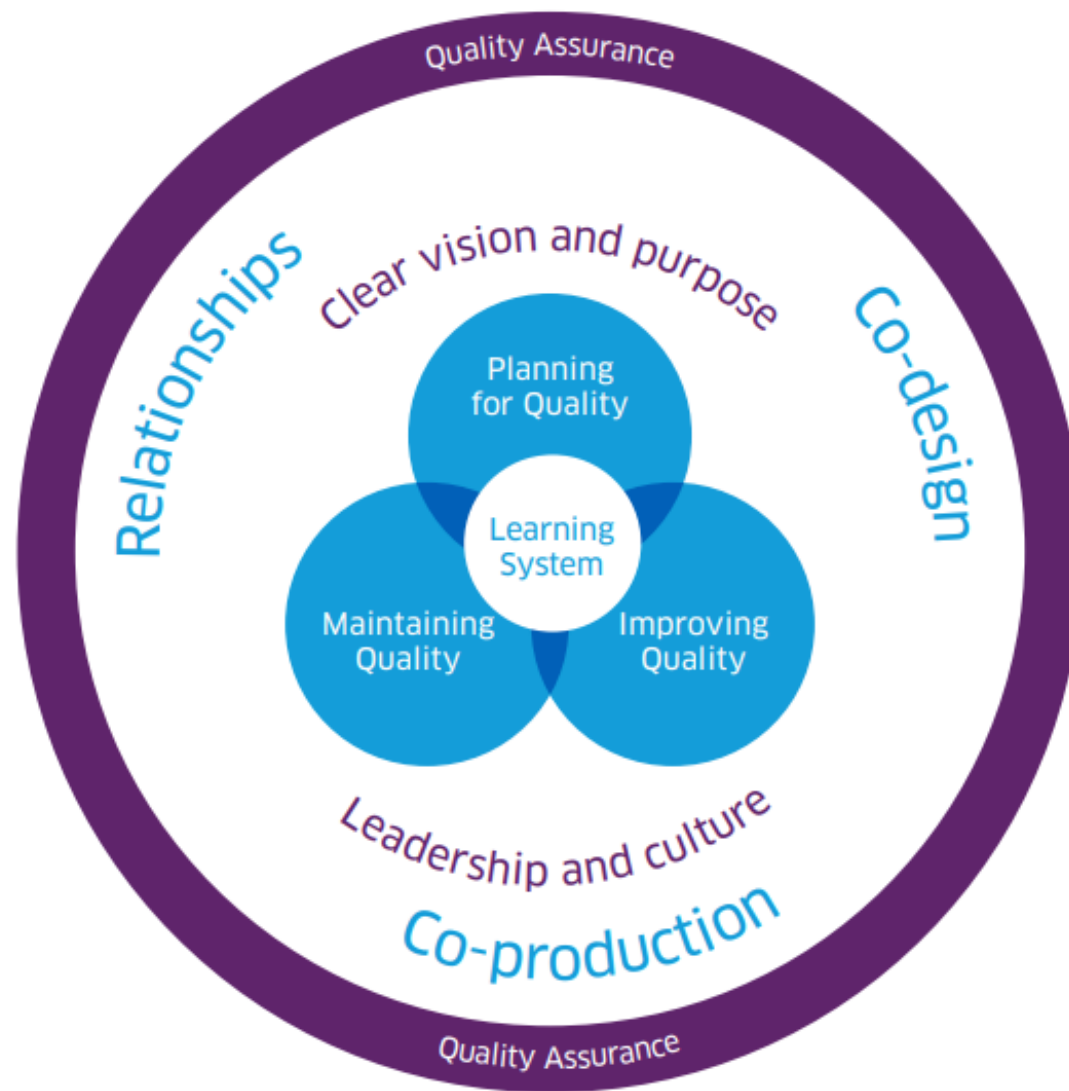




**What we teach**

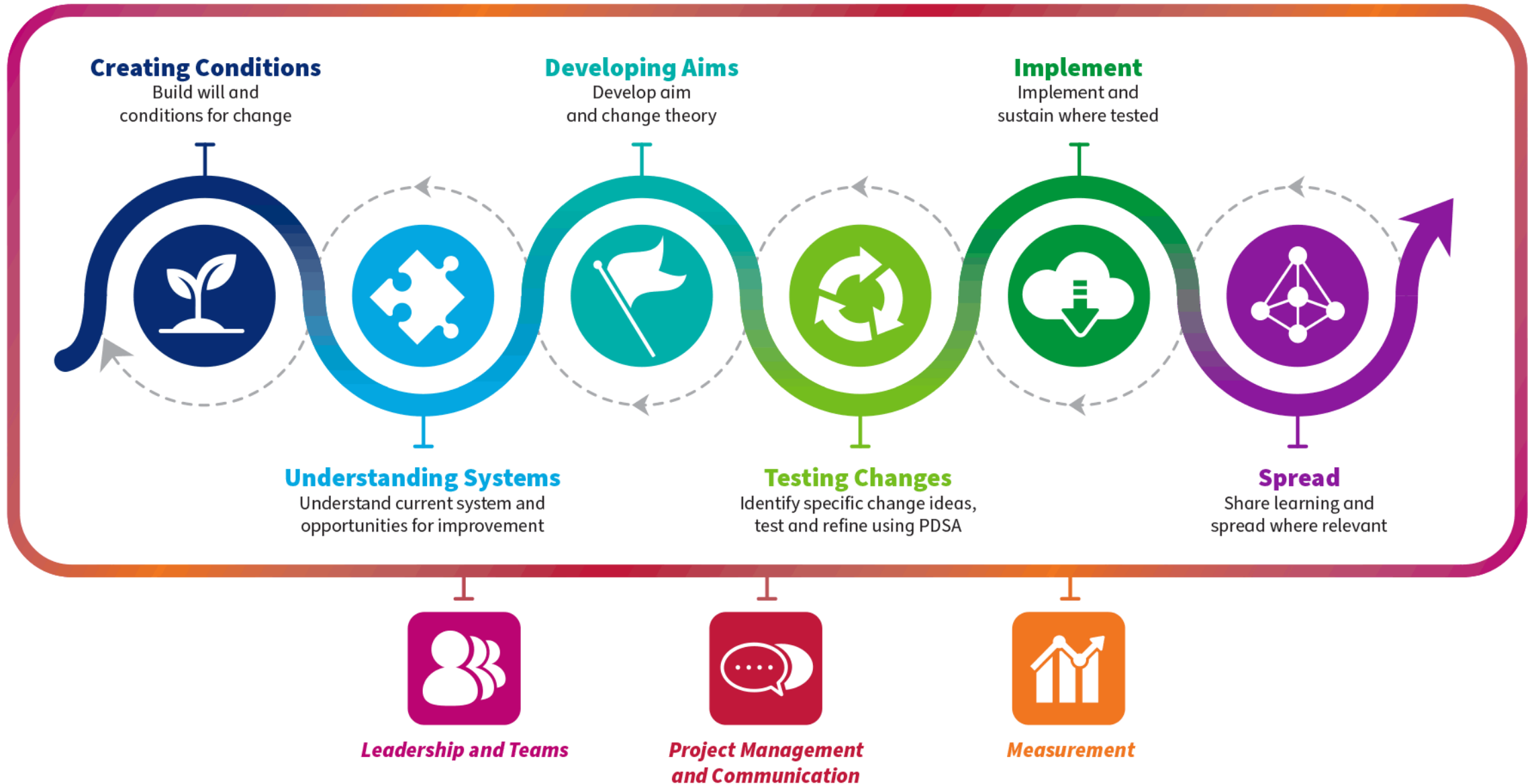


# High-level Quality Management Framework





# Quality Improvement Journey





## Scottish Quality and Safety Fellowship (SQSF)

Aimed at healthcare staff who currently undertake clinical practice and have a direct influence on improving the delivery of safe patient care. S

SQSF will enable individuals to:

support the  
development  
of safety  
programmes.

spread  
improvements  
both within  
their  
organisation  
and nationally.

strengthen  
collaboration  
with important  
overseas  
healthcare  
providers.



# Scottish Improvement Leaders (ScIL) Programme

Aimed at people in a role with a significant focus on quality improvement and dedicated time to lead improvement projects.

ScIL will enable individuals to:

design, develop  
and lead  
improvement  
projects.

lead and  
generate  
support for  
change.

provide expert  
QI support and  
advice in their  
organisations.

# Scottish Coaching and Leading for Improvement Programme (SCLIP)

Aimed at core managers who will coach and lead teams.

SCLIP will enable individuals to:

support teams  
to use QI  
methodology  
tools &  
techniques to  
improve  
services.

apply a  
coaching  
approach to  
support  
improvement  
of services.

apply theories  
to effectively  
lead teams  
through impro  
vement and  
change.



# Scottish Improvement Foundation Skills (SIFS)

Aimed at individuals working in the Public Service currently working as part of an improvement team.

SIFS will enable individuals to:

develop skills,  
knowledge and  
confidence to  
participate in  
improvement efforts.

contribute to testing,  
measuring and  
reporting on change  
ideas.





**Results**



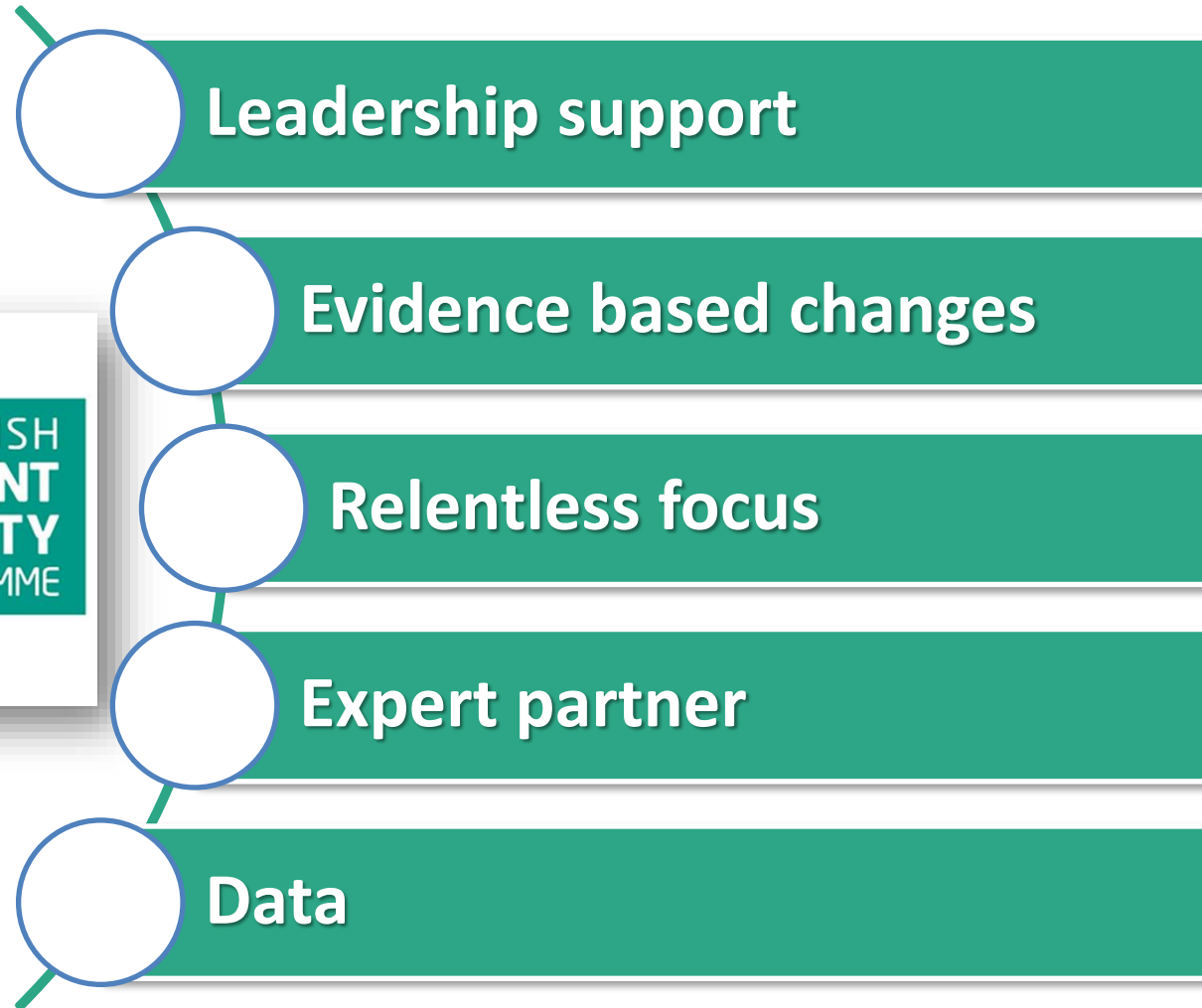


Ten years of  
improving safety



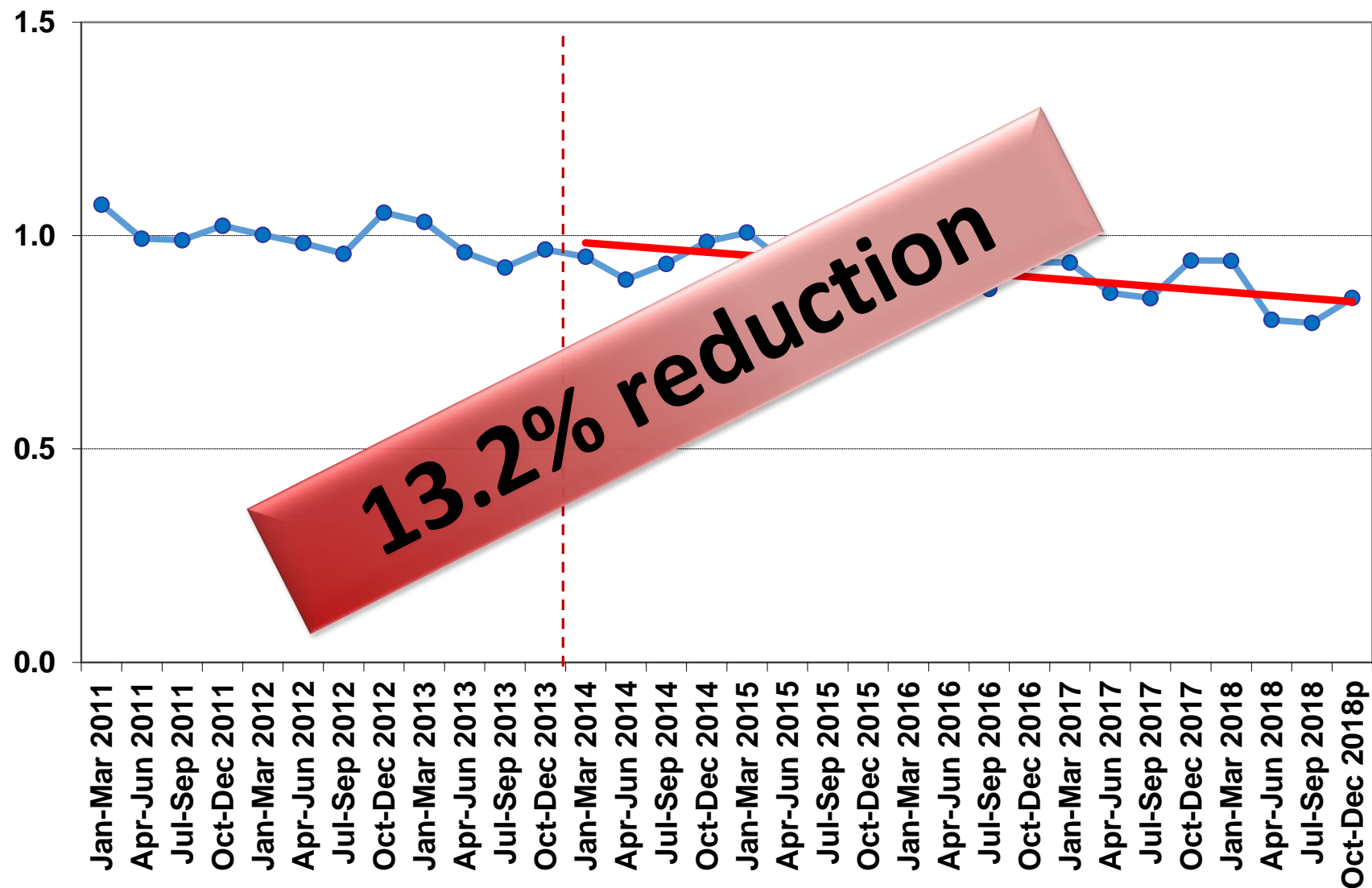




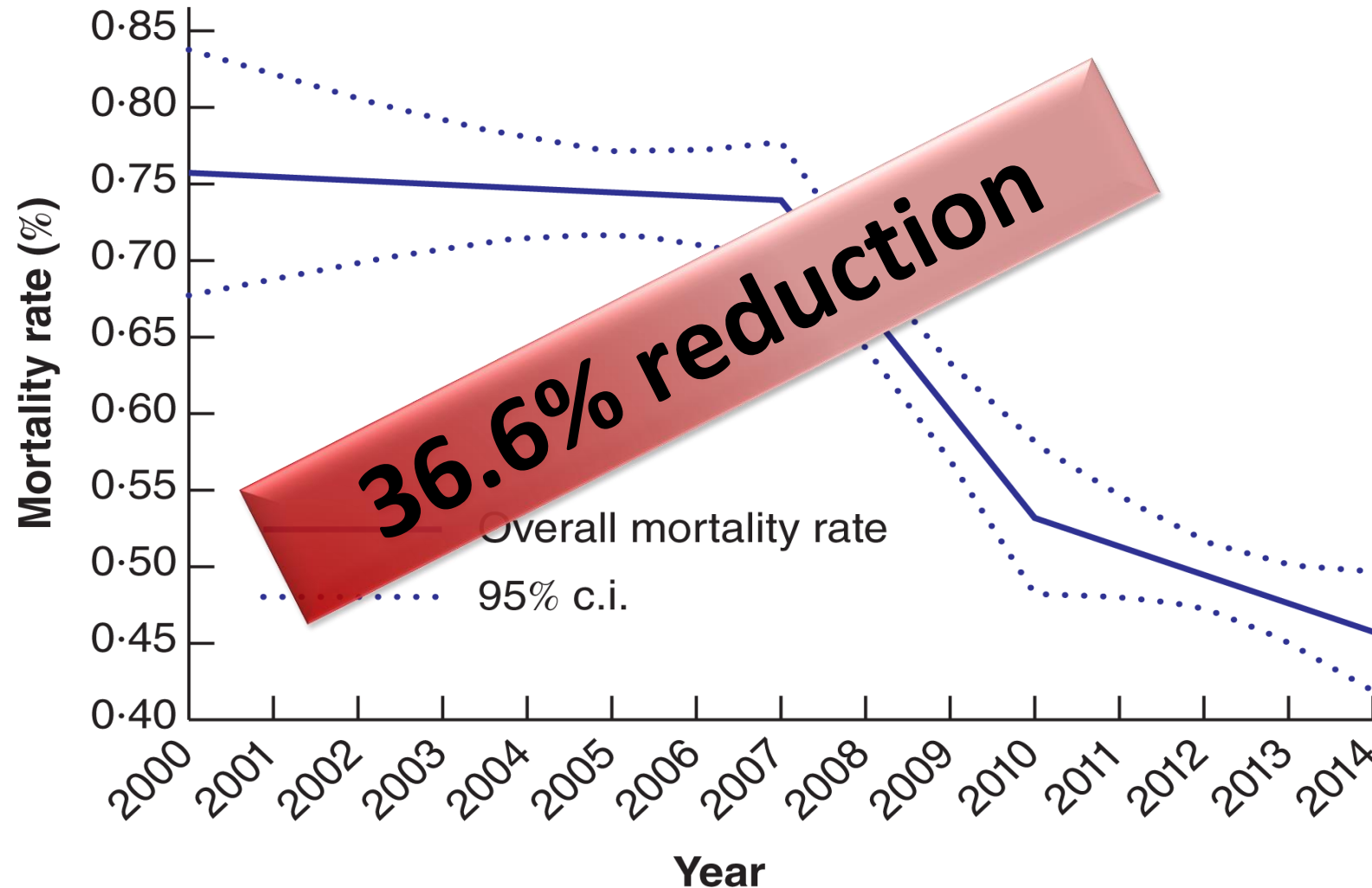


# Hospital Standardised Mortality Ratio

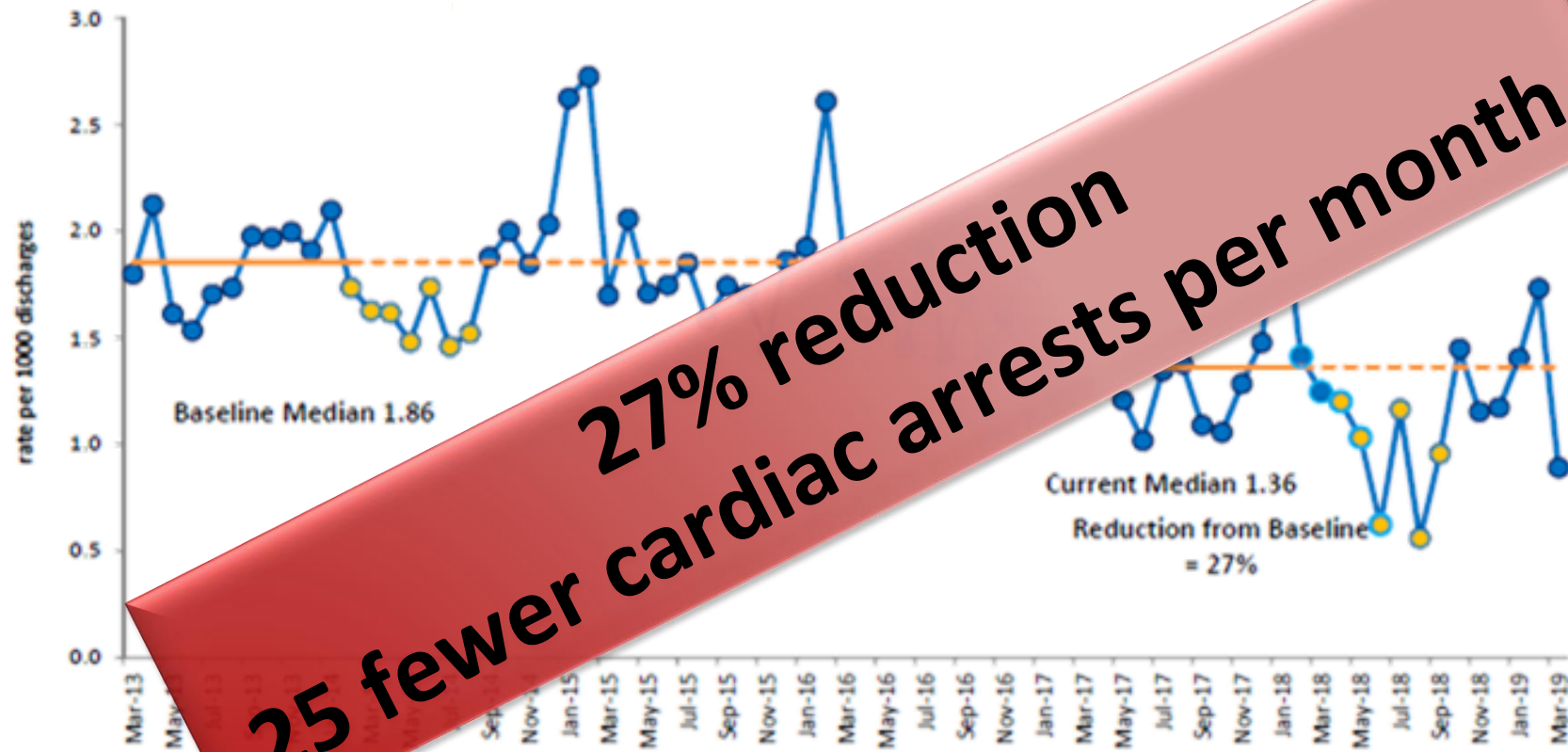
## January 2011 – December 2018



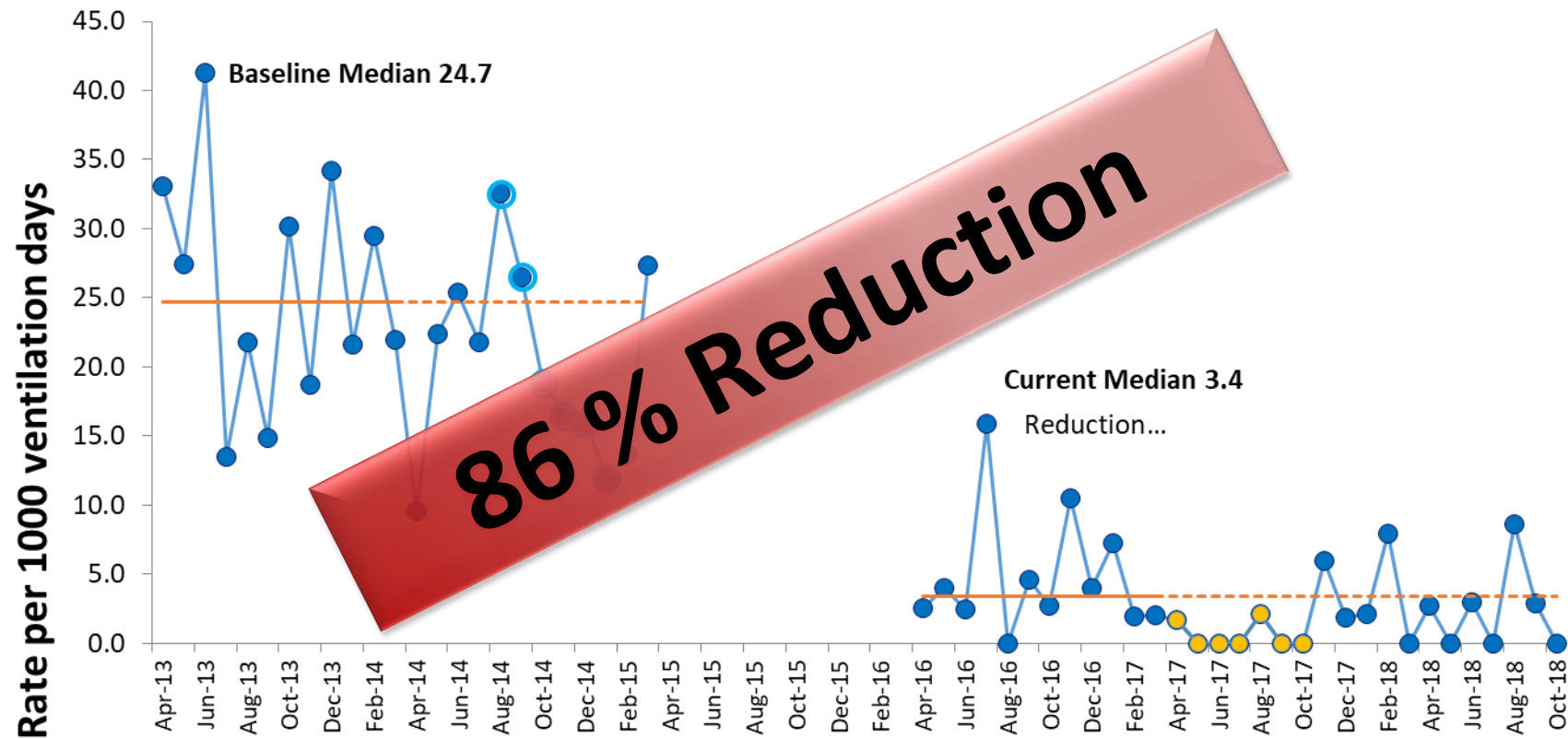
# Reducing surgical mortality in Scotland by use of the WHO Surgical Safety Checklist



# Total rate of Cardiac Arrest for 17 Scottish hospitals (2013 – 2019)



# Rate of Ventilator Associated Pneumonia (VAP) for Scotland's 2 Paediatric Intensive Care Units 2013 –2018







# Beyond Healthcare



**Children and  
Young People  
Improvement  
Collaborative**





# Multi-agency Collaborative...

**Education**

**Social care**

**Health**

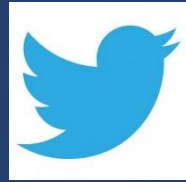
**Justice**

**Families**

**Police**

**Third Sector**





@jasonleitch



**Healthier  
Scotland**  
Scottish  
Government



# **QI competency - How to build capacity and capability**

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From a national perspective

Ida Waal Rømuld, project lead, Norwegian Directorate for Health





5.4 million people

Health expenditure  
10.5 % of the BNP  
(2019)

85% publicly  
funded (2019)

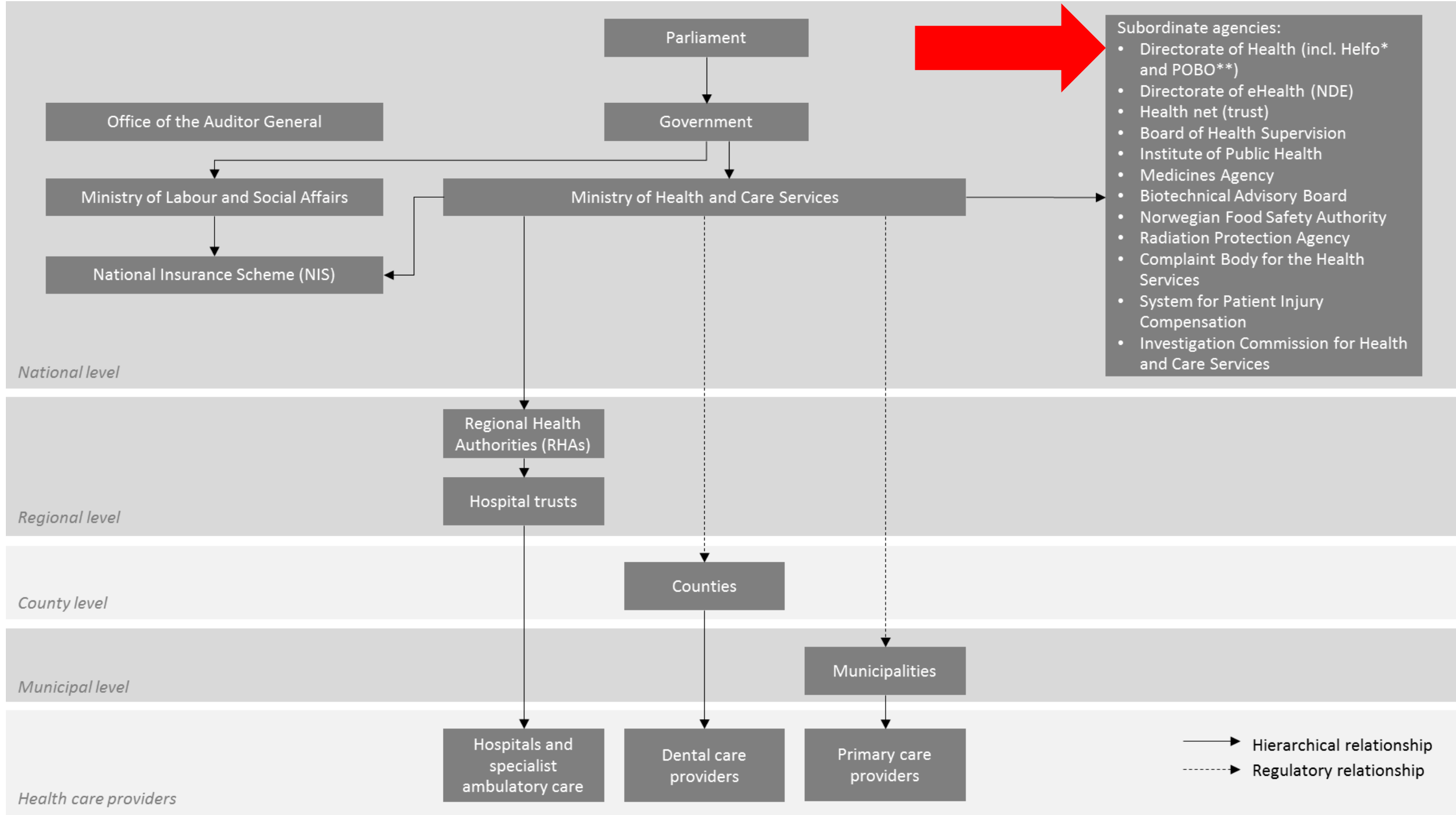
Democratic  
monarchy, with  
parliamentary  
system











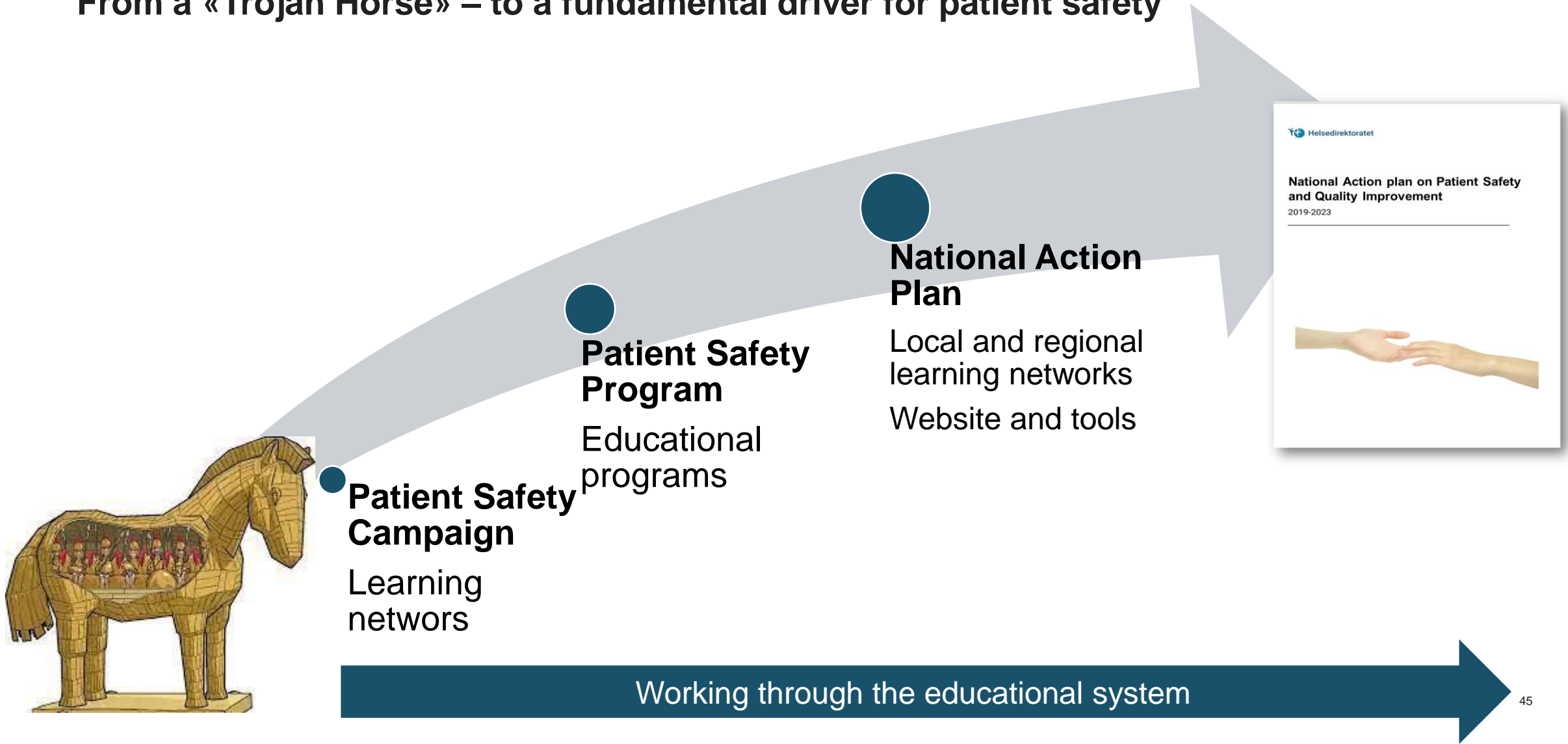
# The Norwegian Directorate for Health





# Building capability and capacity

From a «Trojan Horse» – to a fundamental driver for patient safety



## National Action plan on Patient Safety and Quality Improvement

2019-2023









**"a safe and secure health and  
care services, without harm,  
for every patient and user,  
everywhere and always"**

**“In health care everyone has two jobs:  
to do your work and to improve your work”**

Paul Batalden



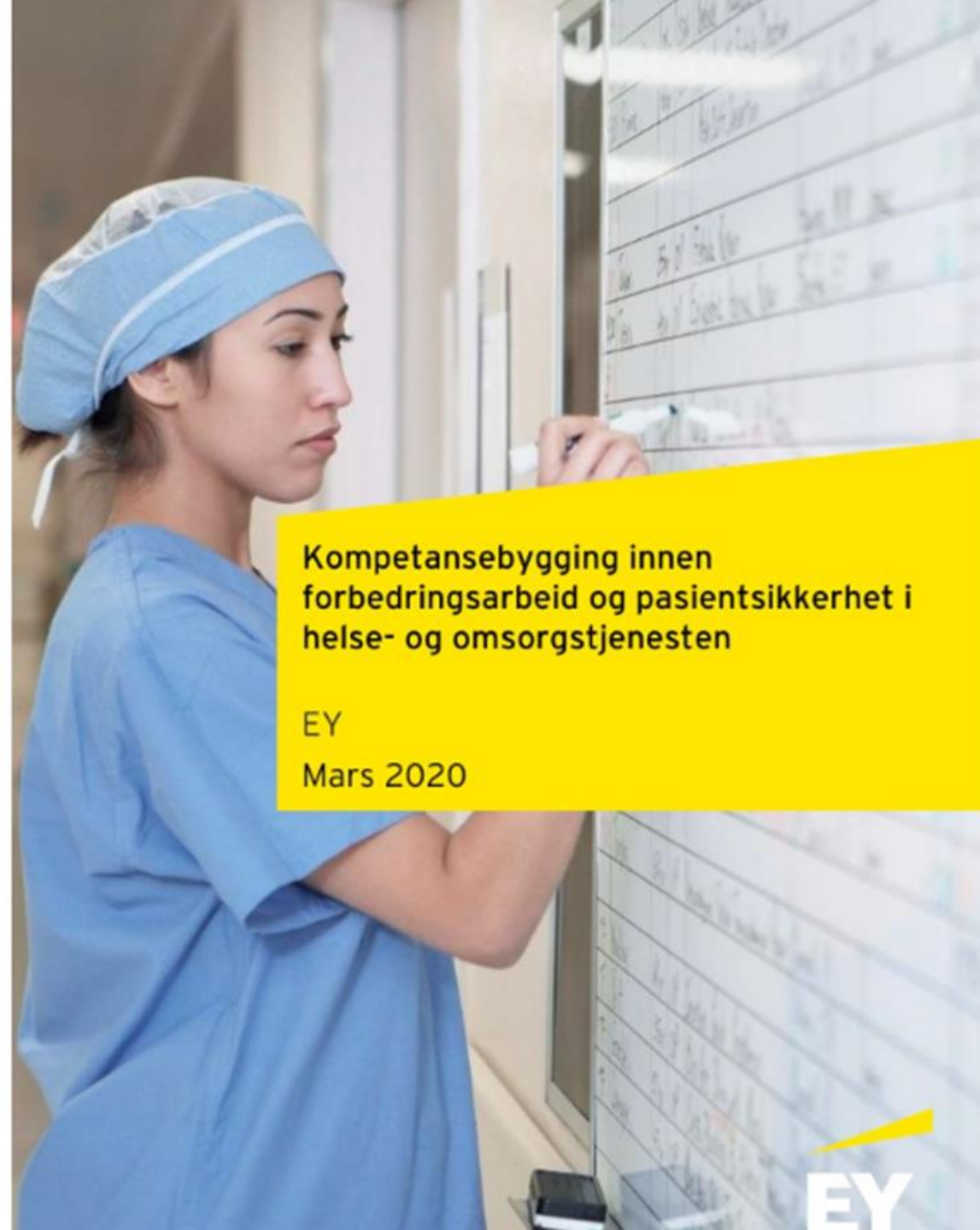
**From individual...**



**...to whole system approach**

# What do you need?

- Material and resources
- Access to courses and training programs
- Guidance and supervision
- Examples and best practice
- Network
- Conferences
- Etc.



Kompetansebygging innen  
forbedringsarbeid og pasientsikkerhet i  
helse- og omsorgstjenesten

EY

Mars 2020



# A new guiding principle

TEACH THE TEACHER

# What does «teach the teacher» mean to you?

- Discussions around the table
- Sharing your thoughts with the rest of the room



# Our guiding principle

TEACH THE TEACHER



# A three fold approach

**Through the educational system and make research available**

**Towards strategical competency building in the organization and institutions**

**Providing for networks, tools and means for "the teachers" to use**

# A tool kit for every on to use



I trygge hender
24
7

Hva letter du etter?
Søk
Meny

Hver pasientskade er én for mye. Målet er en trygg og sikker helse- og omsorgstjeneste - uten skade, for hver pasient og bruker, alltid og overalt.

Mer om arbeidet

Forebygge pasientskader

Her finner du verktøy for å forhindre ulike typer pasientskader.

Tidlig oppdagelse

God utskrivningsprosess

Legemidler

Urtnivelfeksjoner

Kateterassosierte infeksjoner

Kirurgiske komplikasjoner

Se alle områdene →

Kvalitetsforbedring →

Om pasientsikkerhet →

Hver pasientskade er én for mye. Målet er en trygg og sikker helse- og omsorgstjeneste...

Ledelse og kultur →

Forbedringsarbeid i praksis

Publisert 23/10/2016 Oppdatert 30/05/2022

Her finner du en oversikt over faser vi bør gå igjennom når vi gjennomfører forbedringsarbeid. For hver av fasene er det koblet på nyttige verktøy, sjekkpunkter, og tips til relevante ressurser. Dette er en måte å strukturere arbeidet på som kan brukes på både små og store forbedringsprosjekter.

STOPP/FORSTÅ

TEAM

MÅL

INDIKATOR

TILTAK

TEST

IMPLEMENTER

Stopp før du starter. Forstå problemet.

Sett sammen teamet.

Sett et tall og tidfestet mål for arbeidet.

Definer et sett med indikatorer.

Identifiser og prioriter tiltak.

Test gjennomføring av tiltakene i lokal kontekst.

Implementer tiltakene og følg opp arbeidet.

I trygge hender
24
7

# Forbedringsguiden

Teorier, tips og verktøy for forbedringsarbeid i helse- og omsorgstjenesten

Kari Annette Os  
Seniorrådgiver  
Helsedirektoratet

Lage run-diagram i Excel del 3

2020-10-26 18:08:28 +0100



# FORBEDRINGSSPILLET



**Can you apply this principle  
to your context?**

**Key take aways?**

- Discussions around the table
- Sharing your thoughts with the rest of the room



- 1. Lasting structures must be built through existing mechanism and with a long-term strategy.**
- 2. «Teach the teacher» is our preferred way to strengthen and support the health services capability to build capacity.**

A stack of several white papers or cards is shown, slightly offset from each other. The top card is prominently displayed and features the words "KEY TAKEAWAYS" in a large, bold, black, sans-serif font. The background is a solid, light teal color.

**KEY  
TAKEAWAYS**





[helsedirektoratet.no](https://helsedirektoratet.no)

# The Danish Improvement advisor program (FA)

Senior consultant

Hanne Ellegaard Miang

# Danish Society for Patient Safety

- Established in 2001
- An independent organisation working to promote patient safety in health and social care across Denmark
- Experts in improvement methods in Denmark
- Collaborate with healthcare organisations and professional groups

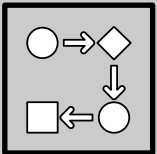




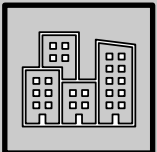
# Building capacity



We work with provider organisations to build capacity, capability and cultures focused on improving outcomes



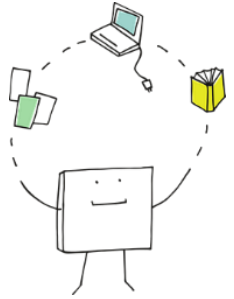
The educational program (Forbedringsagent FA) was established in 2013



Participants from hospitals and community settings

# Why is it important?

- Danish government committed to implementing Quality Improvement as the national strategy to bring about change across healthcare
- The FA program is a key component of the national strategy which supports the development of knowledge & skills
- Work with (and coach) front-line staff to support successful local change



# Buzz



**How does your organization train staff in quality improvement skills?**

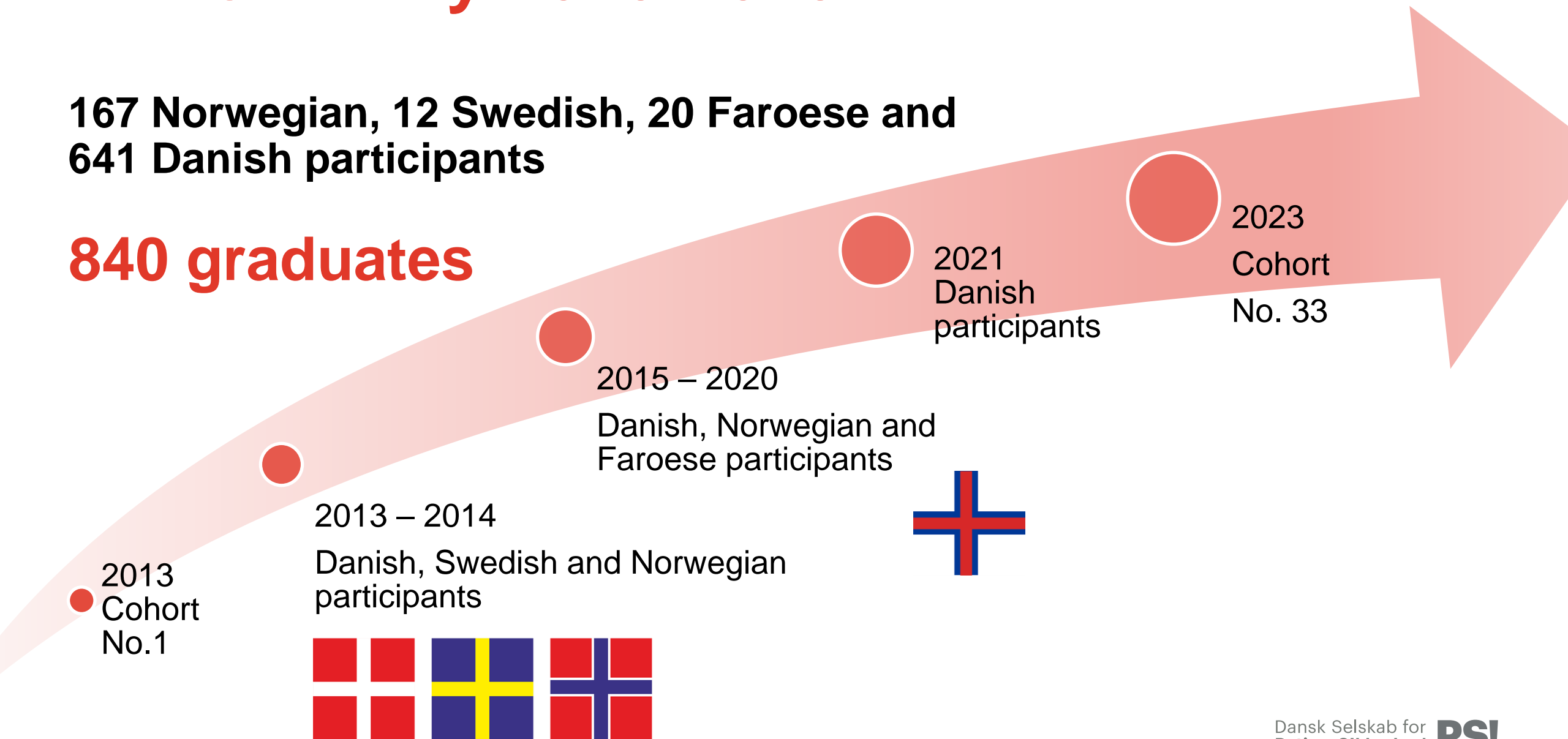
**How do you know your organization has sufficient quality improvement specialist?**



# The Journey 2013-2023

**167 Norwegian, 12 Swedish, 20 Faroese and  
641 Danish participants**

**840 graduates**



# Design

Each participant is required to work with their own improvement projects (connected to the organization's business plan) during the program:

- Improving quality of care or services
- Reducing cost or waste
- Increase patients or customers satisfaction



# Design

The Danish 10-month improvement advisor program includes:

- Three in-person workshops in Copenhagen
- Five web-based sessions between the workshops
- Eight feedbacks on their own projects
- Interaction between presentations, exercises, discussions and their own improvement project





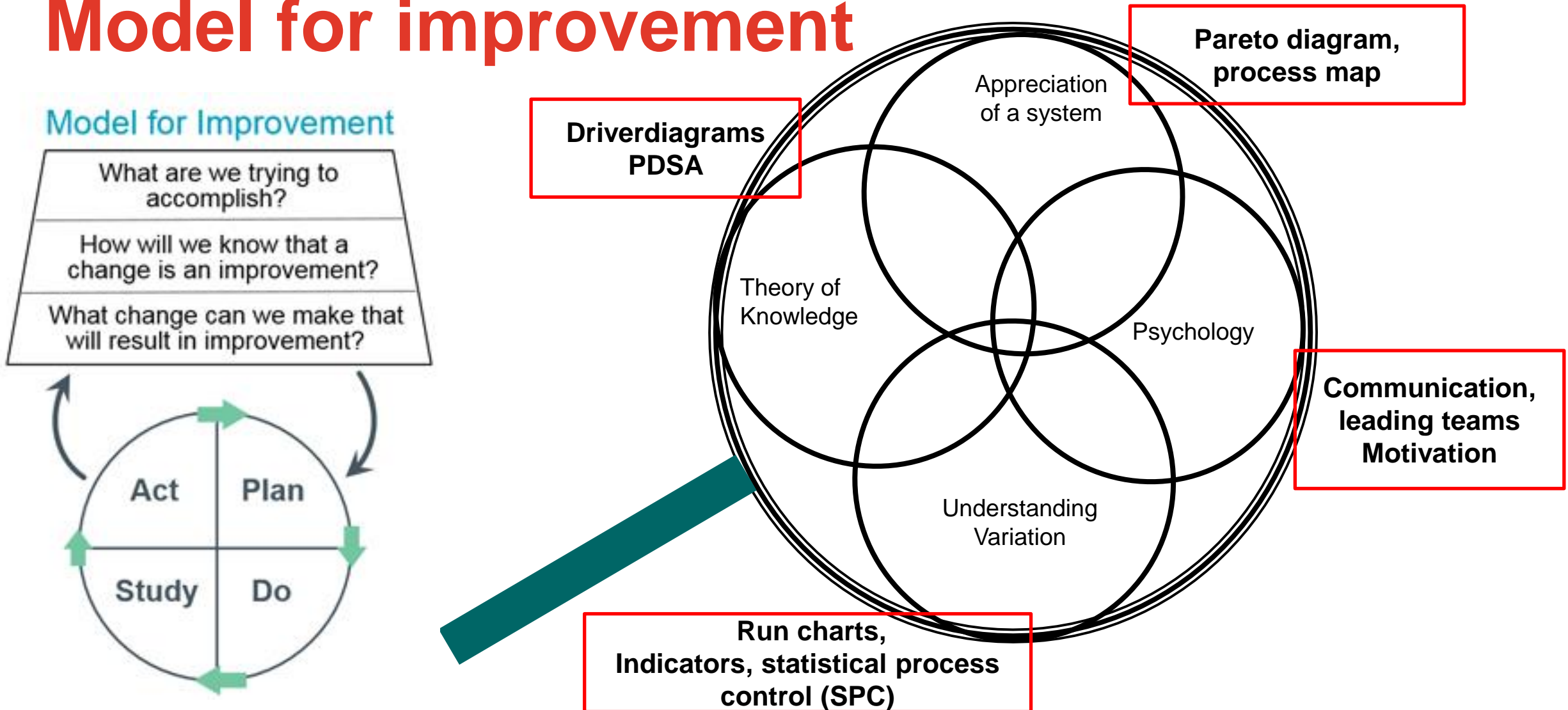
# Design

## Three in-person workshops in Copenhagen

- Opportunity develop knowledge & skills by giving feedback to the others on their projects
- Networking with peers
- International experts' presenters
- Patients/Users as presenters



# Deming's System of Profound Knowledge Model for improvement



# Local supervisors & faculty

Feedback on the improvement projects are given eight times during the 10 month program

Local supervisors requirements:

- Working in practice with improvement work
- Educated Improvement Advisor or equivalent



# The importance for the patient and the organization

A story from a danish improvement advisor (Agent)

Improvement advisor

Kathrine Lychau Hansen  
Consultant Psychiatrist





# Buzz



What's the benefit to have staff with improvement skills?

# Barriers and challenges



High expectations from the manager/ focus on outcomes



The Improvement Project is too big for a 10 month period



Challenges with meeting the Improvement team



The Improvement Project is not given priority, stopped or other urgent tasks

# How to solve barriers and challenges

Make the  
improvement project  
smaller

Lower ambitions  
level

Conduct small test  
related to priority  
topics

Prepare analyses to  
understand the  
system better

Get ideas for new  
test and priorities

Ask the patients

Case Work with  
data

Privat project like  
saving electricity or  
reduce foodwaste

# Test in process



- Adversory board: Leaders and Experts across Denmark and Scandinavia
- Virtual feedback for the participants together with their leaders