

# ImproveWell.

## The Improver Podcast | Episode 6 | The power of positivity

### **Intro (00:01)**

Welcome to The Improver. The podcast that explores ideas in healthcare improvement and participatory change, hosted by Dr. Na'eem Ahmed and Lara Mott.

### **(00:15)**

A note for our listeners, we record this podcast remotely to support our guests' busy schedules. The audio quality varies in this particular episode. However, the content is excellent, so we hope your listening experience is as enjoyable as usual.

### **Na'eem Ahmed (00:32)**

Hello, and welcome to The Improver podcast. I'm Na'eem Ahmed, clinical lead and co-founder of ImproveWell.

### **Lara Mott (00:38)**

and I'm Lara Mott, CEO and co-founder of ImproveWell. We are delighted to welcome Helen Bevan and Göran Henriks to The Improver podcast. Helen Bevan is recognised around the world for her expertise and energy for large scale change in health and care. During her 30 years as a change leader in the English National Health Service, Helen has been at the forefront of many NHS improvement initiatives that have made a difference for 1000s of patients and for the staff who care for them. Helen currently leads the NHS Horizons team. She also provides advice, guidance and training on transformational change to leaders of the health and care systems across the world and has been recognised as one of the 60 most influential people in the history of the NHS. Göran Henriks has been Chief Executive of Learning and Innovation at the Qulturum, in the county council of Jönköping, Sweden since 1997. Qulturum is a centre for quality leadership and management development for the employees in the county and also for healthcare on a regional and national level. Göran has nearly 40 years of experience in management in the Swedish healthcare system. He's also a senior fellow at the Institute for Healthcare Improvement and is the chair of the strategic committee of the International Forum on quality and safety in healthcare. So Helen and Göran, welcome to The Improver.

### **Göran Henriks (02:00)**

Thank you very much.

### **Helen Bevan (02:03)**

Great to be here.

### **Lara Mott (00:38)**

Fantastic. I wanted to kick off with a very easy question. So there's two key figureheads in the world of change and improvement in health care. How did you both come to start to work together?

### **Helen Bevan (02:15)**

Göran, you start.

**Göran Henriks (02:17)**

That was a hard question. You said it could be an easy one. Helen, I think that we met during the late 90s the first time, it may have been to one of the European forums, it may have been in United States to one of the conferences there. But over time, you can't lose your sight of Helen because everything that is around Helen is always energising you and accelerating your mind into a different kind of thinking or mindset. So, I admire Helen's contribution to care, because she puts our minds in new settings. But I think from the beginning, she was more of a government position person, but today she with her experience, she is a global position person. And I think that this is a big benefit for all of us.

**Helen Bevan (03:35)**

Thank you, Göran. And, you know, when I think about you, when I first met you and I came to Qulturum. So I don't know how much people know about Jönköping, but it's a place, it's actually not a very big region in the in the south of Sweden. But a place that just gets amazing health and care outcomes for its population. And it's a place that has got such a focus on learning, and Qulturum, which is where Göran is based, is a house of learning, you know, at the heart of this system. And again Göran you know, I think your leadership has made such a difference. And it's so globally significant in the sense that you know, what we see in your region, and the results that you get the ambition, and the way that you bring health and care together, you know, the understanding, I think that you have and that is played out in such practical ways of health and what it means it's just been such an inspiration to me. And, you know, when I work with you, Göran, I learn all the time and you current, you constantly challenge, you know, my perspective. And I think that more than anybody I know in the world, actually, you've kind of challenged me and made a difference to the way I think and the way that I practice as an improver.

**Na'eem Ahmed (05:26)**

We're delighted just to be able to share both the wonderful ways you speak about each other, but also the experiences that you have. And we're looking forward to delving a bit deep into that during this podcast. So I guess we are still very much in the pandemic, and it would be really great to kick off by what would you say, in response to the fact that improvement is something that can wait, because we've got to deal with the, with the pandemic right now? What would your response to that be?

**Helen Bevan (06:09)**

Maybe I should start. So, I think it's, you know, it's really interesting looking back, and you've looked at some of the studies that have been done, for instance, by the Health Foundation, you know, what it's showing is, you know, certainly in England, is that those organisations and systems that I've made a real commitment and investment to improvement prior to the pandemic. So those places where senior leaders were, were really committed to improvement, where they've got a methodology or an approach that everyone uses where there's been a real focus on building improvement capability, where there's been a sustainable approach to improvement where people use improvement approaches for their biggest priorities. If you look at the, the places, the organisations or systems that already had that in place, they've been able to, I think, move forward so much more quickly, and in a much more agile way, with regard to the, to the pandemic, than other places have done. And, in a sense, having an improvement method, having an improvement perspective, means that you were able to move forward and much more quickly.

And some of the work that I've been doing recently, which has been about learning about a number of systems in the National Health Service in England, that are what are called accelerators, but they're the systems that have been identified to accelerate, you know, what we'd call an active recovery. So, you know, really amplifying the speed at which we get back into planned care. And we reduce people having to wait, those places, and systems have already invested significantly in improvement, you know, that they're just able to move forward so much more quickly. And I think, Göran and I have actually reflected quite a lot on this. And, you know, the thing about the pandemic, I'd say is that it's made us, it's made things move more quickly. But in a sense, a lot of the things that have moved more quickly, were happening anyway, they've just happened more quickly. So they've speeded up. And if we kind of look at the period, post pandemic, you know, things aren't going to slow down, you know, they're going to stay amplified at a speed and I'd say, you know, those organisations and systems and leaders that have really invested in that kind of improvement capability, they're in the best possible place for the future. And what would what do you think Göran?

### **Göran Henriks (09:04)**

I think that the pandemic, that and this is very hard to say, but that is for an improver, maybe this has been the most learnable time of life, because you have seen that health care systems and all that employees really loves to learn, because we have seen so many small tests of change during this 18 to 24 months that we never have seen before. And it's from a governmental level where it took maybe two years to get consensus around the guideline of care programme. Now it took two days or three days and on the floor, you have seen all these shafting huddling meetings where people really have tried to improve their work processes to make as good as possible for the patient and their relatives. And I would, I think it's a big risk that then we miss the chance of what fantastic things that have happened during this period. Because we so quickly come back to what the old structures asked for, with a lot of physical meetings that take a lot of time, where this purpose and the aims are not clear. And then we suddenly are back to, to those old habits. I think if the feeling of what did it take to make the world work during the pandemic, should stay in our bodies.

### **Na'eem Ahmed (11:05)**

I mean, that is something that obviously resonates deeply with us because particularly as someone that was working, you know, in the hospital and seeing actually the fantastic transformation that had taken place, and you know, as unfortunate and it was very unfortunate what happened for you, we did as you said, there are some, some really good things that I've that we've been able to implement and change during the process, I guess. Now, and with the whole improvement agenda, it's some people do feel that it's something that experts do or it's something that enthusiasts do, and it's not something you know, very democratised that everyone in the workforce can be involved in and I was reading the blogs that you both have co written in BMJ leader which you talk about the responsibilities of leaders to make sure that this movement is something that everyone can take part in. Would you be able to share some of your insights in how organisations might do that?

### **Göran Henriks (12:20)**

Helen, thoughts?

### **Helen Bevan (12:23)**

So, you know, very often, and we talk about quality management systems and, you know, sometimes I kind of get a bit nervous when we talk about, about management systems, because very often management systems are about control, and top down and, and unequal power in organisations, but actually, you know, what, I think there's a lot of organisations in our system in England that are doing this really well. And, you know, when we talk about a quality management system, we call it a management system, because it's what we do every day. And, you know, how do we create the conditions where we're where everybody is playing their role in improvement. And, you know, in a sense, our daily work isn't just about, you know, whether it's our clinical work or our organisation work, but actually, you know, our improvement work is part of part of that, and I think at the heart of this is, is relationships, and, you know, how we connect with each other, and, you know, the extent to which we build shared purpose, and we think about meaning.

And I think, you know, the places that do this really well have the kind of leaders that put improvement work, and what it's about, in line with, with kind of, you know, people's people's bigger sense of shared purpose and the kinds of things that we're trying to achieve for, you know, our patients and our communities. But, actually, you know, creating the conditions, where we can do that, I think is very, very difficult. And, you know, one of the things that Göran and I work on a lot and talk about a lot is about learning systems, you know, how can we create systems where, where everybody's learning, everybody's experimenting, every day that, you know, if a lot of the things that we try don't work, that's okay. You know, as long as we are learning, and I think we see a lot more organisations now that are kind of kind of getting this, but I think it needs a very, very different kind of senior leadership and perspective. And, you know, one of the things that, that I helped to run is something called the School for Change Agents.

And what that's about is people who are really passionate about change, who are activists who, you know, want to kind of take the power, where, where they can make change happen. And, you know, some of these people are radicals and rebels and heretics in their organisation, because they're seeing the status quo, and how things happen at the moment. And they and they want things to be want things to be different. And, you know, a lot of these people that come to us in, in the School for Change Agents, they hate the improvement approach of their organisations, because like, the leaders in their organisations of colour kind of recognised, you know, yeah, we do need to do quality improvement, and we do need to have a methodology. So, you know, we're having a quality management system. So, you know, they create one and say to everybody, you're part of this quality management system, but a lot of the activists and the radicals in the rebels, they see it as oppressive, because they see this quality management system and these methods being kind of pushed down on them.

So, the very people that are actually potentially our best change agents are against the approach. So I think it's really, really difficult trade off. So how do you have a quality management system where you've got an approach, and you've got a methodology, and we're all about learning. And we do it in a way that's highly relational, and enables everybody to, to do their best and, and bring their unique talents to it in a way that actually gives people autonomy or word we'd use agency, you know, the power to change things that really matter to them. And I think it's a very difficult balance, Göran?

**Göran Henriks (17:10)**

Let me take it from a different angle. I think that if you want to perform, you need feedback systems. And I think that, that is one of our biggest challenge today. So we know, of course, how well we're doing related to each patient, but we only know it based on our own doing, and understanding, we don't see the end result for the patient. And we don't see how we treat the group of similar patients in feedback loops that can help us to improve our work processes. And I think that's one of the key things we learn through the pandemic, that we have got feedback loops, all the time, that has helped us to a deeper understanding. And I think that, while we don't have that people can continue to produce or do work to a level of 70 or 80% of the best possible. But for each patient, that are not within that group, you make some harm or you there is a risk that you make some harm. And I think it's a mistake, the management and the governing bodies that they asked people to continue to do what they always have done, knowing that this is happening all the time. Instead of stopping the work, and make people start to talk about their own work, and dig into the learning of that work in a deeper way. And it's much more cost effective. If you stop the lion for a day and go together in a cross or multi professional group and begin to, can we improve this services in a better way? But we continuously asked people to put in their hours and run harder and harder instead of asking them to see where are your gaps? How can you help yourself? Now this is the same disease that we see sometimes have without co-producing or co-creating our work with the patients because we just produce the unit. So, the methods to the patients instead of taking the time asking them, what are their preferences or concerns and what can they contribute with to their own situation. And this is one of the main challenges, I think, for the next generation of care, that we find ways to both space up the time, so people can work with our work, but also involve the people that we are here for in the work.

**Na'eem Ahmed (20:55)**

You've articulated the, you know, what we saw, which was, what happens when you really empower people to, you both said that, you know, we've seen it, you know, when you empower the frontline, or every member of staff within an organisation to go out and make meaningful change. But we have to also take into account that people are exhausted now. And how do you, I guess, you guys don't have this in short supply, but in terms of how do you motivate people now to continue? When they are facing these, you know, very real issues of burnout. And being just, you know, tired and going through a range of emotions around working in healthcare at the moment, which is university agreed, as, you know, being a very, very tough place at the moment. How do you how do we motivate everyone to continue on this? You know, as you've said, radical improvement process that we've seen during the pandemic, what can organisations and leaders d?

**Göran Henriks (22:06)**

At least in my sister organisation, and I know that this is maybe not representative. But it's not all people that have been involved in COVID. It is maybe 50% of the staff that has been very involved and have worked more hours than they could believe they could stand that the other half, they haven't had that much to do. So they may be exhausted because of that. And it takes a new kind of leadership to balance this. And this is what Helen and I tried to talk about how do you live in a world where there are a lot of dilemmas, a lot of dissonance, a lot of polarities, where you have as a leader to find the way to balance and maybe understand timing of doing things, because of the context that have changed. But I, I see a lot of people that have a lot of energy, because they were outside the epicentre of the pandemic. But they also feel heaviness on their shoulders, because they see their colleagues that are very tired. So I think we have to go with the energy leaps.

**Na'eem Ahmed (23:41)**

Helen, I don't know, if you had any thoughts, particularly on the NHS context, you know, you're seeing it firsthand.

**Helen Bevan (23:48)**

You know, one of the things that I see that I think maybe I want to reflect on is, you know, we're talking a lot about recovery. And we talk about people recovery. And we talk about service recovery, as if they're two completely different things. And, you know, people recovery, it's people that are line managers of people and the human resources and workforce and department and occupational health that are kind of looking after people recovery. And then, you know, people that are in operational roles and often improvers are looking at service recovery and how we redesign pathways and how we can increase productivity beyond COVID and actually, service recovery and people recovery are the same thing. And you know, we shouldn't separate them out. And, you know, and again, you know, when we think about burnout in no way disrespecting you know, what people have done and the incredible efforts that people have had made. But I think, you know, one of the good things, positive things that is happening is a recognition that, you know, burnout isn't about resilient individuals, you know, burnout is about people in organisations and teams, and support. And we know that people that that are in, in systems where they feel a strong sense of psychological safety and a strong sense of belonging, and a sense of bigger purpose, are much more or much less likely to be burnt out, than the people that haven't got that, that sort of support. And I think, we have to take the learning from this, and, and I think, paradoxically, even though people are tired, and we need to be working even harder, if you'd like to, to get our services to a situation where people were our patients aren't waiting for unacceptably long times. You know, we have to be working through new ways of, of providing care, new ways of working. Göran's right, we can't just go back to doing more of what we did before, it's got to be about working in profoundly different ways. And we have to do that together in co-production. And I think actually doing that in a way that it builds relationships, that is about a sense of hope, and possibility and a different future. And being in this together, I think is, is one of the most important aspects of that.

**Lara Mott (26:55)**

I think we wholeheartedly agree with that. And one of the things I wanted to ask you both is building on some of the themes that you've brought out, involving the workforce in, in recovery and redesign has never been more important than it is now. And you've spoken about these organisations with brilliant leadership and quality management systems. And that potentially being a challenge for the for the change activists and the improvers. But what about those organisations that don't have that? The ones that are, you know, perhaps, haven't got a quality improvement team, they don't necessarily have a process, they still need to move quite quickly now and involve the workforce in these new ways of working and, and recovery? What advice do you both have? Where should they start? Because you could get this decision paralysis of, we don't have the systems, we don't know, we don't have the process. So we can't start. But again, as Na'eem said on the beginning, we've seen this, this period of rapid change and the need to absolutely do something. So, do you have any advice for organisations that don't, perhaps don't have it all together, but need to start? Where should they start?

**Helen Bevan (28:07)**

Maybe I would give advice not so much to organisations, but to individuals and particularly individual improvers that find themselves in that situation, you know, because some of us are lucky. And we have fantastic line managers and great leadership in our organisations and people that get improvement and prioritise it and invest in it, but lots of improvers haven't got that. So, you know, what do you do? And I mean, I would say, we have to start somewhere. And, you know, the reality is that, if you look at most big changes that happen in health and care, they don't come from, from senior leaders. And, you know, if we've got a great idea about something that we want to improve across our organisations, actually going straight to the leadership of the senior leadership team and getting their support for it. And I think more often than not, it's not the best idea. And, you know, I'd say that very often. One thing I'd say is, number one rule of being a change agent, is that you can't be a change agent on your own. And like, when I look back over and it's actually it's my 30 years and two weeks, as a lead improvement leader in that in the NHS. You know, what I've seen so many times, is when you get a group of people coming together with a with a common purpose, who start doing stuff, and make things happen before you go to the senior leadership, I think is very often a better way because, you know, if you go straight to the senior leadership and you're trying to sell them a concept, particularly an organisation that hasn't got an improvement or a learning system, you know, Everything is a battle. And, actually, if any of us can find fellow people around us who think the same way and want the same kind of things and just get organised, so much more likely that change is going to happen. So you know, I'd say, find the other people that want the same thing that you want, like, don't ask for permission, you know, stop doing things, you know, do things in a safe way, and experiment, build your learning, like Göran says work on your data, and then all of a sudden, it's happening.

**Göran Henriks (30:41)**

I would like to say that life is understood, we're looking into what has been done the history, but it can only be lived with a strong picture of what you where you want to go. So, without a vision without defining some strategic challenges, without having a purpose in your work, it is very hard to go outside your own situation. So, on that direct question, what do we recommend? Well, I think that purpose and the vision and the mission is very crucial, because you need that sun, that you try to go to or I mean, you need that positive approach to things, no matter what kind of organisational structure you have. And so, relationship with your patients or the citizens and so on, are very crucial, because then for your work comes from how the feedback from them, comes and are pronounced or said.

**Na'eem Ahmed (32:15)**

Both of you have given us some fantastic insights into how both organisations and on the individual level, we should still agitate for change, which is, something that obviously, we hold very dearly. I mean, Helen, you spoke about this big anniversary coming up 30 years, and for many of us in the National Health Service, I know, you know, you are someone we look to, in terms of leading the way in terms of improvement. To both of you, though, if you could give some advice to people that are or even to yourself, I guess, starting on this journey, what are the things that you would say to the person that is trying to really make a difference and ultimately benefit patients? And also on their starting their leadership journey? What are the types of advice that you might give now looking back to say, Helen, and then Göran?

**Helen Bevan (33:20)**

Yeah, maybe the kind of key piece of advice I'd give is, find your own power. Because, you know, if we want to make change happen, if we want to improve things, we need power. And, , how would you find power, the ability to make a difference, and I think, you know, when you when you look at the NHS, it's such a hierarchical system. Yeah, in a sense, we have double hierarchy, because you've got organisational hierarchy and like, where you fit in the system, and then and then you've kind of got a clinical hierarchy as well, with doctors at the top and nurses some way down, and patients definitely at the bottom. And so and so very, very often you feel, you know, you've got no power to make a difference. And yet, and yet all of us have got phenomenal power. And we have to find ways to take it. So, you know, when that when we're thinking about improvements, and we're thinking about the kinds of changes that we want to make in our teams, for our patients, and for our colleagues.

Yes, I think it's really important that we learn improvement methods. And, you know, I mean, improvement methods are fantastic, because they open our eyes to possibilities, they enable us to test our ideas to, to use data, you know, improvement methods changed, changed my life, in a sense that, you know, they taught me a way of thinking about and going about change. And, you know, at the same time, and I've kind of learned this kind of over the years, we have to take the power for change, you know, we have to, because you can have all the skills and the methods in the world. But if we haven't got, I mean, the word I'd use is agency, okay. And then when we have a sense of agency, you know, we have a sense that, that we've got the power to make change happen. And, you know, very often we haven't got the power in a hierarchical sense, because we haven't got the formal authority. But actually, that doesn't matter. Because that's not the most important power for making change happen.

The kind of power that that happens when you come together with other people who want the same things that you want, with a sense of shared purpose, and the kind of power that comes from purpose that's about social justice, that's about overcoming unfairness and inequality and wanting to make a difference. And I honestly think when we find ourselves, you know, in a group, or we create a situation, where we come with, we are with other people that want the same things. And it's just the best energy for changing the world. So, I'd say, you know, learn the methods, you know, think about highly systematic ways of going about change. And then think about your power and, and recognise you've got a heck of a lot of it. And wherever you are, however, bad things are, you can make a difference. And I think, again, when I think about me, like the worst times in my career, they were when I didn't take the power that I had, Göran?

**Na'eem Ahmed (36:54)**

And I just say that was an incredibly powerful reflection. So Helen, thank you so much for being so open and vulnerable, and actually letting us share those, sharing those thoughts with us.

**Göran Henriks (37:10)**

In Swedish, we have a word that is for how you, as employees, should be together with the other employees. So, it kind of it's the same thing as leadership, but we call it how you are a good collaborator. And I think we need to talk within our workplaces what that means. And when we start to talk about that, we find that some words so connected to trust and honesty, in connections and so on. And then we find that people that are historically we said flexible, but today, maybe we talk about adaptability, or age or something like that, were you that bring strength to the colleague, if you have that, because that can sometimes frame things in new ways for the colleague, and that makes you to collaborate.



And then we see that it's quite good to be kind of proactive, try to be a little ahead of the situation and help each other and you mentioned before was as resilient or reliable and so on. And I think that is connected to a sense of proactiveness that you try to be in the situation before it happens. And if you are not before this happens, you have support from your colleagues that remind you of the situation and that makes you to the team. And I think that we should all start to work with this thing is like trust and adaptability and proactiveness because I think that is what makes a team. So I'm very sports interested in you know, when you see teams act as a unit and become strong. The different players in the team trust each other. They are very flexible, to time the spots to support and they are proactive in their actions.

### **Helen Bevan (40:02)**

Yeah, can I flip the question around actually a little bit? So I'll ask this to Göran first. So, right, you know, Göran and I, you know, we, like we have 70 years experience between doing this, which is like, oh, where's it gone? But and Göran you know, you know, like being kinda be flipped around the other way and say Göran, you know, like being a mature person who's been an improver for a long time. What's great about being an older person with wisdom in improvement, like, how are you different now? And how do you feel now compared to say, like you did 30 years ago? What's the benefit of being an older person? Or a wiser person and improvement?

### **Göran Henriks (40:48)**

I think it's, you feel more comfort, even if it's not working that well, as long as you see that people really tries hard. Because it starts there. And as long as people tries hard, then the results or the good things will happen. But, it takes some time.

### **Helen Bevan (41:15)**

Yeah. I mean, I feel like that too. I feel I'm kind of much calmer and laid back. And then I used to be, and I, yeah, like Göran and I have, like a profound belief in people. And, you know, sometimes, I mean, we do some really risky things, or we don't think they're risky, but maybe other people do. And we're just pushing boundaries all the time. And I think because we have the experience that we have, we really believe in people, and if we create, you know, good relationships and a good process, you know, people will come through, and it just happens time after time, and it's just, you know, I've always been a believer in the kind of the human spirit. And that, you know, if we do things in a good way, people will always deliver, and I feel it, I feel it more now than I've ever felt it. And I'll take more and more risks now risks I'd never take 10 years ago, because I just I just know, you know, it's kind of like, never underestimate people. And if we believe in people, they'll always deliver. And I guess another thing that I feel is, like, things that used to really freak me out or worry me, I just don't care anymore. You know, like, getting restructured by in the past, oh, my goodness, I'm getting restructured Isn't it awful? Like, I don't care. Because I think what you learn over the years is, whilst at a particular point in time, it's like really scary. being restructured, actually being restructured in the big scheme of things doesn't actually make that much difference. So, part of the work I'm doing at the moment is, is we're setting up a group for women over 60 in the NHS, and they tell you, these women are incredible, they're so full of energy and wisdom. And I think, you know, sometimes we don't use our kind of, our wise experts by learned experience, anything like as well as we should, and I hope that Göran and I today are a good example of that.

**Lara Mott (43:33)**

I mean, so much of that resonates with me, personally, in terms of where I am in my career now versus where I was, you know, 15 years ago. I was nodding away when you were talking about, you know, not necessarily asking for permission. You know, someone said to me once that 10 years ago, you know, ask for forgiveness rather than permission, which went against everything I stood for in my 20s. But it's true, because actually, good things do happen if you bring people together and all of the things that you've touched on today. Na'eem is there anything you wanted to add?

**Na'eem Ahmed (44:07)**

I was just gonna say to both of you that thanks for the reminder, because, as Helen, well you know, we'll know that, sometimes you can be really impatient and I know at times I can be impatient for change, you know, and that you want things to happen. Now and both of your advices you know, number one is what's come through really powerfully from both of you is your immense belief and I think Helen mentioned it in people and the goodness of people and that they will do the right thing. And the second is that you know this wisdom which you said look, you just wait and see you know, and have some patience and things will turn out right in the end. And I think that that's a wonderful reflection also, given the moment in time we're in right now with a pandemic and everyone not being able to see an end in sight actually to reflect on both your words is quite comforting for me personally. So, thank you.

**Lara Mott (45:03)**

We have one small section before we wrap up, which hopefully we can get your thoughts on. It's a section called Small but Mighty, which is where we normally showcase an improvement idea that a frontline colleague has shared through the approval solution that may on the surface appear small, but has a much bigger impact. A question to both of you, if you were to share an idea for improvement, right now, for any healthcare team anywhere in the world, something small, but mighty, what might that be?

**Helen Bevan (45:41)**

Göran do you want to start?

**Göran Henriks (45:45)**

You know, I'm a big believer of huddles and timeouts and short meetings. And I think that that's the most important platform for improvement. I'm not sure how innovative it is to say this, but please start to measure how many times per month, get the chance to get 10 minutes together and talk about the work you love.

**Helen Bevan (46:20)**

I guess maybe this kind of reflects, you know, where I am at the moment, I think, you know, what I'd say is, is think about the things that we should stop doing, as well as, as the things that we that we start doing or improve. And I mean, I you know, I see that, like so much at the moment in the sense where, you know, we're trying to recover the system recover people, you know, beyond the pandemic, and we're coming up with all these recovery ideas, and if we really want to create the, the space and the platform where people can concentrate on the new things, like what are we going to get rid of, you know, what are we going to stop doing? Think about all the noise in the system, all the reports that we make people fill in all the data, and if we're really going to give our community, our clinical community, our care delivery community, that the space and the support to take care services to a different level, then, just think about all the things that we should, that we should really, really stop doing, that don't actually add any value and take us away from the core mission. So, so maybe my small idea is, is to just think about ABC. So, a is what do we accelerate? So what do we need to do more of? and B is break. So what do we stop doing? And C is create. What are some of the things that we that we start doing so just instead of like adding more and more, okay, let's do it, let's do an ABC.

**Na'eem Ahmed (48:15)**

Brilliant and it's a brilliant note to end the podcast on and to thank you for those wonderful gems of inspiration and insight into your collective experience of over 70 years in the improvement space. As I said, we're so grateful to have you both in and I know that it's been such a rich discussion that the listeners will find it really, really, really beneficial actually, and, and practical. And that's what we like that that actually people can have a listen and actually say, how can they implement those things in their own organisations and in their own lives. So thank you once again, because I know you are both extremely, extremely busy people. But I know also, that you always make time to share that knowledge and inspire others. So thank you.

**Helen Bevan (48:14)**

I'm so glad we could do that. And Göran I'm so glad we can do that together.

**Göran Henriks (49:15)**

Yes, it was nice. Thank you Helen.

**Na'eem Ahmed (49:20)**

Thank you. Thank you so much.

**Lara Mott (49:22)**

Thank you both so so much.

(49:29)

The Improver is a production of ImproveWell Limited. Thank you to today's guests, Helen Bevan and Göran Henriks. To find out more about the ImproveWell solution, visit [improwell.com](https://improwell.com). Subscribe to The Improver at Apple podcasts, Spotify, or wherever you're listening.