The Improver Podcast | Episode 9 | Quality Improvement: now and next

(00:00)
Welcome to The Improver. The podcast that explores ideas in healthcare improvement and participatory change, hosted by Dr. Na'eem Ahmed and Lara Mott.

Lara Mott (00:14)
Hello everyone, and welcome to The Improver podcast. I'm Lara Mott, CEO and co-founder of ImproveWell.

Na'eem Ahmed (00:21)
and I'm Na'eem, clinical lead and co-founder of ImproveWell.

Lara Mott (00:26)
It is an absolute pleasure to have Dr. Amar Shah with us today. Amar is Chief Quality Officer at East London NHS Foundation Trust and a consultant forensic psychiatrist. He is national improvement lead for mental health at the Royal College of Psychiatrists and honorary visiting professor at City University and the University of Leicester. He's also an improvement advisor and faculty member for the Institute for Healthcare Improvement, teaching and guiding improvers and healthcare systems across the world. So Amar, welcome to The Improver.

Amar Shah (00:58)
Thanks very much for the invitation to join you today.

Lara Mott (01:01)
You are a very well known voice in Quality Improvement and arguably the epitome of an improver. But for the benefit of all of our listeners, can you tell us a little bit about how you got involved in QI in the first place, and what attracted you to it?

Amar Shah (01:19)
Yeah, of course, I was doing my medical training, as a forensic psychiatrist. And I saw an advert, when I was in higher training, for a scheme that took doctors out of training for a year, and put them into a placement with a government agency. And that was the scheme set up by Liam Donaldson, our chief medical officer many years ago. And I'm really grateful for that opportunity, because I ended up working with the National Patient Safety Agency for a year. And that really was my first glimpse into the world of improvement, obviously, with the safety lens there, but really helped me see that you know, beyond that clinician patient relationship and encounter, how I might be able to affect change in the system, and the design of the system to be able to improve outcomes. And I guess from that point onwards, I've never really felt like I wanted to be a full time clinician, I always felt that I wanted to spend some time working clinically with patients, but spend some of my time actually thinking about the system and how we can influence the system to produce better results for the people we care for in the community. So that was the start when I was in higher training. And then opportunities have just opened themselves for me and I came to work at East London Foundation Trust at a point in time where they were really thinking about what to do differently in the wake of a whole series of safety events. They were very assurance focused, as most healthcare providers were a decade ago.

And you know, when I came with the medical director at that time, who I worked with at the National Patient Safety Agency, our remit was to rethink our approach to quality. And that was the start of the journey that we've been on at this trust for about a decade now.

Na'eem Ahmed (02:59)
Amazing end on that, I guess, at the beginning of your journey, Amar. How did your peers, your clinical peers, take that? I mean, you know, you've been a trailblazer in terms of even for myself, you know, I read and heard about you way before I got into the kind of leadership space. I mean, how did your peers at that time, because you were, you know, as I said quite pioneering at the time, what was their take on it?

Amar Shah (03:24)
I think there's always been a perception that moving into management or leadership roles is sometimes seen as moving to the dark side that there's a them in us about leadership and management. I think that view perception has changed. Over the last 10 years, many, many more people now recognising that clinicians are in a really wonderful position to be able to lead and to be able to lead others and lead organisations and services. So, I think that, you know, that perception has changed a little bit. I think one of the challenges I've had to face over the last 10 years, is also the view that you need to be a really experienced senior clinician in order to affect change. I started leading change across the organisation, before I was even a consultant before I even had a job title. And I think that's one of the other, sort of, theories that we need to dispel that you need to be in a senior powerful position with decades of experience before you can actually lead. All of us can lead. And I think the other thing that I hope we've challenged over the last 10 years is this perception that improvement is something that worked in the car industry and doesn't apply to healthcare. I hope we've demonstrated in the last 10 years that there is value in us working through complex problems in a really systematic way and bringing those basic scientific principles of being clear about the test you're running and seeing what change it leads to. And bringing that into operations day to day operations to be able to make a difference. So ,I've been really privileged to have these opportunities and I hope it's inspired others to be able to take up roles in leadership and be able to see that they can make a difference no matter what their seniority or professional background.

Na'eem Ahmed (05:00)
And so as a I mean, you're in a different a slightly different space, obviously, you'd had some leadership training because of that, that role that you had with the National Patient Safety Agency, how? I mean, how did you approach the problem? The problem, if you don't mind me describe as such at the trust. I mean, how, what were the first kind of things that you, you would say, reflecting back that you thought? These are the types of things that I should have done? Or did do that was effective?

Amar Shah (05:34)
Well, I think that the trust, to be honest, started doing this work before I joined and the actual response to those safety events, was a really important turning point for the trust. And then they put in place a whole series of things to be able to ensure the safety of our patients. But after those things had been done, there came a point where the trust realise it needed to look outside for the very first time. And so, that's what bringing in some new eyes helps the trust, to bring in some people with a little bit of expertise that the trust didn't have at the time to be able to help us think how would we do so how would we approach quality differently.

And I guess, you know, the learning along that path has been that you're going to make mistakes, you know, there's no way you can do this perfectly the first time, but have the courage to try something differently, make sure you build enough of a coalition amongst your leadership team that and take time to make people realise what it is they're signing up to. We took two years to warm people up to this, take people to see places, talk to places that had been a little bit further down this road from us. And all of those things helped people believe that this was worth investing some time and effort into, because 10 years ago, there were very few health care providers, adopting improvement is such a different field today, almost every healthcare provider has seen the benefits of it or feels like they have to do it. And there's still variation in people's true belief about the value of improvement. But we've come a long way from those early days where it was seen as a bit of a leap of faith really, to adopt QI.

Na'eem Ahmed (07:05)
We spoke about the clinicians and your peers. What about the managers? How, I mean, what was the reaction? Because the NHS, you know, at times, unfortunately, can be tribal, and we're trying to overcome those kinds of barriers and work across multidisciplinary teams, etc. But what was their take on your involvement and your leadership in this space?

Amar Shah (07:32)
I think it was mixed Na'eem, I mean, you're never going to get a uniform response to change. And you know, part of change involves resistance and understanding the resistance and where it comes from. There were some who were dead keen, and I think if you frame this as a, here's an opportunity for people who are close to the point of care to be able to actually see, you know, they see what doesn't work day to day, they probably have ideas about what might work better. And we're literally giving people permission to make change happen. We're giving them the skills to do it. And it's our job as leaders to enable that to happen. And we're no longer going to be coming up with the solutions to these problems, because we're not best place to do it. I think that's an attractive proposition for most, most people, but there are always going to be some who are sceptical, cynical. Some there were definitely some discussions about well, the evidence tells us what to do, you know, we know what we have to do. Why do we need this thing called Quality Improvement to enable us to do it, because surely the evidence just tells us that we should just do it. So there's lots of different people's mental models about how change happens and how we support behaviour, change in the positive direction within healthcare. And you have to take that as it is and understand where it comes from, and work with the willing to start with and capture stories and help people believe that this makes a difference.

I remember in the early days, our five CAMS: services, children and adolescent mental health services, were all tackling the same problem of waiting times. And they were all doing it separately independently, there was this view that they didn't really want to share with each other. And the power of improvement has enabled them to tackle that problem to solve it better and quicker. But it took a long time for us to get to that place where they felt safe enough to be able to learn from each other share ideas, we'll be able to be able to do this collectively rather than individually. And that's why this is a long-term effort. And you know, you need to start where, where there's will and build from there.

Na’eem Ahmed (09:30)
And you've created a, you know, a fantastic legacy, I think that ELFT is always mentioned is you know, just such an amazing trust in terms of its culture. And its, you know, this pursuit of quality, which you and others have, have really instilled. What, I know there's so many probably nuggets, I mean, what are the things that you look back on now fondly and say, you know what, that was brilliant. Well, we did, are there a few things that you could share with us that you're particularly proud of?

Amar Shah (10:02)
I think I'm probably most proud of a couple of things over that, if I look back over the years. One is the difference it's made for the people who actually use our services. Not only have we been able to make care better and safer, but actually, through involving people in this process as well, you know, our improvement work isn't just staff, it's staff and patients together, trying to make the system better, that has so many benefits for the patients we serve. The people that use our services, actually, we've enabled lots of people to get involved in helping, in making the system better in a way that they probably didn't feel they could before, their only outlet maybe was to complain before, whereas now they can actually partner with us in making things better. It also, you know, those skills, people gain from being part of a team, working through a project, using data, all of those skills enable people to recover and actually move back into employment, you've got so many stories of people who've moved back into employment, partly through the experience they've had of being involved in improvement work. And that's, those are the personal stories, where, you know, this work really, really makes a difference to individual people's lives. And I think the other thing, I would, I would just look back on and say that there are some really big complex problems that we face in healthcare. And it's too easy for leadership sometimes to feel like we have the burden of solving them.

But this gives us a route into finding better solutions I'm taking our most common safety issue is physical violence on our inpatient wards. It's the most important safety incident across all of our organisation and remain so. And you know, when you look at the evidence base, there's almost nothing there to draw on. There wasn't when we started this work, but simply by asking our staff and our service users know, what would make a difference? How would you be able to predict when someone's about to become violent? And what could you do differently? You know, we've been able to reduce our levels of physical violence by 30%, across the whole system, across 50 wards. And that, you know, that's a phenomenal achievement from so many people over a long period of time to test from one Ward and then scale that over 50 wards. And now is ended up in the nice guidance. So the learning from improvement work has ended up becoming evidence that others can draw on in their work, too. So there are lots of examples of that. But it just shows how you know, some of these really complex problems are only going to be solved by a structured discovery process that really capitalises on everyone's creativity, because we need new ideas for these problems.

Lara Mott (12:34)
We have a lot of listeners from different industries. And so if I may, can I take it back to basics in the sense of Quality Improvement? What is it? Is it a set of tools, a theory and mindset culture? Is it all of the above, you've covered off sort of small, small concepts, like getting ideas from staff through to big complex projects that are aiming to solve really, really enormous problem is that how would you define Quality Improvement? From your perspective.

Amar Shah (13:06)
I think it's as simple as defining it as applied problem solving. It's enabling the people closest to challenges or issues or problems, to be able to come up with ideas, test them and see what works through a structured process. And it is, it is a method, there is always a method to it so that we work through problems systematically, we understand the factors causing it, we come up with our ideas, we test them systematically, we measure so we know when things have made a difference or not. But it's more than just a method and tools, it's a mindset. And we want our people to really approach their work with this mindset that they do have power over the system, they don't, they're not passive recipients of the system around them, they actually can change it. And we actually want people to feel like when something doesn't work, or doesn't work, as well as it could, that they actually have the power to try something different. And that is a mindset is a mindset also that, that encompasses involving people in problem solving, because you need a diverse set of ideas, to understand the system and be able to improve it, you need a range of people with different backgrounds, and particularly importantly, those that have got experience off the system from the service user or patient perspective to be able to help us to get the make the system better. So it's all of those things. It's it is a method and a tool. There's always method and tools and quality.

But it's much more than just that it's there's a culture to it. There's a mindset to it. And we want people to live and breathe it in the way that they approach their work. And people when they really start understanding this apply it to their lives too, It's the basic scientific method applied to apply to what we do everyday. It's basically thinking, what's my hypothesis? What's my theory about why something will work or why won't work? Let me just test it and see what happens when I try it out. And let me make sure that I reflect on the end about whether it went as I thought it would, and if not, what have I learn from that? And then what does that mean for how I do it? Next time? You know, when we take a journey to a new place of work, we do that every time we come up with a theory about how we're going to get there in the quickest time possible. We try it. And then we want to stop at the end. So did that work as well as it could have been? Or am I going to take a different route tomorrow? It's no different from that. But applying that in the really busy complex world of healthcare is the challenge. I mean, healthcare is probably the most complex industry in the world. With the inputs we have, every single patient is different. Every single patient has their own desires and needs characteristics.

Every process is customised to the individual to some extent. And the outcomes are really often not standardised. And based on what really matters to that particular person. It means that we definitely need this sort of structure and approach to understanding the complexity of the world in which we work, day to day and be able to focus on what really matters for the patients we serve and be able to get better at that.

Lara Mott (15:54)
I mean, I think that you've described that beautifully, and it seems like such a simple concept that you think everybody would naturally get behind. But you've you've touched on the complexities of the sector, what do you think holds organisations back, you know, because you are obviously quite far along in that journey with with ELFT. But there are some organisations out there in healthcare that that haven't started don't know where to start. What do you think are the reasons for why organisations wouldn't just sort of take that leap and make it central to all their processes?

Amar Shah (16:29)
Well, the NHS is one of the largest organisations in the world, isn't it? You know, 1.4 million employees. It's a huge, it's a massive bureaucracy. And it is extraordinarily good at command and control leadership. And that's very good at times where we need to cascade information up and down the system. But what we're ultimately saying an improvement is that if we want to create an improvement focused organisation, we are no longer going to rely on a command and control structure. And we're going to devolve leadership and decision making. And to really, truly do that, you need to believe that that's a better way to lead. And, you know, that's one of the challenges we have with places that are slower to adopt is I think there's a there's variation in belief that this represents a better way to lead and make decisions. I mean, lots of people get to really senior positions, because they are fantastic problem solvers.

They are brilliant at getting stuff done, and solving problems. And then now we're asking people, well, your job isn't really to solve problems anymore. In fact, your job is to no longer solve problems, but to coach others to solve problems, and to create a culture in which others can solve problems. That's a big flip, isn't it, in terms of leadership paradigm, so some people, when they experience it, and they really believe it, they will, they will live that through the way that they interact with people day to day and others probably need a little bit longer to certain they need to experience it and feel it before they truly believe it. I think leadership belief in this way of operating is probably the number one enabler.

Na’eem Ahmed (18:01)
Can I give a, kind of, counterpoint that, can you have too much improvement? I mean, I was as I was listening to or reading a Twitter discussion, where trainees were saying they actually were made to do these quality improvement projects. We don't get to see the cycle complete itself, somewhat saying there are varying quality. Is that a problem?

Amar Shah (18:26)
It is yeah, it shows that those places don't truly understand how to improve as well as they could. And it I think, hopefully they're learning from that. I think in our early days, we just used improvement on everything. And we learned pretty quickly that it isn't the answer to everything. You know, you need to think really carefully, what are the things that are best, so for Quality Improvement, and you focus your efforts there, because Quality Improvement’s hard work takes time and effort, you don't want to be doing that everywhere on everything, you want to be applying it really judiciously on the things that really matter. And doing it as a team, in a sustainable way. Otherwise, it's just waste, and a team can't improve all the time, it's tiring. So you need to be you know, using improvement in a burst on something that really matters and then stopping, you know, you actually need to stop improvement, you need to stop and pause and really think, you know, how did we do? Maybe think, is there something else we need to focus on next? So as organisations get more mature in their quality approach, they start to see improvement as part of a management system not sitting on its own. You know, you need to see improvement sitting alongside assurance sitting alongside day-to-day management or quality control. And sitting alongside planning, you know, really thinking, are your best designed to meet the needs of the people we're serving, or do we need to redesign? And those four elements really form part of the management system and then you see improvement as sort of one element of it used at the right time, in the right approach for the right kind of problem.

Na’eem Ahmed (19:58)
Can you paint a picture of what that might be in practical terms for, you know, a quality improvement lead, or, you know, a medical director or chief nursing officer, etc. in an organisation. Is it something they devolve to like a Quality Improvement committee? Or how does it work? Or do you have a dashboard? In your meeting? How does it work? In a practical sense, I guess for an organisation that's looking to embed quality into the organisation?

Amar Shah (20:30)
Yeah, that's quite a hard question to answer them, because of how organic the organisation is, and this isn't something you really manage, you have an infrastructure to support improvement. But, and you can't delegate this sort of stuff needed, leadership for improvement starts at the very top and has to be authentically led from, you know, the chief executive and the board all the way through the organisation. But their role is very much to sponsor rather than to be involved in the day to day work. But you would want people across the organisation to be starting to get more fluent with, you know, what is the big issue we face in our service now? Let's come together as a service and with our patients say, what are we good at? What are we really good at? And what are we not so good at? What could we improve and come to some consensus about what that is, you probably want every department or division in the organisation to have a place where teams could come and pitch their idea this, this is what we thought, we want to focus on improvement work on, our patients have told us, our staff have told us, actually, we're not so great at this aspect of quality, and we want to spend our next six months trying to work on that. And then that's where the leadership of that division or director would have the opportunity to shape the way in which improvement is used. And you they would say yes, of course that sounds perfect, off you go and here's the resource we're going to give you to do the work. That's where the infrastructure for improvement comes in, because most organisations didn't have an improvement infrastructure a few years ago, even ELFT, when we first came to it had zero improvement expertise at all, we've had to build it from scratch. So then now when a team comes and says ‘this is what we want to work on’, we say, okay, great. Here's a senior leader, who's going to be your sponsor, they're there to champion this work. They're here to help you when you get stuck. But also, here's an improvement coach, who's going to work with you step by step all through the next six months, you're going to meet with you, and help guide you with the method.

Na’eem Ahmed (22:28)
Please tell us what an improvement coach is, actually, that's a really interesting role.

Amar Shah (22:33)
Yeah, we developed this role with the Institute for Healthcare Improvement. Drawing on the Dartmouth microsystem approach, where, you know, we really wanted improvement to wrap around teams, we thought, you know, the unit of care delivery as a team we wanted, all improvement happened in teams. But we wanted them to have access to improvement support and expertise really close, we didn't want them to have to go searching for it, we wanted them to have someone within arm's length. And so, we develop this role of the improvement coach. Now this is going back to 2015, and we train up people who have full time jobs. But they're released for a little bit of time each week, maybe half a day a week, to practice as an improvement coach and help another team with their improvement work. And we skill them up in all the sort of method and tools of quality improvement and the softer skills of working with teams so that they can guide a team through from start to finish that improvement work.

It's a really valuable, enjoyable thing to do alongside your day job. And actually, we have now over 120 improvement coaches, in every part of the organisation and that really is the first line support for most of our quality improvement work.

Lara Mott (23:44)
Amar, you mentioned a moment ago about knowing what the big issues are, you have a few hats that you wear, sort of local, national, even international have in terms of the work you do. Have you seen those issues change? Obviously, we're coming out of a pandemic, in your mind, were they're sort of, you know, top three issues pre pandemic, and now they very much changed post pandemic, or are you seeing sort of exacerbated focus on those big issues before. What are the trends that you're seeing? Perhaps, if you can share anything, you know, from an elf perspective, but then maybe your national and international work?

Amar Shah (24:30)
Yeah, I think probably the ways in which people use improvement should change right, then the world is different. The context is different. So what you use improvement around should be diff should have changed, really. I think what we've seen around the world, when we've looked at this is that those organisations that really spent years building their improvement muscle, pre pandemic, have been able to bring it to bear in their response and have probably been more agile as a result, their teams have probably been better equipped to adapt and test changes and really their use the improvement in a fluid way during the pandemic. Now what I'm what I'm hearing, and what we're certainly focusing on, is the use of improvement methods in helping us manage demand and weights. We're completely backing our improvement approach on the large waiting lists we have now and much increased demand we see across many of our services. And there's a wonderful opportunity for us to be creative, not just work harder, but actually really think how are we going to meet this demand in a sustainable way into the future? So we've got dozens and dozens of teams doing that work at the moment. The other area that I'm seeing increasingly being paid attention to is the health and well-being of our teams. So, you know, we're paying very close attention there, but it and there's a myriad of factors underneath, it's not just the pandemic, people are tired, people have worked very hard. But there's also a whole load of factors like the cost of living crisis, which are impacting on people's day-to-day ability to function and just do the basics of turning up to work and feeling safe and secure. If you think back to Maslow, this is like, right at the heart at the bottom of the pyramid. And then there's factors around demand, you know, many, many teams facing a level of demand and referrals to their service that they've never experienced before. And that is exhausting too, when you feel powerless in the face of an inexorable demand. So there are a lot of reasons why teams, paying attention to teams, team health and team well-being is so important right now, and we're encouraging our team leaders to apply improvement to that too.
To really test out the evidence base and bring it back to their teams and to see what they can do differently to make sure they're paying attention to the things that matter most of their staff, and really listening carefully to that, and trying little things that can make a difference on a daily basis, whether it's thinking about, you know, how much we reimburse people for petrol costs when they're travelling by car, whether it's thinking about breaks at work, whether it's thinking about how we make sure we take out leave, whether it's thinking about, you know, how we apply quality improvement to manage the demand, so we have some sense of control over the system. And where are we reinforcing that the use of Quality Improvement is absolutely fundamental to team health, because it gives people a sense of autonomy over the system, it gives people a sense of pride that they can make a difference. And it's very, it's joyful to have done well. So those are two areas that I think are definite areas where Quality Improvement has a real opportunity to me, to help teams and organisations at the moment.

Lara Mott (27:49)
And you personally, do you sort of have any sort of personal ambitions or missions and in quality improvement over the next year, couple of years? Has your thinking and focus evolved in recent times? Or are you still sort of laser focused on your kind of immediate priorities with ELFT and then the other roles that you hold?

Amar Shah (28:17)
There's always been a desire within me not just to support the use of improvement within my organisation, but to use that as a story to influence and convince others that this is a better way to lead, and a better way to provide health care, and to improve the health of the population. So I'm as keen on improving things at ELFT and we have plenty to improve at ELFT still. But I think there's a there's a real opportunity for us now to redesign the system around improvement, you know, particularly in England, with the structures that are coming into being if we're serious about, you know, the health of the local population, and applying improvement to that there's a real opportunity for us to take the learning from places that have been solving some issues in this way for the last decade. So I think, you know, I'm hopeful that we'll be able to build on some of the progress over the last decade and convince more places to be able to use improvement. For us to keep it simple, there's a tendency when things grow for us to overcomplicate it and make it more technical than needs to. At its heart, improvement is really simple. And we need to take it out and democratise it, put improvement in everyone's hands, keep it simple and really enable people to make a difference. I mean, the biggest asset we have is our people. And this is one of the most powerful enablers I've seen in all my time in healthcare, to be able to really leverage the ideas and wisdom of people that work in healthcare, use healthcare, to be able to make things better.

Lara Mott (29:46)
Na'eem, I don't know if you have any other questions. I could keep asking questions.

Na'eem Ahmed (29:52)
I mean, that is obviously central to mission. You know, at ImproveWell, I think one of the frustrations, you know, that I had was that, like you so eloquently said at the beginning of the conversation, you come into healthcare, to try and fix problems. And actually, you start to begin to feel disempowered as you're, as you're working actually that, you know, you're not senior enough. Yeah, you're no, you know, you don't have this title, etc. So being able to empower people to go back to doing what they love, which is trying to find solutions to problems is so important. And when you said that, and you know, my eyes lit up, because I just think that, you know, that's what I want. That's what my colleagues want, you know, every day we go into work to try and fix things. So that was incredibly powerful. In terms of, I guess, for the NHS right now, obviously, elective recovery, you've got a burnt out workforce that have been through, you know, just a phenomenally tough time. What can organisations do, do you think in terms of what you alluded to around health and well being, to try and improve the lives of their workforce?

Amar Shah (31:12)
I think that's probably in the top three priorities of every organization's leadership team, isn't it. And I would encourage them to not feel like they have the burden alone. To solve this problem, it is a really complex problem. And I would say for leaders, probably the most powerful thing you can do, is to reinforce keep, reinforcing multiple channels to your teams, that one, you they have your support. And two that you're here to listen, you really want to listen to what's going on for people in their lives, not just at work, but in their lives generally. And that you are giving power to your teams, and to your team leaders to be able to try things that will make a difference.

You know, when we began working on joint work five years ago, there was a lot of cynicism about it. Yeah, how much impact are you really going to be able to make on some of these things, because the stuff that people care about, and the stuff that gets in the way, they're difficult stuff to solve, trying to change the clinical record system, trying to make sure people have access to parking at work, those are really big problems that people have not found solutions to you for years. But actually, what we've found, and what we've learned is that there are there is a lot that we can influence. And there are a lot of things that we can do, as individuals, as teams day-to-day that it makes a difference. For our experience at work, little things that don't cost money, but just rely on us really listening to each other understanding what matters to each other. And thinking what could I do today, to make your day at work better? How can we really help you connect more to why you're here in the first place? Let's see what we can do to remove some of this bureaucracy, this inefficiency that sometimes just clogs up our day and removes us from what we really care about. And that's where the beauty of improvement comes in. Because we all want to do that, don't we? And so, the leaders job is to just keep reinforcing that when you have our permission to do that challenge us and helping.

Na'eem Ahmed (33:20)
And what would you say, I know, Lara alluded to this, would be the things that you are most excited about in the improvement space, I guess, in the next few years. I mean, what have you seen that's really exciting?

Amar Shah (33:34)
So I think there are a couple of things that are there are three things for me that are really exciting. One is the evolution of improvement, I think we have started to try it out, we've learnt quite a lot about it, we've got to get a little bit smarter and more sophisticated about it now. And you know, we're there's one element of quality that we really haven't tackled at all, through Quality Improvement. And that's equity is one of the six domains of quality as the history of medicine told us and yes, so little Quality Improvement work has been focused on this. So that is, for me really exciting. We're just about to start a pursuing equity improvement programme at ELFT. I'm really excited about that and doing similar work with the Royal College at the moment. And for me, applying improvement to help us understand where the inequities exist, and helping us tackle them systematically is really exciting. The second, I think, is for us to evolve and continue to grow the career pathway in this field. I remember, there were some risky decisions I made at the start of my career, to just have come off the beaten track of becoming a consultant and going up the traditional clinical leadership pathway to actually do something different. It's paid off for me, and I've done my very best to try to create a career pathway for others now, with some standardisation of role leading all the way up to the board. But I think we need to do much, much more of that because, you know, for example, I'm one of only two Chief Quality Officer in the entire UK. And for me, that's a travesty, right? How can we say that the boards are for health care providers don't have expertise and quality on them? For me, it's not enough to say you've got a medical director or Chief Nurse who holds the portfolio of quality, we would never say that for Chief Finance Officers. But it's okay for someone who has an MBA to hold the Chief Finance Officer brief. So how can we run healthcare systems without expertise in systems thinking and improvement at the board? So, I'm really excited that we're going to start to develop a career pathway that goes all the way through to the board now and into the boards of integrated care systems too.

Lara Mott (35:43)
Amar thank you so much for, for taking the time to, to chat with us today. This brings us nicely on to a section in our podcast that we call Small but Mighty. And you've mentioned a couple of things in this discussion about you know, small changes making big impact. And that's exactly what this section of the podcast is for. We've obviously worked together for a very long time. ELFT has been instrumental in ImproveWell's journey, developing our digital solution to capture feedback and ideas and information from teams across ELFT. But what I wanted to ask you today is if you were to enter an idea into the ImproveWell app, an idea aimed at anyone involved in staff experience, healthcare improvement, something small, but mighty, that could make a big difference, what would it be?

Amar Shah (36:44)
My idea would be to take time regularly as a team to eat together. And when I look back at the five years of enjoying work at ELFT, the 70 teams that have taken part, that is the most frequent change idea that's been tested by our teams, comment sanity, as coined by Steve Swenson, who is one of the foremost thinkers in this field. That the act of breaking bread together the act of sitting together with the social norm of eating and drinking together is such a powerful one, it builds relationships and bonds that helps us get to know each other as people beyond work. And it's really, really important for teams to be able to find time to sit together and have a meal together. So that for me is probably the most high impact change. And if you're not doing that yet, as a team, test it.

Lara Mott (37:44)
That reminds me Na'eem, we need to get the team together. That's wonderful. I couldn't agree more. I think it makes a huge difference. Amar, thank you. Na'eem I don't know if you want to say anything.

Na'eem Ahmed (37:58)
No, I just think that everything that you said has been, I think a lot of people listening in will recognise both a lot of the challenges but also be inspired Amar, because I think you've had a big impact on all of us actually. Slightly behind you, but you've kind of blazed the trail and I started off by saying that but I do mean it and I'm excited for you, in terms of what more there is to come because I think that there's going to be much more in terms of the improvement space and you know, as a selfishly, as a doctor and someone that works in the NHS having someone are you advocating on behalf of the workforce is just a brilliant thing. So, thank you.

Lara Mott (38:42)
I'd echo that as well Amar. You know, we all learn from you. You know, you're super active on Twitter, you teach, your courses and learnings are accessible. Your track record with ELFT, you know, ELFT always makes its learnings accessible. It's really inspiring. So thank you for everything that you do in the improvement space. And thank you so so much for being such a fantastic guest on The Improver today.

Amar Shah (39:06)
Thanks so much for the invitation. I've really enjoyed it. And you know, in the spirit of improvement, we're just learning right? We're just trying and learning and hoping to get better at this day by day. So thanks for the opportunity.

(39:22)
The Improver is a production of ImproveWell limited. To find out more about the ImproveWell solution, visit improvewell.com. Subscribe to The Improver at Apple Podcasts, Spotify, or wherever you're listening.