SPEAKER:
Welcome to module five, Moving Beyond The Edge, hosted by Helen Bevan. My name is Nigel, and I am your event manager. During the presentation, your lines will remain on listen only. If you require assistance at any time, press star zero and a coordinator will be happy to assist you.

I would like to advise all parties that this call is being recorded and I would now like to hand over to Helen. Please go ahead.

HELEN BEVAN:
Thank you, Nigel. Good morning, everybody.

Welcome to Module 5, Moving Beyond The Edge, our very last web seminar. It has been quite a journey and it is wonderful to see so many of you on the call today. What a global audience.

We have got Olivia in California at 1:30 AM, we have colleagues in South Africa to Australia, New Zealand, as well as Scotland, Ireland, Wales, across the whole of England. It is so wonderful to see this kind of thriving global community of activists together.

So, let's get going. Again, just around joining in today and beyond, I think that this year has been characterised by the level of engagement and interaction. Please keep using the chat box to contribute during the seminar.

Again, we would love to see you tweeting, if that is what you do. Using #SHCR, and the conversation continues in our Facebook group. For the School for Health and Care Radicals, the response on Facebook has been outstanding. I personally loved many of the resources and links that you suggested, and I have dealt them into some of my other presentations.

We will be summarising the discussion today using StorySite and Pinterest, and we will put that on the website, and you can find details in our newsletter. And we have our very last chat next Wednesday between 4-5 PM, Greenwich Mean Time, and I hope you can join in with that using #SHCR.

Let's look at our agenda for our very last web seminar together. What we are going to do is a review and a reflection on what we have learned so far, and what we have covered in the previous four Web seminars. And we are going to frame this in a framework of the characteristics in the transformational change agent.

We are going to talk about being from the edge and on the edge, and what does this mean with regard to emerging direction for change and people who lead change. We are going to talk about some of the opportunities that there are in this evolving world for health and care radicals.

We are going to be doing some receptions and key messages about the school and what is next for the school. And we hope you will join in and that this will be an interactive session. And then we hand over to Pip Hardy, our learning lead, for our final session of questions and call to action.

 

I am Helen Bevan and I am leading the session. Our Twitter monitor today, doing an impossible job, is Kate. And as ever, Pip Hardy is our learning lead, and she will be joining us at the end of the web seminar today to take us through our work learning perception and questions. And Dominic Cushman has the even more impossible job of trying to stay on top of the chat box and make sense of it.

And we are very, very pleased today to be joined by three colleagues who are going to talk to us about being health and care radicals. We have Doctor Jim Lawson, CJ Graham and Alison Cameron. And what we are going to be doing is sprinkling, intersecting their stories in the session today. And I hope it is going to be a really great session.

I am going to hand over now to CJ, who is going to take us through the icebreaker. So, CJ, over to you.

CJ GRAHAM:
Thanks very much, hello. Can you all hear me? Thank you, Helen.

For today's icebreaker, we are going to be talking about what the edge means to us. So before you click on a picture and put your arrow next to a picture, I thought I would explain what the edges there represent. It depends on what frame of mind you are, and what personality you are and how you feel about the edge.

The edge of a pool is a nice place to be.

The edge of the cliff is a scary place to be.

The leaf, which is in the middle on the left-hand side, is the potential of the edge.

The edge of a boat is the precariousness of the edge, which we can sometimes feel.

The edge of a ski slope is the exhilarating feeling that we can get at the edge.

Those of you that live in London, you will recognise the Mind The Gap edge, which is about safety, and the edge being saved.

And the edge of the road is about a challenge, and the challenge that the edge represents.

Using your arrows, let us know what edge you feel most aligned to. That would be great.

HELEN BEVAN:
Do we need to go onto the next slide?

CJ GRAHAM:
We are still getting arrows coming through on this slide.

 

HELEN BEVAN:
I am on the wrong one.

CJ GRAHAM:
The edge of the cliff is getting quite a lot of activity. I have now got to a point where I can't tell which edge I am looking at, but Mind The Gap is also getting some activity as well.

My edge is definitely the swimming pool, and I think a lot of people have gone there too. So thank you, everyone, for that. It is quite interesting to reflect on how we feel about being at the edge.

The next icebreaker, I hope we are all quite familiar with by now in week five. Again, can you put your arrow next to how you are feeling about being radical.

Thank you.

Gosh, you have still got quite a few people that are cautiously optimistic and wanting to see how they can put it in practice. Very few scepticals, which is great to see at week five, so thank you. That is great progress from where we were a few weeks ago. I am pleased to see all of that.

Still coming in, goodness.

I am going to hand back to Helen, so she can continue on with the module. I hope you guys all really enjoy module five, it is a good one.

HELEN BEVAN:
Thanks, CJ.

I really like the fact that all of us are focusing in pretty positive ways. Not too many of us are sceptical, although it is OK to be sceptical.

SPEAKER:
Helen, camera on.

HELEN BEVAN:
Yeah, I am back.

Before we get going, I hope that all of you will want to go through the specification process to become a certificated change agent with the School for Health and Care Radicals. What will happen at the end of the session today, we will go through what that process involves, and it is a difficult process. And we love to see lots of certificated change agents.

What we are going to focus on to start with is putting it all together, making sense of what we have been doing for the last four weeks by looking at the characteristics of a radical change agent.

 

There is method in our madness, because if you look at some of the evidence base around learning, there is an approach called space learning. And what it basically says is, if we do some learning like we are today after a short space of time, where we reinforce some of the things we have been doing previously, it actually helps us to retain learning. These principles of space learning behind the design of our session today.

We saw this before. This is the framework for transformational change agents from Peter Seeger. What he basically did is look at what are the characteristics that made a difference, in terms of somebody being the kind of change agent that could make or enable transformation all change to happen. He came up with these three characteristics about doing, seeing and feeling change.

And what he basically said, much of our focus as change agents is on doing, taking action and getting on with it. This is where most change agents, people leading change and taking part in 10, will put most of their effort on. It is what you get judged on as a change agent, and it is what we see we have to do to add value in our organisation and system.

What we said was that while doing is really important, we can only do effective doing if we think about seeing and being as change agents. So what we need to be thinking about is how we can do more seeing of change and being of change, to give us better doing of change. So…

What we are going to do, as our recap in our space learning approach, we are going to talk about each of these in turn as a recap on some of the material that we covered earlier in the programme. So let's start off with being a health and care radical. This is about my personal characteristics and qualities that enable me to be a transformational leader.

And I very much like this quote from Bryce Williams with an approach called working out loud, and it says, "Being an effective change agent involves demonstrating what you teach as much as pontificating from the mountaintop. Any behaviour we ask other people to adopt, we must consistently recognise in our own work and share the positive outcome."

I think that is absolutely spot on. We talked before about that, and we are sending messages out to other people all the time around what is important and the way that we should act.

We have to constantly be the people that are leaving our own values, and living the things that we are preaching. And these are some of the things that we talked about during the school that are very much in the being mode. So living my convictions and values, and showing that through all my actions in word and deed.

In Module 1, we talked about ordering a concept of self efficacy, the belief that I am personally able to create a change, because that has such a big impact on the outcome. Last time we talked about shared purpose and how we build shared purpose for change with people, not a de facto purpose, and sometimes things like targets or the need to achieve a specific quantified goal, or an inspection regulation regime, it gets in the way and turns the bigger purpose toxic. We want to stick with shared

 

purpose. Being a role model and signal generator.

We talked about stepping outside our comfort zone. I found this on Twitter from one of our School for Health and Care Radicals about stepping out of our comfort zone. It said, "All the concept of stepping out of your comfort zone mean nothing until you decide that your essential purpose, vision and goals are more important than your self imposed limitations." That is being a change agent.

Then we talked about troublemakers, we did that in Week 1. We said here, we have this quote from David White, "I do not think you can deal with change without a person asking real questions about who they are and how they belong in the world."

And we talked about the difference between a rebel and a troublemaker. There was some interesting debate around the use of these terms, and maybe they are not quite the right word, but the sentiment of it is very good. We want to be the rebels, the people who are very focused on the mission of our organisation that is based around patients and people, and we attract other people. Most important of all, we work together with other people, the last word on that rebel list. You can't be a rebel on your own.

And we talked as well about the difference between a rebel and a troublemaker. Troublemakers being people that complain and whinge a lot, and a lot of the focus of the anger is on me. And I am pessimistic, I sap energy from other people. I alienate others. I see problems and therefore people leave me alone.

Another thing we talked about in Module 1 is our role and what we need to be doing. It's about learning from other people and not judging people, not rushing straight into judgement. We talked about that when we spoke about collaboration and how to collaborate. Lean into our discomfit, listen like an ally. Don't jump into judging. When we talked about resistance to change in module three, we talked about the stages of change that people out. Very often, we put names on people like laggard and resistor. Actually, they are at a certain stage of change which may be pre-contemplated, rather than ready for action that we need them to be.

It is so important that every single day, as change agents, we are being.

At this point, I want to hand over to the first of our alumni from 2014. This is Jim. He is a radiologist from the USA. He is joining us at an unearthly hour. It's fantastic that you can be with us. We would like you to tell us your story as a health and care radical, particularly since the school last year. The floor is yours.

JIM LAWSON:
Thank you, Helen. I'm a radiologist from the United States, a physician that examines X-rays, MRI is and ultrasounds. I am from the Department of Radiology from the University of Georgia. I look after that regionally and nationally. Last year, I got to attend the School for Health and Care Radicals. In each module, I learned and was inspired, and I was able to connect with people throughout the school through social media. It was such an amazing experience to be part of.

 

I wanted to share some of my journeys since last year, and do that, you need to know more about the environment I worked in. Helen, could you advance my slide for me?

HELEN BEVAN:
Here we go.

JIM LAWSON:
These are pictures from our Department. In our institution of radiology, we have had a long history of engaging patients in projects. As our chair for 15 years, all of the imaging equipment that I have installed has been designed and installed with the patients. We call this patient and family psychiatric care, and it's a way to engage our patients so that we are meeting their needs.

When we were redesigning the ceiling, we wanted to create an environment that was really unique. We watched you created with the patients. We decided that the patients should leave mammography feeling like they had just done something wonderful. The top picture is the biopsy room. The bottom picture is the autopsy room, and that created an environment that was very creative for the patient.

Our patient advisers talked about our MRIs being claustrophobic, or people being uncomfortable in small spaces. We redesigned the ceiling so we could backlight the ceiling and put a fake skylight in with clouds and the blue sky to be open that space up. It was in this environment that I entered the school last year.

Initially, I viewed myself as a radical hoping to improve health and care. Eventually, I realised that everybody was a leader, and it was our behaviours that impacted those around us. I had to be really careful that I wasn't stifling the other radicals that were around me. For me, the thing that hit home the most was that it starts with me. As a radiologist, I looked at the technology that we have that is really impressive, or I could look at the people and really focus on the people. I looked at our greatest asset as a department, and it is the people, not the technology. If I believe that, my behaviours that you reflect that, but just for the patients but for the staff.

Since the school, I have prioritise my time differently. I have invested a lot more in our people. I share planning tools that have been developed with the faculty. We've actually invested and trained nearly two dozen people by sending into leadership training. We have a lot of process improvement. We run courses in improvement for our leaders.

I have a number of colleagues joining me in the school this year as well. Part of me is because, if we believe that we can improve health and care, we can do this by helping others, and that will allow us to create an environment of positive change agents.

Helen, could I get the next slide?

HELEN BEVAN:
Just coming. There you go.

 

JIM LAWSON:
I want to create a group of people in the US who were working through the school this year. We created the school for health and care radicals US group, and we have had 40 people as part of that. It is a very diverse group, not only in background but how they interact. We have had email conversations, tweet chats, conference calls, and I wanted to give them a big shout out because I have learned so much from working with them over the last several weeks. Also, a big thank you to Helen and her team for all her help and for letting me share my story.

HELEN BEVAN:
Jim, that was really, really great. I think we are going to send you a virtual applause from around the world for that. I managed to get to read the chat box what you are saying that, and when you get a chance to see the response from colleagues and health care radicals, I think that was really inspiring.

The fact that you focused on change begins with me. That was so powerful as a leader. I think it is a hard thing to do, and I think that was a beautiful case study. The final thing I would say about your talk was that, if we look at social movement ideas and social movement principles, what it tells us is that there is a difference between being immobiliser and an organiser. A mobiliser is someone who can cause people to action and gets people engaged. Being an organiser is someone who doesn't just mobilise people but develops them as well and create the next generation of leaders.

Would you just showed us in that talk, Jim, is that you are both. What a great role model you are. Thank you very much.

So, let's carry on now and talk about seeing as a health care radical. Before I do that, shall we have a quick chat and tweet catch up?

Dominic, what are we seeing in the chat box?

SPEAKER:
Lots of great points again. I am going to call it a couple of people who have been commenting. A lot of love for what Jim is doing there. Kerry Howarth said, "Do as I do as much as I say," is very important.

(unknown term) has a fantastic idea. She printed the treble slide out and carried it around in her handbag. Maybe we should get some laminated ones done. I think the idea around Jim's work and care is resonating a lot with people in the chat.

HELEN BEVAN:
Thank you. Kate, what is happening in the Twitter sphere.

SPEAKER:
There is lots of energy about the last session. People are enjoying the reflection, and the general thing that is coming out is about stepping outside your comfort zone, thinking about that and how you can move that forward in work.

 

There has been a flurry of tweets from Jim's talk. Lots of talk about it being a lovely room for a creative experience. The group listen to patients and responded to their needs, improving the patient's experience was the focus of the change. Christine describes and says, "The importance of improving patient environment is when undergoing diagnostic procedures, the whole fillets of the changes were focused on patients but considering the leadership focus as well."

HELEN BEVAN:
So, we had being, as now we have seeing. Seeing is about the ability to stand back and maybe look at the situation through different eyes. When we talk about seeing, there are lots of ways, lots of descriptions of seeing. It's not just physically seeing, what you are looking at. It is monitoring, listening, perceiving. Part of seeing is intuitive feeling. What are my feelings telling me around how I might see this in a different way?

When we talk about seeing as a health care radical, and ourselves as see-ers, it's about seeing the big picture. Many of us are in situations where things get so tough, and often people are behaving badly that we just get sucked into the minutiae. How can we help ourselves keep that big picture? How can we see different perspectives on things? How can we stand on issues of the other person? How can we send in issues of our patients, of our colleagues, of our community representative?

There is a safety of reframing. In a situation that looks bad for us, we see it as a bad situation, but we stand back and see it differently? We talked about this in the context of self efficacy in module number one. Things that didn't work. They are amazing learning opportunities. I am the leader of change and I am uncertain what to do. Let's reframe that as curiosity.

Another part of seeing is about the positive intentions of other people. We talked about this in resistance to change week. We talked about intent and impact. Often people have really positive intentions in their interactions with us, but the impact it has on us is negative. Again, going back to standing in the shoes, can we send issues of the other person and understand what their actual intention is, not how it is making us feel.

We need to see the possibility of bad change processes, rather than bad people. Often, why are people resisting or blocking? Exactly because of the nature of the change that we are putting people through. Often in our health and care project, because the change feels imposed rather than embraced.

This goes back to the rebel slide that Dominic was talking to us about. How can I see hope for the future? How can I see a creative opportunity? How can I see a potential and go for it? How can I see myself in the context of my higher purpose? Why do I do what I do? What am I here for?

Rather than diving into the minutiae, just keep myself grounded in why I am here to do what I do. So, that is just something that I wanted to illustrate to you.

It is about fear of failure, fear of rejection. I like this quote from Alex Osborne. I don't know if it is a he

 

or a she, "Creative ideas residing people's mind, but are trapped I a fear of rejection. Create a judgement free environment and you will unleash a torrent of creativity." That has been true of the school on so many things, and that really ties in with what we did in week three around going for no.

We haven't got to see constant rejection and constant nos, and a negative thing. We have to see them as a possibility and we have to go the no. I like the language of this. When I was reviewing getting ready for this module today, we have to see no as an opportunity, seeing. And we should value it.

We don't get the opportunity to see the world through different eyes unless we stand back and we think about it, and we built in a time for reflection. And another aspect is around who we are interacting with, because if we are working with diverse teams and many different people with different perspectives, if we really listen to other people then they can so help us to see the world in different ways. And when people do that to us, I think it is an absolute gift.

Then the final part of this pyramid is around doing change, doing change as a health and care radical. This, we said, was about skills for creating change. And here are some of the aspects that we covered in weeks 1-4.

It is about, how can we create the conditions where everyone can contribute and do their best. And often, as change agent and leaders, that is our most important job. Driving out fear in a situation, giving people confidence, enabling people to contribute.

And we also talked about how we can join forces with other people to create action. Again, this was in week one, when we talk about health efficacy. How can we join forces with others, in terms of achieving small wins? Small wins are really important in terms of creating a sense of hope and self-efficacy and confidence.

And what we said in Week 1 was, we talked about the head and the heart, we think it is the dominant approach and the emerging direction. And much of the dominant approach was about head focus, about logical planning and data. And the emerging direction was much more heart shaped around shared values, purpose, framing, relationship. What we said was that we had to work with both.

How can we, in terms of doing change, make it learning cycles, and what I mean by that is doing lots of small changes all the time. How can we make that routine, rather than exceptional activity? And that ties in really well with the whole issue of being change will stop because actually, if I am making change a routine, and doing it in a systematic way, I am sending out powerful signals as a role model to other people.

And finally, how can we use different models and theories, and frameworks, effectively? And using models, theories and frameworks can be helpful. What we said in week three was that all models are wrong and some of them are useful. And we have defined the ones that work for us. Here are some of the ones that we use in the school.

Last week, we looked at the change model, and the eight components of change that are very, very

 

helpful to think about in the context of creating change and aligning different aspects of change, and making sure they are all there.

In Week 3, we looked at the stages of change model. If we think people are being resistant to change, often it is because people are at a stage of change that is here.

And then in Week 1, we looked at this module around knowing, doing and being change. And again, it really ties in with this issue that Jim talked about, change begins with me. And this issue around feeling change.

Now, at this point we are going to hear our second case study from one of our graduates from the School of health in 2014. This is CJ. I said to CJ, what would you like me to describe you as for the seminar today? And we decided I would describe her as NHS manager and very proud to be one. So CJ, the floor is yours.

CJ GRAHAM:
Thank you very much, Helen. Can you all hear me? I hope so.

HELEN BEVAN:
Loud and clear.

CJ GRAHAM:
I'll carry on anyway. Hello again, everyone. Happy last day of school. This is my second bite at the School for Health and Care Radicals, and it is quite interesting to think about the two times I have attended, because I have thought in a different mindset this year. Last year, I was met transition of jobs when we started the school, so without a role or a project to apply my learning to, I decided to apply it mostly to myself, and to my own management and leadership style. This year I have been in my new role for a few weeks and I have been able to focus on the application of my learning to my project.

This time last year, I had just left the NHS management training scheme to start a new job. For those of you who don't know the scheme, it develops us into NHS leaders, and it can be quite hard work and quite intense. So the transition from on scheme to off scheme was one that I knew would be really hard. I would not only be learning a new role and a new organisation, and a new service and new team, I had much more accountability and much less support.

NHS change is coming up in two weeks, and I wanted to do something that improved the experience of our patients, that also helped to establish me in my new role. One of the only things that I knew about my service before I joined back last February was that we really struggled to achieve good patient satisfaction. My pledge was to seek out opportunities to speak to family members and carers, thinking that if you are a patient, you might not feel empowered to share your experience, especially if it was a poor one, so I wanted to make myself accessible.

It wasn't just a case of finding opportunities to speak to patients, in our line of work as management, it

 

is surprising how easy it is to lock yourself away in an ivory tower and never see any patients. One of my colleagues described it as armchair management, which I think describes it perfectly. Being the new goal, it would have been even easier, and the tenancy was exacerbated by the irrational fear that I had that I was going to do something wrong. I had been told since day one of working in the NHS, I am not clinical, so I don't have a role on the frontline.

The School for Health and Care Radicals really opened my eyes to how I could change myself. Although we discussed a huge amount over the five weeks, one thing stuck with me and still does. I was pushing the boundaries of my comfort zone, and I kept repeating a quote that Helen said again this morning, it is from Robert White, and he said, "all of the concepts of stepping out of your comfort zone mean nothing until you decide that your essential purpose, vision and goals are more important than your self-imposed limitations."

When I first heard this a year ago, I remember thinking, "Wow, that is so true. My comfort zone is just a self-imposed limitation." Every working day that I was in that role, I went out into my clinical areas and I identified myself a patient and had biscuits and tea with various people, and the pledge had me out and about, and it changed my mindset about what it means to be part of the scheme and part of the Department.

I always went glibly to ask three simple questions, are you coping with our new computer system? What is your bed space? And do you have enough stuff? In most cases, I couldn't do anything about any of those questions, but going in I was able to start building a relationship with ward staff, and giving myself permission to go onto the wards under the auspices of doing something useful, although I wasn't really.

I had some strong feedback from my team. Sometimes they tease before visiting the water to say hello. If there was ever a problem, they could just ask. And they did a lot. After a few months, we had a pyjama shortage on one of our wards, and a patient that was there for cancer treatment was left without pyjama bottoms for two days but hadn't said anything to the doctors and nurses.

I was chatting to his wife and she mentioned this. I was horrified. I ran to find some pyjamas. It took me 7 minutes. I remember being how I thought I was that people were amazed that I could find some pyjamas in a hospital with hundreds of beds. And thinking, that was really easy. Why could them as do that? But also I thought, a month ago or two months ago, I did not have a relationship with the board and I never felt I could do that.

It is really funny, I have now left that department, and yesterday I happened to be passing through that site, and I bumped into one of the specialist nurses at the coffee shop. She works in quite an isolated specialist team, and she was the person that most actively mocked me, albeit in good humour, insisting that they were completely useless and the team could work cleverly well without me saying hello.

When I ask about my successor, she said, I have never seen her. That is normal, never seeing the managers, we miss you, CJ. When I got to ordering my coffee and the card machine had broken, she

 

did not hesitate before thrusting a fiver into my paw to buy my coffee. She would not have done that if I did not pester her every day.

It reinvigorated my belief that the 20 minutes a day that I spent wandering around, it was totally worth it. When I worked in the department, I never felt like I was part of the management team. I always felt like part of the Department. And it is something that I was in control of. Getting that patient his pyjama bottoms remains one of my proudest moments as an NHS manager, and it always reminds me that, one, I am in control of my comfort zone. Two, I can participate in patient care regardless of what my job description says. And three, I can also be in control of how my team sees me and how they are able to access me.

The school last year gave me permission to find some self-efficacy and to be a better manager, and I would like to end by saying a big thank you to everyone involved, and that I am really looking forward to see what comes out of this for me and everyone else this year and in the next few months. Thank you, everyone, for listening.

HELEN BEVAN:
CJ, that was another wonderful, wonderful story, and I just think, there is so much power in what you said. I think it is inspiring, my comfort zone is a self-imposed limitation. And if all of us reflected on that, and moved beyond that, what a difference we can make. Again, there is lots and lots of appreciation going on for what you have said. The legend of the pyjamas!

CJ GRAHAM:
CJ's PJs, as I like to call them!

HELEN BEVAN:
And it is a simple story, but it is so, so powerful. Again, how I feel, the issue that we talked about the module number one, so many of our limitations are self-imposed.

That story will inspire others, others that are managers, to connect in the way that you connected. So great job, thank you very much.

CJ GRAHAM:
Thanks, Helen.

HELEN BEVAN:
Yeah! I will put my camera back on.

What I wanted to focus on now was, what are some of the conclusions from the School for Health and Care Radicals? Where does this take us next? I want to focus a little bit on some of the emerging directions.

I think it is great, actually, to be talking about this, carrying on from what CJ was saying. CJ was saying, our mindset is the thing that actually creates the boundaries and the barriers. And we, as a

 

community of health and care radicals, are trying to create a different kind of future. But what is it that hijacks the transformational potential of the future so much? Often it is that mindset and what we can do and not do. I like the quote from Peter Blockley. "The greatest danger in times of turbulence is not the turbulent situation itself, it is to act with yesterday's logic." I think that is so true.

When I look at our system now, at the National Health Service here in England, I absolutely agree with this. It is a very turbulent time, a very difficult time, and lots of organisations are really struggling. But it is not the turbulence, it is the logic with how we react to the turbulence that is the biggest problem.

SPEAKER:
This one comes from Greg Settle. Again, it is the same thing. He says, "History, even if properly construed, even if we properly understand it, actually can blind us, can block us from seeing important possibilities." He said, "After all, it is not the path that defines us that our dreams for the future." All of us, we can dream for a different future. We don't have to be contained or constrained by how the world has been up until now. We need to live our dreams.

Very often, during the school, we have talked about leading from the edge, or being on the edge. We can't really go through the last module of the school for health care radicals and not talk a little bit about being on the edge.

What we said before is that in this world that we live in, where changes happen more and more quickly. As change agents, we want to be working with a wider group of people and take knowledge more broadly. We want to have one inside the organisation and one outside. This quote from Harold Jarche. "In the near future, the edges will be where all high-value work will be done in the organisation." We can see that happening across the globe.

What do we mean by the edge? When we are at the edge of the organisation looking outwards and looking inwards, we can see the potential and we can make connections that we couldn't do if we were at the heart of the organisation. What we want to do is to be at the edge of current practice and current thinking about change. When you are right on the edge of it, you are constantly learning new things and adapting your process.

It's also about taking risks of being courageous, to think and to do things in new ways. It is what all of us reflecting. What are you on the edge of? We have a publication, a knowledge hub that is called the edge. I think it is kind of interesting to look at some of the language from that. The edges where those of us who were to challenge are able to unite, share, support and grow together as change activists. Leading from the edge brings you into contact with a far wider range of relationships, and in turn, this increases are potential for diversity and background. Diversity is important because it leads to thinking that is more disruptive with better outcomes.

How do we position ourselves on the edge? We can do this in lots of different ways. Even those of us that our senior leaders. We could be looking outwards and not just upwards. There are all sorts of possibilities that all of us should be thinking about. At the edge.

 

At this point, I want to introduce a third case of the speaker. This is Alison Cameron. Alison is patient leader. Alison, we would love to hear your story. The floor is yours.

ALISON CAMERON:
Thank you. Can you hear me all right?

HELEN BEVAN:
Loud and clear.

ALISON CAMERON:
Fantastic. I'm certainly out of my comfort zone right now with my phobia of phones. I am confessing that right at the start.

I have difficulty with how to describe myself. Helen asked me how I would like to be described it is difficult. My story has largely been about being labelled. I have been turned all sorts of things. Some of my favourites are… I was a bed blocker for example, a frequent flyer, a heart sink patient. All of the above. These days, patiently to seems to fit the bill. Increasing numbers of people like myself who have lived experience of a life changing health condition, who work at a strategic level, as equal partners with clinical and managerial leaders. It is something a bit different from the traditional patient and public involvement.

My background, perhaps appropriately, I was a Sovietologist. That is not a word you hear very often. I have a degree in Russian. I ran projects primarily around the area affected by the Chernobyl nuclear disaster in '86. Through the 90s, I was doing that. That was based on making decisions on what was best for these communities overseas.

Early on, I could see that that was in balance of power. The resources were vested in those communities themselves. We were largely creating a victim culture, a lot of passivity. I was to become passive myself. I became ill in the course of my work. I was diagnosed with post-traumatic stress disorder after the death of my colleagues in the Republic of Belarus where I was working. It's a long story that I would go into now in great detail, but I lost all of those things that we tend to cling to like liferafts in a chaotic environment, a job title, material things, my home, my identity. The whole lot went. I have had many admissions to hospital, and homelessness was a huge stumbling block to getting well.

I started gradually to meet, along the way, people who began to feed in my mind that my experiences didn't need to be the end of something that the start of something. I resolved, very early on, to try to learn what I could, and believe me a long stay on the psychiatric unit, there is rich learning there. That is largely what I did.

I was angry. My militant slide there, there is a lot of anger in that. I certainly want to change, but I hoped that would involve a wrecking ball. I had some rapid eye movement therapy for trauma, and I had a session where I visualised bits of social care services and the NHS and I was visualising a wrecking ball with me driving it.

 

That is not particularly constructive, and it doesn't in fact work. I think I want to talk about revolution right now, but it's an inside job that I have gone through. It is that revolution that has happened in changing my approach, perhaps turning it down from militant to radical. I have had to go the other way. I was more Napoleon. Napoleon described revolution as an idea that has found its bayonets. I was all bayonets. Lots of ideas, but not very constructive and I didn't know how to put it into practice.

I became an engaged patient. I have ticked more boxes than I have had hot dinners, done the questionnaires, the focus groups. I have had a decade of this. The capturing of my experience. My God, I have had my experience captured. It is the liberation of my experience that became constructive.

This all added to my frustration and anger. I felt I had more to offer than being the token patient in the patient corner, where they are all talking about putting the patient in the centre. I wasn't actually seeing it in practice. I think there were some turning points for me, and that was definitely when I got the opportunity to start working alongside healthcare professionals as an equal, working and learning together. I was able to join a fellowship of an applied health research Programs, one of the clerks, and they basically say that research mean something in practice.

I joined with a group of clinicians and worked with them. It was challenging for all of us. That is when I started to realise that the barriers for this way of working is a shared experience. We all feel it. I went from just expecting healthcare professionals to walk in my shoes and know what that is like to putting myself through that process of actually learning more the realities faced by the professionals that I'm trying to encourage out of their comfort zones with my hobnailed boots. Actually, I realised I had to go through that process myself. We can only really do that by having this shared space that is safe enough for us to talk about the actual emotions that can bring up.

I have had resistance to the way I work. It is also come from "the patient's side." I'm very glad this happened. A patient governor of the NHS Trust approached me and said, "I don't like what you are doing. You don't want patients to be patient and you don't want doctors to be doctors." I realised that change of this nature is challenging for us all, and if we start to have the opportunity to realise that it isn't an us and them thing, we all feel it. There is an opportunity to ally with each other and help each other across the fragmented landscape, the minefields or whatever it is. We start edging out of the bunkers.

I think that process alone, and are going on from that to be the only patient leader in the NHS Leadership Academy, I am actually graduating next week for healthcare leadership. It reportedly back to the realities of just how challenging this can be, particularly in a time where a lot of changes are happening at being imposed. In fact, it is more constructive to plant seeds in people's minds about how to work differently than Semtex. I was definitely the Semtex school, but I see the power is in planting seeds in the minds of people who go on and work differently.

It is all about working in other people's shoes. I have gone from a Napoleonic view of revolution to one that Gandhi described. Revolution as a program of transformation of relationships ending in a peaceful

 

transfer of power. It is all about relationships, about having the courage to go into that where the fear lies. We can do that by taking as many opportunities as possible to learn together and make progress together.

It is working. I have got some fantastic work with the King's Fund. I work with the wonderful team at the edge at NHS IQ, and I did make day with NHS IQ recently, I haven't worked in a conventional sense in 17 years. It is been a revolution, but a quiet revolution. A patient revolution. I will leave it there. I hope it's been helpful.

HELEN BEVAN:
Alison, that was brilliant. What you every great case study of there is as a role model of being and seeing. In every sense, you had a view of the world and what she did was reframed it in a different way. Often, when we reframe it, we see possibilities that we didn't see there when we were just looking at the world in one way. You also a great example of building alliances for change. None of us can be a rebel on our own. The way that you talked about professional colleagues, where obviously, we have very different experiences and backgrounds, different views, but we can find space where we have a shared purpose and shared interest, and we can build alliances for change.

Thank you for your courage in telling your story. I can see already from the chat that you've inspired a lot of people. Thank you very much.

ALISON CAMERON:
Thank you for asking me. It was a pleasure.

HELEN BEVAN:
Let's carry on from those three fantastic stories that we have heard this morning. What I would like to do now, looking forward, we are on the edge. Where is change going?

I would say, in a system of health and care, I would say the two biggest opportunities that we have are as bridge builders between disconnected groups. Alison, you showed that in terms of your story, in the sense that you take people that are disconnected, some of our professional colleagues and patients. And how you create bridges between people. There were elements of that in gym and CJ's stories as well. And secondly as curators and sharers of knowledge.

When I think of that improvement team in the health and care system, I think, actually, we are going to see people moving from this bench science metaphor… I haven't put my camera on and I need to do that. Oh, I have got it on.

This metaphor of being a bench scientist, in the sense that I manage programs, I work through a process to enable change to happen. I think, much more, to being knowledge leaders and connectors. And again, what I would say is, knowledge and connecting around knowledge, I think, is going to be such a big issue going forward.

What I think we are also going to see is a very big shift going on from change programme to change

 

platforms. I can see it happening already. It is happening in other sectors, and it is coming in our sector.

And there is nothing wrong with change programmes, per se. Often it is the way that we go about in preventing them. And when we talk about a change programme, we say, "Our organisation has got a goal to transform care for older people or to create a new system of urgent care, so the approach that we will use is this very systematic change management approaches, where we define the goal, we set out the accountability, we work out the milestones and so on."

One of the issues with change programmes is that, too often, our leaders not only say this is the goal of the change programme, but they describe how it is going to happen in a very top-down way. Even if the change has a good intention, how it is experienced by people at the frontline is imposing. This is a change programme, this is what we have to do, this is how we hit our goals, rather than want to make a change that people embrace.

As we move into a role that is increasingly social and open, we are moving, I think, to aim methodology of change platforms. When we create a change platform, we are clear about the kind of things we have to achieve, but we create a way for everybody in the organisation, or in the wider system, very importantly including service users and community member, to help tackle the most challenging issues.

We use the collective brilliance of our people, our front-line staff, our patients, to come up with the answers. As we talked about in module three, we don't want resistance to change. This is our goals, it is set out and we have to take action to achieve it. Anyone that gets in the way of that, as a resistor, the change platform hears all these different voices. And our attention of leaders isn't on managing and making sure that the aspects happen, our job as leaders is to put the right things into place to enable this to happen, then get out of the way and let people do it.

In a sense, in the School of Health, we are a change platform, because we create this platform through the school that lots and lots of people can contribute and join in.

This is another example of a change platform, which is one that I am involved in at the moment. We are currently in partnership with the Health Service Journal, a journal for leaders in the NHS in England and the Nursing Times. We are running a campaign called Challenge Top-Down Change. How can we engage many people in thinking differently about change and creating different approaches to change?

What HSJ and Nursing Times have told us is that this is the most widely contributed thing they have ever done. It is like the school, people want to contribute. People want to be leading change. The energy is there, it is often latent. We are going to be the people, I think, who are going to be contributing to and leading change platforms in the future.

Another aspect that is important for us is around curating knowledge. Often when we talk about curating, it sounds like a library or a museum. But actually, what we mean is the possibility to take all

 

that knowledge that is out there in our system, and there is so much of it and so many sources of it, it is almost overwhelming, and turn it into knowledge that people can use.

The problem that we have is that in a social era, there is so much information. Getting information off the internet is like taking a drink from a fire hydrant. If you Google something like fractured macosemer, a broken hip, there will be something like 11 million links. How do we know what is right? We need the knowledge to understand what is going on.

We have got to be able to exchange knowledge and work through that really quickly, but there aren't really any paths that are easy. We get told about good practice, or best practice. And often we will say that this is the best practice, and we need to copy it. The problem that we have is that it is working great in one particular organisation because of the set of circumstances they have got, but we can't then take it and make it happen somewhere else, because we haven't got those circumstances.

This quote says, "Organisations need to move well beyond their lazy reliance on comparing best practice, and find better ways to explore emerging practice." But this is a tough thing to do, because things are uncertain and we are not trained to explore and experiment in this way.

You know what I would say, this is where the school comes back in. Tacit knowledge, this is the knowledge of learning by doing. So change is the best kind of knowledge, because it is the people with the tacit knowledge that have learned how to do things, how to make change happen, by actually doing it, that offer the best advice and support for change. And the best way of developing that is through conversations and social relationships.

When you look at this, actually having the social connection, and having discussion, it is 14 times more effective as a way of spreading knowledge than written word or best pack is databases or toolkits. And yet we don't create often the opportunity for people to do that.

I think we have got to move our knowledge sharing, our connecting and our tacit knowledge in a much more social way. Every time we run the school, you look what is happening on Facebook, and you look at our chat, like today, and all this tacit knowledge sharing is going on at 1,000,000 mph. It is such a good way of sharing. And I think we are now moving into an era where we have to do this in a much more systematic way. This is the model that we use around creating and sharing knowledge. And it comes from Harold Jarche, and he talks about seek, sense, share.

We have a responsibility as leaders of health and care to find things out and keep ourselves up today. That is about finding sources of information and pulling it, but also finding the people that we trust, and letting them push it at us, because it will save us a lot of time and effort, but finding that knowledge isn't enough. We have got to make sense of it, because very often the knowledge will come from a different industry, or a different place where the circumstance is very different. So we have got to reflect on it, and we have got to make sense of it, and we have got to take our own mental knowledge way of thinking, and make the knowledge fit what we do.

And then we have to share it. And that is about connecting and collaborating, and it is about how do

 

we share knowledge within our own teams, and make the time and effort to create that knowledge. How do we test that idea with other networks and how do we use our social network, like this social network, the School for Health and Care Radicals to collect and collaborate, and share?

And this model is why we set up our knowledge hub, which is called the Edge. What we do in each edition of the Edge, we seek sense and we share. So we seek out the best information that we can find, the latest knowledge that we can find in the world around our core topics, which are around being a change activist, transformational leadership, information and diversity, sharing and scaling change, and new methods for change. So we hunt around the world for the best information.

Over 90% of the sources that we find for the Edge, they don't naturally come from the health and care sector. So we then have to make sense of them through our role. In the Edge, we have a commentary each time making sense for a health and care audience. And then we want to share, connect and collaborate these ideas more widely.

The idea is that the Edge isn't just a publication that pushes information out to people, we actually share and collaborate around it. And I think that is going to be an increasingly important way of connecting and collaborating in the future around knowledge. And you can really see that in the school. A lot of the collaborating and connecting is about sharing knowledge, and learning from each other. And that is also the way, collectively, that we have to go.

We think, in the future, we won't be running necessarily great big change programs, and trying to come up with a best practice answer and push it into the system. What we will be doing in the future is, where there are challenging issues that we have, we find ways to connect with each other, and to learn and grow with each other. And that is a major reason why we should have change programs. We can share knowledge in ways that just want available before.

So coming to the end of our very last module for the School for Health and Care Radicals 2015, I just wanted to tell you about some things I have learned from this experience this time, and create a few minutes for you to do some sharing as well, either on chat or Twitter, or maybe some people to come on the audio and tell us.

These are the six things I have learned from this experience. The first one is, having collected and the knowledge is great. But actually, the biggest value is the community. Across the world, creating communities for learning, as we heard from gym this morning, it is a wonderful thing. We can't be radicals on our own, but there are other people out there like us who can support us greatly, and we can support each other to make the most important changes happen.

The second thing is, I talked before about tacit knowledge, and this is really important. Tacit knowledge is the kind of knowledge that we get by actually doing. And explicit knowledge is when we try to spread it, so we synthesise it, or summarise it, and get people to use it. And I actually think the kind of social relationships that have been building through the school, it is really showing me how we can learn from each other, and we can maybe do explicit language in a different way.

The best experience seems to be, first of all synchronous, a number of people in time together thinking. That does not mean live on a Friday morning, UK time. It means people connecting together. I know there are people across Britain, and also across the world that are creating their own learning committees about the School for Health and Care Radicals. If they can't watch the session in real time, we will watch it together either virtually or in a physical space.

A number of people watching the films at the same time, it is that synchronicity, not just watching it on your own, but watching it with other people, that creates a lot of value. And we don't have to all be in the same place. It is great if we can be, and I think there are advantages of that, but most people can't. And it is that combination that I think is creating the best experiences.

We benefit so much from our global connections. Why is the NHS in England resourcing a global school that people get for free around the world? Why are we letting people from other countries be part of this for free? I would completely refrain that. I would say, what an amazing opportunity for people who work in the NHS in England to be part of this amazing global community, to get all of these global views and connections completely free. What a gift we in the NHS get from radicals elsewhere in the world. It's amazing.

Number five is everybody teaches and learns and there is such a spirit in that. Finally, what is the school tell us about the potential and the possibility? What it tells me is that in the health of care for radicals, there are some amazing change leaders. We are only the tip of the iceberg. Actually, there is a massive untapped reservoir of people, of energy, talent and willingness to lead out there. We're not tapping into that at the moment. The potential of that is outstanding. One of the things we really need to think about is how can we unleash that, because we know that is there.

So, I am just going to stop for a couple of minutes. Having been part of this for five weeks, what are some of your reflections? What have you learned? If one or two of you would like to make a double comment, I would really appreciate that. Either write something in the chat box or on Twitter, and Nigel, can you explain what to do if people would like to make a double comment?

SPEAKER:
Ladies and gentlemen, your comment session will now begin. If you wish to make a comment please key start then one on your telephone, record your name and press the hash key. If you decide to withdraw your comment, key start two. All other lines will remain on listen only. Alternatively, as Helen says, you may submit a comment in the chat box which is at the bottom right-hand of your screen. Just remind you, if you wish to make a comment, please key start then one on your telephone, record your name and then press the hash key. Thank you.

HELEN BEVAN:
Great. We have got some beautiful comments, beautiful comments coming in the chat box. Oll they do is just reinforce my positive belief in the potential of people that come together. Nigel, are there any takers?

SPEAKER:

 

We haven't got any audio comments yet.

HELEN BEVAN:
Would anyone like to?

SPEAKER:
Remind people, Nigel.

I think people are busy writing. They are just brilliant comments in the chat box. I will tell you what we will do. Will take some feedback from chat and Twitter. Dominic, tell us what is happening.

CJ GRAHAM:
This is CJ. Dom's WebEx has crashed.

There's been a great amount of support for both Alison and Jim. Thank you for the support. There have been some questions about whether we need to be sharing staff stories with patients, as well as patient stories with staff and whether that has the power in itself, which is a really interesting question from Neil Churchill. There was another question about whether visibility aids engagement, and how we can make sure that it does.

There were some interesting comments on armchair managers. When you are talking about the change projects, there was some support about getting support from the senior team. Again, a lot of really interesting reflections coming through. I'm sure everyone is reading that as they go along. A lot of people responding to the energy they are getting from the school and the community, the ability to relate to their workplace which is being brought to life by the alumni's stories. That is great to hear.

HELEN BEVAN:
We could look at setting up another WebEx to talk about change platforms and what that means. Let's take that back, CJ, as a possibility.

Kate, tell us about Twitter.

SPEAKER:
As normal, Twitter is being very active. A lot of support for the people who've shared their stories today. People really related to stepping out of the comfort zone. A challenge can be our own minds, not letting it be in our way. It is up against barrier, our own thinking.

There's been a lot of discussion about what we should be doing next. A lot of people wanted to keep this community is going, how important it is to keep linked up with each other. Whether we take the school next? Twitter has been very active today, but we have got nearly 2,000,000 impressions that have occurred during the session. That is absolutely amazing. There is so much energy still there on Twitter.

HELEN BEVAN:

 

That is wonderful. What I love about what you say, Kate, is that often what happens, over a five-week period, you get smaller and smaller numbers than the energy dips. We are as strong on week five as we were on week two. It has been really amazing how we are all engaging with each other. Thank you everybody for your chat comments and your tweets. We will be looking at those.

SPEAKER:
We have one audio comment.

HELEN BEVAN:
Let's hear it, Nigel.

SPEAKER:
The first comment comes from the line of Mary.

SPEAKER:
Please go ahead.

HELEN BEVAN:
Hi, Mary.

SPEAKER:
Hi, Helen. Hi from Australia, everyone. I wanted to dial in and talk about doing the school for a second year. It has been amazing to see so many people folks from Australia joining in and hanging in there, even though it's eight o'clock, nine o'clock at night a Friday night. I do know what you guys do in England on a Friday night, but here in Australia we're normally outside with a beer or something. We have really hung in there, and there are so many positive comments.

The thing that stood out for me this time is that amazing connection when you find other radicals, and you learn so much from them. Generally, people who really want to see amazing change for patients and clients are really generous, because there is a fabulous generosity.

Thank you, Helen. It's been amazing to get this learning sent to us on the other side of the world.

HELEN BEVAN:
Thank you, Mary. To all the colleagues in Australia and New Zealand, the way that so many of you have engaged in the school this year has given it a really special energy. Long may the connections that we've made with each other continue. Thank you all.

SPEAKER:
Absolutely.

HELEN BEVAN:
Thank you. I'm so glad we had that comment from you, Mary.

 

It's coming to the end of our times. Just a couple of things I want to say before I hand over to Pip with regards to learning. I had to pick up a couple of slides or quotes is able to be good at the end. This was the first when I picked. This is from Céline Schillinger. I did you will be good to have a quote from her. She says, "Employees activism is not a threat anymore. It is the future, and our organisations and our leaders are starting to recognise that activists and change activists are the future."

Was this quote here was about social activism, it also applies to patient activism as well. I want us to interpret this in its widest sense.

My other favourite was this one from module one. All of us, however tough it gets, don't stop being a rebel, don't stop challenging the status quo. Don't start standing up for the things that are right for our patients and colleagues. Find the people around you that will enable you to go on being the rebel that your patience as your colleagues as the weather systems need you to be. Stick with it, and I hope we can take things further beyond the school and stay connected.

Collectively, we can go on making a very big difference.

At this point, we're running out of time. I am going to hand over to Pip who is going to take this through a learning reception for the very last module. Pip.

PIP HARDY:
Thank you, Helen. We don't have too much time left, but after this week and until we meet again, hopefully in the future, it would be wonderful if you could consider why it would be beneficial for you to become a certificated change agent. You might also like to think about you can help you with this process, and to think about the actions that you can take to prepare for certification.

You can complete the follow-up workforce at a vacation. There is a form that will be available. It is not too onerous, and it would be great if you could complete that. It would be lovely to have one of those badges to put in the interview email, so we hope that some of you do that.

Jim, who you heard from earlier, has been plotting with me to think about how we might create a recipe book, a cookery book, and there are obviously lots of different options for our names. Recipes for radicals, or stories and recipes to feed your soul. What we would like to accomplish is the creation of a resource that would help us all reconnect, but also to recharge. We propose that you may send us the recipes that you like to make that make you feel good and make your family feel good.

Jim was telling me about one of his favourite recipes, I think it was a tahine that his family like to eat. So does your recipes and will gather them altogether.

On a more pragmatic note, think about becoming certificated, there will be plenty of information from Joe going out today about what you need to do. Basically, the benefits for you are that you will be recognised as a certificated… We have been having a debate about whether it is certificated or certified. You might prefer to be certificated. You will get a virtual badge, you will be invited to take part in one of our virtual graduation ceremonies. In order to get the process rolling, you might like to

 

participate in a virtual clinic which will be advertised in news from Joe that will help you to get the ball rolling on that.

So, at this point, I am going to hand back over to Helen who will tell you about the Change-A-Thon and a couple of other things that you need to know about. Thanks very much.

HELEN BEVAN:
Thank you, Pip. Our change they is happening on 11 March. And on that day, between 7 AM and 7 PM, we are running a Change-A-Thon. And it is going to be amazing. It will be a 12 hour WebEx with people from across the world, because some of the other change days are happening on that day as well. We have Change Days in other countries, but it is a whole day of stories of making a different and positive change.

We will send you more details but we want to encourage all of you. It is a really great way of engaging. If you can, at some time during that day, please take part.

Some people are going to be taking part the 12 hours, and some people will just take part for half an hour. But we will send you the schedule of the day. We will send it to everybody as part of our ongoing news from Jo. Hopefully you will be able to come and take part in that.

The next thing that is happening, again in terms of a really good way to engage, is that our organisation is running a event, and we are running it with Plurum, an amazing learning centre in Sweden. In April, this is going to be running, and it is a similar kind of format to the School of health and care, but it will be focusing specifically on fundamentals.

It is very practical, very pragmatic, or something you might want to encourage other colleagues to do. We will send you details of that. It will be a weekly WebEx, similar format to this, but focused on basic skills for quality improvement. As far as I am concerned, you can't have enough basic skills for quality improvement. Again, it will be open to anybody, anywhere in the world, as a joint English-Swedish collaboration.

Pip, you get the final word.

PIP HARDY:
Thank you, Helen. OK, so this is the time for you to think about what you can do differently. How can you move in the direction of change in ways that will help ring about the changes you want to see? How can you build on your experiences of the School for Health and Care Radicals?

How can you continue to build networks and communities in support of the changes you want to see?

I hope that will give you awesome food for thought. Thank you very much for joining us once again, and we wish you all well on your transformational radical journeys.

Goodbye.

 

HELEN BEVAN:
Goodbye, everybody. There will be a lot of follow-up activities. There will be a whole series of specific Web seminars. There is the Change-A-Thon, and other ways of getting involved, and we will keep you in touch. It has been amazing for us as a team to work with you.

For me, this has been such a brilliant experience, and let's keep that energy going, and let's focus it on making real differences to our patients in our communities and our organisations, and our colleagues, you know? Be that rebel.

Goodbye, everybody.

SPEAKER:
Thank you, Helen. Ladies and gentlemen, that concludes the conference call for today. You may now disconnect. Thank you for joining and have a very good day.