
School for Health and Care Radicals - Module 1

'Being a health and care radical: change starts with me'

Thursday 4 February 2016, 14:30-16:00 GMT

HELEN BEVAN:

I am pleased to welcome everyone to the School for Health and Care Radicals. We are due to start now but we have so many people coming on to the WebEx so we will wait for a couple more minutes. We are up to 207 people so far, which is just fantastic.

It is really wonderful to look into the chat box to see where everybody is from and just what an amazing group of people we have here coming together.

If you haven't said hello in the chat box, please do. It is down in the right-hand corner of your screen. If you can't see the chat box, if you look above on the far right-hand side, you will see a symbol which says "Chat" and if you click that, it will show the chat box. Please say hello.

I think we will start in about a minute or so.

Hello. Welcome to the School for Health and Care Radicals 2016. At this point, I am going to hand over to Kate Pound, who is our chair for the session. Kate, can you hear me?

KATE POUND:

Thank you, Helen. I can hear you loud and clear.

Welcome, everybody, to the first School for Health and Care Radicals for 2016. We are so pleased to have you here today. We are going to have a really exciting session ahead.

I am just going to tell you some information first of all.

We have got over 7000 people who have joined the school since it started. That is made up of people from over 44 different countries. As you can see from the list here, the school is now global, and we are really excited we have such a wide community connected with each other to lead on change.

We are going to do a bit of an icebreaker here. Hopefully, Joe is going to give you access to the pen. We are going to have an icebreaker to find out more about where people are. The first thing we'll ask you to do is if you could take the pen which is on the left-hand side of your screen and make a go at making a mark on the paper.

Hopefully, Joe... Brilliant. Brilliant, thank you! Oh! We are doing pretty well, there!

Everybody is doing it! Brilliant! Fantastic.

I will just give that... I like the faces. Your skills are definitely better than mine!

The next question. Thank you very much. We will move onto the next slide. I would like to know where in the world you are. Could you make your mark on the slide and show us where on earth you are?

It is difficult because some of it is quite small but it would be great to get a graph of how global our community is now. We have lots of people from England. Groups over in America. There are people who are here today joining us taking part in large groups. If you get a chance, tweet us a picture of your group, and we will be grouping these pictures and turning them into our stellar story later.

Some people quite... Not quite sure where Anthony is going. He is moving very South. This is brilliant. Thank you. It is great to see how global our community has got.

I will move onto the next slide now. Get ready with your pen again. In the UK, do you want to show us where you are joining us from, all of those people joining us from England and the United Kingdom? Fantastic.

We are literally covering the UK here.

HELEN BEVAN:

There are so many people from Scotland.

KATE POUND:

I totally agree with you. One thing that is missing is the Northern Ireland, Ireland and Scotland. I'm sure there are people joining us from up there. Someone is putting the sun up there. We are with the rebels and we always break the rules.

Brilliant, thank you so much. Great to see how much our community is growing.

The United Kingdom is turning into a boat rocking the... We have a fish.

Let's move onto the next slide. Get ready to not carry on drawing.

The next question is how are you feeling today? Get ready with your pens. Are you feeling ready to be radical? Are you cautiously optimistic? I'm feeling positive. I'm unconvinced. How are you feeling today?

Wow!

We have got so many people joining this bit, we can't see what the original words are. We are feeling very radical, and we are feeling optimistic. We will see by the end of the day how you are feeling. This is brilliant. We love the engagement and the fact

everybody wants to be part of this community and get involved.

HELEN BEVAN:

There are a few people in the boxes saying their pen isn't working. How do we get them working?

KATE POUND:

Err... Apparently there is an arrow at the top you can try using. There is a pen. If you click on the pen on the right-hand side, you can use your arrow which becomes a drop-down option. Have a go at that. An arrow at the top.

I think that is just about everybody. We have lots of writing on there as well.

We have a few sceptics and that is fine because we want to understand all of our community.

Joe, can you take off the pen, please?

Helen, I think this is where I hand over to you.

HELEN BEVAN:

If you could give me the presenter's rights, that would be great.

KATE POUND:

I will just pass the ball over.

HELEN BEVAN:

Very good. Fantastic. Welcome, everybody.

Lots of us here... We are 271, so I think we will hit the 300 mark today, which for a live session like this is really fantastic.

Just what an incredible, eclectic group of people. We have people from all over the health and care system.

We have people from charities and the third sector, people from the police, people joining us from the fire service, from universities.

As we saw on the map, people joining us from all over the world, and it is really wonderful that we come together as a community of change activists.

We are joining in today on the lecture and I know many of you will be listening to this as a recording afterwards, so for those of you taking part live, use the chat box to keep continuing to contribute throughout the next 80 minutes.

It is wonderful to see how the conversation happens in the chat. We would also like to

see you tweeting, and if you could treat with #SHCR and our Twitter handle. Our Facebook page remains active all year. All you have to do is go onto the Facebook group and request to join.

It used to be an open group, but because it was called the school for radicals, there were some really strange people starting to join it, so that is why we had to turn it into a closed group. All you have to do is send us a request, and we will let you in.

What we will also be doing is we will be producing summaries of each of the modules, so the five modules of the school. Very soon, after the live recording, we will be producing a storify which is a story using the tweets, and we will be producing a stellar summary as well. Look out for that.

What we also do is we produce study guides. Go onto the school website and you will be able to download these.

We also put them on slide share. There is a program study guide, which is for the overall programme, and there is a study guide for each of the modules. They are great to use on their own because you know so much about individual learning and collective learning and reflecting, and the study guide gives us so much more than just the lecture.

They are also great. This year, many of you are working as a school group. You are coming together as a group to study, and I think the study guides are great for that. Do look out for those.

Let's tell you about the team today. We have already heard from our session chair, who is Kate, and I am the session lead, and we will have a content rich session today, which means I will talk quite a lot. But it isn't just me, thankfully!

Our learning lead is Pip Hardy, who is the person in our team to make sure the way we go about things is built on sound learning principles, and she will be popping up at various points throughout the modules to get us to think and reflect.

We have two monitors in our team. We have Ollie Benson, our twitter monitor, and he will be keeping an eye on what is going on in the Twitter sphere, and we also have our chat monitor, Don. He will be analysing and synthesising what we are seeing in the chat box.

What we have also got, and we will see this in each of the five lectures, is members of our alumni, people who have been really great participants in the school before. They will be popping up throughout all five modules to tell their story. We are very happy today to have John Bryant and Wendy McIntosh as our storytellers.

Wendy will be going first about halfway through this session, and John will be towards the end.

Let's just talk a little about about the module. Today's module is about being health and care radical, what does that mean and change starts with me.

The next session next week on 11 February is around the golden rule of being a health and care radical, and the golden rule is that you cannot be a radical on your own. It's all about creating connections and building communities.

Our third module on 18 February is this whole topic about rolling with resistance. How do we deal with resistance to change? A key part of that, and new to this goal this year, is a very strong emphasis on resilience. When stuff is happening all around me, how do I stay resilient?

On 25 February, module four, it's a session which is all about tools and techniques and ways of thinking for actually doing stuff and making change happen. Our final module, and the title of this will become quite soon, is moving beyond the edge. As a health and care radical, we live on the edge. 1 foot in the organisation and one outside, making connections everywhere.

How do we move beyond the edge and take the learning and connections we have made in the School for Health and Care Radicals and take them forward? Another great opportunity with the School for Health and Care Radicals is to become a certificated change agent.

Pip will be telling us about this later today. If you take part in all five modules, either live or recorded, and you take some action to make some change happen, and you can show that you have used the learning from the school to make some things happen, you can become certificated as a change agent for the school, and you can also use that process for continuing development points.

Lots of people do this. What you also do if you become a certificated change agent, you get a virtual badge, they appear all over the place, on CVs, emails, Twitter handles, so it is a cool thing to do but it is completely up to you.

Some people do this and some people don't, and either way is fine.

I'll hand over to Kate now to tell you about the 30-day challenge.

KATE POUND:

I am really excited about our first thirty-day change challenge, and the concept of this is about, as radicals, we can't be alone. We have got to work together as teams. We thought we would try to encourage you to connect as a team, not necessarily connecting with people in schools, it might be going back to your own environment, your ward, and deciding to work together to make a change.

The whole point of this is that change needs to be at a pace now, we need to move faster. We're trying to set a challenge to see if you can do a small change within 30 days. We will be developing a book that we can give you that will guide you through this, but the key thing is to form a team, agree on the change you want to undertake, complete the change, review, reflect and then celebrate.

Maybe you want to make a poster that you can put up in your area. Don't make them complicated. You can use this in your application as well to be a certificated change agent, and this will give you the change action that you can submit on that application.

This is a great opportunity for us to learn and network together to lead on change. Thank you, Helen.

HELEN BEVAN:

Fantastic. The more we are doing, practical things that make a difference, the better.

School can be great experience to think about how you are creating a world, but when we apply the learning to real situations, that is when magic happens.

So, let's carry on. In terms of what we will cover, it is about being a health and care radical, change begins with me. We wanted to go little bit with the backgrounds to the school the health and care radicals, then we will get into the content.

We want to talk about the environment that we find ourselves in, and some of the emergent directions of change that create opportunities for us. We want to create some of the challenges we face.

Not everybody with us today is in the health and care sector, and we loved that diversity. If we are talking about health and care radicals and you are in the fire service or work at a university, still be in our family and don't be put off because we keep saying health and care.

We want to talk about the difference between a radical and a troublemaker. We want to talk about tactics, rocking the boat and staying within it, and how to thrive and survive as a radical. It can be quite a dangerous life.

Finally, we will end with some questions and calls to action for you.

Where does the school come from? This is the 15th year if we trace back the history of this work, and in the early days, I was involved in some academic work around building a mass movement for improvement in the national health service, and what we could learn from social movements thinking.

In the early days, 2002 and 2003, we ran a one-day school called a one-day school for organisational radicals, for people who worked inside health organisations to apply

social movements and thinking.

From 2003 onwards, we started to do more and more work around applying the social movement thinking, and we ran the occasional one day school for organisational radicals, but this was in the pre-digital days. We didn't have Facebook or Twitter, we didn't have WebEx. It was very face-to-face.

The little group that I was a part of, we had a big breakthrough in 2010 because we linked up with people who were community organisers, people that really knew the tools and techniques for making change happen. From 2010 onwards, the last six years, we have been getting better and better at applying these principles to really big priorities in health and care and getting great results.

By 2012, our school was still a face-to-face school, but it had become the School for Health and Care radicals because lots of people that we work with, citizen activists and patients, they said to us that if we have a one-day school, we feel excluded. So, we changed it for healthcare radicals.

In 2013, we set up the first NHS change day where we got people across the country to take an action that would make a difference to the experience outcome of care for our patients. Our current school came out of that.

I will show you in a moment why that happened.

So, we started the school for health care radicals in 2014. From the beginning, we had an amazing response, and here we are in 2016, and I will show you some of the impact now because we had a formal examination done. By March of this year, by next month, 10,000 people will have signed up to the school in various guises which is really amazing.

So, the last school in 2015, we had it formally evaluated by the chartered Institute for personnel and development. Their role is to evaluate learning intervention, so they did a pretty thorough evaluation of the school. I think the results were pretty amazing.

The research has shown that every dimension of impact they looked at, at both individual and organisational levels, the school in 2015 had a statistically significant positive effect. The research showed to us that it's really usual, because often, with a learning intervention, it is unusual to see one that has an effect on every aspect. These were factors like what people felt in terms of their knowledge about change; the extent to which people's sense of purpose and motivation to improve their practice group; the extent that people felt able to challenge the status quo; their ability to rock the boat and stay in it; and most importantly, connecting with others to build support for change, and not feeling on our own.

I really hope the school in 2016 will have a similar or better impact. We've changed

quite a lot of things since 2015, and people have helped us improve things for this year.

One thing we are working with is the idea of the fundamental law of conventional conferences. This is the idea that the sum of the expertise of the people in the audience is greater than the sum of expertise of the people on the stage. Many people will be listening in to the recording today, and when you think about the experience and change expertise that we have, it is absolutely the case that that expertise is greater, and we want to build it and connect it.

The final thing before we really get going on the content for today is that the school is actually built on a learning theory called connectivism. That says that people will learn more by connecting with each other, and particularly, we have such a diverse group of people, if we can get people connecting and learning together, it is one of the most effective ways of learning.

So, let's get going on the content.

So, I said to you that in 2013, the school grew out of a social movement called NHS Change Day. As part of that, we commissioned a learning review across the national health service in England. The key thing that came out of this learning review was just how many of our front-line colleagues felt unable to even make a small change in the area because they felt they hadn't got permission.

It was such a significant issue that we thought, "Right, we're going to set up a school where people don't need permission to make change happen. Let's make a school that builds people's confidence and skills to make change happen." Three years later, here we are.

This slide here is a personal slide of mine, and what we see here is a piece of installation art. This comes from the artist called Adam Katz. He took 30,000 of those little orange plastic soldiers and used them to spell out on a shop window, "All of my good ideas are battles."

I feel like that. I can't think of a single scenario that I have worked in where people have given us lots of money to do it. I do a nice Martin Luther King quote. This quote really brought it home to me, "Change does not roll in on the wheels of inevitability but comes through continuous struggle." Some of us are lucky that we have line managers or sponsors who really support change activities, and our lives become easier.

It is interesting to relate it back to this quote here which comes from Thomas Huxley, an evolutionary biologist, and he said, "New truths begin as heresies." Here, he was talking about Darwin and the theory of natural selection, but it is true in our context as well. Many of the ideas that we come up with as change agents are heresies. They are heretical to the current ways of doing things.

This comes from a guy called Gary Hamel, who according to the Financial Times of London, is the number-one management influencer in the world. What he said was that change always starts on the fringe or at the edge, and it always starts with the activists.

Many of us work in hierarchical systems which often feel quite controlled. It feels like the change starts at the top and gets pushed down, but actually, the reality is different. It starts at a different place, and here today, we are people that are operating on the fringe, and we are the activists, and we are the people that really make change happen.

Let's have more context. We have to pay homage to the late, great David Bowie. My favourite album is 'Heroes'. One quote from 'Heroes' by him is, "Tomorrow belongs to those who can hear it coming." We care about our patients, their families and citizens, and lots of changes are coming.

The people that will be out there at the forefront of those are the people who can hear it.

Ray Smith says, "If I put my ear down on the railroad track, I can hear the train coming, and we are not ready". In our world of health and care, the train is coming, and I don't think in change terms we are ready.

I want to just show you now a document which is the vision of the national health service in England, and those of you who are in other health systems or in other sectors, you will have your equivalent.

This is the document, the blueprint that is leading the way in terms of our health system in England and what our priorities are and where we need to take it. This was published in October 2014.

It is quite a short document in terms of how big these documents are. It's 29 pages. But this sets our blueprint as a system. If you start to word count it all word analyse it, what you can see is the word "Radical" gets mentioned 12 times, transformation 13 times, and the word "Change" 42 times.

We are in a world of no longer small-scale, incremental change but big, wide ranging, mega change.

Yet, many of us are living in a world where it feels like things aren't changing at all because, actually, if you look at many of our organisations in the health and care world or the sectors you are in, actually, the way we are going about managing performance, trying to make change happen actually hasn't changed very much in the last 10-15 years.

If it hasn't changed now it is going to have to change. I now want to show you five big themes we see in the bigger world. Whatever sector we are in, whatever industry we learn from, people are talking about the Futurists, the researchers, the people on the

leading edge of practice all talk about the same five things.

What is happening with change? The first thing is change is becoming increasingly disruptive. Moving away from small-scale, incremental change to very large scale, disruptive innovation.

We can see how that is impacting on the thoughts of ways we can go about change. We see from other sectors.

This quote comes from a leader in IBM. We rarely see two, three or four year change projects anymore. Now it's all about 30, 60, 90-day change projects.

It is coming in our world, these very big transmission programs for two or three years. They are too slow and not getting the results we need. Across the world, in multiple industries, we see people moving to these much shorter, much more focused change projects, and we see language coming in like "Agile" and talking about change spreads.

The other thing we see in our world is the demise of the pilot.

What we are seeing is that pilots are being replaced by rapid tests of change, by prototypes. The thing about pilots is they are often very slow, they will take 6-24 months, they will cost a lot of money and need a lot of resources and data and a lot of leadership and management, and often they are high risk.

Moving too much faster... tests of change, proof of concepts, prototypes, they are much quicker, much faster, they cost less and need much less resources.

We are absolutely seeing this change of focus.

The next big thing that we see is the revolution that is created by digital connectivity.

I was joking before about when we had the school for organisational radicals, and it was face to face, but any of us can connect with virtually anybody else in the world 24 hours a day, seven days a week at very little cost and effort, and it means the rate at which knowledge is exchanged, at which we can reach out and connect and share with other people is phenomenal.

This is one consequence that makes me smile in our world of health and care.

Very often, when we look at our colleagues, our staff, they are people who are managing complex health care situations everyday, who are saving lives, and yet we do not trust those people to use social media at work.

We have these draconian, harsh social media policies. But what we are forgetting is we are in a world where employees have got 10 times more connections in this digital world

than the social accounts of our organisations, the corporate ones.

In this world, we have to empower our staff to be the voice of the organisation. We cannot contain it or restrain it by these harsh social media policies. Our colleagues have the audience because they are out there all the time connecting, and they have the credibility with other people, so we need to give them that voice.

The third thing that is happening, definitely in healthcare but also in many other industries, is work is inevitably becoming more complex.

Many of our structures and the way we organise were designed for a world which was very steady and stable, and people do jobs which were neat and contained, and things are changing so quickly and still need to be developed so quickly that work is becoming more and more complex.

There is one very specific consequence of that, which is that hierarchical power is diminishing. It is not going away, but it is changing.

In the past, you could have a situation where, if you are the person with the authority at the top of the organisation, you could pull a lever with control and it would go down the system. But, actually, very often now, the person at the top of the hierarchy can pull the lever and nothing happens.

Even if you are a hierarchical leader, increasingly, you have to be able to work in social ways.

The final thing which is happening, which is very important to us as change activists, is that change is moving to the edge of organisations and systems.

Let's talk about this. I have got some quotes here which were from this report from 2016-18. There are lots and lots of links in these slides which you can click on to get the bigger report.

What it was talking about is what is happening in research and development. When you look at what is happening in manufacturing and traditional R&D is that this function is being shifted to the edge where people have 1 foot in the organisation and 1 foot outside.

It doesn't work any more. What is happening is that innovation and research and development in the middle of the organisation means it can change quickly. We have to be on the edge, partnering very quickly. Finding new ways of doing things. Bringing new ideas in.

One of the things we talk about a lot, and it is a very, very popular trend both in the health world and in the wider public sector, is this idea of innovation labs. They talk

about innovation centres here but it is the same thing. It is about being on the edge, 1 foot outside, 1 foot in so we are sparking new ideas, experimenting more quickly.

We talked about prototypes and rapid testing rather than pilots. Gaining momentum, forcing change, not just from a top-down way but from the outside in. Next time, this comes from a policy lab, which is part of the Cabinet office, the centre of government in Britain.

What used to happen in the old world was change would come from the centre.

The people who were inventing new policies would be right at the centre of the organisational system.

Because policy needs to change very, very quickly, what has happened is we have repositioned policy thinking, policy experimentation, policy testing out to the edge. 1 foot in, 1 foot out, and it is a very different model. In the past, the new ideas and principles would come from the middle and be pushed out.

Here, they are coming from the outside and they are being pulled in.

Actually, your action of joining the School for Health and Care Radicals, you are moving to the edge. You have all been joining this bigger community of people from whom you can learn and share and connect.

Going to the edge is important because it brings us into contact with a far wider range of relationships and connections, and what this does in turn is increase our potential for diversity. We will come back and see this time and time again. It is such an important concept.

When we talk about diversity, very often we mean it in the context of human resources. How can we have a workforce that represents the population and community we serve? That diversity is important but not the only kind.

We are talking about diversity in terms of different thinking, experiences and backgrounds.

The evidence for this is very clear.

If you get a diverse group of people like we have got here, our community for the School for Health and Care Radicals, a group of diverse people will tend to make far better decisions than small groups of expert decision-makers.

Diversity gives us more destructive thinking, change and better outcomes. One of the things I hope many of you will get from the School for Health and Care Radicals is some new diverse relationships that affect your thinking and your practice.

Just a little bit more input, and we will pause just to get a sense of what is going on and take some questions.

I think it is very helpful to think about the relationship between old power and new power. Those of us who work in the health and care sector very often are in a world dominated by old power.

Old power is like a currency, like money, held by a few people. Most people don't have very much.

It is driven by position and authority, and it gets pushed down the organisation. It is commanded. You have to do that because it is a quality target, you have to do that because it is a performance agreement. You have to do that because it is a guideline we have to stick to.

Old power tends to be closed. Because it is driven down by authority and position, it can only go so far. Those of us in integrated health and care, working with many partner organisations, old power can only go to the boundary of an organisation. When we are in partnership with many other organisations, we cannot mandate people in the same way.

Old power tends to be transactional. It's about mechanisms, procedures and processes. It's the nature of the contract. It's the way the care is commissioned.

Let's contrast that with new power, which is like a current, a surge of energy, and it is made by many people coming together with a shared purpose.

In an organisational system or network, my new power gets pulled in as more people are mobilised and join. It's shared by many people coming together. It is open.

Anybody who shares our goal, shares our value, shares our perspectives, can be part of this and can grow new power. New power tends to be relational.

When it comes to new power, people engage in change because they want to, not because they have to.

Very often, we talk about the spirit of the volunteer. I am doing this because I really want to do it because I believe in it. In relation terms, the most important aspect is trust.

I am choosing to do this because I trust things will happen. I trust you will do certain things.

When we engage on the basis of new power, and our trust is spoiled, it is very, very hard to make it happen again.

For us, as health and care radicals, I say we need to be able to operate in that very difficult, zigzagging place in the middle because we live in a place of old power. Some people are saying, forecasting the demise of old power, but it will not happen in any health or care system that I know in the near future.

We are seeing a layer of new power coming in on the top. We are not in senior leadership jobs, we do not have positional authority but we can still make amazing change happen because of new power. In a sense, the School for Health and Care Radicals is built on new power. It is a whole community of people coming together to be part of this because we want to. Not because we have to.

If we connect it with old power as well, we get the best of both worlds.

Many leaders who are very senior leaders and organisations are starting to recognise now that old power on its own is not enough. More and more, we have to use new power because we cannot drive things through hierarchies.

This is an article that was published in 2013 in the Harvard Business Review called the Network Secrets of Great Change Agents. This was written by two Canadian researchers. It is there in the study guide and is one of the references for this module.

What these two researchers did was to go round a very big organisational system and follow 68 change projects. They were trying to work out what it really took to be a great change agent. Who were the people who has the most power and authority for making change happen?

If we were face-to-face, I would ask you to guess. Actually, it was the English National Health Service. What was interesting was that what they found was that, when it came to being able to make change happen in the NHS, actually, the people who are most effective change agents were the people with the new power. Actually being a change agent is central as I am in the central network. It was far more important when it came to being an effective change agent in my position in the formal hierarchy and how much old power I have got.

If you want to create small scale change, and we will come back to this because there is always a place for small-scale incremental change, but you have to work through a cohesive network, a network of people like me.

In the network of emergency care nurses or practitioners, that is very effective for making small-scale change happen. If I want to make big changes happen, it comes back to diversity. Unless it comes to lots of people coming together with different experiences, I am not going to get the innovation or breakthroughs in thinking that will enable big change to happen.

If I want to create big change, I have got to bridge different networks and bring diverse

groups of people together. Some really great learning there.

The final thing I wanted to show you before we pause is this research that was carried out by Leandro Herrero. He found people who are highly connected, people who are very effective at working with new power, have twice as much power to influence change as people with hierarchical power, the old power.

We live in a world where we think we are just nurses and social workers. I'm just a student, I am just a clinical trainee. Actually, so much of this is in our heads and we have a huge amount of power.

Let's stop for a little reflection. What are some of the implications of old versus new power for the way that we work as change agents? Do you want to put some comments in the chat box around that? Let's get a bit of a conversation going, and at this point, I will call on Olly, our twitter monitor.

OLLY BENSON:
Hello.

Lots of things are happening on Twitter. It is really busy. There are lots of new names and Twitter handles from people, as well as some old friends reappearing. There is some real discussion and people picking up on the themes you have been talking about.

To give you a couple of ideas, we have had Hannah saying it was a great start to the school, change activists learning about different organisations. She can't believe it has been a year since HCR.

There has also been a request. Is anybody in Bucks? If you are in Bucks, get on Twitter and find Bill Russell who wants to find people to connect with.

HELEN BEVAN:
If you are in Bucks, please put something in the chat box.

OLLY BENSON:
Lots of people have been saying that change projects are obsolete without connectivity. Rebecca Tempest said that empowered staff are the voice of the organisation, and that Helen Bevan is championing effective change.

Adam says that hierarchical change can only go so far, but people still look for approval from above before buying into it.

These are some of the comments coming through. If you want to add your comment, the hashtag is #SHCR.

HELEN BEVAN:

What is happening in the chat box, Dom?

DOM CUSHNAN:

It has gone from 60 miles an hour going up the screen to 100 miles an hour. There is a lot of positive energy and hunger about changing the organisation, and a lot of people are connecting with people.

Joe Johnson said he is inspired already, and what an opportunity we have. Maxine Craig says that learning to change in the midst of adversity is key. We have also had questions about speeding up cultural change, which is a recurring theme in our work.

Lynn also talks about using collaborative Twitter handles to share ideas very easily.

One of the last comments I picked up on was that we need to be clear that this is a coproduction process, and this is not just staff and managers who use our services as part of health and social care.

HELEN BEVAN:

Lilian said, "I am NOT just a nurse". We need to get rid of the word "just." We are so with you on that, and that is what is so nice. Lots of people are linking up with other people, so we have some people from Bucks in the chat box, and there have been people looking for vanguards as well. Use the chat box to connect up.

There is actually 299 of us. We also have the Nottingham group together, so there are more than that of us. We have several hundred people taking part, and that is absolutely fantastic to see.

Let's get going again.

In this world we are moving into, people are talking about how disruption needs to be the new normal. It is no longer a world of small-scale incremental change, and I think that is interesting because I absolutely get it that it is about disruption, and again, it is worth looking at this quote from Gary Hamel. He says, "Tomorrow's management systems will need to value diversity, dissent and diversions as highly as conformance, consensus and cohesion."

It will also depends on how we define the word disruption, and I found this quote from Peter Vander Awera. He asks what the single biggest mistake to avoid is. He says it is a mistake to create disruption at work in a highly disruptive way. He says, "Focus on developing relationships, not disrupting and alienating people." I think that as well.

We wanted challenge the status quo, but to go around on our own creating havoc is not the way of doing it. We will focus on this in the next module, but we have to find people like ourselves. You can't be a rebel or article on your own. We can do highly disruptive

things and make change that is highly disruptive to the status quo in a positive way, but we do that by engaging, and mobilising, and working with other people.

So, I like this from Twitter. Describe yourself in three words. "I'm a rebel." We saw this behaviour with their pens and it made me smile when we told you to mark you on the map and we had pictures and great stuff happening.

When we talk about disruption being the new normal, what do we mean by that? A rebel is somebody, the principal champion of the change initiative, a course or a call to action. The thing about rebels is that they don't wait for permission to lead or to start things or innovate or strategise.

But rebels are not unguided missiles, creating havoc around the organisation. They are doing what they are doing because they are responsible people and are value driven, doing things that are right.

What we see time and time again is that these rebels and radicals can play a tremendously helpful role in organisations, not just people in organisations, but citizen activists and patient leaders and so on. They named things that people don't see yet, looking at things with a different set of eyes.

This is my favourite strapline about rebels. "Without rebels, the storyline never changes." Our health care storyline has got to change. I have a picture here of a T-shirt that says, "Raise rebels, not sheep." It made me think about another saying which goes back to the hierarchy. If you put fences around people, if we contain people in silos and structures, we will get sheep.

We have to give people the room and support that they need.

So, we want to be rebels, but what happens to people who are heretics or rebels or mavericks in organisations? Do they have a nice life?

What often happens is that they end up getting burnt at the stake. I would feel sometimes, how I feel sometimes, even if I stand in the middle of the room, no one acknowledges me. Sometimes, I feel like that elephant.

What we need to be, we need to be the boat rockers. We need to be the people on the edge that can walk that very fine line between being different and fitting in, being inside and outside, rocking the boat but staying inside it.

We want to be the people that can challenge the status quo and make things better for our patients and colleagues and service users, because we can see a better way.

If you look at the evidence base, what you see is that people who work in organisations that are effective boat rockers, what they learn to do is conform and rebel at the same

time.

When I think about the little team I work in, we are team called Horizon, and the change we are engaged in is very out there, leading edge, different kind of thinking. We know that we have to be the best conformists in the whole organisation in order to be rebellious teams. We have to get our performance report in on time, we have to turn up to meetings and turn up on time. We must never speak badly about other people in the organisation.

We have got to be the very best corporate citizens in order to have the space to rebel.

The boat rockers work with other people to create success. We mentioned about being disruptive, we are talking about people who can work with other people to make things happen, not structured troublemakers. We will come back to that in a moment, but I want to talk about the risks of being a boat rocker.

Just looking at the literature and evidence base here, what it tells us is that there are three things that very often happen to people who are rebels who are challenging the status quo.

The first thing is that we feel different to others because we see the world in a different way, and whereas other people will accept being conformist and going along with things, we can't do that.

Because we feel different, it's a kind of tough feeling, but we feel we have to conform because there is no other choice. Even though things are really bad, we have to put up with it.

What we end up doing is surrendering a part of who we are.

We silence the commitment we have to things we believe in because we feel we have to survive.

There is some very, very interesting research called 'The Moral Virtue of Authenticity: How Authenticity Produces Feelings of Immorality and Impurity.' This research is basically saying that when we are in a situation where we feel we have to be silent all we have to do is conform, the level of psychological stress that causes people is immense.

"Staying true to yourself matters even if it is difficult because we notice that there is a cost involved in straying too far from your personal values."

"It seems to be true that to act in accordance with one's own self, emotions and values is a fundamental aspect of well-being".

It is very hard to keep our own state of well-being if we are being forced to compromise our values and commitments.

Gandhi understood this, saying many ignorant people want to punish you for speaking the truth. Never apologise for being correct or for being years ahead of your time. If you are right and you know it, speak your mind. Even if you are a minority of one, the truth is still the truth.

The consequences can be that many of us get to a stage where we feel we have no choice but to leave.

Again, I just took another quote from that article about the psychological distress. What this was saying is that it is important to note that a threat to someone's moral self-concept, i.e. the extent to which my values and things that matter to me are being compromised by the situation I find myself in, it is a negative state of mind but it is difficult from other negative states of mind, such as feeling confused, disrespected or overwhelmed. It's more profound.

Leaders can give us positive feedback and flexible hours, but if they want to keep their employees engaged as long as possible, they have to understand that people have a need for a positive moral self-concept, and what we mean is that if people don't feel they can live their values every day and connect with the things they are committed to, it is very, very hard for people to stay engaged with their work. It is why people leave.

We have to leave because we cannot find a way to be true to our values and commitments and still survive.

What we end up doing is stridently challenging the status quo in a manner which is increasingly disruptive. Guess what? It confirms what we already know, that we don't belong.

What do we do about it? It is very helpful to think about the difference between being a rebel and a troublemaker.

There is always a problem with these labels. I have tried to change them and put different ones on, but whatever labels I use, it is still problematic.

Look beyond the labels and think about the idea beneath it.

Rebels are people who create change, who are passionate about the patient focus or the person focused mission of the organisation. They are optimistic about change.

They generate energy and attract other people see them. They see potential and possibilities and hope, and they are able to work together with other people to make a difference.

That is a different kind of person to a troublemaker.

Troublemakers are typically people who complain and whinge a lot, but the focus of the complaint is 'me', the injustice of my situation, how badly I am being treated. Very often, troublemakers are people who have been around for a while, who have tried to make things happen, and they do not have a voice, and they feel marginalised and alienated.

Often, I am angry, I am pessimistic about the possibility of changing things. I alienate other people. Whenever the rebel comes along and suggests a new way of doing things, I see 1000 problems. I often end up being left alone.

Just having a look at those headings, it is worth reflecting, what are your insights on rebels and troublemakers? Which are you? What moves someone from being a rebel to a troublemaker down the slippery slope? How do we protect against this happening?

Those of you who have a School for Health and Care Radicals group, I would recommend you spend some time thinking about that question and about yourselves.

Looking at this category here that is called "Rebel", when you look at all of these terms and words that describe a rebel, there is one which is the most important word for keeping somebody in the rebel camp and not going down the slippery slope to being a troublemaker. Does anybody want to say which term or word is most important? Have a guess.

Lots of different ones but most of you are getting the right answer.

And, actually, the right answer is 'Together.'

However creative or passion or optimistic we are, if we can't connect with others to make a difference, we can't stay in the rebel camp. It's impossible. We have to work with and connect with other people.

Talking about rebels, let's hear from Wendy. I was going to get Pip to come on the line first. She identified Wendy and asked her to come and tell her story. Are you here?

PIP HARDY:

I am. There were loads of people who have done amazing things so it was quite difficult to choose who to invite to tell us about their activities, but Wendy really struck me.

She talked very honestly about how she had to step outside her comfort zone to be the change she wanted to see, and she recognised she had to be the first person to change if she wanted to encourage other people to change.

It resonated with me because she talked about being a shy person and having to step

out of her comfort zone, so I thought it would be lovely to hear from Wendy. Over to you, Wendy.

HELEN BEVAN:
Hello, Wendy.

SPEAKER:
Thank you. Do you want me to just go ahead?

HELEN BEVAN:
Yes, go for it.

SPEAKER:
Thank you for the lovely introduction. It's funny that you say I consider myself a shy person because I have thought of myself as being confident most of my life, but only over the last two years I have recognised there is lot more introvert in me than I might have liked to think, and I needed to work really hard to overcome that.

The School for Health and Care Radicals has certainly helped with that. I have worked in health for over 30 years, unlike many people online today, I have a full file of PD records of courses I have done over the years, but the School for Health and Care Radicals has stuck with me like no other course I have done before.

Doing it with some of my colleagues last year and applying and reflecting on the content, I have done regularly over the last year, just drawing on the concepts and talking to my colleagues about it and in conversation we will often say, "Remember in the school of radicals!" And we will talk about how we can apply some of that thinking.

As a consequence of doing the school, my work is a whole lot more fulfilling. The two things I would like to share that have come out through my experience, firstly, stepping outside my comfort zone, as Pip alluded to.

At the time I started the radicals last year, the change day Australia was starting to get up and running, and I had seen it promoted within our broader Western Australia health service the year before, but it had never been promoted within the WA country health service, where I work, and I thought it could make a big difference.

Starting to do the radicals, I thought if I want to get this promoted across the organisation, I have to make some first steps towards doing that, so doing the course, it was really useful to get some ideas about how to reach people through different ways of communicating, and that experience led to an invitation by the change day CEO for me to create a blog as part of that website, which was all good experience.

The second thing that has been through building connections, and I've done a lot more towards strengthening my weak ties of working outside my networks, which I would

naturally work with.

That has brought positive benefits for the area I work in within patient safety and quality because that is not just the responsibility of safety and quality staff, but it is everybody's business.

Also, for me, in terms of self efficacy as a change agent, it was resonating to me listening to Helen talking about needing to look after yourself as a change agent, and if you are not finding the support that you need within your own organisation within the hierarchical structures, you need to reach out and connect with others.

One way to do that is through social media and Twitter, and I have found the Twitter community to be incredibly supportive.

Overall, the School for Health and Care Radicals has been quite a pivotal point in my career and reinvigorated my interest in the work I am doing.

This year, with our radicals, we have promoted it more widely throughout the organisation and have had a huge response, and I will set up another learning group, and that will need to be connected by videoconference because we cover an area of around 2.5 million km² in Western Australia.

It is about bringing more of me into my work, my creative side and having more fun at work.

HELEN BEVAN:

Yes, fantastic. You are such a great person, Wendy, to tell your story at the beginning of this. All of us can make more of a difference. And I really hope other people will be inspired by your story. And use it to develop themselves. What you are saying is a really beautiful transition into the next part of the programme.

We are not going to have a lot of time this week to get very far in this, with the idea of change starting with me, but what you just showed us is a really beautiful example of the sense that change starts with me.

Very often, we are working in environments and we can see that lots of things need to change. For instance, if we were working on a project about a dementia friendly hospital, we would look at so many of the different aspects and say, "The clinical colleagues aren't admitting patients, not doing a proper assessment and identifying people who are living with dementia".

When people get moved into an inpatient setting, we are not making sure people go on the pathway, that pharmacists need to change because they need to be managing medication a different way.

As a change leader, it is easy to look at everyone else and say, "You need to change", but the only thing we can really change ourselves. And this idea of the health and care | change dance with me is very important. Wendy was a great example of that.

Aldous Huxley, who we talked about before, Thomas Huxley, and this is 100 years later, the writer, who says "There is only one corner of the universe you can be certain of improving, and that is your own self". I took this quote from Otto Scharmer, and he said, "The success of our actions as changemakers does not depend on what we can do or how we do it but on the inner place from which we operate."

That is so true. Next week, we will go on to thinking about what that means and how we manage ourselves and build our own capability. Because actually the greatest power we have as change agents is to change ourselves.

HELEN BEVAN:

When I was thinking about quality improvement, Donabedian has inspired me, probably more than anyone else. Even now, 50, 60, 70 years since he was writing, we still uses basic framework in health care quality and improvement. He said, "the secret of quality is love. If you have love, you can work backwards to monitor and improve the system."

In a sense, we have to have love as a starting point, and everything can come after that. One tactic for radicals is how we can out love everyone else, but more on that next week.

We are coming to the end of the session now and I wanted to get Pip to introduce our second storyteller. Pip, would you like to introduce John?

PIP HARDY:

We couldn't have the session without hearing from John Bryant, who has been one of the most loyal followers of the school since we started. I would spend very much time introducing him, but I would like to say that his enthusiasm and positive energy have been really inspiring to me and to a lot of other people as well. John, we are really looking forward to hearing from you.

JON BRYANT:

Hello, everyone.

Well, let me take you into a bit of my story.

HELEN BEVAN:

I will move your slides for you.

JON BRYANT:

There is only one or two in a little while.

I suppose I am a little different from a lot of the people who are here, in as much as I went... While I was in school, I realised it was easy for everyone else but I was struggling. It turned out that I was dyslexic, but the word for it then was lazy, as I am 61 now.

I left school with one A-level in art and a chip on my shoulder, because I just didn't seem to quite fit in. I found my niche a little bit later in life as a photographer. I also ran a video production company for 35 years, which was great.

That work took me into a new area where I started to realise that, one, I had a learning disability, and, two, I could use it. So, I had a career change. I was asked to convert a 40-page living tenancy into something that would be understood by everyone. I was also asked to produce a suicide prevention tool for people with learning difficulties.

I spent a few years doing this, and was getting a lot of great feedback from the academic world, but I couldn't get any traction. The NHS, if you are on the outside, feels enormous and quite impenetrable. I didn't know how I could change to make this different, how I could get on the inside.

Actually, I met Helen in 2014 at a New Healthcare Voices event. That was the first of any thing I went to, and I told her what kind of work I did and that I would like to be able to share it because I felt like an outsider. The groups told me to talk to the people that were here, and that brings me up. You might as well put my next slide up.

I hated school, I absolutely hated school. When I heard about the School for Radicals, it bought up all of those reservations that I had had, the fear of taking on something new, I would make a fool of myself because I don't learn from books, I learn from doing, whereas my thoughts and feelings would be that everyone in the world of health and care had a much more academic background.

So, it was with some trepidation that I got involved, and I think it was about... I think it was Jodi who got me started. She introduced me to people and I found that being an outsider has some value, as people were interested in what I was talking about.

The support I got from the school... What I got out of it which surprised me was validation for the way I had been thinking, and in fact, I began to realise that a lot of the techniques we will learn who the next five weeks, I was doing I didn't have a name for it. I didn't have a structure for it.

I can't tell you the amount of confidence that gives you. As a result of my contact with the college last year, I ended up presenting my suicide prevention tools to Kings College, too many clinicians, and I stood up and told them that suicide prevention tools are about communication, rather than a medical thing. I had never had the confidence to make that argument.

I had been a carer for people with some very serious difficulties, and I began dealing with local government, working with the trust, the complex mental health care, capita, social care direct. We have now made a conditional of our complaint being sorted out that change comes about, and rather than getting on and complaining and getting everybody's back up, I used techniques I had learned here to engage with people in a more empathetic way, and we have got a lot further as a result of that.

The other thing I thought was interesting was that, having to deal with these entities about difficult subjects, because this person had essentially tried to take their life and waited 14 months for any kind of treatment... As I was meeting and discussing with these groups, there was one person who stood out above everyone else because they were helpful, they understood the difficulty that I was experiencing, and it turns out they were the one person who was a previous student of the school for radicals.

There is so much to be learned and gained by this network of diverse thinkers, and the more the college keeps going on, the more we will bump into each other and progress.

That is the end of my story, but if somebody told me I would be part of the school two years ago, I would have asked you how much you had to drink.

But let me finally introduce my last friends here. It was a bit of a thing last year, we all have our support workers and city guides. This is Qwerty, my cat. If you have helpers like this, do share the pictures. And this is Buffy.

Over the next few modules, if you think you know someone who might be interested in this but maybe like me, that they wouldn't make the connection, get them to come in and sit in for 5 minutes. Just watching the chat panel, the energy is fantastic, and that is my last point really. What I find here is that it raises my spirits, and that gives me the confidence, because we are surrounded by people who have the same thing in their heart.

HELEN BEVAN:

That is so fantastic, John. I find myself smiling as I listen to you. You have an affect on the energy of semi-people, and if you can see the comments coming through about you in the chat box, I hope you will read them afterwards because there were some fantastic comments there.

I think you are a really good example of the point I was making earlier about disruption, because actually, the things you do are disruptive to the status quo, but the way that you go about things is relational and connecting with other people. I think that is a wonderful thing.

Thank you, Jon and Wendy both. You make the school come alive. I will just call on Pip to take through the calls to action for this week.

PIP HARDY:

We decided this year to limit the calls for action to three, so be chosen quite carefully. We would like you to talk to your colleagues about your own tactics and there is for rocking the boat whilst staying in it, and hopefully some of those people will be fellow radicals.

We would love you to take part in a randomised coffee trial...

HELEN BEVAN:

I will talk about those in a minute.

PIP HARDY:

OK, and the last thing is to tweet three words that will be guiding your actions and your thoughts over the coming year, so they can be words that inspire you, action words, meaning words, and you will find more inspiration and a little bit of background of this on the URL that is posted there. We would be really interested to hear what your three words for the year will be.

[Remi.Coordinator is Live]

HELEN BEVAN:

Could you put that URL into the chat box as well, please?

SPEAKER:

It is in the study guide. There is a a word document in there as well including all of the words which have been used, so that might inspire you as well.

HELEN BEVAN:

Brilliant. Let me tell you about the RCT. It was one of the most popular things we trialled last year. A randomised coffee trial means we ask you to get in touch with us, and I will show you how in a moment, and say you want to take part. We will randomly allocate you, connect you with someone else taking part in the school.

We want you to have a cup of coffee with that person over the next period. We will be producing our regular email update, and if you want to take part, and we recommend this, send us an email, and we will randomly match you. In the next four weeks, we want you to arrange to have a conversation with that person either over Skype or some other system with a cup of coffee.

Last year, some of the connections made in this way were absolutely amazing.

There are so many people who are so different and yet we can learn so much from each other. So, really, really recommend you to do that.

We really are coming to the end now. Pip is going to take us through the questions for

reflection.

SPEAKER:

Thank you. Just to leave you with a few things to think about before we meet again next week. We would love you to reflect on how you can build self efficacy, how you can convince yourself you really are able to deliver change.

How can you move beyond skills and knowledge of change to live and be the change you want to see in the world?

It has been great to see the comments in the chat box which suggest many of you are doing that already. Next time, what or who do you need to support your work as a change agent? So, really give some thought as to who could support you and what you might need. Thank you.

HELEN BEVAN:

Thank you. Can you tell us about what is going to happen with the certification?

PIP HARDY:

For those who like certification it is like having your learning your work acknowledged, you can become a certificated change agent and receive one of these lovely virtual badges. In order to become certificated, fill out a form which will be available via "News from Joe". You will be sent a link.

We are interested in finding out the issue, the problems or challenged you faced and why that resonated with you, why that became a passion for you to change.

We would like to know what you did about it and how you did it, and, importantly, how you applied your learning from the School for Health and Care Radicals.

We would like to know what tools, techniques and frameworks you found helpful in your work.

If you could write all of those things down in a lovely, succinct way for us to read, we would be delighted to send you a badge and invite you to participate in a virtual graduation ceremony with other certificated participants.

HELEN BEVAN:

There will be loads of reminders about this, and information will be coming out in "News for Joe". We are running over, and I feel really bad, and we are trying to rush through the last bit.

For those of you already... Signing up to the school means we have signed you up for the Edge, which is our virtual knowledge sharing platform for health and care radicals, and there will be one more issue coming out before the end of March. But that will be

happening.

For those of you who have loved today so much that you can't wait another week before the next module, there is another opportunity tomorrow morning. Our team, every month, we have what is called an Edge talk. A leading practitioner or thinker comes to give a talk.

Tomorrow morning, we have a fantastic talk. It is English time, 9:30-11 AM. Mark Britnell has looked at health services all over the world and he has looked at what makes the perfect health system, and he is a great speaker.

It is free. It is one click. If you can, come and watch Mark tomorrow, or you can watch the recording.

At this point, we hand back over, finally, to our chair.

What we will do... We have run out of time so we will not do the Twitter and the chat. Maybe we'll find another way of doing that.

So, Kate.

KATE POUND:

Thank you, Helen. Thank you very much, everybody, for joining us today and sorry we have run over. I wanted to bring some reflections from today's sessions.

Today has taken me back to my first day I joined school. I remember that the motion of suddenly connecting with others and realising that, together, we can make a difference, and that is the big message that has come out of today.

By working together, we can all be leaders of change, move to the edge and take the next step.

We have to remember how approaches to change are adapting, and it is becoming a much more connected approach to change. We have to be big and brave and take on new approaches.

In the next week, go away, take part in the activities we have got, think about your change challenge you will take part in, and we look forward to seeing you next week at school. Thank you, Helen and everybody for joining us today.

HELEN BEVAN:

Great. I will see some of you tomorrow morning, and hopefully we will see you next week. Bye, everybody.

