

KATE POUND:

Welcome, everyone. This is our last session of the School. We are sad about that, but we have had a great five weeks. So just a reminder to everyone, you can join in today via the chatbox, or via Twitter, and just don't forget to use the hash tag, #SHCR.

You can also take part and join in the discussions via Facebook. Send a request and join the conversations.

After the session, we will be producing a Stellar Story for you all.

Today's session will include Helen Bevan, and Pip will be the learning lead. Olly, today, will be feeding back from the chat and from Twitter, as well as being DJ Olly, and we have three storytellers, Alison, Jim and Neil.

So, first, we have some icebreakers, so I love these images that we have got here. Today, we are looking at Moving Beyond The Edge, and what it means to you. If Jo and Paul are ready, they can enable the pens, and if you can move and put which image you relate to the most, where is your edge?

Have we got the pens ready, can we release the pens? Brilliant. We have a few minding the gap. There are some beautiful images. I love the fact that moving to the edge can create so many great images for everyone. Fantastic.

I like sailing, so I like the picture of a sailing boat, that is one of my favourites. Fantastic. Lots of different thoughts today of moving beyond the edge, which image do you relate to?

Fantastic. Pip, you are the one in the middle there. We have quite a few liking the one on the right-hand side. It is great to see all the different groups joining today as well, when we do the icebreaker, so thank you.

OK, so if we stop there, we will move on to the next picture. If you stop using your arrows, and move onto the next picture.

We asked this question at the beginning of the School. How do you feel you are approaching the edge? How are you feeling today? Are you feeling ready to be radical? Are you still feeling a bit sceptical, where are you now after all of these five weeks? Where would you put yourself today?

Oh, fantastic. Everybody is heading down, in fact, to the bottom corner, and you can barely read what it says. It is great because through the last five weeks I have really felt a sense of our community

growing and connecting. And I think it is so brilliant to see familiar names turning up again.

OK, I think we are all just about there. Jo, can we take the pens off? I think Helen still needs her pen. And I will move onto the next slide. Jo, are we taking the pens off? Thank you.

JO:

All done.

KATE POUND:

Just to remind you, we have study guides available, on SlideShare. Make use of them. I have used them and they are fantastic. It is something you can go back and reflect on and feel it when you have more time, and it really helps to crystallise a learning from the past few weeks.

So, at this point I will hand over to Helen, just passing the ball over to Helen.

HELEN BEVAN:

Good afternoon, good morning, good evening, wherever you are in the world. My name is Helen Bevan, and I am going to be taking us through the final module for the School for Health and Care Radicals 2016.

We will start with a bit of a review of what we have learned so far, and we are going to do this using the framework from Peter Fuda. We will use that to pull together a lot of the themes from the previous four weeks.

We will talk a little bit about leading from the edge. In module one, we said Health and Care Radicals, we need to be operating on the edge with one foot inside our organisations, or systems, or communities, and one foot outside. And what we are then going to particularly focus on are some of the emerging directions for change, and also the people that are change agents, change activists, coaches and leaders. And what the opportunities are about that.

And then, finally, we are going to look at some reflections and key messages about the School, what next for the School, and we will end up, again, with Pip, our learning lead, with questions and a call to action.

So, we make absolutely no apology that we choose to spend quite a significant part of this module going over the themes that we have covered in the last four weeks. And why are we doing this? Because actually, there is really good evidence to say that if we reinforce the learning after a short space of time, like one, two, three, or four weeks, it will help retain the learning.

The idea of doing this is that you end up in a better place, in terms of the learning, and at the end of week five, because we have reinforced the first four weeks.

This model here comes from Peter Fuda, and it is based on his research into the characteristics of transformational change agents. So what makes a transformational change agent different to other kinds of change agents? And what he talks about in his paper is thinking about, you know, capability and capacity for change at three different levels.

He talks about it at the level of doing, which is, in capability terms, having skills and methods for creating change.

He talks about it on the level of seeing, which is the ability to stand back and look at the world from different lenses, and different perspectives, and get different insights.

So just thinking about this, let's have some action in the chatbox. Those of us that are change agents in health and care, where does most effort and energy get focused around being a change agent in health and care? Would you like to put it in the chatbox, which of those three levels, doing, seeing and being? Yes, right. Most get focused on doing. I would absolutely agree with that.

So, it is where most change effort in health and care put the effort and emphasis, and quite right. Because in a sense, as a change agent of success, it is about our ability to do and to make things happen, and ensure implementation.

And doing is also what other people typically judge us on. If I lead a change initiative, then something like access to wheelchairs, what I will get judged on by the people that commission me or ask me to do the work is the extent to which the objectives develop.

It is what we often see, the level where we need to do the most to add value to our system. So most courses and development programs in improvement and change actually focus on the doing side.

We talked before about the difference between shared purpose and de facto purpose. And often what happens is, rather than looking at the big shared purpose, we end up focusing on a very small part of this.

So doing is very, very important. But it isn't enough. And again, if we look at Peter Fuda's framework, what it tells us is that we need to focus equally on seeing and being.

So we can only do effective doing if we build on really good, strong foundations of seeing and being. And if we underpin our doing with seeing and being, it gives us the potential to get better outcomes for

our patients and our service users and our colleagues to get more engagement in change. But equally importantly, more self fulfilment and more connection with who we are in the world, and our bigger purpose as agents of change.

So let's start off, let's start at the bottom, and let's talk about being, OK? And again, we talked about this in terms of the personal characteristics and qualities that we need as change agents.

I will use some slides from the past 3-4 weeks to make this point.

We talked in module one about change beginning with me. A fantastic quote from Otto Scharmer, and he says, "The success of our actions as changemakers does not depend on what we do or how we do it, but on the place from which we operate."

So, in a sense, it is about who we are and how we operate in the world. And just thinking about this, here is some very interesting data that comes from a paper that Towers Watson did recently. And what they said was, when it comes to people taking on information about what we are doing, and what we want them to do, our leadership behaviour results for about 65% of that information that people take in.

Going back to Otto Scharmer, what we are saying is what we are inside, and the way it manifests through our actions, words and deeds is hugely influential on other people. And in a sense, what we can't be is telling people to make change, and not changing ourselves. We need to be thinking deeply about the way that we interact with people.

And what this means is having to step outside of our comfort zone. Look at this quote here from Robert White. He says, "All the concepts about 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."

Again, that is going very deeply into ourselves and who we are in the world, and moving out of our existing mindset, and methods, and approaches. And when we do that, other people see us doing that, and it can be incredibly influential.

The other component we talked about in terms of being a transformational change agent, and an effective Health and Care Radical is here with the difference between a rebel and a troublemaker.

Potentially, it is understanding that there is a difference, and choosing to be a rebel, or seeking to be a rebel, rather than a troublemaker.

The next aspect that we looked at is about seeing as a Health and Care Radical. And, again, here is a nice way of thinking about this. When we talk about seeing, we talk about not actually being able to see, but looking, monitoring. It also means listening, perceiving, and especially this idea of intuitive feeling. As change agents, we need to be able to go with our intuition an awful lot of the time.

So when we see as a Health and Care Radical, what does that mean? It means seeing the bigger picture. So instead of getting really enmeshed in a stressful situation, it is about actually being able to stand back and seeing the bigger picture. It is about being able to see lots of different perspectives, and maybe look at the problem we are facing from multiple perspectives, OK?

It is about reframing situations. And a good example of that was in module three when we talked about "Go for no". Rather than seeing "no" or rejection as a negative thing, let's actually see it as a positive strategy.

Being able to see the positive intentions of other people, and again, in module three, we talked about impact and intent. But also, let's understand that other people's behaviour might be impacting on us in a really negative way, but is their intention different from that? The only way that we can find out through dialogue and listening.

Let's see that when people are resistant to change, rather than it being the fact that they are resisters, blockers, or have a psychological issue that makes them negative, it might be the possibility that the change processes that we are forcing on people might not be that good.

Let's see the potential for helpful futures for creative opportunities, for future potential. Let's see the opportunities.

Finally, let's see myself in the context of my higher purpose. Why do I undertake the change processes that I do? Stay really connected with that higher purpose.

I like this quote very much from Alex Osborn. We have to unleash the power. We are so fear driven, so it is part of the reason we go for no. We are frightened of people saying no.

By going for no, we need to create a judgement-free environment and unleash that torrent of creativity that we know is there.

Let's now get back to the top of the pyramid, and let's talk about doing change. When we are doing change effectively as Health and Care Radicals, what are we talking about? We are talking about how can we, as change leaders, create the conditions and relationships where everyone can contribute and do their best.

We have said multiple times throughout the School that so much of this is about building trusting relationships because when people trust they are much more willing to take part, to contribute and innovate.

We also said that doing is about joining forces with other people to create action because the number one rule of being a Health and Care Radical is that you cannot be a Health and Care Radical on your own.

It is about achieving small wins, incremental changes that create a sense of possibility, hope, self-efficacy, we talked about.

And what we need to be able to do is to appeal both to the head, to the logic and the planning and data, and we talked last week about intellectual energy, you know. There is a lot of that about, and we need to frame things to appeal to that.

But also to the heart, to shared values, framing and relationships.

Doing is about the efforts that we make to make change and improvement and innovation and design processes, make them routine, something we do every day, rather than something exceptional that we do every now and again.

Doing is also about using models and theories and frameworks effectively.

During the course of the last four weeks, we have looked at a lot of different models and approaches, and as we said, all models are wrong, some of them are useful. I hope that some of these will be useful to you.

But, you know, one of the things we talked about as well in terms of doing and using models and frameworks is to just understand that while we are trying to make change happen, change per se is not the goal. The goal is the goal.

If we are using these tools and models and approaches to change, let's understand they are not the be all and end all. Let's be clear about the goals we are seeking and framed that in ways that connect with our patients and our colleagues and our service users.

So, I am going to pause there and just prepare for our first storyteller.

I am really happy to welcome back Alison Cameron, who is a really big influencer and role model for

me. Pip, first of all, are you there?

PIP HARDY:

I am here.

HELEN BEVAN:

Please tell us why we have invited Alison to join us today.

PIP HARDY:

I met Alison at the King's Fund. And since I met her, I have been so impressed by her determination and her ability to overcome her past. The reason she is here today is because she exemplifies the fact that you do not have to be a health professional in order to be a radical or in order to bring about change.

I have watched her stand up and speak to loads of people, and I know her experience as a patient and patient leader are really having a huge impact at all levels of health care.

Alison, thank you for joining us. You should be unmuted and be the presenter to move your slides on.

HELEN BEVAN:

I have given you the presenter rights. You should be good now.

ALISON CAMERON:

Hello, can you hear me? Amazing! The powers of technology.

HELEN BEVAN:

You have control of the screen.

ALISON CAMERON:

Great. In theory... I will just wing it because I can't see how to do that.

HELEN BEVAN:

Are you there, Paul?

JO:

I can move the slides on for Alison.

ALISON CAMERON:

Even the first one. I can pretend to be Peter Fuda. Are we nearly there? Hello?

Great. Can we have the opening slide, please? That will do, actually. I will just use that and just talk.

Yes, labels. I was wondering what to call myself. I have a problem with that.

Before I became ill, I would have told you my job title automatically because that is who we are, isn't it?

That changed when I got my other labels, my diagnostic labels. I was diagnosed with post-traumatic stress disorder in 1998, and so really it shut up who I thought I was.

I found this name badge from last year, and one of my colleagues had got to the table before I did, and she defaced it. I will name and shame her, Nicola Kingston. I am not actually a patient representative, so she crossed it out, and she wrote "Revolutionary".

Abbie Hoffman said that revolution is a perpetual process embedded in the human spirit. I have always been wired to be the one that says out loud, "Has anyone noticed the state of undress of the Emperor?" I have always questioned how we always do things around here, that way of thinking.

Those limitations Helen mentioned earlier, that revolutionary in me got kind of almost extinguished by the experience of being a patient, really, the passivity that went with that.

I can see that that can happen to staff as well. Hoffman also said that the key to organising an alternative society is to organise people around what they can do. The problem with being a patient or being a disempowered professional, perhaps, at the front line is the system more often than not is organised around what we can do, what we are allowed to do, what we are given permission to do.

As a patient, I really needed to challenge the idea within myself, which I started to believe, that I needed to be saved, rescued and put together again like a kind of bundle of leaves.

I became detached from my inner revolutionary, and that was a complete change in my basic personality. When I do my learning styles, when I am working with groups, I come out very firmly activist. But I lost connection with that.

And I see it happening to professionals as well. The most common way people give up their powers by thinking that they do not have any.

I have worked with a lot of front-line professionals, and we learn a lot together on the NHS Leadership Academy program, that was real learning for me. The kind of disempowerment that I have experienced

as a patient was very, very reminiscent of what I was hearing from a lot of staff.

It wasn't a them and us thing. We were all feeling it but we rarely had the opportunity to get together and share that we found it difficult, all of us.

I am in a position now where I am sort of an outsider on the inside, and that can have its disadvantages in that I want to really belong and be an equal, part of the tribe, particularly after 17 years as a patient. I want to be part of a team again, and I am.

But I don't want to lose the power that I have to speak out, to say what I think, what I feel, which often gives me more power than a lot of the professionals, who are more having to look up the whole time, whereas I have the luxury of being able to look out as a patient.

It is quite a difficult path to tread, and I have found doing the School particularly helpful in providing me with ways of dealing with that. We definitely need to be wary of creating a whole group of healthcare professionals who all talk the language of being radicals and change agents but are talking amongst themselves.

We mustn't create another style with a badge marked "Radical" on it, whether people who are in the silo are from the same professional group.

We definitely have to ensure there is a whole range of voices.

There is a trend at the moment for big conferences, for example, NHS conferences, to be organised by groups of professionals deciding what we are going to have, who will speak, and at some point, usually after a lot of pressure on Twitter, patients get parachuted in at a later stage. This is really missing out on a huge range of insight. It is becoming quite challenging, and a lot of that is to do with fear.

I love the idea of demolishing silos. Doing the School has taught me that it is more effective to bung seeds at the silos rather than Semtex because some seeds are strong enough to grow even through concrete.

It has been a real challenge for me to come out from underground because to come out from the patient box buried underground, and now a year on from doing the School, I am working for the first time in 17 years, and it is quite scary.

I was in the silo myself.

The quote I like about myself is (inaudible) it must come completely undone. The shell cracks, the inside, but everything changes. For someone who doesn't understand growth, it would look like complete destruction. In a very chaotic system and landscape, no wonder it creates a lot more fear. I can see why the hatches come down and defensiveness happens.

The key to it has to be creative spaces like this. It doesn't matter if you have a job title or not. You are a change agent if you are motivated to bring about change. To get together and have these opportunities, like the Transformathon that we had, that was another example where it became less important what one's title was, but what we had to say was the most important thing.

It has been great. I have been toned down from militant to radical but that is just on a good day. I hope what I said has been of use. I decided against using my slides.

HELEN BEVAN:

You didn't need slides. That was fantastic. I have heard your story so many times, but I never tire of it. I could hear it 100 more times, and I would never tire of it.

I love the things that you say about power, and I think you are a really wonderful example of a radical.

And yeah, you know, again, the seeds not Semtex analogy, I think we can go a long, long way with seeds. Thank you so much.

ALISON CAMERON:

Thank you very much. Thank you.

HELEN BEVAN:

Next time, I will ban you from having slides. Just hearing the narrative and your story is wonderful.

ALISON CAMERON:

It was all done on purpose, I know. Well done, thank you.

HELEN BEVAN:

What I will do is pick out one of your slides. Because I have got them now, and I will pick up this one. Are you an activist? I will leave that on the screen while we ask Olly. Olly, what are we seeing so far in Twitter and the chatbox?

OLLY BENSON:

So as always, as every week, there is lots of really exciting chatter going on. People are reflecting on what they are hearing, referencing things from their own experiences and stuff.

Abdelhamid Husein started the conversation when he was looking at Peter Fuda's framework, saying that behaviour sums up all our seeing and being. John Bryant followed that up by saying that focus is what is important.

Lesley Morgan says that we can also change our behaviour to change our attitude.

And Francis McGraw said, "I got into lots of trouble by taking on lots of work, and asking to say no without offending people."

"Having a strong sense of purpose helps to take the personal sting out of rejection, and also having a fab flock."

On Twitter, people have been picking out quotes that are positive, about the topics we are talking about. Jonathan retweeted an Eric Hansen quote, "what if you can fly."

Jo said, we all have a match to light up a room, and another person said to act as a change agent.

Andrea Bijan said, "I was at the King's Fund care conference on Tuesday, I recommend viewing the slides." She put the link on the chat. We can put that in Jo's news.

Becky Hain said, "I want this nametag," with the reference to Alison's nametag. That is what is happening on Twitter and chat.

HELEN BEVAN:

Olly, thank you so much. I love it.

What is really great about so many of those comments that you are feeding back to us, you get a real sense of us as a community, like linking in with our higher purpose, because so many of those quotes are about really deep change, and that is wonderful to hear.

The other thing I should say is, Alison, how many lovely comments there are about your talk in the chatbox as well, and it really touched and connected with lots of people. So, really, really well done.

ALISON CAMERON:

Thank you, comrades.

HELEN BEVAN:

This is a slide from module number one. It says, by joining the School for Health and Care Radicals,

you are moving to the edge.

I want to use what one of our community put in the chatbox, it is Andrea. Andrea says, "If you are in a silo, you are not on the edge." And lots of us are in silos. So what we need to be doing is moving to the edge of the silos that we find ourselves in, because of who we are and what we do. And in a sense, have one foot in our silo, or in our Department, in our organisation, and one foot outside.

In a sense, being part of our school gives us that sense of being on the edge, like we said in module one. What do we know about successful boat rockers? They manage to get the balance between being an insider and an outsider, and between different fits. These are absolutely characteristics that we aspire to.

Why do we talk about the edge? What we were basically saying is that, when we look at what is happening more broadly in the world of change, that innovation and change activities in organisations and systems are moving outside to the edge, just like we are. It is only at the edge that we can make the connections and have the creativity, and we get the diversity of thought and experience by those edge-types that allow us to stay ahead in a fast moving world.

I have this quote from Harold Jarche, which says, "in the near future, the edges will be well almost all high-value work will be done in our organisations." Every single one of us has chosen to move to the edge. And we are getting there before other people do, because other people haven't worked it out yet. And it gives us a fighting start.

We had a little bit of this quote which comes from module one, and I thought I would give you the whole quote, because I really like it. Why do we go to the edge? "The edge is where those who want to challenge are able to unite, share, support and grow together as change activists." If you ever wanted to see an example of that, just look at what is happening in this school. Look at what is happening in this chatbox right now. Look at what is happening on the amazing randomised coffee trials that are going on. Look at the Tweet chats on Tuesday night. It is what we are doing.

Why are we doing that? Leading from the edge enters into contact with a far wider range of relationships, and this in turn increases diversity in terms of thought, experience and back in. Diversity leads to more disruptive thinking, faster change and better outcomes.

One of the challenges for all of us is, during the five weeks of the school, we have a ready-made process that we can choose to be part of. But after this week, after the school, how are you going to stay on the edge? How is everyone of us going to stay on the edge, and how are we going to stop ourselves putting our foot back into the organisation, into the silo, into the bit of the community that we are part of? It is something that is really important to reflect on.

One of the models that we have used all the way through the school is this focus on those old power and new power. Many of us are part of organisations, or are impacted by organisations that are very much based on old power. And again, I won't reiterate the whole thing, but old power is like a currency, old money. It is a position of power that few people have got. The position of authority pushes it down to command people. It is closed at the boundaries of the organisation, and it is transactional. You have to do this because it is a performance agreement. It is a contract. It is the clinical standard.

And many of us are in a world where we feel that we don't have very much power, or we don't have a voice, because they are old power worlds. But one of the things that really gives us hope and possibility is this idea of new power. It is like a current. It surges, it is made by many people coming together, and it is pulled into networks and groups, and it is shared by many people.

It is open, because anybody that wants to be part of it can be. And the School is built on new power relationships, and new power principles. Anybody can be part of the school, and we all share together.

That relationship word is really important, because all of us are choosing to be in the School because we want to. When it comes to relationships, the most important relationship is trust.

What we want to be thinking is, as we are going forward, post the School. How are we going to go on using that new power that we have identified? And there are so many great examples of our storytellers, joining the school this time, of colleagues working in new power ways. Alison, again, was a really fantastic example of that.

Think about that. Think about the opportunities the new power gives us. Think as well about how, as Health and Care Radical, we can live successfully in that place in the middle, because that is actually the prime territory for us.

There's talk about moving forward on what is happening. I would say that the two biggest opportunities for Health and Care Radicals, going forward, is first of all, being bridge builders.

It is how we work with our weak ties as well as our strong ties. And in a sense, not needing to reinvent, because we are connecting with people that are not connected.

The second aspect is as curators and shows of knowledge. I will talk about that in a moment.

One theme that we see going on across the world, across multiple industries and sectors is the shift that is going on from change programmes to change platforms. And this is very much in the spirit of

old power/new power, because leaders of big organisations understand that change programs aren't enough to make the kind of change that we need to make at the speed and pace we need to make them.

When we talk about change programs here, we are talking about change management approaches. We are talking about scenarios, where very often, leaders will prescribe not just the outcome of change that we need in a change programme, but how it has got to be done. It will be prescribed.

What that means is the people at the frontline of the organisation, the patient and family taking part in it, it feels to them as if it is imposed. "You have to do this program." Rather than you want to or you embrace.

As we move more and more into a world of new power, what we are seeing is that change programmes are being replaced by change platforms. When we talk about change platforms, we are talking about a scenario where everyone... I shouldn't have to put service users and families, but I did, just to make the point. But everyone can help tackle the most challenging issues. And not just help tackle them, but in a sense, have to be part of it because otherwise we would come out with the best answers.

Here is that diversity word again. In change management, we talk about resistance to change and how we overcome it, but with a change platform, we value diversity, because we know that diversity brings us better outcomes. It is about connecting people, and ideas, and learning.

And of course, there is a really important role for senior leaders in a world of change platforms, but it is different. It is much less mechanistic. It is much more setting the boundaries and creating the conditions, and identifying the kind of changes that we need. But having done that, to get out of the way.

The other big shift that we see happening, in terms of change processes, is a shift from cathedrals to bazaars.

In the health and care sector, one of the many big change programs that we see, they are cathedrals. What we mean by that? I will show you an example of a cathedral.

Here's a classic NHS change programme cathedral. And what we can see here, we want to transform urgent and emergency care, or we want to transform the way that Health and Social Care Act together in an integrated way, with a radical new care model.

What we end up doing is creating a workstream, or a big program like this, and we have 27

workstreams. And we have identified the tasks that people need to undertake at various stages, and we focus more on have redone the work that we said we would do, rather than the outcomes that we achieve.

And I took this in a really excellent blog from Steve Sewell, who leads the (inaudible) vanguard in Stockport.

The way the world is going, of course we need structures and systems of change, but in a new power world, in a world of change programmes, it is becoming much more like a bazaar, when people come together, and they share, and they trade.

When you look at the chatbox on the School every week for five weeks, what you see is a beautiful example of a bazaar in the way that people support each other, in the way that we have all these fantastic links and resources. I think that is beautiful bazaar behaviour. And we need both.

In the same way, we work in a world that is both old power and new power. We need to work in a world that is both cathedral and bazaar. I am going to stop there, and at this point, we are going to ask Neil Churchill to tell his story.

And while I am handing over the presenter rights to Neil, I am going to ask Pip to tell us why did we invite Neil to tell his story.

PIP HARDY:

Thank you, Helen. We invited Neil to tell his story because I have no Neil for a couple of years now, I suppose. And I have been really struck by his commitment to improving care through diversity, through involving everybody who participate in healthcare. And in particular, patients and carers.

We did an interesting project with Neil, with people that have learning disabilities of various sorts. Hearing their stories. I know that he shows and uses these stories very widely to illustrate how, if we can get it right for people with learning disabilities, we ought to be able to get it right for anyone.

I really wanted me to come and talk to us about how he is walking the talk and working closely with patients to make health care better for everyone. Thank you, Neil, for joining us today.

NEIL CHURCHILL:

Thank you. I am really honoured to be asked to talk a little today. One of the reasons, Pip, you wanted me to speak is in a way I come from the edge because I have spent 25 years working for voluntary sector organisations, and it has only been in the last three years that I have been working for the NHS.

So, I feel a bit like Alison does. I am something of an outsider who has become an insider but in a different way. Not because I am a patient but because I have come from a different sector.

One of the things I have really valued from the School is what it has made me reflect about myself and how I try and approach change.

I could take this right back to the beginning because I first got involved in change, and it wasn't in the field of health at all but it was a result of a chance meeting.

I met Iris Bentley in the 1990s, early 1990s, who was the sister of Derek Bentley, who was a young man who was executed in 1953 for a crime that he didn't commit. I met Iris at some local event not far from Tooting, Alison.

She persuaded me, because she was one of life's natural change agents, to help her with her campaign and to organise some of her media work to try and get some people and politicians, particularly, to support her campaign for a pardon. And I did.

The thing about Iris was she was such a natural campaigner, and she would apply it to all walks of life. She put as much energy into fighting local bus closures as she did fighting for a campaign for a pardon for her brother, and she pretty much won them all.

Some took months, others took years but I learned a huge amount from her. I took that into the voluntary sector and I went to work for Barnardos, and this was at a time when the government removed benefits for 16 and 17-year-olds. A lot of them ended up in serious hardship as a result.

What I did at Barnardos was work with a group of young people to put together a campaign about what the effect of that benefit cut had on their lives, what it meant in terms of the fact that they were becoming homeless. They had very desperate circumstances.

That was really how I started out as someone working on change. The question for me is what does that mean in the world of health? Because I think there are parts of that which have been very helpful. I think the voluntary sector is fantastic at building shared purpose. Working as a social movement is really second nature if you come from the voluntary sector.

Equally, in the voluntary sector, we can use old power quite a lot as well. There is a focus on what ministers can do, national governments can do, what things you can drive from the centre.

What I have had to reflect on since joining the NHS is how much I can take with me from the voluntary

sector and how much I need to adapt, and how do we get that right balance between old and new power?

Right at the heart of it is... That was the being part and this is the seeing part. The thing the voluntary sector does fantastically well is really sees the individual, the individual patient.

This image is drawn from an art project, Patient as Paper. I don't know if people know that. And Emma Barnard is fantastic and has done a whole series of work. This image sums it up. This is an individual patient who has drawn on a photo of herself after coming out of hospital, looking at how she feels, the positives and negatives of how she feels. The things that are visible and things that are invisible.

Absolutely critical to us is to look deeper. As Alison said earlier, to look deeper, to see the things that are said, to hear the things that are not said, to see the things people bring to you and to see the things you need to bring to them and understand that fully.

What I have tried to do in the NHS is to spark from the outside and bring that inside, to think about how we need change.

The change project I have been working on is in relation to orthotics, my story is about how I worked with an individual mother called Rebecca. Her son, David, is in these images, and he was in receipt of orthotics care.

Unfortunately, the intervention from the NHS did him harm rather than good. This is a story about a failure to coordinate care.

This young boy, he needed orthotics in order to avoid complicated surgery, and unfortunately we did not find the orthotics in such a way to be delivered with the physiotherapy that would avoid the surgery, and so this young boy had all three and ended up losing his mobility, and that made his life very difficult.

Rebecca tells the story, and it really summarises what we have to learn. Not only did we fail David, but we also did not do a good job with NHS resources because we paid for the surgery, the orthotics and the physiotherapy. It should have been just the orthotics and physiotherapy preventing the surgery.

It is a textbook case about how we need to learn to coordinate care better for the benefit of patients.

One of the things Rebecca and I did was to think about how we were going to get the orthotics community to do better, and this slide was one of the slides used on the School last year, and I saved it and came back to it. The orthotics world is a small world but quite a complicated world.

They were not seeing eye to eye. We had commissioners, providers, NHS providers, private sector providers, professional groups who were a bit resistant to working in multidisciplinary teams. There was a whole lot of tensions in the sector, and we spent a lot of time building that sense of common purpose.

David's story was right at the heart of that because everybody was there, and Helen was talking about looking for people's positive intentions. There was a common purpose for us to move forward.

You do not have to read this slide, and it is intentionally busy, but the other thing Rebecca brought to the table was not only was she a mother and a campaigner, but Rebecca had a huge amount of insight into the commissioning of orthotics services. This is a sheet she gave me when I first met her.

It talks about the different aspects of the way we organise services, how we pay for services, how we train people and the way we ensure equality. She had so much insight to bring to that commissioning discussion.

What has happened is her local clinical commissioning group brought Rebecca in from the edge to help them to recommission their service in a way which has enormously improved outcomes. What I have been able to do for the project is help that CCG and Rebecca speak to a larger group of people to the point where now we have three dozen CCGs working on orthotics services and about a dozen NHS providers working on orthotics services and the private sector group and professional group are on board as well.

It is an example of one individual woman, Rebecca, who started off being angry about what had happened to her son. She brought a lot to the table in terms of the spiritual and moral energy that she had but also her commissioning understanding and insight, and we have been able to listen to that to improve orthotic services for a larger number of people.

As she would say, the job is not done but she is an enormous, refreshing, re-energising resource. When you feel sapped by the bureaucracy, you think about her story and it reminds you what it's all about.

HELEN BEVAN:

Hello, can you hear me?

Did we lose Neil?

NEIL CHURCHILL:

I am here.

HELEN BEVAN:

Fantastic.

Just to go back, Neil, that was really great.

What you are a really good example of is the edge works both ways. Having come into the system and brought all the perspectives and connections you have got, it creates diversity in a different way. In a sense, edge needs to go both ways.

What I also really love about what you did is the use of art and images so powerfully. It is really helpful. I want to make a point about creativity and art shortly, but watching the chat box while you were talking, so many people are commenting about how they were inspired and felt connected by what you are saying.

John Bryant made a great comment. What you did so beautifully was you helped us to see things through fresh eyes by using such a powerful artforms. When we think about being a transformational change agent and doing and seeing and being, let's think about how we can use images and art in a really effective way to help people to refrain.

Thank you so much for that.

Let's move on now to the last bit that I would like to talk about. It is about the direction that things are going in. There are two big future roles for activists and leaders of change.

I said one of them was about bridge building and connecting, and the other, I would say, is about curating. One of the big themes we have been seeing over the last five years is a shift away from creating lots of things, doing big change programs, having to reinvent the wheel in lots of different local settings, to a focus on curating.

Often, when we think about curating, we think about that in terms of librarians or people in museums, but actually those same principles apply because it is about how we can take all of the knowledge that is out there and present it in a way that makes sense to people.

In the age we are in, the digital age, where more and more knowledge becomes available to us, our role as change agents and leaders that curate becomes even more important.

Getting information off the internet is like taking a drink from a fire hydrant. If you took (unknown term)

and googled it, typed it into any search engine, you would get millions and millions of links.

How do we know which information is good? What isn't good? What is relevant? Part of what we need to be doing is to be curating.

That has been going on in the chat box in each of the modules. As members of the community, we are like trusted sources. We are always curating, and when anyone has a problem or is asking about anything, people are identifying resources that will be helpful and putting those links in the chat box, and that is classic curating.

Do you know that because of this issue about the vast amount of information on the internet there's even a new disease? It is called cyberchondria, which is the unfounded anxiety concerning the state of one's health brought on by visiting health and medical websites. I suffer from this as well.

You have some symptoms and you look them up on Google, and you find all of these terrible diseases. You start thinking, "I have got that disease." Unless we are curating the information, it isn't going to work.

As more information becomes available and change happens more quickly, we are seeing the changing world of work. And what is happening is we are moving from the standardised routine work that we saw in an era that was very steady and stable, and hierarchy was at its best. It was about being obedient, being compliant, being diligent, intelligent, to a world that is increasingly about unique, creative work. It is about talent, initiative, creativity, passion. And most of all, connectivity.

A lot of futurists frame this in a particular way. They talk about the changing eras or ages. And we started off in the agricultural age, where people were farmers. And then, post the Industrial Revolution, we had the industrial age, where people were factory workers.

And the kind of age that we are in now, with more and more information becoming available is the knowledge age. The information age. And the things that we value, and the things that we focus on in the information age our analysis, thinking, knowledge.

The idea is that, actually, where we are moving to is the imagination age. And in the imagination age, creativity and innovation are actually going to be the biggest creators of economic value. If we look forward around things that are coming, things like virtual reality that is immersive, what it will mean is the value of people like artists, and designers, and filmmakers will be so much greater.

So actually, what Neil just provided for us was really smart, around it being a really great example of the power of art. It means we are moving away from an era that is all about analysis, and data, to a

world that is about passion and imagination.

So, what we also know in this world that we are part of, the world of bazaars, rather than the world of cathedrals, it is the kind of knowledge that we are going to connect around, tacit knowledge. There is a difference between explicit knowledge, what we see in books, and best practice databases, and tacit knowledge, which is doing things, and learning by doing.

Increasingly, the connections that we are having our about tacit knowledge. And we know the best way that we can develop that, it is to conversations, social connections and relationships. In a sense, lots of tacit knowledge is going on in the chatbox.

What we know is that, if we think about the best way to spread new knowledge, actually connecting socially, having discussions and conversations, it is 14 times more effective, according to the knowledge guru Nick Milton, reports, best practice databases and toolkits and so on.

We have got to find more ways to be connecting socially, and I like this quote that comes from Steve Denning, who used to be the head of knowledge management at the World Bank. He said, "The learning capacity of an organisation is directly related to its ability to hold conversations." And it is such a way forward for the future.

In terms of the team that I am part of, that brings you the School for Health and Care Radicals, we are very much trying to be in this space. That is why we have developed things, and we have invested in things like the Edge, which is our knowledge management platform. It is a way of identifying and curating the best evidence, and the best information, and the best experiences that we can find around transformational leadership being a change activist, methods for change and so on. And I hope that you will stay with us and keep getting the edge.

Just wrapping up, really, just some kind of concluding remarks from me, somebody that has been teaching as part of the school for five weeks. First of all, I wanted to say a bit about our team.

Behind the scenes of the School every week has been the Horizons Team. We are a part of NHS England, but actually we are a very small team. In a sense, what we are trying to do is to have one foot ahead in terms of trying to be the kind of change team for the future.

Our activities are very much focused on connecting and building bridges, and very much focused on connecting. What we are trying to do is be the source of ideas, breakthroughs and new trends in knowledge and methods for large-scale change, not just for the sake of it, but to help change to happen more speedily and effectively.

What we try to do is work with national teams and local teams to initiate and test disruptions and solutions. We are trying to be a space, a virtual space where people can come together and solve big problems.

We are doing a lot of horizon scanning. When colleagues and teams are thinking about new directions in particular types of work, we can go and find out where the latest thinking is.

We understand that the world of large-scale change management programs is going away, and the world of platforms is engaging. And we want to be there in that space. We are working with platforms to mobilise and learn from, and share and connect.

We want to work specifically, and we seek to work with the emerging generation of trainees, students and emerging leaders.

The final thing that we seek to be is the source of energy and ideas for change, and hope, and possibility.

In a sense, what we are trying to do is position ourselves as a team, as a focus on those activities that we think change teams, and improvement teams need to focus on in the future.

Just some personal reflections, what have I learned from the School for Health and Care Radicals 2016? I would say I have learnt six things.

One is the most important need that people have taking part in the School. It is not so much the knowledge, it is actually about the connection, and feeling that you are not on your own. "I am part of a bigger group."

We know that the school seems to work best when we build communities of learning. That is why we have encouraged so many of you to set up your own learning groups. And that has been more successful than ever this year.

We know that we benefit greatly from our global connections, so I know that many of you have fed back to us how much you love having randomised coffee trials with other change activists in other countries.

People might ask why we opened the School up to people in 44 countries, "Why don't you focus on England?" The reason why is, when we have got people from 44 different countries connecting with us, and giving us their interest and ideas, and their experience, that is an absolute gift to all of us in England, and we really, really appreciate what all of us have gained by being a global community.

But we also recognise the massive diversity of people that take part in the School. And whether we are a patient, a citizen leader or activist, whether we are people that work at the frontline of care, whether we are students, whether we are senior leaders, actually when it comes to being an effective change agent, the things that we need are the same.

We think "All teach, all learn" really works. There is lots we can focus on and we can do a lot better. Everybody in this process teaches everybody else, and everybody learns.

The most important thing that I have seen from the School this year, and I have seen it in previous schools, is just this massive untapped reservoir of goodwill, passion, energy, talent and willingness to lead change.

What if the health and care system, or whatever kind of system we are part of, could tap into the kind of energy that we have seen during the five weeks of the School? The potential is outstanding. I think it is one of our biggest challenges around how do we unhook the genie in the bottle.

So finally, three little quotes from me. The first comes from Rumi, and it is a quote around, "Set your life on fire." This is around connecting with the things that really connect with our passions, that ignite us. In a sense, what we need to do as well is seek out the other people who will fan our flames. The other people that we can surround ourselves with, connect with and collaborate with, who will keep that fire going within us and around us.

The second is a quote from Celine Schillinger. It is about employee social activism, and it also applies to patients and community activism as well. So take this in the widest context.

People who have led organisations have seen people being Health and Care Radicals, or being activists, or challenging the status quo and seen that as a threat, because we wanted nice, quiet, compliant people.

But the environment we are in now, and the change we need going forward, it needn't be a threat any more...

...it doesn't come from mobilising people. The great social movements get energy by growing distributed leadership, by identifying people that could be in local settings, and putting their effort and energy, not just in mobilising people to engage in change, but by growing leaders all over the place.

For me, this is at the heart of the School for Health and Care Radicals. It isn't just about getting people to connect with a wider community of actress, it is outgrowing this community and helping the people

in this community to grow as leaders of change. And I see great evidence of that, and it warms my heart.

So just before we hear our last story from Jim, can I just give notice to Olly, after Jim's story, we will get our final Tweet and chat feedback? So I am very happy that our last storyteller is Jim Rawson.

If Pip is there, tell us why we asked Jim back to tell his story again.

PIP HARDY:

I think we couldn't possibly have ended the School for Health and Care Radicals 2016 without having Jim involved. He has been with us since the very beginning of the 2014 School for Health and Care Radicals. His creativity has led him to setting up an SHCR USA school.

I had the privilege of meeting him and seeing his hospital last summer. What he has done is incredible, through involving patients and service users, and families. And there is such a different feel about where he works and the people that we met, they all feel privileged to be involved.

He is living proof that the values of SHCR and what we have learned can be put to use and make significant change. Jim, thank you for agreeing to be with us and telling us about your experiences.

JIM RAWSON:

Thank you for the invitation and a very kind words. Can you hear me OK?

HELEN BEVAN:

Yes, really well.

JIM RAWSON:

It is an honour to speak and share our experience with the group.

As we finished as our fifth session, I was reflecting on the first session this year and comments John made, and I was very moved by a story he told about trying to help someone and struggling to be able to take care of someone, and the person who eventually helped him turned out to be from the School for Health and Care Radicals. It got me thinking, what would happen if we got to work with another colleague from the School for Health and Care Radicals everyday?

It got me to think, what would it be like if we got to work with two everyday? I started counting the School for Health and Care Radicals in the meetings I attended. I want you just to think about the meetings and sessions and committees and projects you work on and how often you get to see someone else from the School in those meetings.

From my work in patient family centred care, I know that all of this is really a journey, and for me the School for Health and Care Radicals has been a journey as well. I did start in 2014 and completed the program, and I worked last year with the program, and we built a USA learning group that had over 30 people in it. This year, we built a learning group again and have over 30 people participating.

But this gives you a sense that this is not a five-week course. It is a journey you are starting on and hopefully you stay on because what I got to do this year, thanks to John's comments, is I started counting the meetings I was in with other School for Health and Care Radicals, and I started also to count the meetings that didn't have any of them in there.

I want to show you what happens if you spend three years and persistently invite your friends and colleagues, and you try and grow the School for Health and Care Radicals network.

I want to focus on asking the right question. We are looking at trying to create positive change. It is not looking at what happens if we fail but what happens if the bridges we are building actually work.

This past summer, I was asked by the American College of Radiology to create a commission on patient and family centred care, and we had a workshop this past March in Augusta, Georgia, in the Medical College for Georgia, and we had just over 40 people, radiologists, nurses, and architects, we had patients, business school faculty, a very diverse group.

One of my slides had the logos for all of the organisations represented in the room. I put the logo up for the School for Health and Care Radicals.

The reason I did that was because I knew that a couple of the people in the room had actually participated in the School, and I thought it would be helpful for the majority of the room that had no idea what the School was to see that there were people who were actively learning to be positive change agents. When I asked the people in the room, about 40 people, to raise their hands if they were part of the School for Health and Care Radicals, I was overwhelmed to find more than a quarter of the people in the room were part of the School.

If you think about what you could do, not with one or two people but what you can do with 10, what happens when a quarter of your organisation, a quarter of your team all believe in the same principles and the goals you are trying to reach.

I wanted to share that because sometimes when we are trying to cause positive change, it is hard work and can be discouraging. But I also think you need to know that you can be successful, and we can make progress.

It is not a five-week course. It is a much longer journey.

I wanted to just end with the thought that you need to share your passion. All of the people who have participated have a passion for positive change. We need to recruit your friends, co-workers, the companies you work with. We do a lot of work with Philips, so we have recruited some of their staff to go through the School, and that helps us be better partners.

The other thing I encourage you to do, and I will give you homework, is to start now making a list of who you will invite next year when you come back to recharge.

Grow the network, and take your passion and make it happen. We are capable of doing this, and we should take advantage of the amazing network that has been built.

Thank you, Helen and Pip and the others. It has been a real honour to be part of this amazing family.

HELEN BEVAN:

Thank you so much. As Pip said, you were the perfect person to be our final storyteller for the School for Health and Care Radicals. What I really love is that connecting that back to both what Alison and Neil said, Alison talked about seeds, not Semtex. What you are describing here is how to grow the seeds and make it happen.

What was also really beautiful was what was going on in the chat box while you were talking and the way in which so many of our community were taking up your challenge around engaging other people.

We do hope to run the School for Health and Care Radicals again in 2017.

Get plotting now or run your own school. Take the materials. Whilst we only run it once a year, like Kate said at the beginning, the study guides are fantastic. Jim, that was really wonderful.

What I am going to do now is ask Ollie for the last time in the School for Health and Care Radicals 2016 to tell us what we are seeing in the chat and Twitter box.

OLLY BENSON:

Thanks very much. We have seen lots of different discussions going on, and you have referenced some of them already.

So, firstly, we were talking about being on the edge, and Claire said "I am not on the edge but the outside looking in sometimes. I don't feel like I work in a healthy environment. I am keen to bridge the

difference between networks and find shared purposes". Hence she is involved.

Bernadette Kennedy said, "Sorry, poor chat contribution, I am trying to listen while sitting on the edge and building bridges, aka working."

Someone else said that she likes the statement of creating the conditions and getting out of the way. Some people like to do things themselves.

Neil was talking about positivity around change. Tom Bryant said, when you are showing the slide with the fire hydrant, "That made me laugh. Let's not forget about the power of humour in our stories for engaging people".

And some positive things about the Horizons team, people wishing to be part of it.

Catriona is asking to be told that she is not the only Northern Ireland-based person in the School. Get in touch with her if you are in Northern Ireland!

HELEN BEVAN:

Thank you so much and to all of the other people at the Horizons team during the whole five weeks for doing such a fantastic job.

That is the point at which I sign off and hand over until 2017. So, Kate, are you there?

KATE POUND:

Hello, yes, I am. Thank you very much, everybody, and thank you, Helen, for an amazing five weeks. We have enjoyed so much and have loved connecting with the community.

Just a reminder that our next opportunity to connect is next Tuesday, which is our Twitter chat. So, join in. As Jim said, this is just the beginning. We have a whole year of carrying on connecting and plotting for our 2017 School for Health and Care Radicals.

The certification forms are on the website. Take part in a change and reflect on the last five weeks and the sessions you have learned and complete the form and hand it in.

The exciting news we have today is we have a date for the School graduation. It will be 5 July, which is a significant date in the NHS, the NHS's birthday, so it will be a double celebration. Hope to see you all there.

Our next opportunity to do more learning is on 11 March, and that will be Jodi Brown, who will be

talking about practical resilience skills, and that will be Friday, 11 March at 9:30 AM UK time.

So, it is at this point that I will hand over to Pip. Thank you.

PIP HARDY:

Thank you, Kate and everybody. Just to leave you with the a few things to reflect on until we meet again which will hopefully be next week or next month or next year.

How will you build on your experiences of the School for Health and Care Radicals to bring about the changes you want to see in your world and work?

How will you build communities and networks in support of those changes that you want to see? And give some thought to the most important thing you have learned from the school.

Sometimes it can really help to make a note of the most important thing and see if you can identify what that is.

So, the calls to action for this week and for the foreseeable future are for you to list three reasons why it has been beneficial for you to become a certificated change agent. Think about people who can help you with this process because it is lovely to have support as you go towards certification. Finally, identify a change you would like to make and apply one or more theories from the School to that change. This will really help you towards your certification.

That is really it, all of us at the School for Health and Care Radicals. This is one of my favourite quotations from TS Eliot. "What we call the beginning is often the end, and to make an end is to make a beginning. The end is where we start from." So, goodbye to you all and good luck with your change efforts, and we hope to come across you all at some point in the future.

Thank you very much.

HELEN BEVAN:

Goodbye, all, see you in 2017, and hopefully change activities and connections before then.