



Luton and Bedfordshire QI Celebration Event

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Visit our website at
www.qi.elft.nhs.uk



NHS
East London
NHS Foundation Trust

WELCOME



Opening words from our Vice Chair



Mary Elford
Vice-Chair



Creating Your Own Story

with

James Innes

Associate Director of QI



elft.qi@nhs.net



qi.elft.nhs.uk



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Capability Building:

(Improvement Leaders' Programme, Pocket QI, Masterclasses)

Defined Roles:

QI Sponsors, QI coaches, Improvement Advisors

Meetings:

QI Forums, Quarterly quality sessions with CEO, DMT

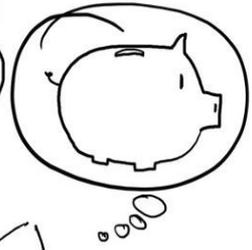
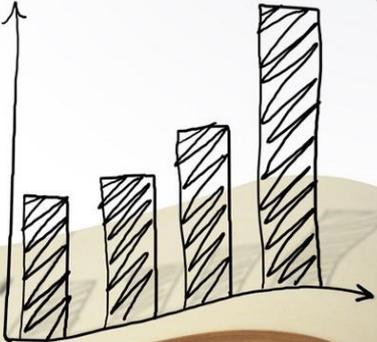
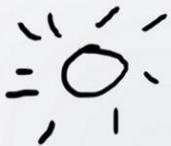
Enabling Systems:

Quality Reports and Dashboards, Life QI, Improve Well, QI Microsite

Process for improvement:

Systems for creating QI projects, supporting and closing QI projects







Bridging the Bedford Gap





BRIDGING THE BEDFORD GAP

Felicity Stocker, Satwinder Kaur, James Patrick, Kamila Naseova, Simran Khinder, Kay Sookun, Oakley Court staff and patients, QI Coach: Anna Smith, QI Sponsor: Paul Rix



Reaching in!

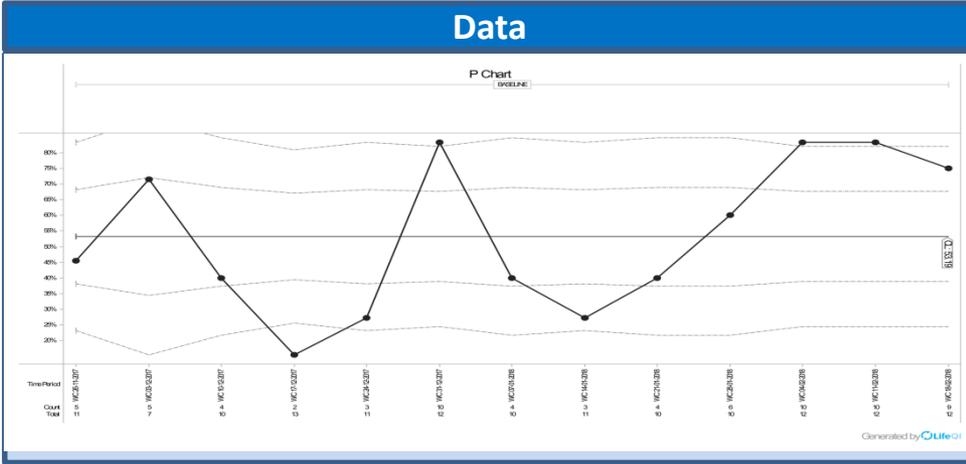
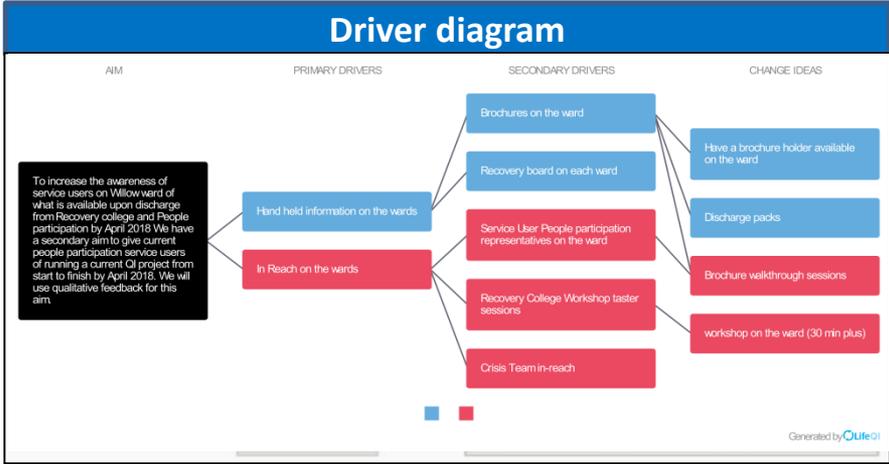
Aim

To increase the awareness of service users on Willow ward of what is available upon discharge from the Recovery College and People Participation by April 2018

Why is this important to service users and carers?

A Group of Bedford people participation experts by experience shared that when they were inpatients they wished someone had let them know what was available through the Recovery College and People Participation. This group took the lead and set up a service user led project.

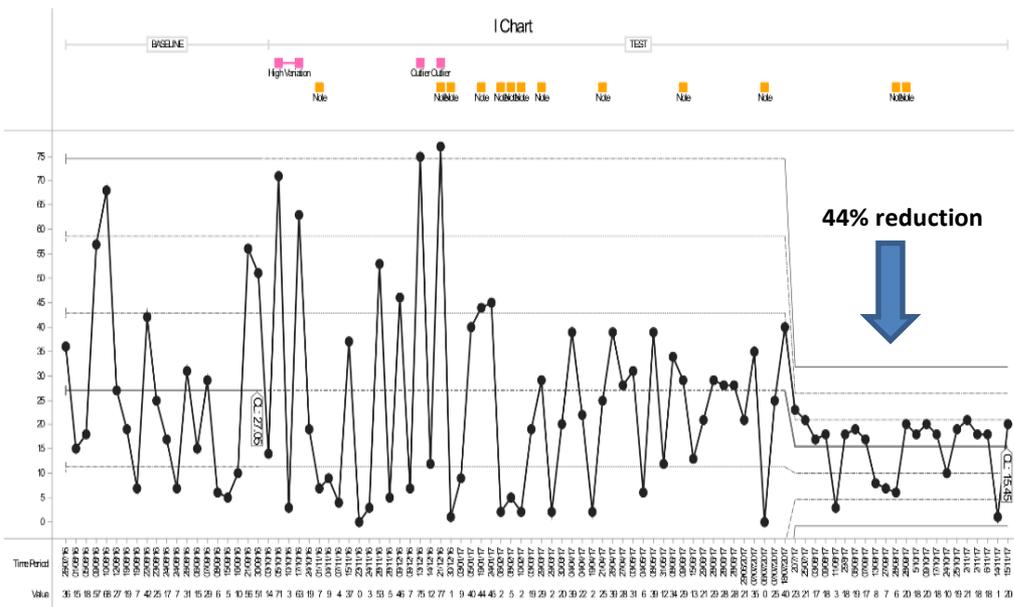
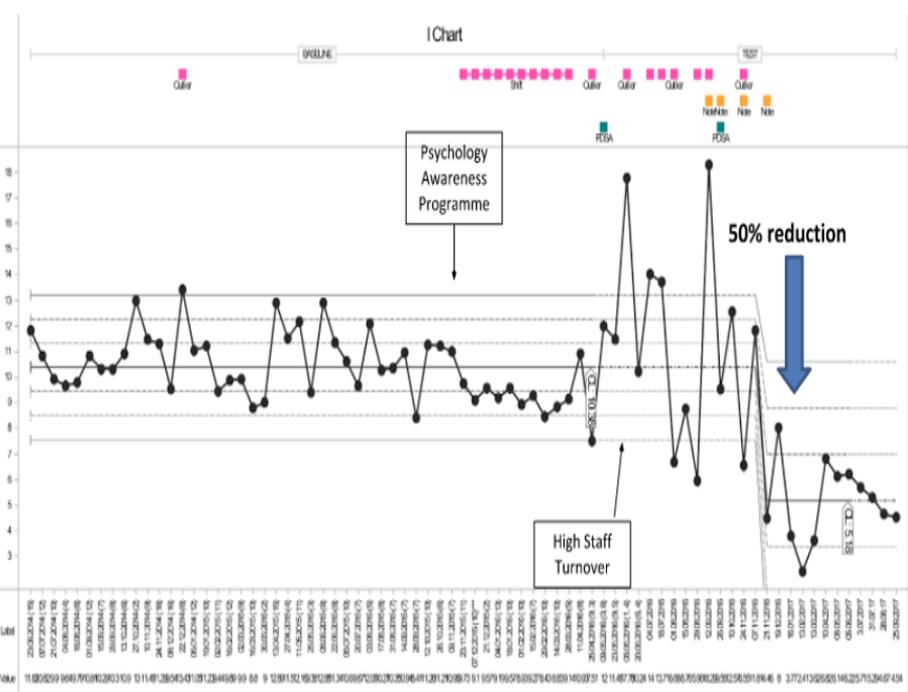
- ### Tests of Change
- *Delivering Recovery College workshops on the ward*
 - *Recovery College brochure walkthrough sessions on the ward*



Learning and what next?

We found that service users are perfectly placed to lead on quality improvement projects that benefit from their experience and expertise, on what positively contributes to the recovery of other service users. We found that as a project team we benefited from using the PDSA cycle as it encouraged us to embrace failure as an opportunity to learn.

Reducing waiting times at Luton CMHT Psychology service



Improving access to Learning Disability OT services in Beds and Luton



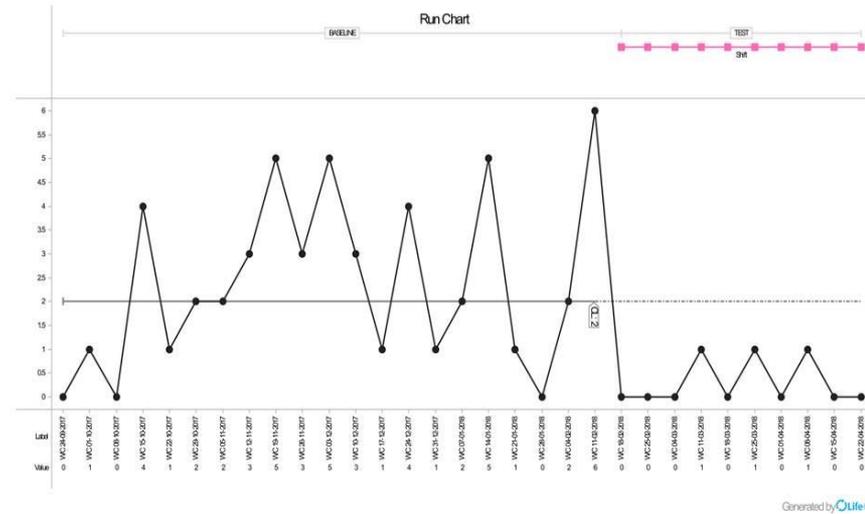
Neil Lad
@NeilLad6

Following

The time, effort and willingness to change shown by the Crystal Ward team has been nothing short of breath taking. Immensely proud to be part of such an amazing team
#ELFT #QILuton #MentalHealthNursing #Luton #QI #ObservationReduction #CrystalWard

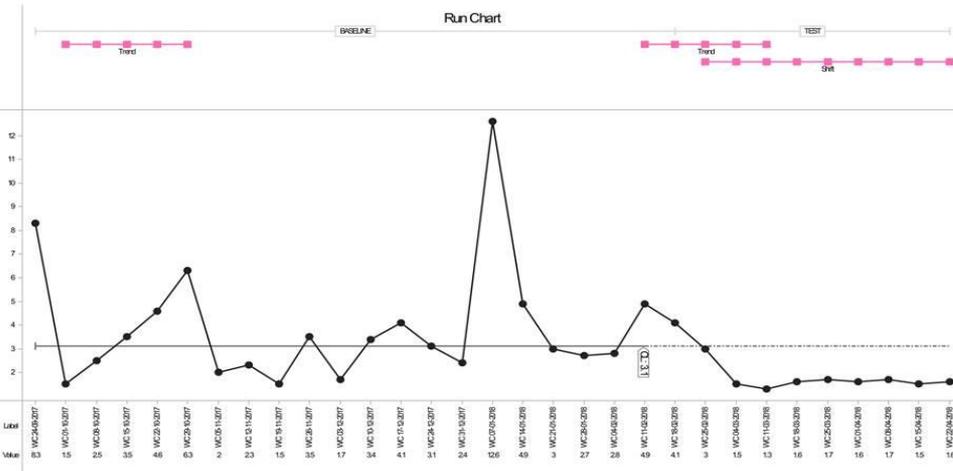


No. of episodes of 1:1 observations



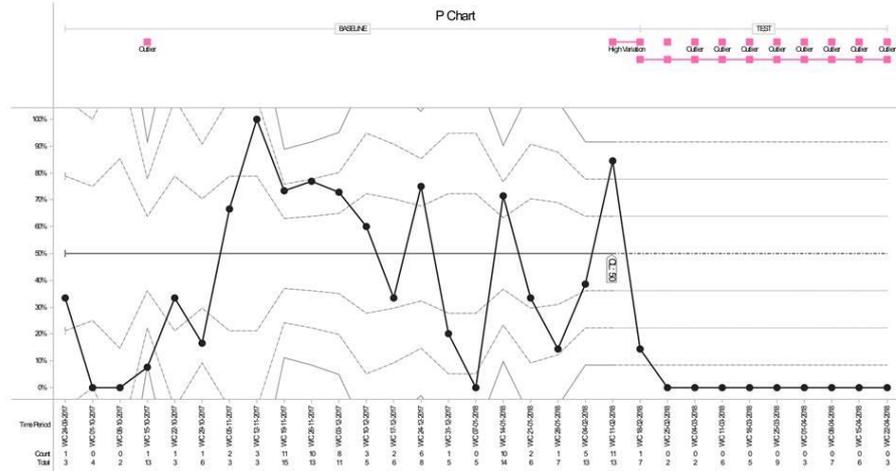
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No. of days spent on enhanced observations



Generated by OLife

Percentage of enhanced observations used for risk of ligature



Generated by OLife





**THE ONLY TIME
YOU SHOULD EVER
LOOK BACK,
IS TO SEE HOW
FAR YOU'VE COME.**

With
Helen Donovan  and
Professional Lead Psychological Therapies
QI Lead Bedfordshire

Anna Smith 
Improvement Advisor



Quality Improvement Is a team sport





elft.qi@nhs.net



qi.elft.nhs.uk



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ON BAD TEAMS, NO ONE LEADS
ON AVERAGE TEAMS, COACHES LEAD
ON GREAT TEAMS, PLAYERS LEAD



JUST BECAUSE
SOMETHING
WORKS, DOESN'T
MEAN IT CAN'T BE
IMPROVED



elft.qi@nhs.net



qi.elft.nhs.uk



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ELFT's Luton Directorate - Dashboard of QI Activity

17

Completed projects

0

4:17

Coach ratio

7:17

Active projects linked to directorate priorities

2

Active projects linked to Trust or directorate priorities

4

Active projects not linked to any priority

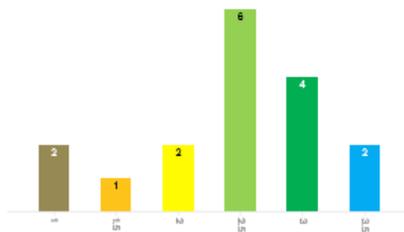
13

2

Projects (active or completed) showing sustained improvement (progress score of 4.5 or more)

0

Active projects by progress score





Ahmed Zadeh

QI Coach- Luton



Magella Nwimo



Natasha Patel



Neil Lad

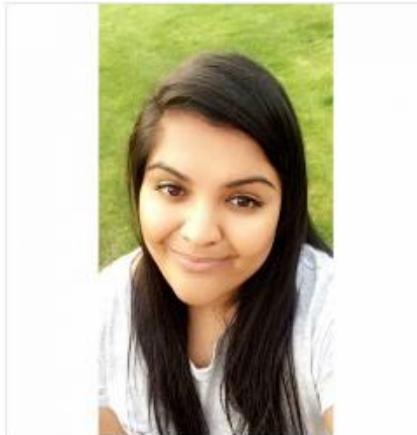
QI Coach - Luton

Coaches



Ola Hill

QI Coach- Luton



Priya Acharya

QI Coach - Luton



Sifi Bahuleyan

QI Fellow & Coach- Corporate
& Luton



Tracey Morrison

QI Coach - Luton



Claire McKenna

QI Sponsor- Luton Mental Health and Wellbeing Service



Daisy Mudoni

QI Sponsor- Luton Mental



Dudley Manns



Eugene Jones

QI Sponsor - Luton Mental Health and Wellbeing Service

Sponsors



Farid Jabbar

QI Sponsor - CHN



Helen Donovan

QI Sponsor - Bedfordshire & Luton



Lorette McQueen

QI Sponsor - Luton



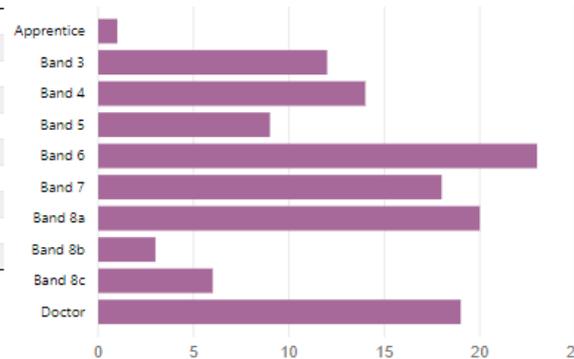
Sen Kallumpuram

QI Sponsor - Luton

Total Trained	People Trained	Luton - QI Training Statistics		IHI Open School	Pocket QI	Masterclass	Improvement Leaders Programme (ILP)	Improvement Coaches Programme (ICP)	Senior Clinical Leaders Programme (SCLP)
192	136	: People Trained still at ELFT (figures change based on filters selected) :		10	94	28	35	7 Trained / 7 Active	1
	148	: People Trained		Total Trained :	13	98	43	7	1



Band	% IHI Open School Trained	% Pocket QI Trained	% Masterclass Trained	% ILP Trained	% Coaches (ICP) Trained	% SCLP Trained
Apprentice			25.00%			
Band 3		11.90%	2.38%	2.38%		
Band 4	2.63%	31.58%	7.89%	2.63%	2.63%	
Band 5	5.88%	14.71%	2.94%	11.76%		
Band 6		18.37%	4.08%	5.10%	2.04%	
Band 7	2.70%	32.43%	5.41%	18.92%	5.41%	
Band 8a	3.57%	39.29%	14.29%	21.43%	3.57%	
Band 8b		75.00%				
Band 8c		66.67%	33.33%	33.33%		
Doctor	15.15%	27.27%	15.15%	24.24%	3.03%	3.03%
Total	2.67%	22.46%	6.42%	9.36%	1.87%	0.27%



QI in Luton

<https://qi.elft.nhs.uk/collection/qi-in-luton/>



ELFT's Bedfordshire Directorate - Dashboard of QI Activity

Active projects	11	Completed projects	2
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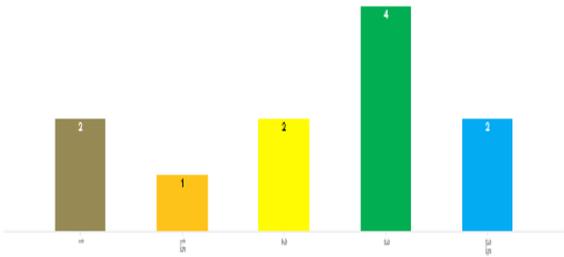
Sponsor ratio	5:11	Coach ratio	4:11
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Priorities

Active projects linked to Trust priorities	4	Active projects linked to directorate priorities	2	Active projects linked to Trust or directorate priorities	5	Active projects not linked to any priority	6
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Project progress

Projects (active or completed) showing improvement (progress score of 3.5 or more)	4	Projects (active or completed) showing sustained improvement (progress score of 4.5 or more)	1
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Active projects with a score of 2.5 or below that have not progressed in 3 months	0	Active projects by progress score	
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Coaches



Elen Heaney

QI Coach - Bedfordshire



Evri Anagnostara

QI Coach - Bedfordshire



Kim Caldwell

QI Coach - Bedfordshire



Liz Bertram

QI Coach - Bedfordshire



Sarah Stilwell

QI Coach - Central Bedfordshire



Michal Kulasik

QI Coach - Bedfordshire



Nick Hawkes

QI Coach - Bedfordshire



Polly Bowler

QI Coach - Bedfordshire



Sam Vaughan

QI Coach - Bedfordshire



Sarah Thomson

QI Coach - Bedfordshire



Dudley Manns

QI Sponsor - Bedfordshire & Luton



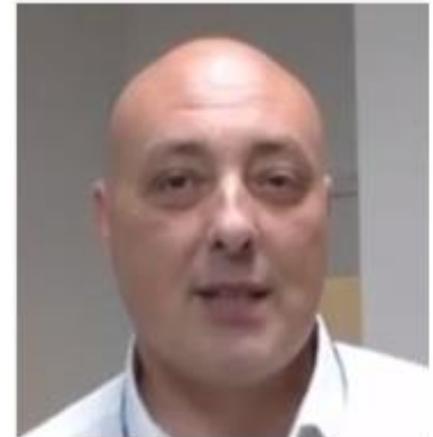
Helen Donavan

QI Sponsor - Bedfordshire & Luton



Michelle Bradley

QI Sponsor - Bedfordshire



Paul Rix

QI Sponsor - Bedfordshire
Mental Health and Wellbeing
Service



Sasha Singh

QI Sponsor - Bedfordshire

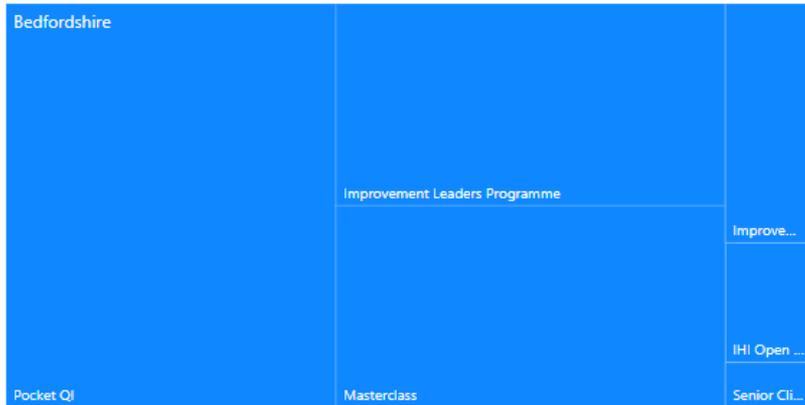


Zelpha Kittler

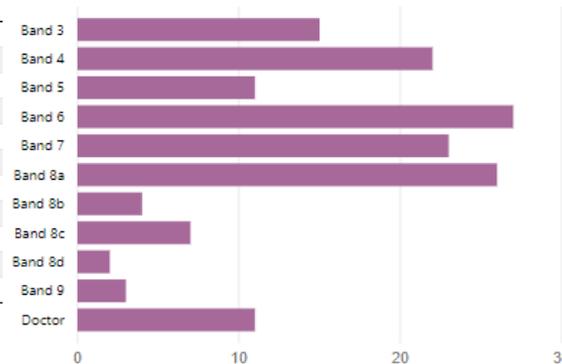
QI Sponsor - Bedfordshire

Sponsors

Total Trained	People Trained	Bedfordshire - QI Training Statistics	IHI Open School	Pocket QI	Masterclass	Improvement Leaders Programme (ILP)	Improvement Coaches Programme (ICP)	Senior Clinical Leaders Programme (SCLP)
297	160	: People Trained still at ELFT (figures change based on filters selected):	8	100	59	59	16 Trained / 16 Active	3
	191	: People Trained	12	116	71	78	17	3



Band	% IHI Open School Trained	% Pocket QI Trained	% Masterclass Trained	% ILP Trained	% Coaches (ICP) Trained	% SCLP Trained
Band 3		12.20%	0.81%			
Band 4		20.00%	8.24%	5.88%	1.18%	
Band 5		12.70%	3.17%	3.17%	1.59%	
Band 6	0.73%	12.41%	5.84%	5.84%	0.73%	
Band 7		16.98%	9.43%	20.75%	5.66%	
Band 8a	7.89%	39.47%	39.47%	39.47%	18.42%	
Band 8b		50.00%	50.00%	16.67%	16.67%	
Band 8c	28.57%	42.86%	57.14%	85.71%	14.29%	14.29%
Band 8d	50.00%		50.00%	100.00%	50.00%	50.00%
Band 9			66.67%	100.00%		
Doctor	2.27%	11.36%	13.64%	13.64%		2.27%
Total	1.41%	16.25%	9.54%	10.42%	2.83%	0.53%



QI in Bedfordshire

<https://qi.elft.nhs.uk/collection/beds-qi/>

Anna Smith @itsannasmithy

Bridging the Bedford Gap project meeting today. We have had a 24% increase in how aware service users and staff on willow ward are of the recovery college and people participation-Fantastic work @Evri_Sunshyne @kamila_naseova @_ClaireMckenna @HelenDonovan_70 @KaySookun @ELFT_QI

Anna Smith @itsannasmithy

Live@ Bridging the Bedford Gap project team meeting. Studying and acting on our PDSA learning from testing recovery college workshops on the ward. Live LifeQI training with a cup of tea! @kamila_naseova @Evri_Sunshyne @HelenDonovan_70 ...

3:31 am - 15 May 2018

3 Retweets 6 Likes

Claire McKenna @_ClaireMckenna

Luton and Bedford mh pathway leaders and Qi leads working together to look inpatient beds use and coming up with great ideas.



2:17 pm - 23 Apr 2018

7 Retweets 15 Likes

Dr Nick Hawkes @nrhawkes

#EDAW2018 #WhyWait at @ELFT_QI we are using QI methodology to reduce waiting times

8:43 am - 2 Mar 2018

3 Retweets 6 Likes

Pedro Delgado @pedroIH

LOS down from 38 to 21 days. Great presentation @neillad6 love 'if Carlsberg did mental h wards, this would be it'



Onyx Ward project team photo in preparation for poster presentations for the last day of ELFT's current Improvement Leaders Programme. A motivated team dedicated to continuous improvement. @ELFT_QI @NeilLad6 @Sifi_B @J_stafford14 @purpleola



1:35 am - 5 Apr 2018

4 Retweets 14 Likes

evri @Evri_Sunshyne

Thinking about embedding QI in teams, at QI masterclass with @DrAmarShah @kamila_naseova @ELFT_QI @NHS_ELFT @_ClaireMckenna @elft_ppl et al...

8:44 am - 19 Mar 2018

7 Retweets 11 Likes



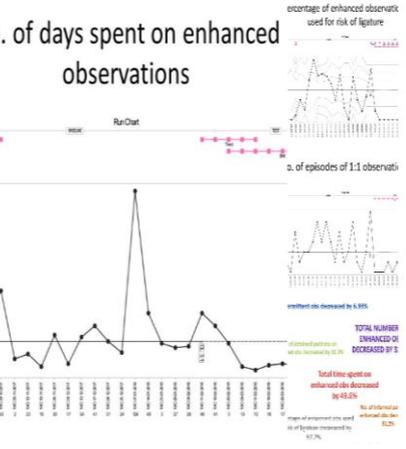
7 Retweets 11 Likes

Neil Lad @NeilLad6

The time, effort and willingness to change shown by the Crystal Ward team has been nothing short of breath taking. Immensely proud to be part of such an amazing team #ELFT #QILuton #MentalHealthNursing #Luton #QI #ObservationReduction #CrystalWard

Sifi Bahuleyan @Sifi_B

Lots of exciting ideas emerging from the Luton QI forum happening right now! #QILuton @itsannasmithy @NeilLad6 @purpleola



8:21 am - 28 Nov 2017

2 Retweets 4 Likes

Forward View

Further capability building

- ILP Training – Wave 8 (handouts on table)
- Coach Training commenced May 2018

Directorate Pages on the Microsite

- Check out on laptops

Trust QI Priorities



Trust Strategy

Mission

WHAT IS OUR ROLE IN SOCIETY?

Vision

WHAT DOES OUR CORE PURPOSE NEED TO BE?

Strategic outcomes

WHAT ARE THE BIGGEST FACTORS THAT WILL HELP US ACHIEVE OUR MISSION?

Specific outcomes

WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR STRATEGIC OUTCOMES, IN ORDER TO ACHIEVE OUR MISSION?

To improve the quality of life for all we serve

By 2022 we will build on our success and lead on the delivery of integrated care.

ELFT will do this by working purposefully in collaboration with our communities and our partners, always striving towards continuous improvement in everything we do.

Improving population health outcomes



We will:

- Improve the wider determinants of health
- Improve health prevention and help people lead healthier lifestyles
- Reduce health inequalities
- Deliver more integrated health and social care
- Improve patient recovery

Improving the experience of care



We will:

- Improve access to services
- Improve patient experience and the outcome of their care
- Increase the number of people involved in their care
- Improve patient safety and reduce harm
- Reduce inequity in patient experience

Improving staff experience



We will:

- Develop the skills of our staff to deliver integrated care
- Increase capacity to effectively deliver our programmes of work
- Improve how we listen to staff and support them to continuously improve
- Improve fulfilment at work

Improving value



We will:

- Increase productivity
- Reduce waste
- Reduce variation in clinical practice

National Drivers - STP

thebmj

BMJ 2016;352:i1022 doi: 10.1136/bmj.i1022 (Published 22 February 2016)

Page 1 of 2

EDITORIALS



NHS in England embraces collaboration in tackling biggest crisis in its history

Sustainability and transformation plans are being developed as competition takes a back seat

Hugh Alderwick *senior policy adviser to chief executive*, Chris Ham *chief executive*



Bridging the Bedford Gap



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Luton and Bedfordshire Inpatient Innovations



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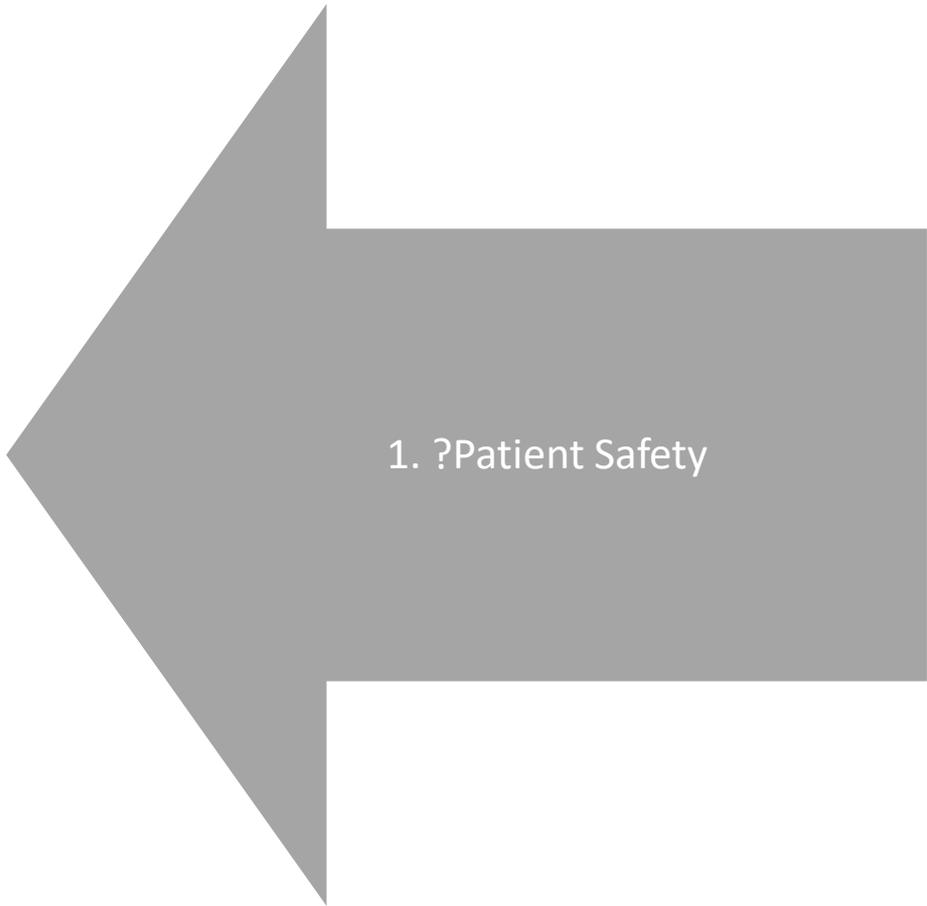
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Reducing Enhanced Observations on Crystal Ward

Crystal Ward MDT

Why?

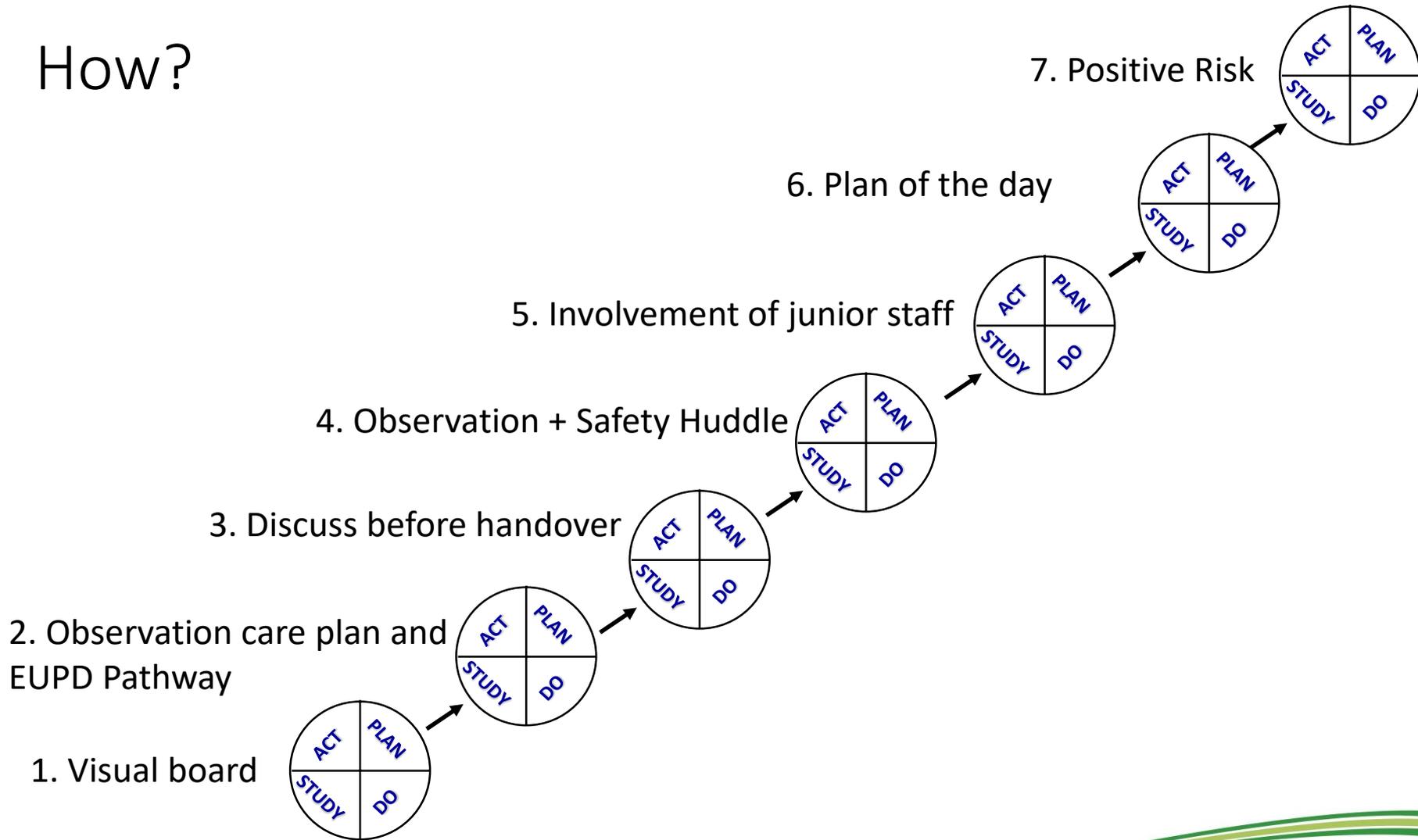
- 
1. Restrictive Practice
 2. Increased acuity
 3. Increased staffing input
 4. Slower rate of recovery & progress
 5. Minimise creativity and innovation

- 
1. ?Patient Safety

Aim

To reduce the number of days spent on enhanced observations by 30% (4 days to 2.8 days) by 1st May 2018

How?



Intermittent obs decreased by 6.93%

No. of detained patients on enhanced obs decreased by 31.3%

TOTAL NUMBER OF ENHANCED OBS DECREASED BY 33.5%

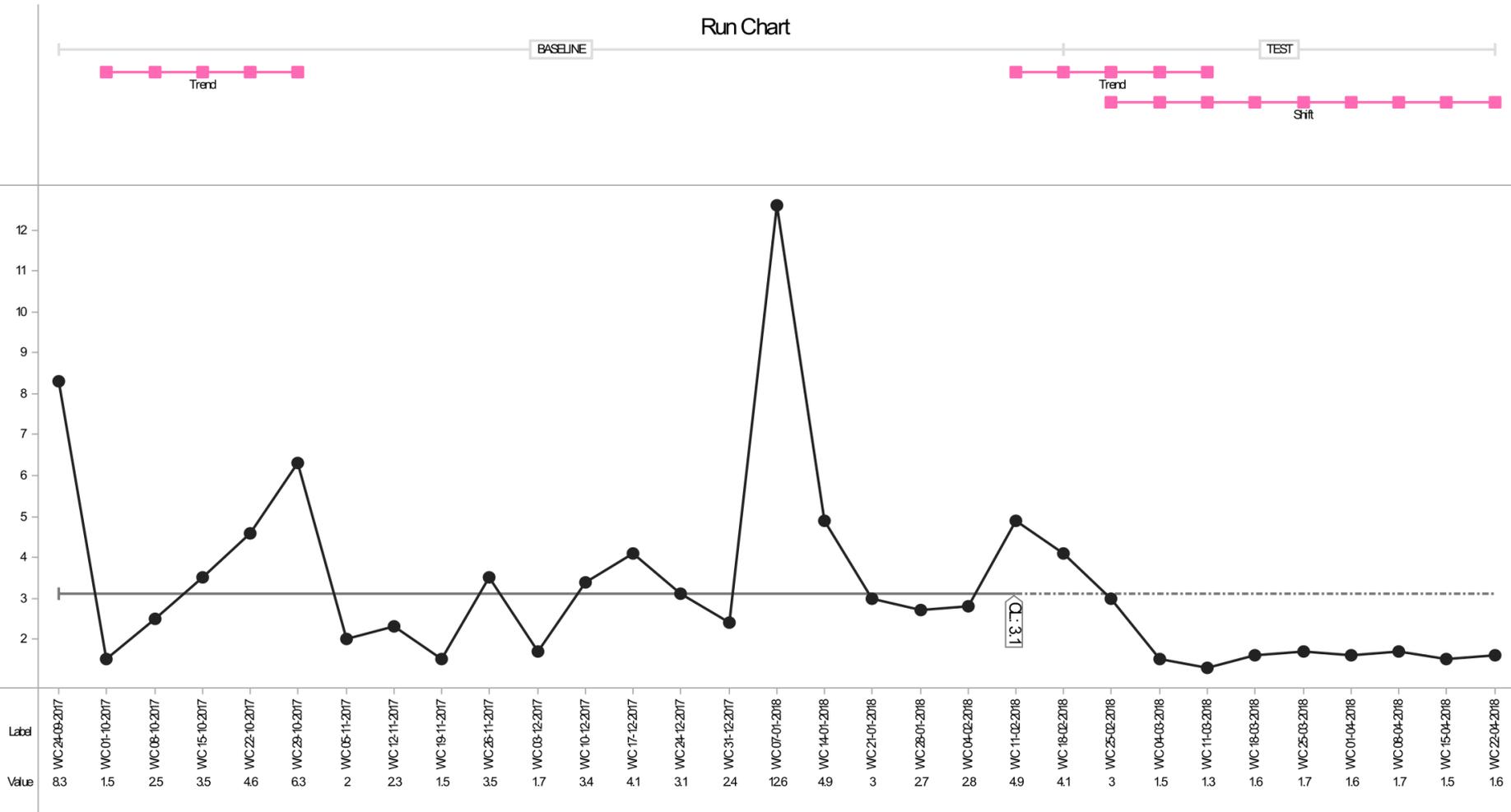
Total time spent on enhanced obs decreased by 49.6%

Percentage of enhanced obs used for risk of ligature decreased by 97.7%

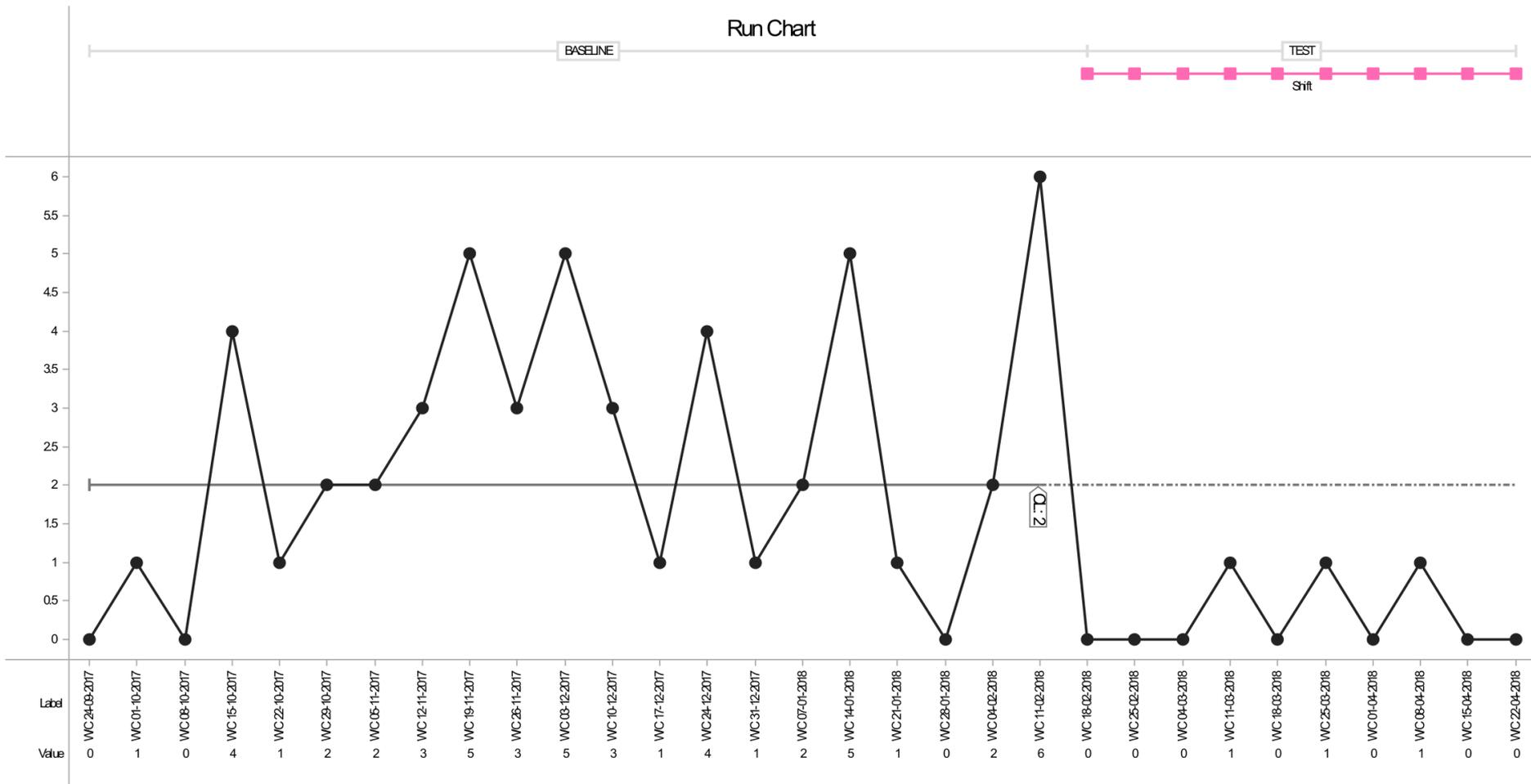
No. of informal patients on enhanced obs decreased by 31.2%

1:1 obs decreased by 87%

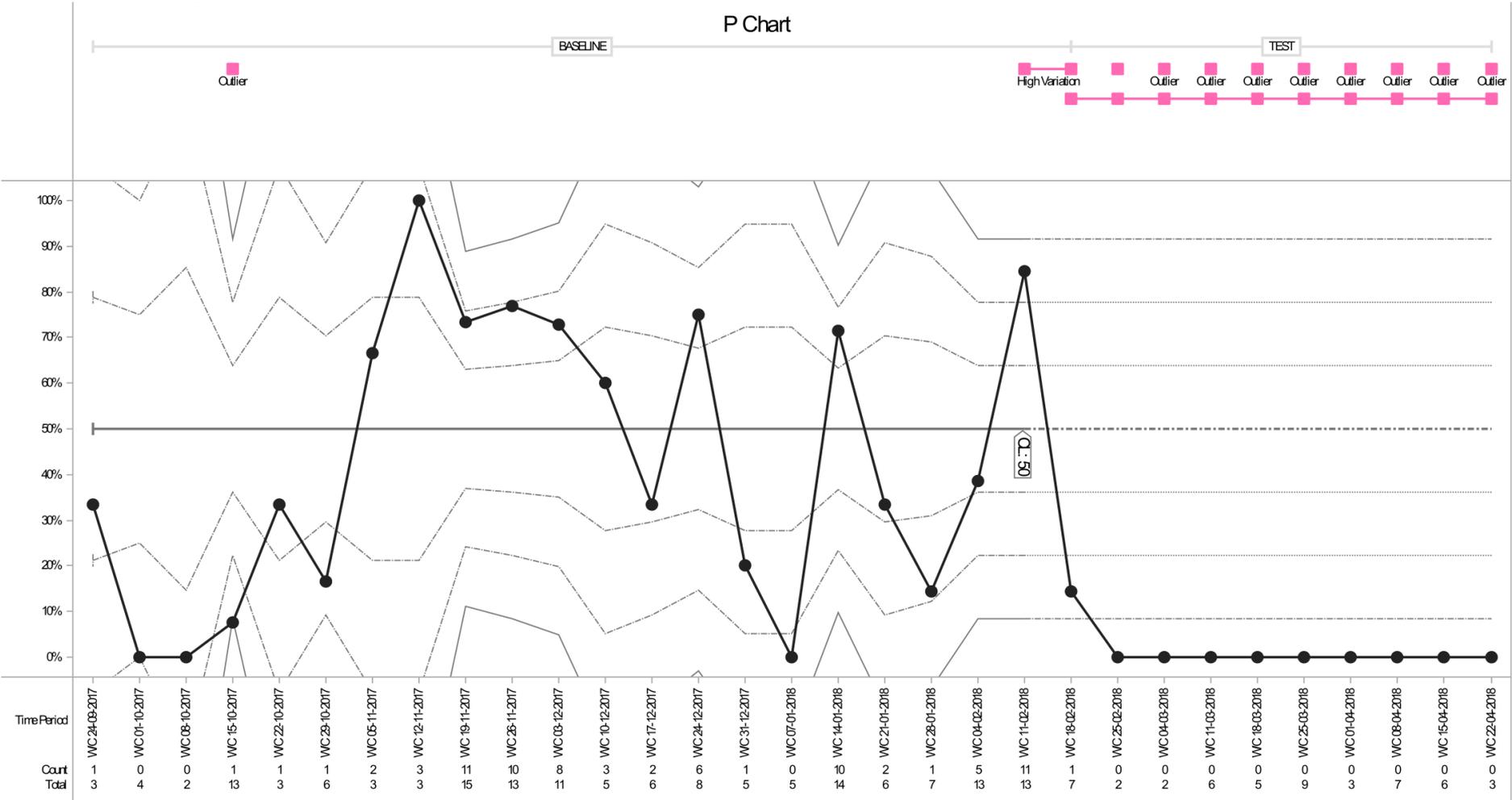
No. of days spent on enhanced observations



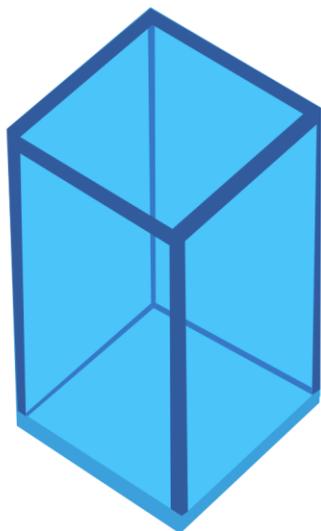
No. of episodes of 1:1 observations



Percentage of enhanced observations used for risk of ligature



What have we learnt?



Service User Feedback

“I feel less tense”

“I’m more involved with my care”

“I actually feel a bit human”

“I have more freedom”

“I don’t feel as restricted”

“It’s weird but I feel safer”

Next Steps



Thank you for your time



Any questions?



Ash

Townsend Court

Jade

Crystal

Onyx

Willow

Coral





Why?

What is the bundle

Feedback from staff and service users



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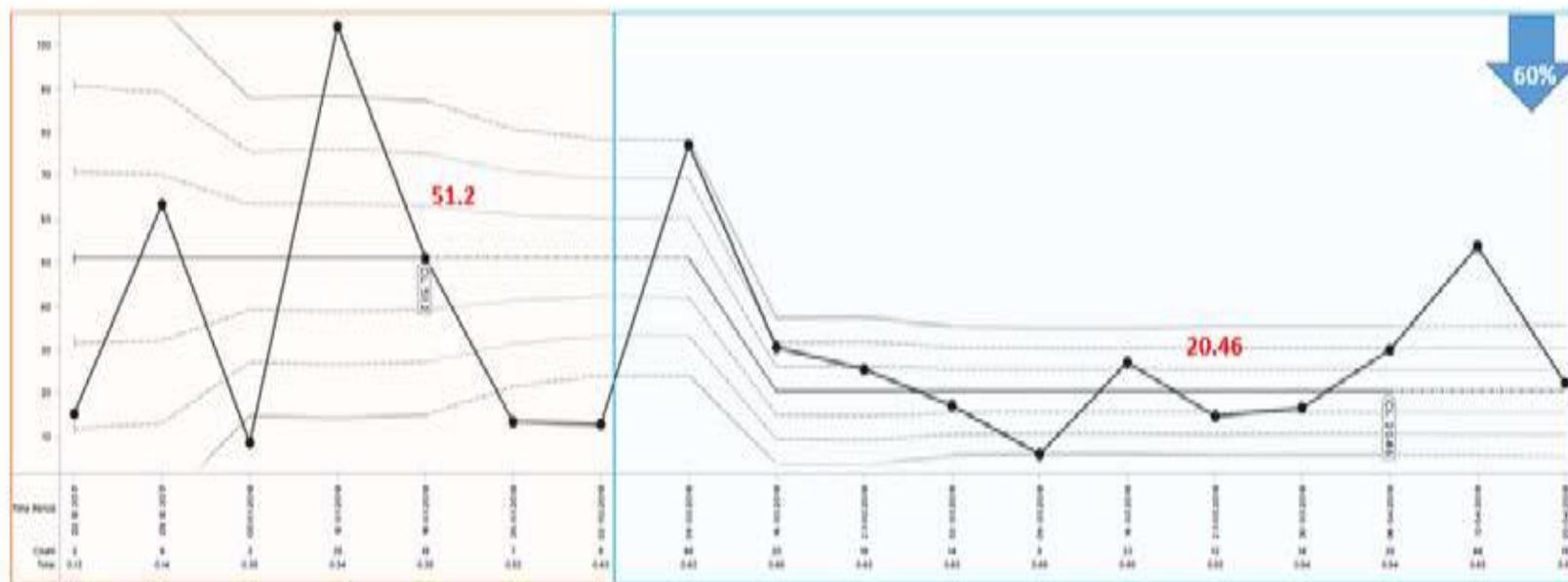
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Luton & Bedfordshire Violence Reduction Collaborative

Physical Violence Incidents by week per 1000 occupied bed days (Red Incidents) – All Wards, U Chart





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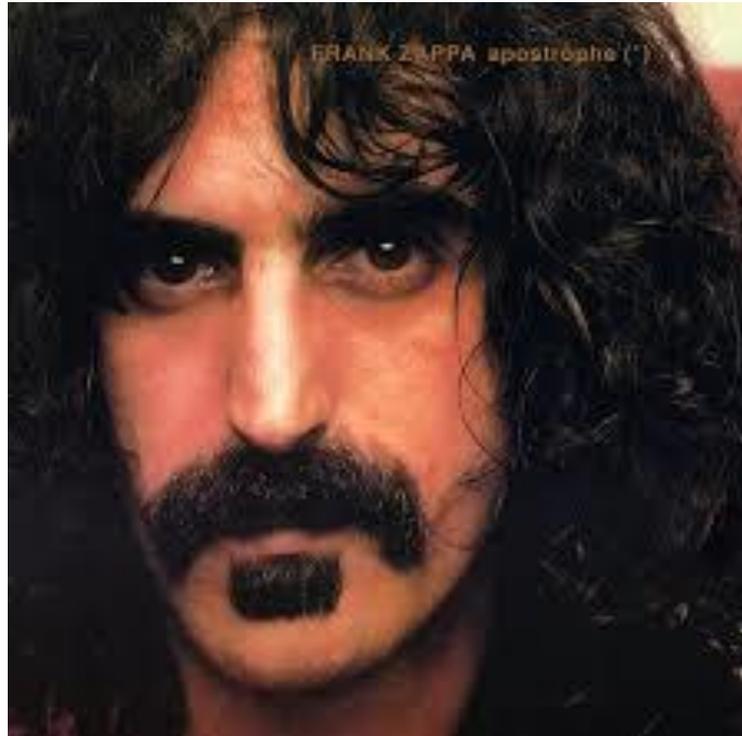


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‘Without deviation from the norm,
progress is not possible’
Frank Zappa

Improving Access to Psychology in CMHTs

Two Projects

Context

- We want our service users to be able to access helpful advice and intervention in a timely fashion as part of coordinated multi-disciplinary care – and so do our service users.
- One of Trust QI priorities is to improve access and flow into services
- The CQC noted the need for improved access to psychological therapies in 2016 review
- Similar QI projects have run in London

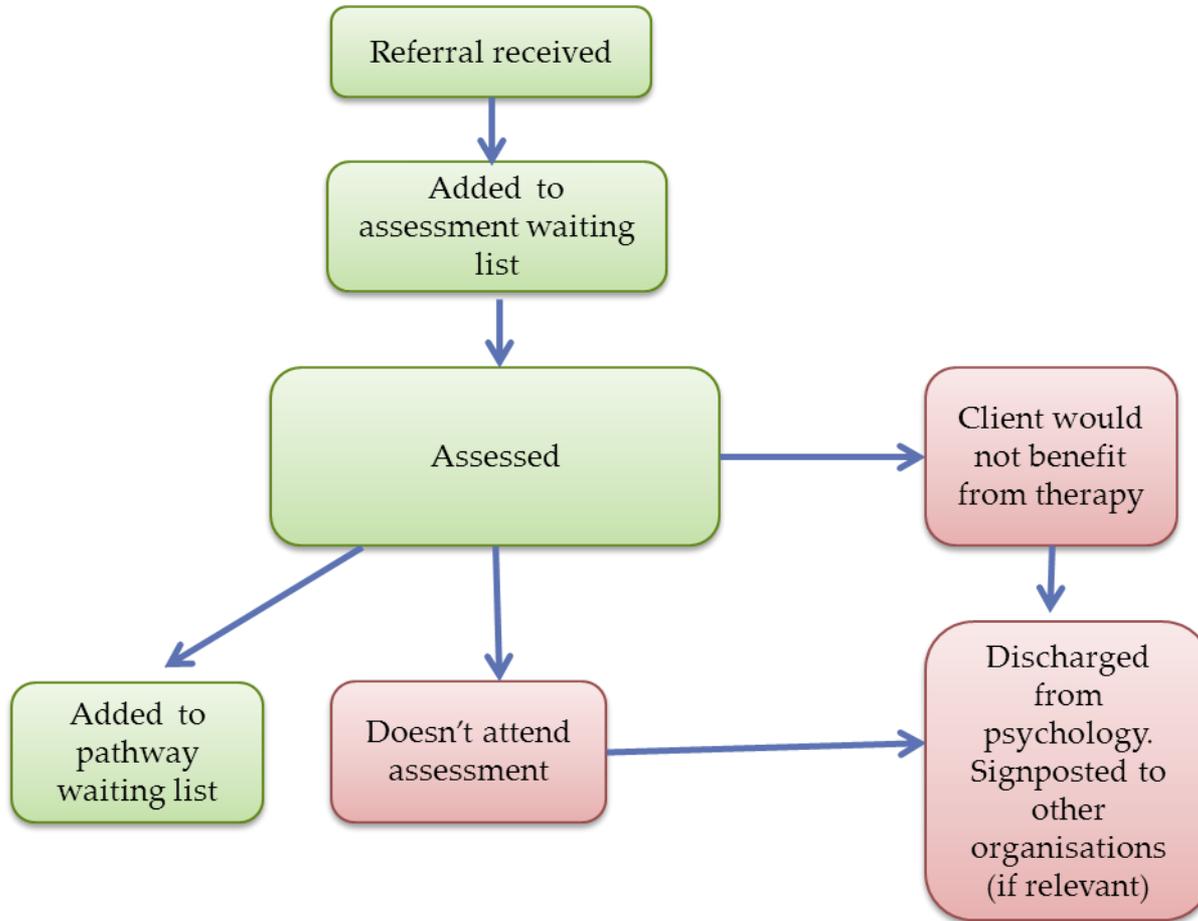


Reducing wait time for 1st appointment at Luton CMHT Psychology.

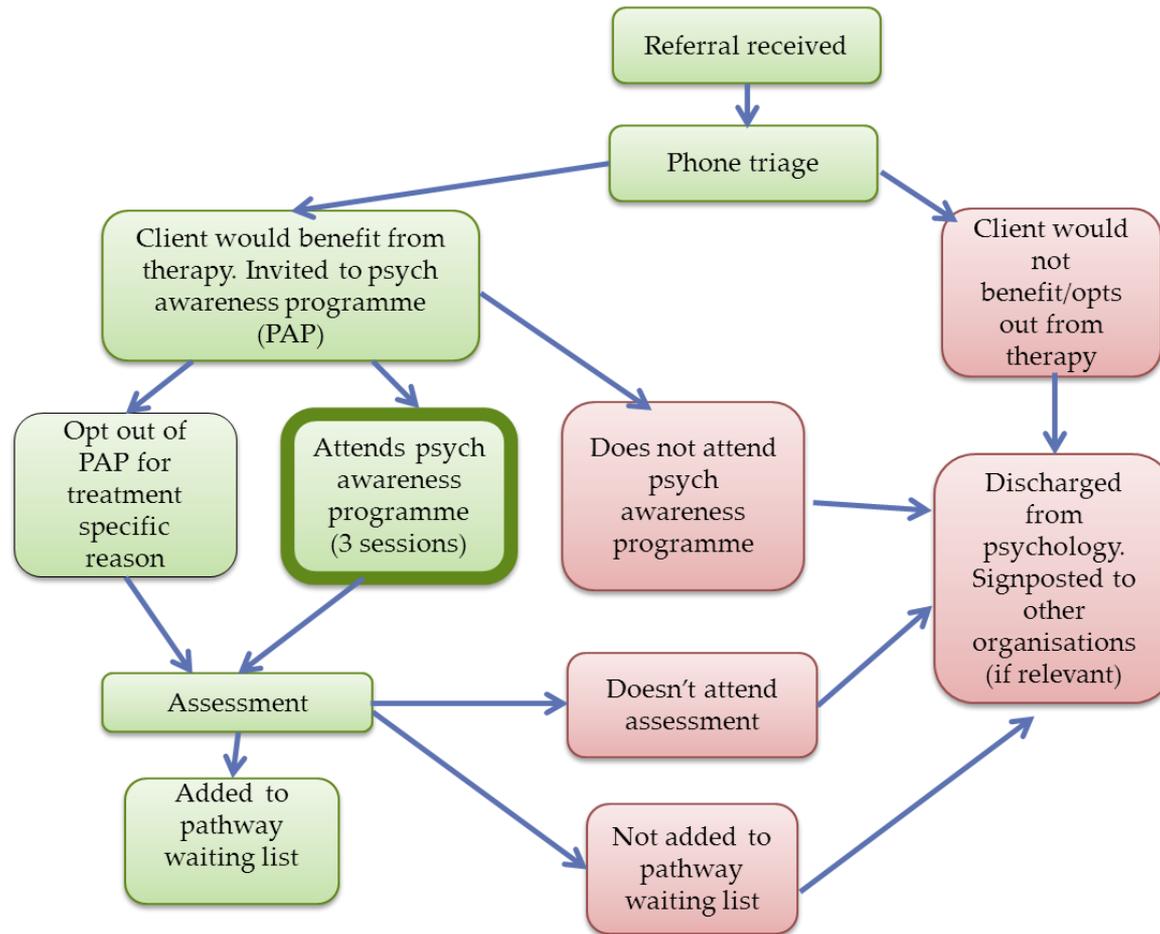
Tim Sporle – Consultant Clinical
Psychologist

Ros Humphreys – Assistant Psychologist

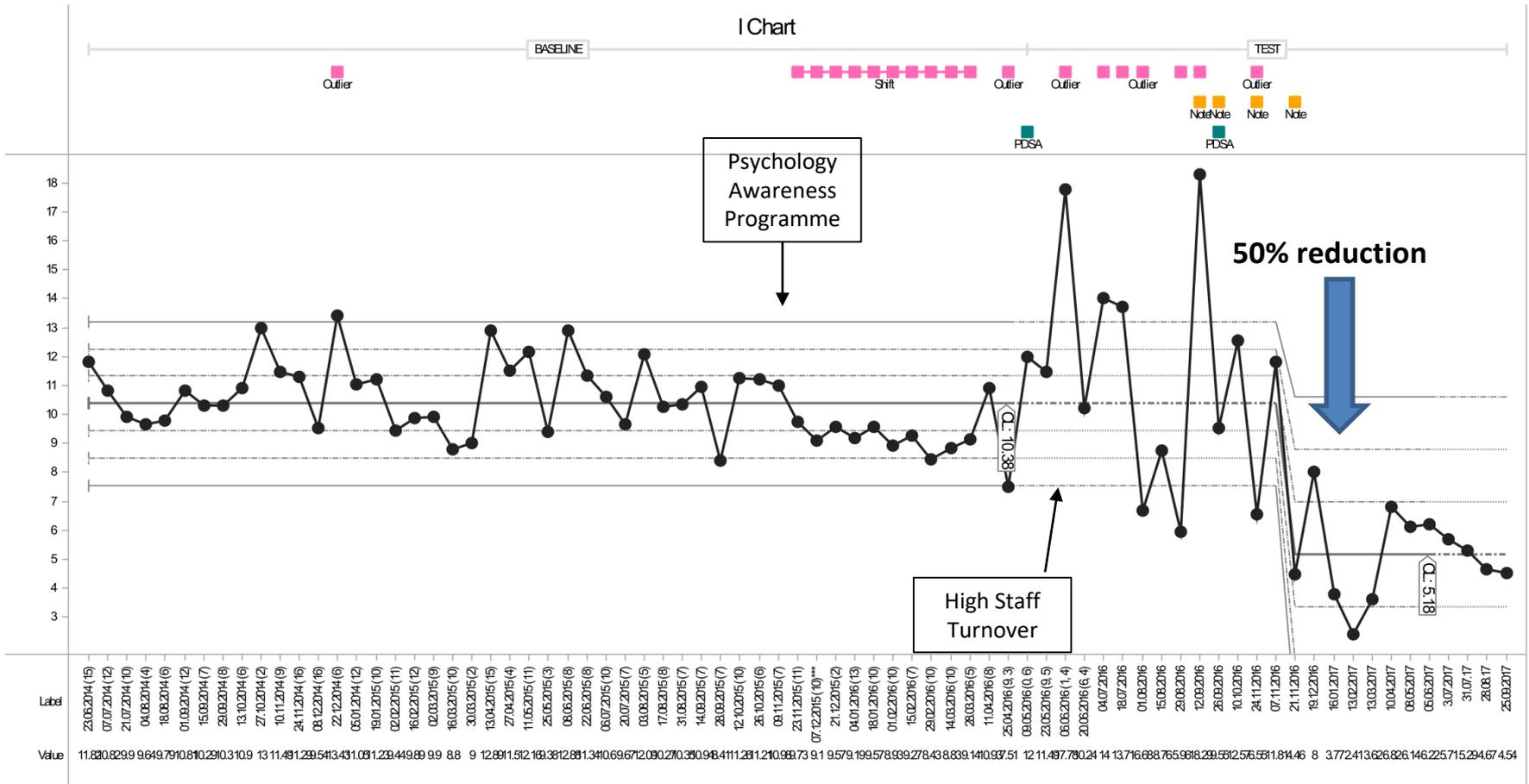
Psychology Service model – up to March 16



Psychology Service model March 16 onwards



Wait Time for 1st contact





Reducing referral to assessment times for psychology in Bedford CMHTs

Project Lead: Sam Vaughan

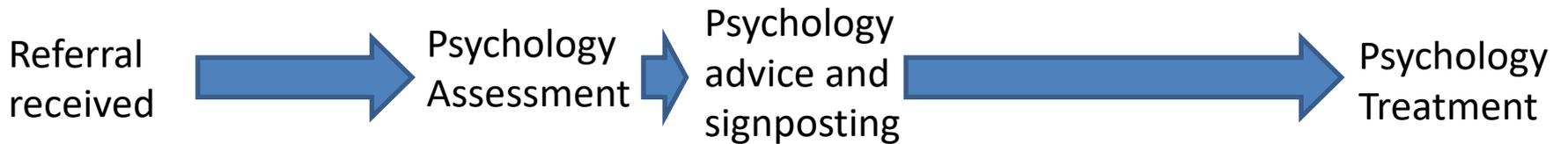
Project Team: Satwinder Kaur, Sophie Fitzgerald, Kathryn Power, Sarah Chadwick, Lisa Benn, Sophie Fitzgerald, Emma Krisson, Farah Dauhoo and Tara Self

Old pathway and New Pathway

Old Pathway:



New Pathway:

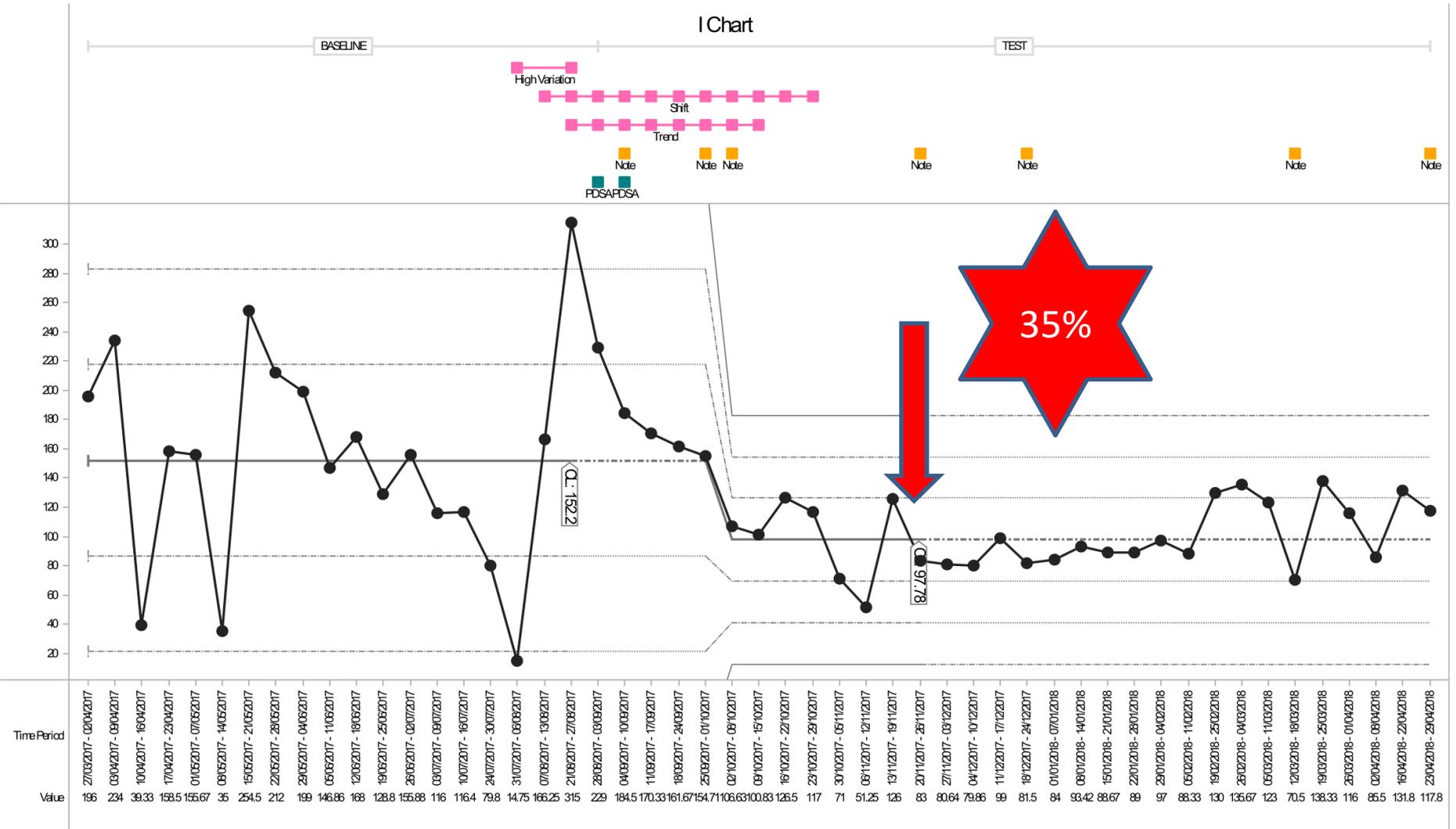


Our goal

**To reduce the average weekly wait from
Referral to Assessment to 56 days (8 weeks)**

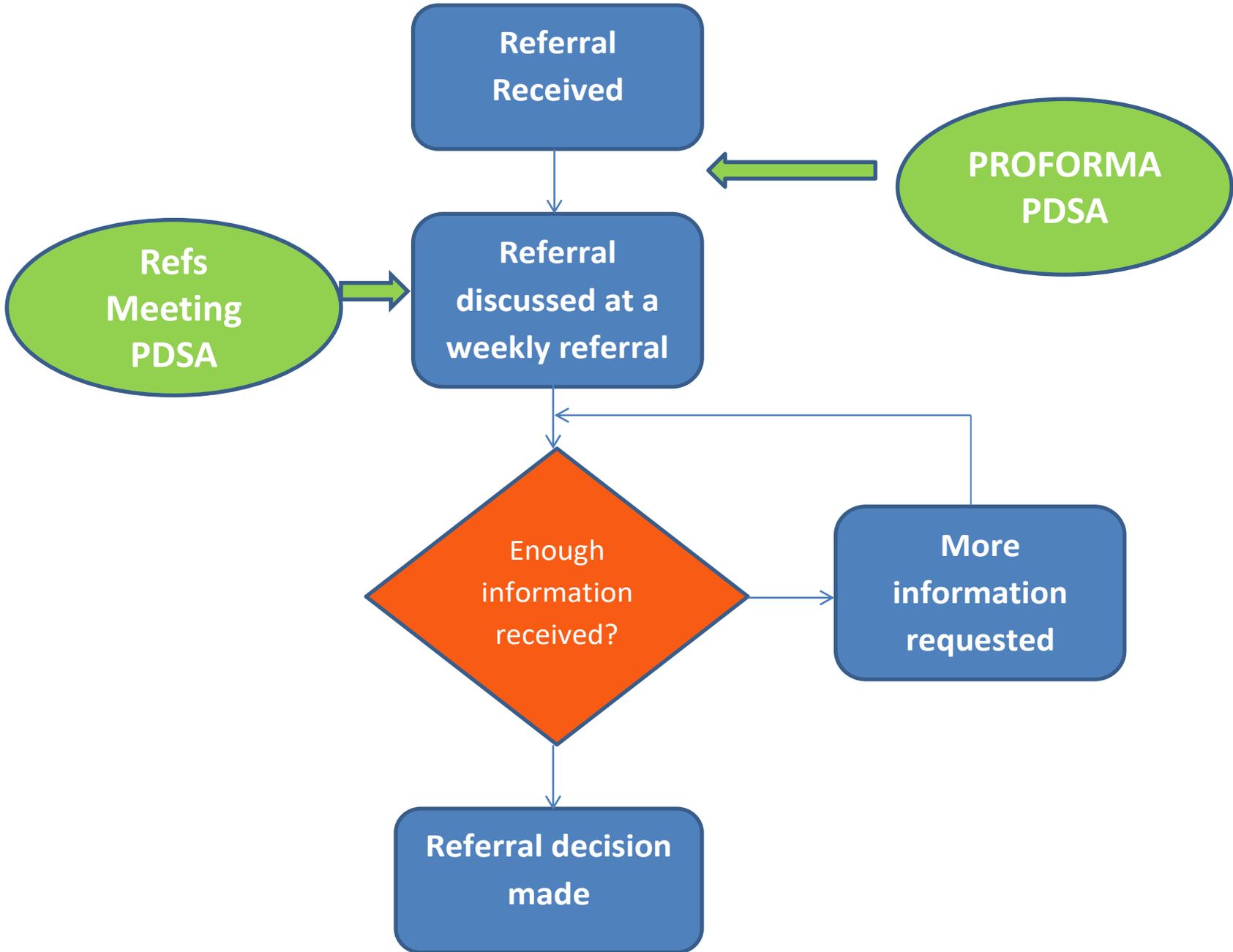
(without increasing the wait for treatment)

Control Chart – Weekly Referral to Assessment in days

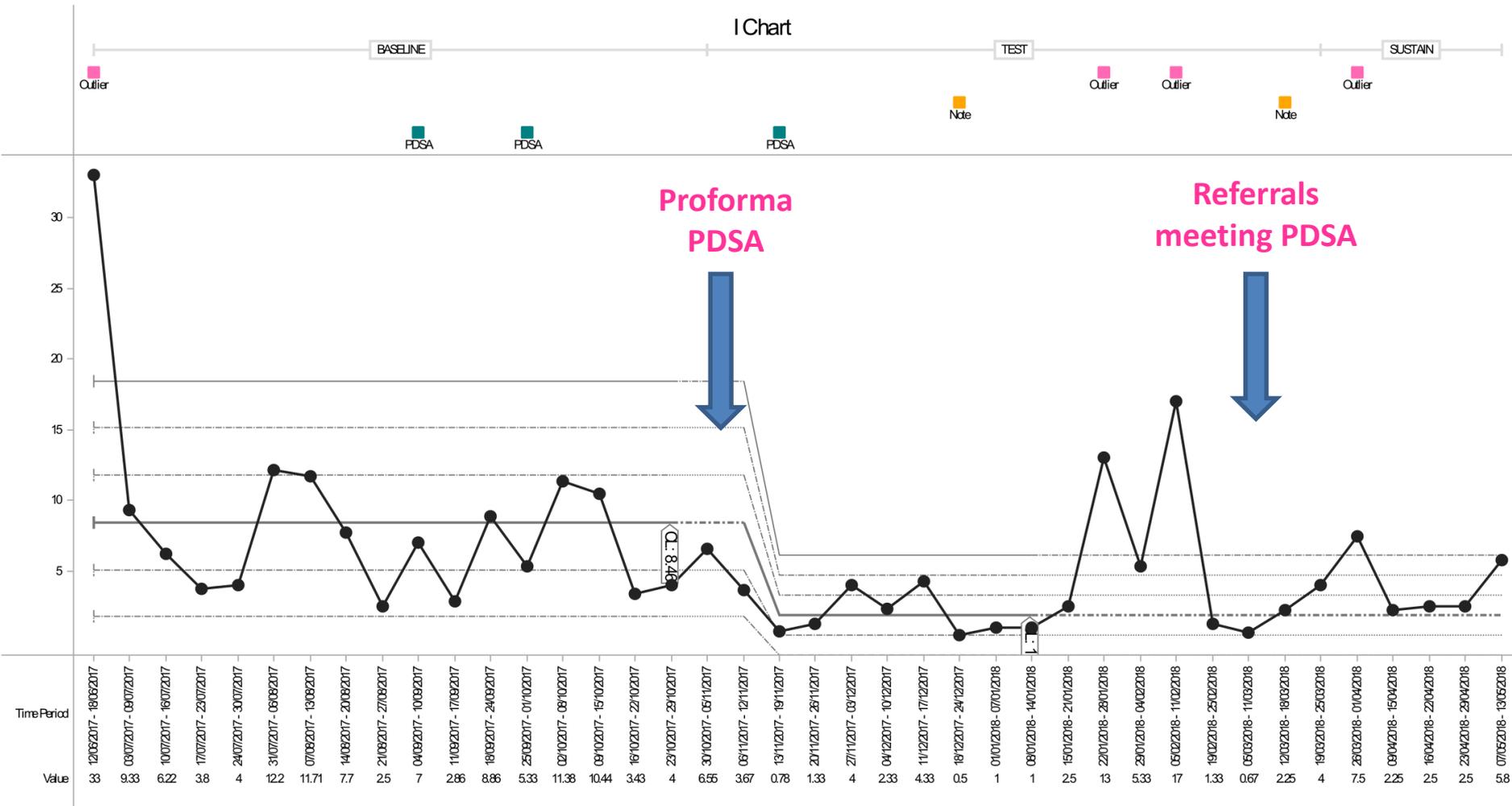


Our Change Ideas

- Three teams involved
- PDSAs can run simultaneously at different points in our pathway
 - Pre-referral – 2 x PDSAs
 - Referral to decision made – 3 x PDSAs
 - Decision-made to Assessment – 2 x PDSAs



PDSA – Reducing time from referral received to referral discussed



Balancing Measures

- Bottlenecks further down the line?
- Does the wait for therapy change?
- Does client satisfaction change?
- Do clinicians like it?

Reflections

- Ensure your project is well-documented
- Service user as an equal member of the team enriched our project
- Regular meets mean projects keep momentum
- Start small and ramp up.
- Value of early flowcharting and identifying what data to collect



Thank you for your time.

Any questions?



Morning Break

- Refreshments and Posters in L1
- Post a question for our panel discussion at the back of the auditorium
- Grab a coach and chat
-  **#QICeleb_B&L**

BREAK TIME





NHS

East London
NHS Foundation Trust

Video Message



Dr Navina Evans
Chief Executive Officer



Dr Helen Bevan



Chief Transformation Officer
NHS England

***Rocking the boat and
staying in it:***
**Bringing change to
health and healthcare**

Dr Helen Bevan
 @HelenBevan



The

POWER

TO MAKE
A
**POSITIVE
DIFFERENCE**



Change AGENCY definition:

The power, individually and collectively, to make a positive difference. It is about pushing the boundaries of what is possible, mobilising others and making change happen more quickly



Change AGENT definition:

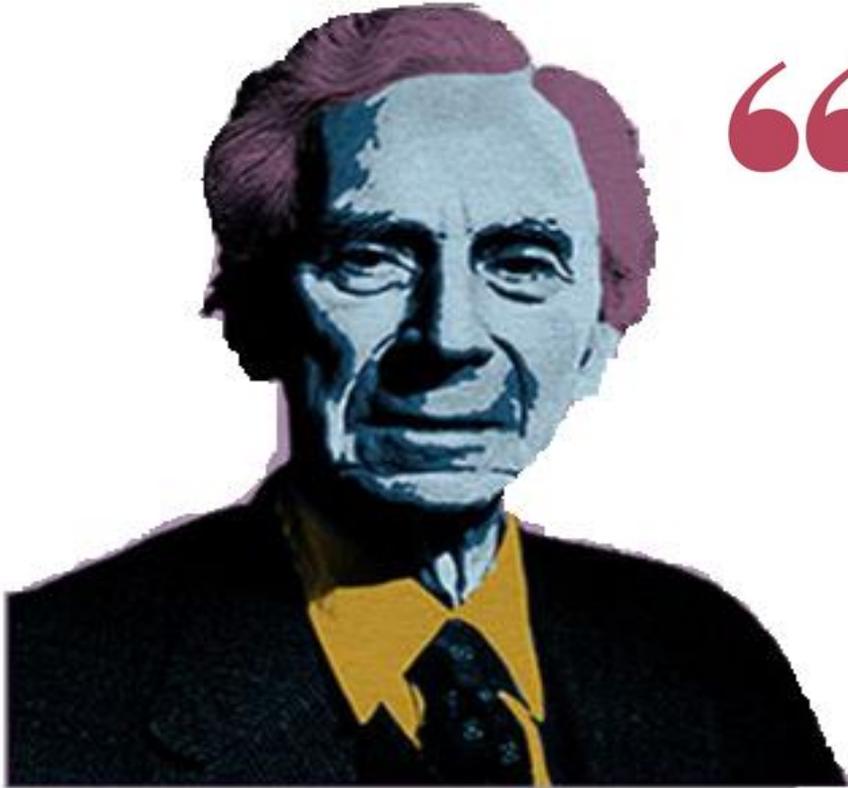
Someone who is actively developing the skills, confidence, power, relationships and courage to make a positive difference

We will cover

- The power to make a positive difference
- Why healthcare organisations need rebels!
- Rocking the boat and staying in it
- Starting from a place of love

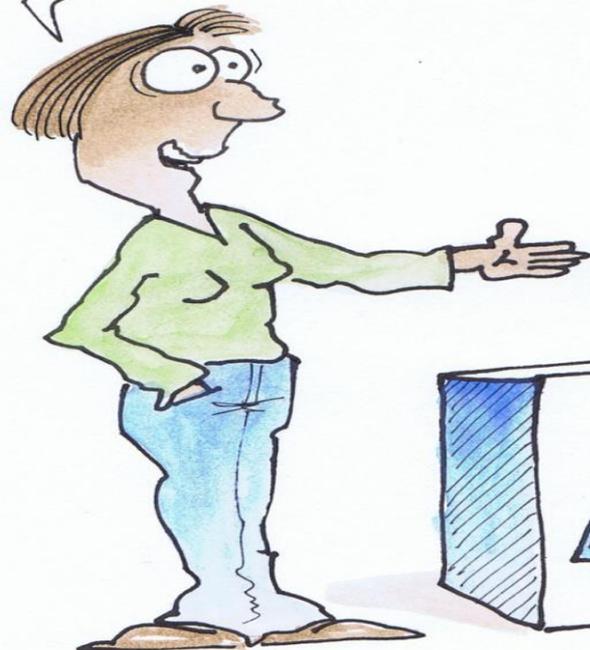


This talk is about power for change



“ Power is the ability to produce intended effects
Bertrand Russell

Honestly.....
go ahead



Do we really
have permission?





Currency

Current

Held by a few

Made by many

Pushed down

Pulled in

Commanded

Shared

Closed

Open

Transaction

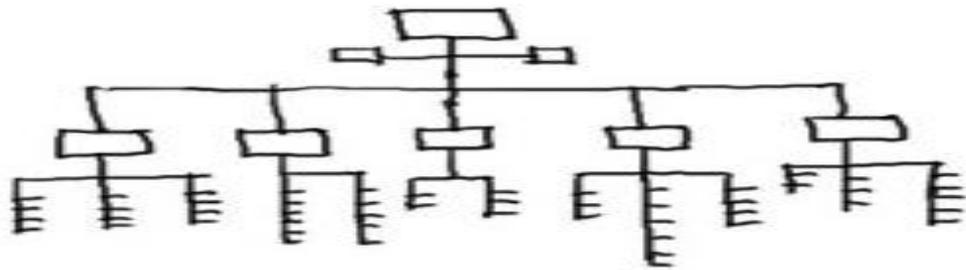
Relationship



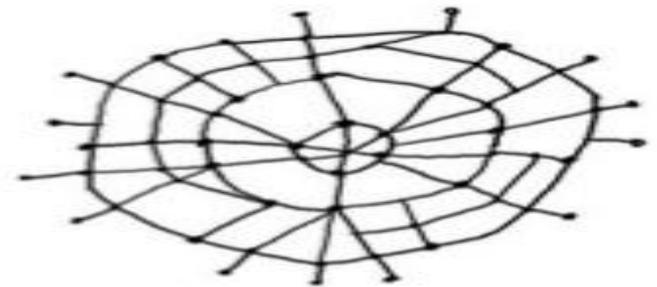
The Network Secrets of Great Change Agents

Julie Battilana & Tiziana Casciaro

As a change agent, my **centrality in the informal network** is more important than my **position in the formal hierarchy**



Designed for
DIVISIONS



Designed for
CONNECTIONS

2x

People who are highly connected
have twice as much power to
influence change as people with
hierarchical power

Leandro Herrero

<http://t.co/Du6zCbrDBC>

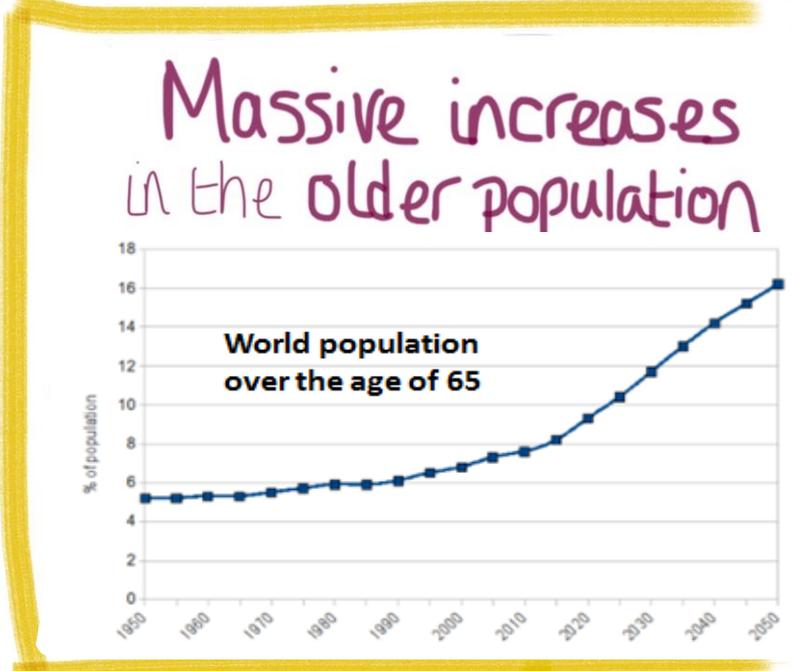
This is....



An Exponentially Changing World

Human Genome Project

A global project to map our DNA to provide insights to treat, prevent, and cure disease.



@HorizonsNHS

Dramatic increase in potential for sharing information across the world!

Skype, Snapchat, Facebook, Google, LinkedIn, Twitter, Instagram, WhatsApp, Email

NOW: Telegrams → Telephones → Television

End of Moore's Law

8 16 24 36...

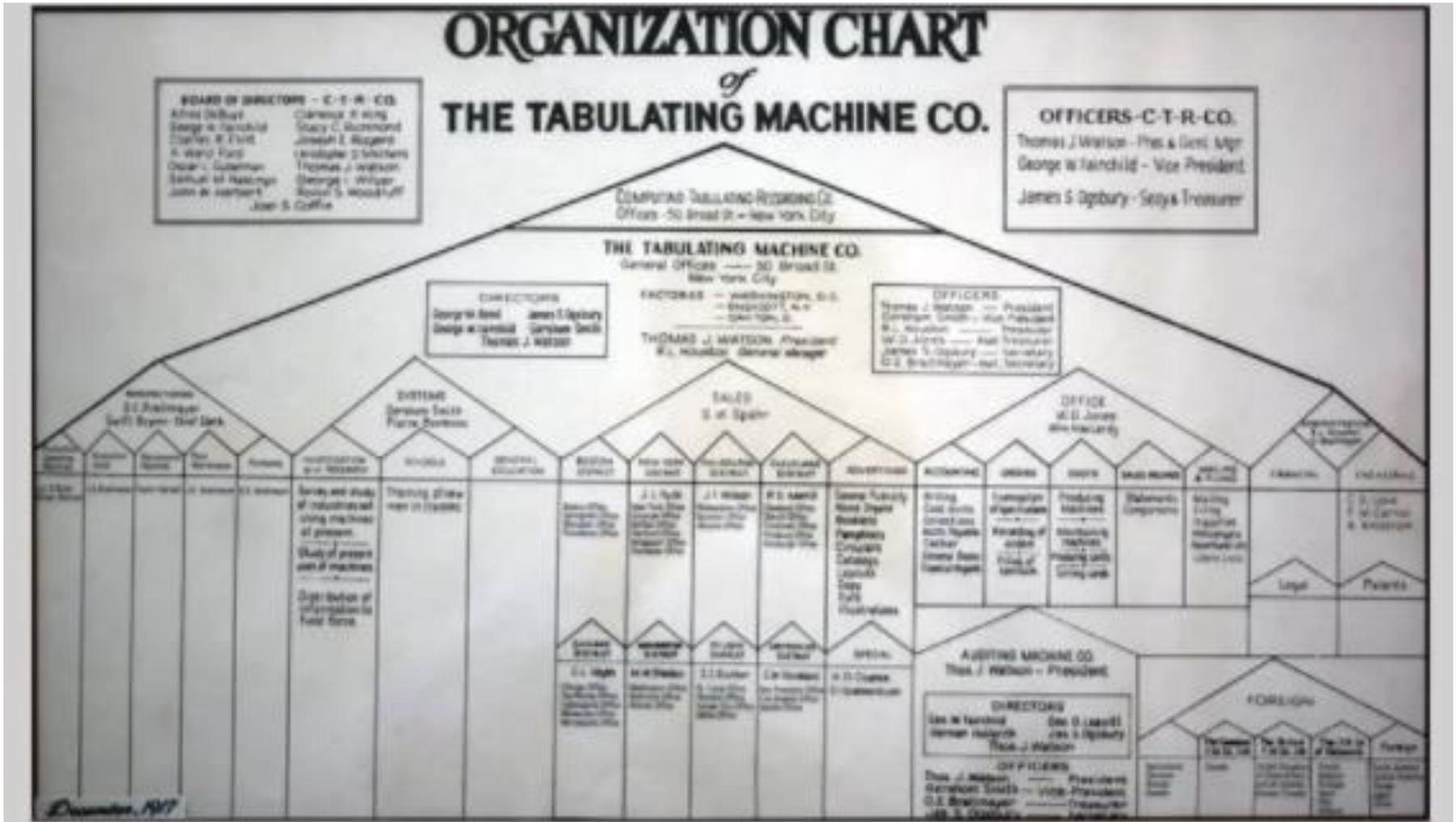
Brexit

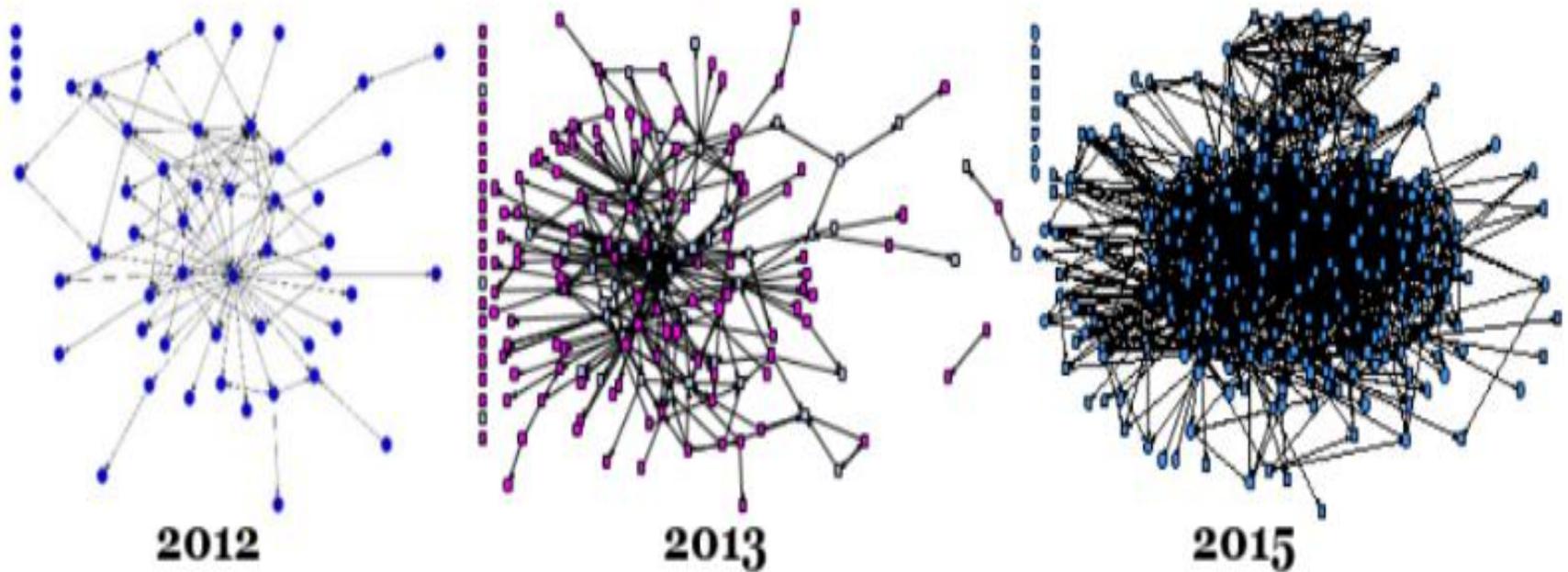
Unexpected shifts in voting.

EU

???

We still organise healthcare like the Tabulating Machine Co. of 1917

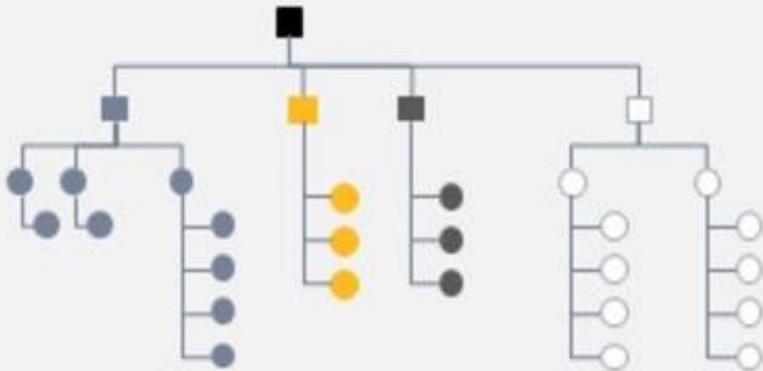




***Three time points of collaboration among
cancer clinicians and researchers***

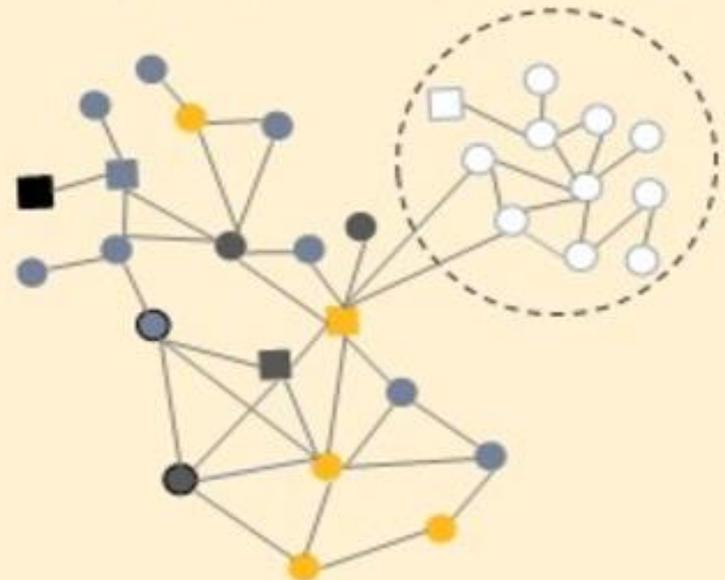
from [Braithwaite and colleagues](#) 2017

THE CLASSIC ORGANIZATIONAL CHART



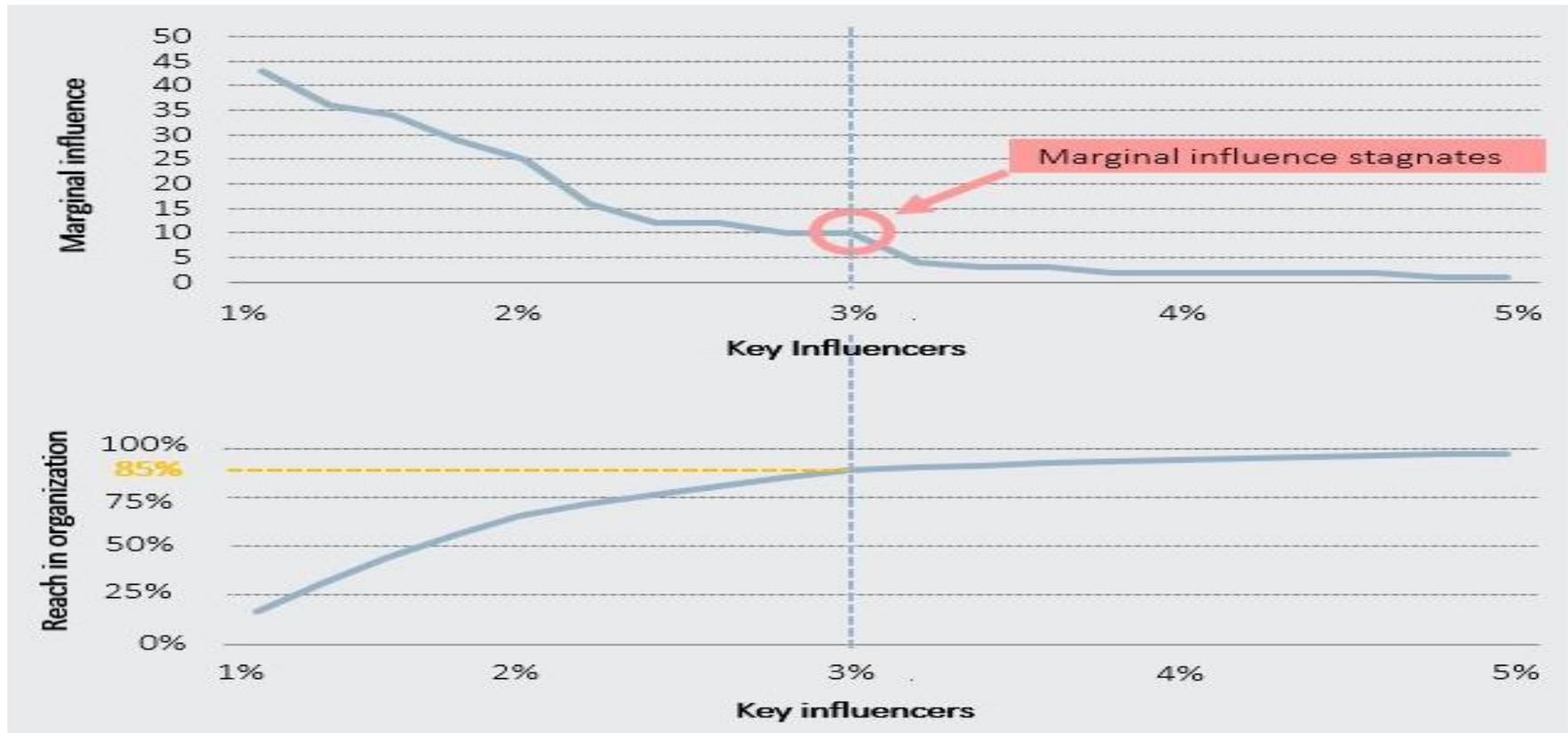
$\frac{2005}{1/10}$ → $\frac{2015}{9/10}$

THE REAL ORGANIZATION



The 3% rule

Just 3% of people in the organisation or system typically influence 85% of the other people

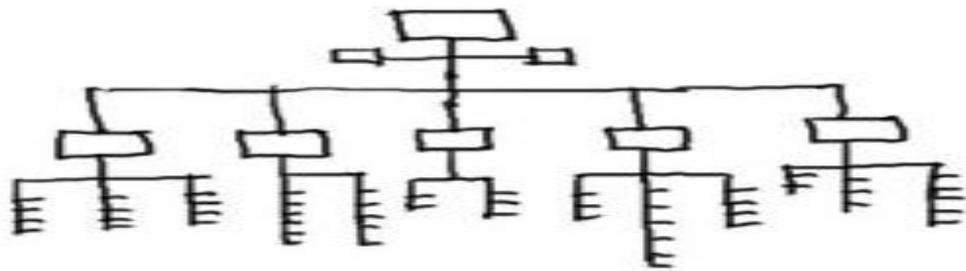


Source: Organisational Network Analysis by Innovision

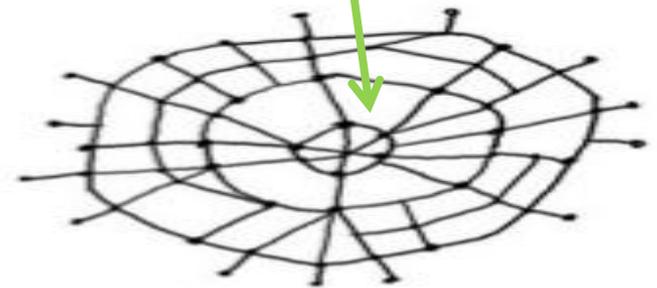
As formal/senior leaders, we have less influence than we think

If we want to get the same level of influence through **top down change** as **the 3%** get, we need **four times** more people

Source : Jeppe Hansgaard



Designed for
DIVISIONS



Designed for
CONNECTIONS

Healthcare organisations need rebels!

- The principal champion of a change initiative, cause or action
- Rebels don't wait for permission to lead, innovate, strategise
- They are responsible; they do what is right
- They name things that others don't see yet
- They point to new horizons
- Without rebels, the storyline never changes

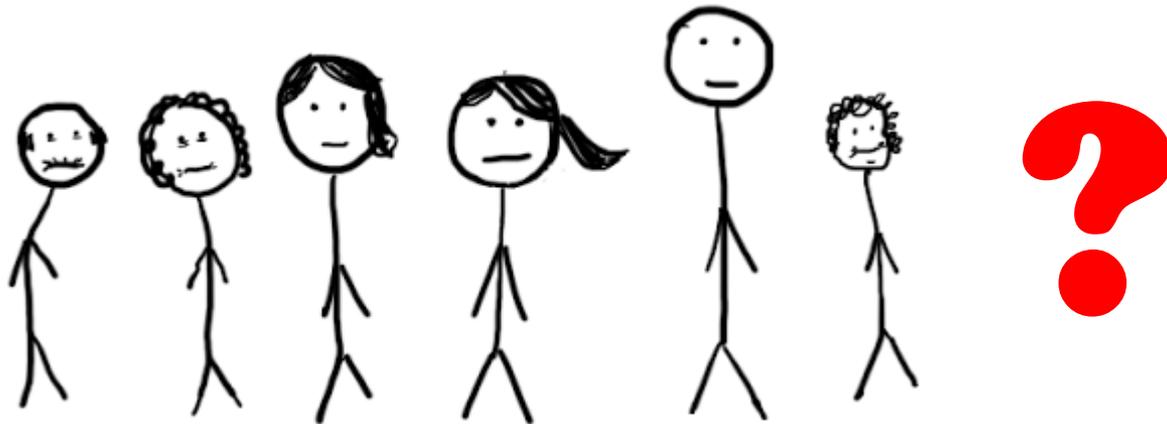


“*If you put fences around people,
you get sheep. Give people the
room they need.*

William L McKnight



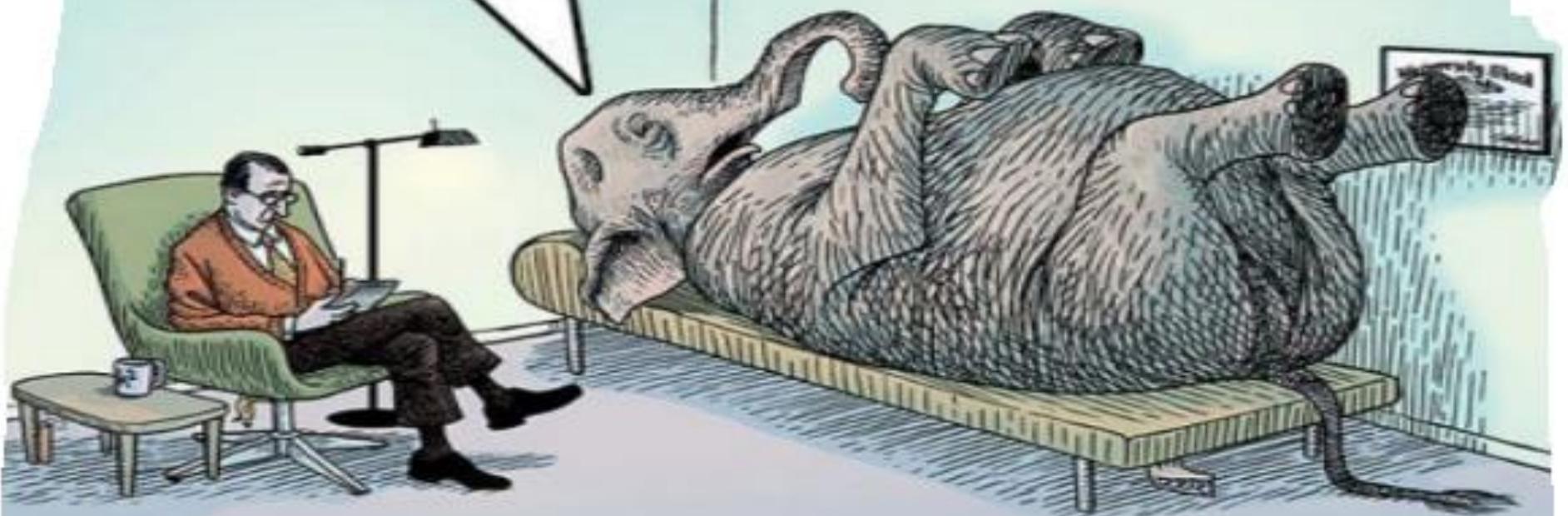
What happens to rebels/heretics/radicals/mavericks in organisations?



Source of image: thinglink.com



Sometimes, even if I stand in the middle of the room, no one acknowledges me.



We need to be boatrockers!

- Rock the boat but manage to stay in it
- Walk the fine line between difference and fit, inside and outside
- Conform AND rebel
- Capable of working with others to create success
NOT perceived by others as a destructive troublemaker

Rock the boat!
Rock the boat!
Rock the boat!
Rock the-...

Don't rock the boat baby
Don't tip the boat over
Don't rock the boat baby



⇒ Rocking ^{the} Boat ⇐

Boat Rockers...

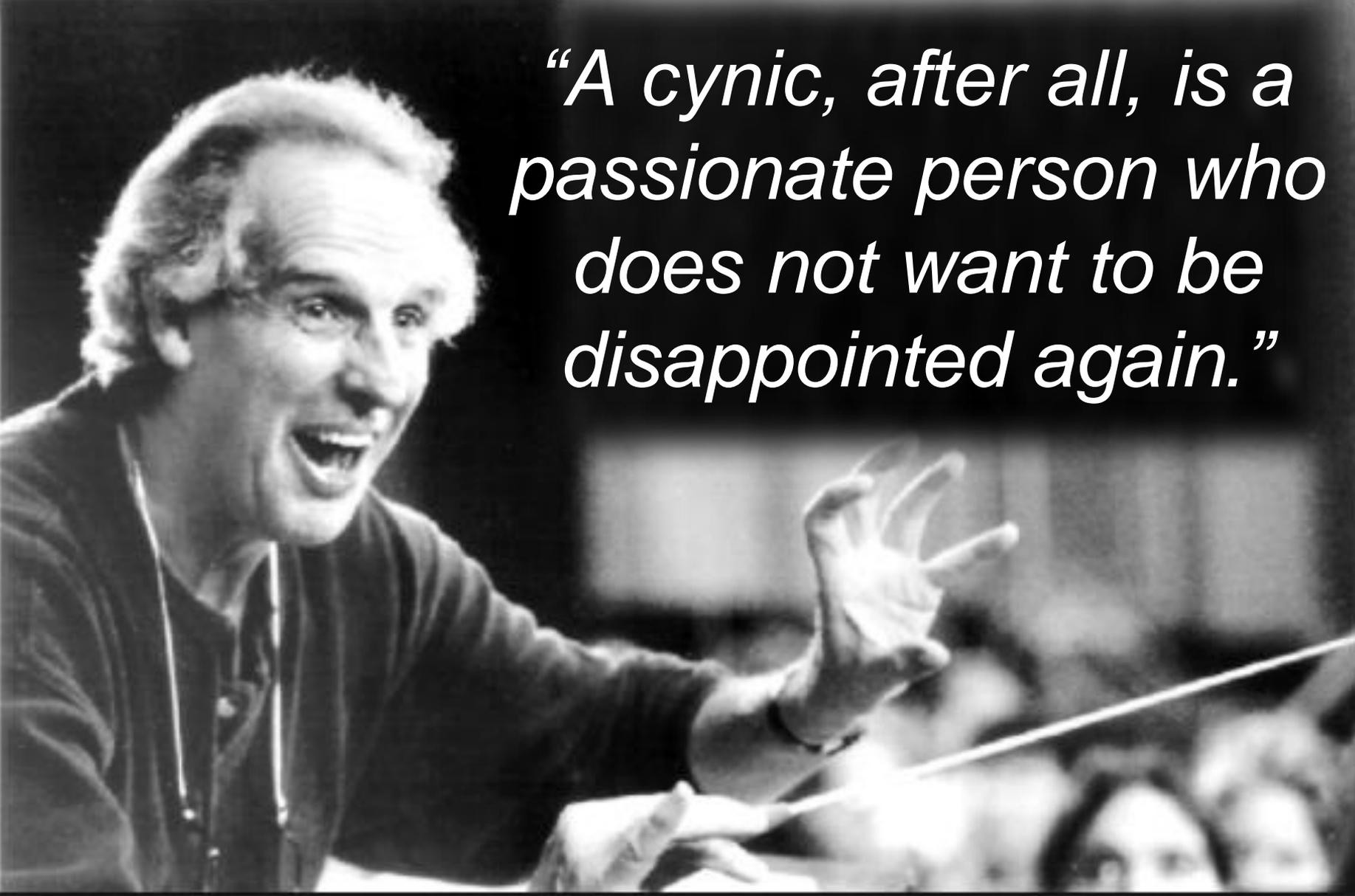


- Mission-focussed
- Passionate
- Keep perspective
- Optimistic
- Energy-generating
- Attracting others
- See possibilities
- Together.

Falling Out...



- Complaining
- Me-focussed
- Angry
- Pessimistic
- Energy-sapping
- Alienate others
- See problems
- Alone.

A black and white photograph of Benjamin Zander, a conductor, captured in a moment of intense passion. He is shown from the chest up, wearing a dark jacket over a collared shirt. His mouth is wide open in a shout or exclamation, and his eyes are wide and focused. His right hand is raised, with fingers spread, holding a baton. The background is blurred, showing the heads of an audience in a dimly lit setting. The overall mood is one of dynamic energy and emotional intensity.

“A cynic, after all, is a passionate person who does not want to be disappointed again.”

Source of graphic: Benjamin Zander's TED talk



“*The world feels terrible if I choose to distrust it*

Marcella Bremer

Source of image: Tord the Meme
by Marley Bryn

Reflection

- What are your insights around “boatrocking” and “falling out”?
- What moves people from being “boatrockers” to “falling out”?
- How do we protect against this?



⇒ Rocking ^{the} Boat ⇐

Boat Rockers...



- Mission-focussed
- Passionate
- Keep perspective
- Optimistic
- Energy-generating
- Attracting others
- See possibilities
- Together.

Falling Out...



- Complaining
- Me-focussed
- Angry
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- Alone

More reading

Lois Kelly and Carmen Medina [The rebel at work handbook](#)

Harvey Schachter [How to be a rebel, not a troublemaker at work](#)

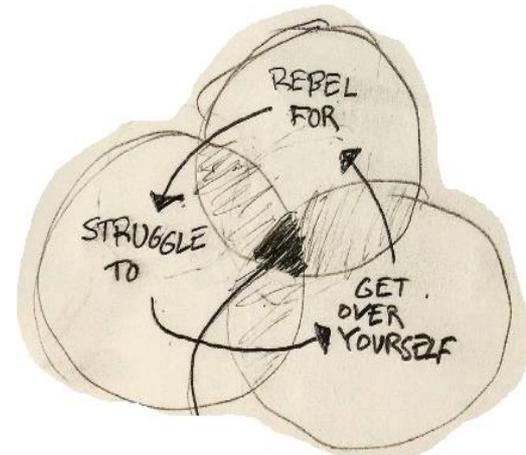
Debra Meyerson [Tempered radicals: how people use difference to inspire change at work](#)

Jane Watson [A spotter's guide to rebels and cynics](#)

Umair Haque [How to be more loving in a cynical world](#)

Clark Quinn [Skeptical optimist or hopeful cynic? A science mindset](#)

Marcella Bremer [Cynicism or optimism?](#)



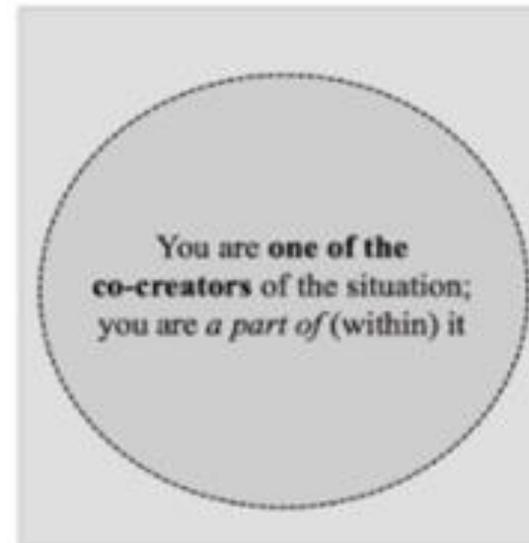
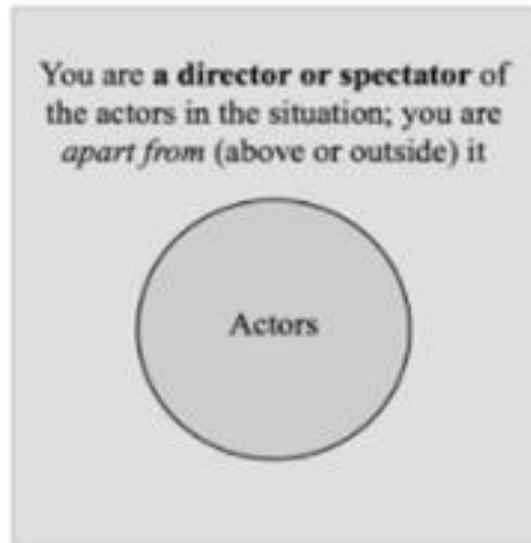
Source of graphic : Umair Haque

Change starts with me



Source of image: jasonkeath.com

We are not outside of the change: we ARE the change



“The success of our actions as change-makers does not depend on what we do or how we do it, but on the inner place from which we operate”

Otto Scharmer

Leading from the emerging future



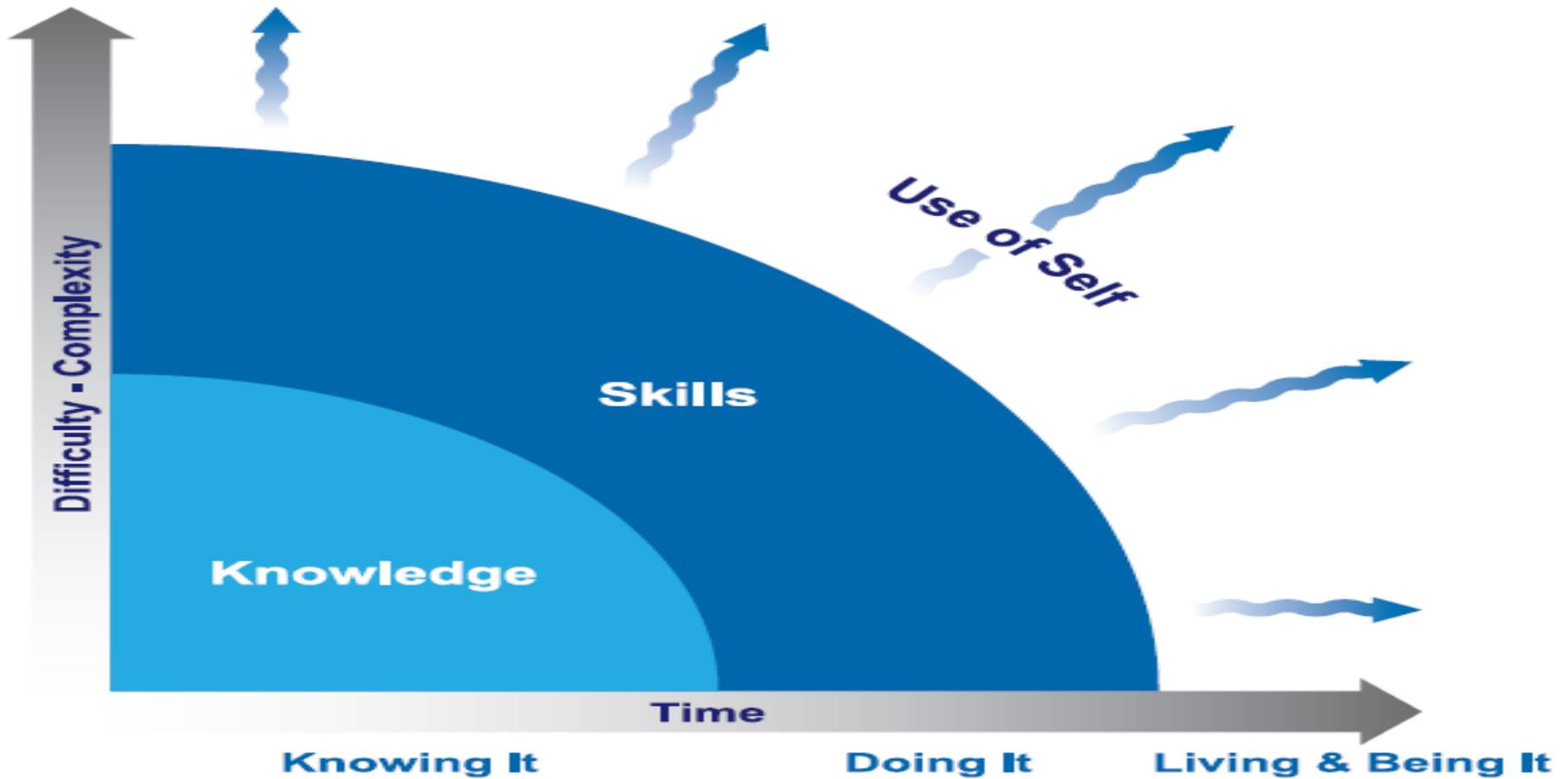
Four things we know about successful boat rockers



1. able to **join forces** with **others** to create **action**
2. able to achieve **small wins** which create a sense of hope, possibility and confidence
3. strong sense of **agency**
 - belief that I am personally able/have the power to create the change
4. more likely to view **obstacles** as **challenges** to overcome

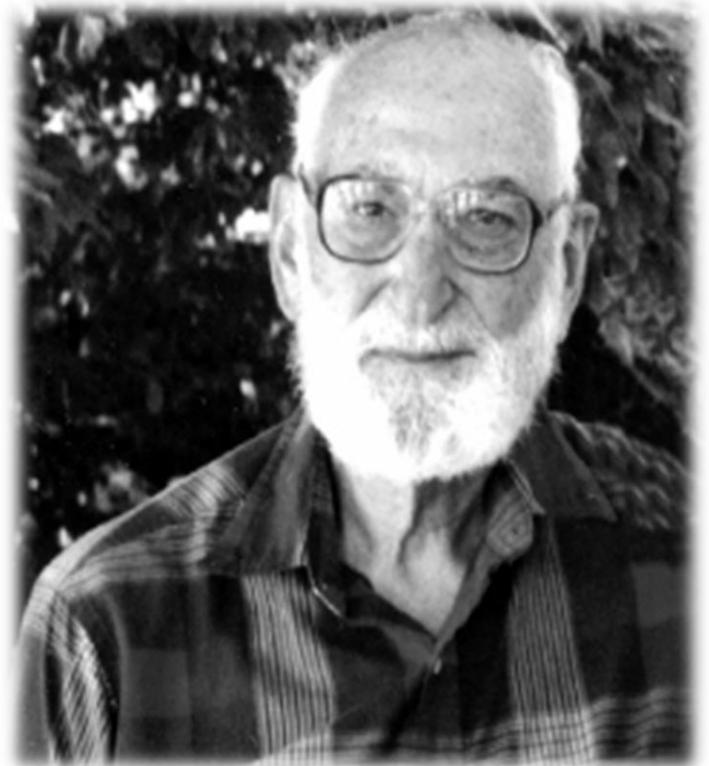
Source: adapted from Debra E Meyerson

Being a great change agent is about doing, seeing and being change



“ Ultimately, the secret of quality is **love**...

If you have love, you can then work backward to monitor and improve the system



Avedis Donabedian

After years of intensive analysis,
Google discovered that the key to high
performing teams that deliver change is
being nice



Project Aristotle:

https://www.youtube.com/watch?v=UfGiCnhdU78&feature=youtu.be&list=PLHEw3ja-xoaZybvz9f0b1_6bJyG7zZO6L

Tactic for change agents: Out-love everyone else



Source of image: Bradley Burgess

Panel Discussion



Felicity Stocker
Service User
Project Presenter



Farid Jabbar
Clinical Director
Luton



Helen Bevan
NHS Horizons
Keynote
Speaker



Claire McKenna
Director of Nursing
Luton &
Bedfordshire



James Innes
Associate Director
Quality
Improvement



Closing Words from our Deputy CEO



Steven Course

Chief Finance Officer
& Deputy CEO for Luton & Bedfordshire