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# Comisiwn Bevan Commission

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## “ A Powerful Force For Change In Wales

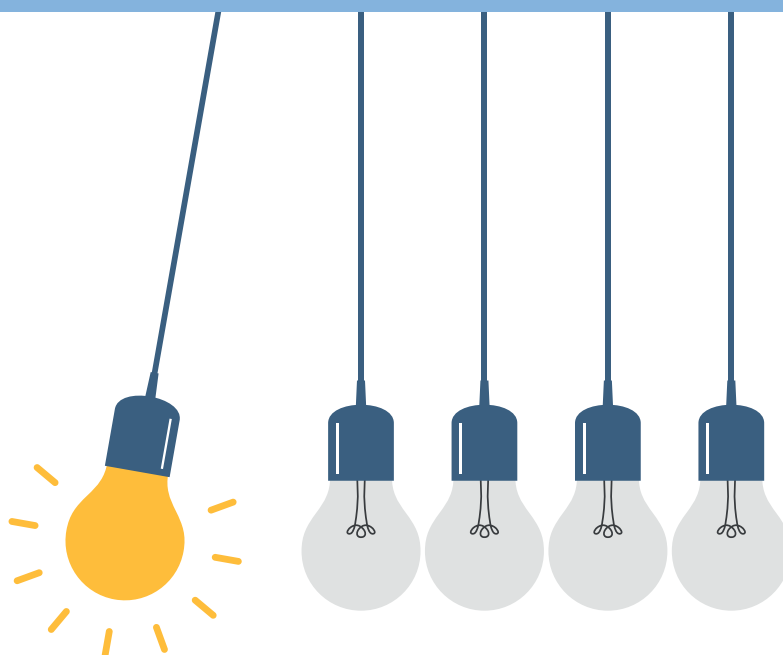
Evaluation of the Bevan Commission Exemplar Programme Cohort Two 2018

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## ABOUT THE AUTHOR

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**Professor Nick Rich** is a senior Professor at Swansea University's School of Management. Nick has a distinguished academic career where he was a pioneer of lean ways of working in the 1990s and was one of very few foreign researchers to be awarded the Toyota Motor Corporation Fellowship of Japan whilst at Cardiff University. Nick's engineering skills were then applied to a wide range of manufacturing and service businesses, including a year at the Royal Mint where he was part of the team making the medals for the 2012 Olympics. After an experiment to enact a same day admission surgical pathway Nick developed a special interest and specialism in healthcare and patient safety/human factors, which led to him joining Warwick Medical School to conduct research into safer clinical systems for The Health Foundation. Nick is recognised as an expert in quality and safety management systems, lean healthcare systems and highly reliable organisations and joined Swansea University in 2013. Nick holds a number of major UK and international healthcare research projects including those with The Health Foundation.

## ABOUT THE BEVAN COMMISSION

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The Bevan Commission, hosted and supported by Swansea University, provides independent, authoritative advice on health and care to the Welsh Government and leaders in NHS Wales, the UK and beyond.

The Commission, chaired by Professor Sir Mansel Aylward, draws its expertise from members based in Wales, the UK and internationally. Its global reach is demonstrated by the firm links it has with national governments, academia and national health systems in Australasia, Europe and North America.

It is translating its thinking into action by supporting health and care professionals across NHS Wales, called Bevan Exemplars, to try out and test out their own expert ideas. These Bevan Exemplar projects demonstrated a project completion success rate of 70%, have to date a 5:1 return on investment in economic benefits, and improved health outcomes, patient experiences and service delivery.

The Bevan Commission believes that good health and care is everyone's responsibility, so it works with individual community members and community networks to ensure their views are heard and inform the health and care debate.

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## HIGHLIGHTS FROM BEVAN EXEMPLARS COHORT 2

29

Bevan Exemplar projects supported

32%

of Bevan Exemplar projects declared suitable for immediate scale-up or adoption

34

NHS Wales staff involved

9

days of structured and co designed support/ training/development with additional and bespoke training sessions based on group needs

8

projects collaborating with industry

79%

SUCCESS RATE

200+

Additional days 1:1 individual Exemplar support (evaluation, bespoke workshops/ events, coaching, guidance, mentoring)

£196k

Generated in economic benefits on average per project.

## BACKGROUND

Combining innovation and improvement processes is a common theme for many of the Bevan Exemplars as they work to challenge existing systems and practices whilst learning how to deliver care more effectively. Innovation challenges the fundamental design of processes, while improvement concerns efficiency gains for existing processes.

The blended format of the the Bevan Exemplar programme (co-designed with Bevan Exemplars and led by Bevan Commission Deputy Director, Siôn Charles) makes it unusual and, guided by the Prudent Healthcare Principles, a particularly Welsh model and methodology. It should be noted that since the publication of the evaluation of the first cohort (Rich 2017), international interest in the Exemplar programme from other healthcare systems and improvers abroad has increased substantially as others seek to emulate this successful programme.

Improvement and innovation (individually and when combined) entail significant risk and it was expected that such a radical programme design would expose Exemplars and their innovative ideas to organisational risk and resistance to change. Resistance to change poses a challenge to the rate of success of such interventions and increases their probable failure – no matter how logical the innovation may be. At the time of Cohort 1 – Ham and Berwick (2016) proposed that 70% of all NHS change projects/programmes in NHS England fail. In Wales we have not only found a majority success rate for Bevan Exemplar projects, but the actual figure achieved was an 80% success rate (Rich 2017).

This success rate is highly unusual and has generated significant debate as to why the programme would succeed where others (with equally honourable intentions) have failed. The 2017 evaluation highlighted the qualities and skills of the Exemplars, combined with the credibility of Bevan Commission brand, as the sources of success. The scheme demonstrates that people who work in and use the health and care system have an important role to play in transforming the system.

A year later, and with another dynamic year of change and challenge to the Welsh healthcare system, the evaluation of the second cohort finds a nearly equal rate of success of 79% and a rebuttal to critics of the NHS who maintain the mantra that “all change fails” in the health service. The success rate of the two cohorts was recognised and praised by Professor Sir Don Berwick during his last visit to Wales and day of working with the Exemplars.

The second cohort is considered as a success in the way they have achieved three learning outcomes, as follows:

- Learning how to do things right (standardising good practice)
- How to do things better (learning how to innovate), and,
- How to do things differently (challenging and questioning the purpose of NHS processes).

These three dimensions of learning cover both the ‘process –focused’ Bevan Commission Exemplars and the ‘technology and process-focused’ Bevan Commission Health Technology Exemplars. The continued success of the programme is a major result for Wales and proves the Bevan Commission methodology and programme is a powerful force for change in Wales.

## BEVAN EXEMPLARS IN CONTEXT

Over 30 years of successive campaigns, of greater or lesser success, have engaged health and care staff in improvements to safety, quality, efficiency and so on. Significant progress has been made and national campaigns have reinforced the importance of improvement. Indeed, improvement has become an aspect of daily management for many significant patient pathways.

During this time, the challenges facing NHS Wales have intensified. The population is getting older and will live for longer (and with more complex needs) providing an urgent need for smarter (and faster) diagnosis, a more local provision of services and a flexible workforce. In addition, the current structuring and allocation of resources is stretched and will be further challenged by an ageing population, giving rise to a need to work across boundaries and become far more prudent and proactive. Wealth and poverty also exist in unequal measures that implies a 'single service solution' will not work and contingencies must be taken into account. A single 'one size fits all' approach is unsustainable and the challenges of inner city lifestyles are very different to the Valleys communities and to the rural farmlands of Wales.

These long-term challenges have many common features to other countries with far larger populations, but Wales has many specific advantages. There are close working relationships between networks of influence and supporting bodies, which are also close in terms of physical proximity. In Wales, it is possible to get an entire profession or care pathway in a room to transform care and work on a few vital innovation and transformation projects that can unlock effectiveness of people's skills and resources.

Experimentation (not emulation of others) is key to delivering innovations of care services in the future and maintaining a motivated and engaged workforce. The workforce must envision their future roles and provide adequate investment to ensure that workforce transformation maintains patient safety and that core skills are used regularly to ensure they remain well practiced and improve health outcomes. This echoes a recent Bevan Commission paper on 'A Workforce Fit For Future Health and Care', which emphasised the need to develop a flexible workforce of "core health carers" who can better meet the needs of patients and communities.

In response to this challenge, the Bevan Exemplar Programme has:

- Recruited cohorts of motivated and expert staff who are key to challenging the status quo and are supported to implement transformational change to build services (and staff) that are "fit for the future".
- The successful selected Bevan Health Technology Exemplar projects that attracted investment from the Bevan Commission management team following multiple rounds of screening are innovative and are targeted to meet the demands of the modern and prudent service as outlined above.
- Engaged in collaborative and Cohort-driven change programmes that are founded upon innovation and aligned with the principles prudent health and care.

The projects within the programme are future-focused which makes this form of intervention different: challenging conventional wisdom, the very purpose of a service or role and even the location of care delivery itself. It is a bold investment by the Welsh nation.

From my interviews with, and observations of, Bevan Exemplars "in action", radar chart analysis and questionnaires employed over the course of Cohort 2, the evaluation team supports the view that the programme and the combined innovation and Prudent Healthcare principles is an effective approach to change management. Again, the Bevan Commission 'brand' is identified as a source of pride and also as a means of championing change even in the face of resistance. Even when projects were less than fully successful against measures of completion to time or initial objectives, the individual Bevan Exemplar interviews confirmed that the experience of being an Exemplar was viewed with great pride and gratitude.

The legacy of the first two cohorts is interesting, as the Bevan Exemplars themselves confirm that they can identify more projects they would like to champion and believe the skills learned from the Exemplar experience will allow them to be self-sufficient in defining the root cause problem and enacting innovative solutions to current and future care needs.

Learning how to be innovative whilst employing techniques associated with 'continuous improvement' is a powerful combination. The ability to both achieve a "step change" in the design of a service, then enact the improvement and learning processes to ensure the service continues to "drive out waste" and raise quality and safety standards is a major achievement. This applies to any individual or group working across organisational boundaries or where project implementation is relatively long and complex (in comparison to a simple and local improvement event).

# DELIVERING CARE DIFFERENTLY VS SMALL CHANGES

Interviews conducted by the evaluation team with the Bevan Commissioners (Board Members of the Bevan Commission) and Bevan Exemplars revealed the programme was inspired by the development of a Welsh capability to innovate and engage in transformational change in line with the nationally and internationally recognised Prudent Healthcare principles. The Bevan Exemplar programme was also considered to 'join up' other providers and initiatives in Wales. These intentions mirror the recommendations of the Parliamentary Review in Wales (2018) and are embedded in the Welsh Government's (2018) Long term plan for Health and Social Care which calls for these gaps to be closed to create a seamless model of care, fit for the future.

Delivering care differently requires NHS staff (and other associated organisations including local councils and 'blue light' services) who can look across organisational boundaries to optimise resources and activity. This would include staff who can look at processes but also see the organisation in its context (the service and the needs/purpose of the current and future patient and service user).

The ability to identify necessary changes and lead this transformation was regarded as only one outcome of the first cohort of Bevan Exemplars and the Bevan Commission team proposed that NHS staff would also need to lead change and to take managed risks to optimise their services. The Exemplar programme was created so that these healthcare staff would be sponsored and, importantly, given the 'head space' to innovate through a focused project and also as a member of a peer community of like-minded Bevan Exemplars. It should be noted that the Bevan Exemplar programme involves data and visualisation of pathways as a primary activity in understanding service user needs (purpose and efficiency to think outside in) and understanding the constraints of a system (thinking inside out), as well as the potential for change presented by the innovation.

Adding new and different value-added services to the same team (to accommodate the treatment of more conditions etc.) needs to be enabled by techniques and methods, changes to context or environment, exposure to new ideas, concepts, behaviour and mental models that challenge established patterns of thinking. The ability to do more as a team and respond quicker to more integrated pathways or

the situation of the patient is a major benefit for a stretched NHS. To be able to manage complex needs locally requires much greater situational awareness of the illnesses and what to look for, as well as which pathway to select and configure for the patient (prudence in action).

The second cohort of Bevan Exemplars have projects with significant opportunity for scale-up and knowledge transfer to the whole of Wales. Around a third of Exemplar change programmes have the potential to be deployed immediately to similar organisations or to an all-Wales scale.

The inability to execute the process of broader deployment of Exemplar projects to "similar" or other professional contexts remains a concern and a gap in NHS Wales. The gap that has endured since Cohort 1 is an imperative one to close if meaningful progress and transformation is to be made speedily. The second cohort was not specifically tasked with financial improvement but with the application of Prudent Healthcare. Savings were achieved despite the projects encompassing a greater depth of change management with a more varied number of stakeholders. We estimate that approximately £196,000 was generated in economic benefits per project.

Some Exemplar projects have major implications for the release of "blocked" capacity. They have identified structural inhibitors which prevent the advancement of many services and their operating models. Such issues include the location of service delivery, requisite skills and problems with the remuneration of services. These inhibitors also prevent the matching of services to accommodate the future demographics of Wales and future service user needs.

The Exemplar programme participants regard the "Bevan Exemplar experience" as a unique form of experiential learning and sharing and have enjoyed the programme. The responses from the Cohort 2 Bevan Exemplars are very encouraging in terms of their reflections on the programme and their enthusiasm to progress to new projects.

"Making change stick" has been difficult for the first cohort and there are issues concerning the scale-up of innovations from the focal team to 24/7 working and between organisations (innovation exchange

and adoption at a national scale). Yet many of the first cohort of Exemplars continue to work with the Bevan Commission.

The Bevan Exemplar programme has increased the confidence, capability and capacity for change and innovation in Wales. A number of Exemplar projects have won externally recognised awards and individual recognition. Driven by the desire to continue leading change and to actively support others wishing to do the same, Cohort 1 Exemplars remain actively involved with the Bevan Commission and its wider social networks.

## PERSONAL REFLECTIONS

As an auditor, evaluator and reviewer of the Bevan Exemplar programme (Evaluations of Cohorts One and Two) and ongoing evaluation of Cohort Three (which is again showing great promise), I have a privileged position to comment on the programme in its broadest context. The staff who apply to become Exemplars are experienced and have significant knowledge and enthusiasm for change. Having reviewed the health and care organisations and Bevan Exemplar projects I believe there is more untapped talent that can be harnessed.

The Bevan Exemplar programme is quite short and should be extended and an alumnus network would be a great addition to maintain the learning networks for Wales. Of most significance is the lack of a mechanism to scale-up and integrate the healthcare employers with professional bodies (Welsh representatives of national and Royal Societies). Adding this capability will also stimulate greater and more effective technology partner engagement as dissemination will occur at a national level. There may also be opportunities arising from the Welsh Government's Transformation Fund to implement this much-needed scale-up and integration.

A further issue that inhibits innovation is the inability of Welsh public sector and healthcare organisations to engage in the establishment of "spin out" businesses. That is to say, establishing businesses to exploit the benefits of a project or to create revenue streams / means of sharing the profits from innovation with staff (namely those whose creative potential has led to an innovation that could be exploitable if protected by the law and licenced to other commercial organisations).

## KEY RECOMMENDATIONS

Key recommendations for the development of the programme include:

### 1. **A call to scale up at Health Board and Trust-level**

Health Boards and Trusts support the Bevan Exemplars scheme but more can be done to commit to the scale-up of projects beyond the parameters of the scheme. Connecting with Regional Partnership Boards providing mentoring and even financial support and applying for innovation funding could be a way forward to expanding the impact of the projects.

### 2. **Support for alumni for follow-on projects**

Support could also be provided to Bevan Exemplar alumni to undertake further follow-on projects and act as change agents, capitalising on their enthusiasm and drive and recognising this as a future leaders network within NHS Wales.

### 3. **Greater engagement with the professions**

In order to spread the impact and awareness of the Bevan Exemplars scheme, more can be done to engage with the professions across NHS Wales, highlighting relevant case studies and connecting with the Bevan Exemplars alumni.

### 4. **Joining up the system**

There is clearly a need to better connect the various organisations and agencies of NHS Wales. Through the work of the Bevan Exemplars scheme, the Bevan Commission is clearly well-placed to fulfil a connector role.

### 5. **Focusing in on themes and organisations in special measures**

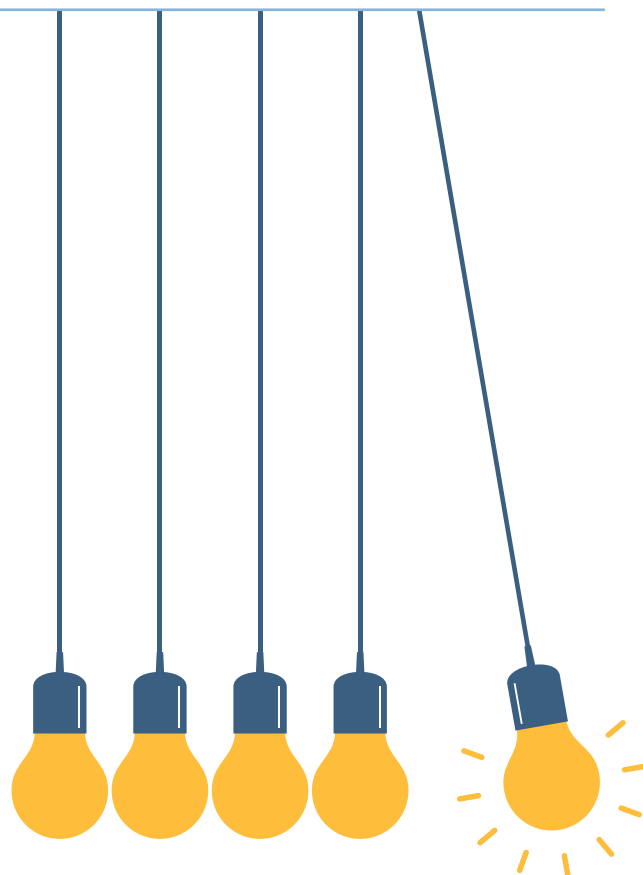
For the Bevan Exemplars scheme to continue to innovate and make a transformational impact, the Commission could consider focusing in on further themes for future calls, as well as organisations in special measures which require intensive support.

## CONCLUSION

The current process and content of the Exemplar programme can undoubtedly be deemed a success. The outcomes of the programme unlock benefits for a wide number of stakeholders and the resultant improved skills of the Bevan Exemplar provide a major addition to the national talent bank. Overall, I commend the programme for its performance and results. Again, an 80% success rate flies in the face of the achievements of other programmes and interventions to improve the performance of healthcare organisations.

Key highlights of the second cohort of Bevan Exemplars include:

- 79% success rate for Bevan Exemplar projects (versus anticipated success rate of 30%, Berwick & Ham, 2017). Equivalent to 80% success rate of Cohort 1 achievement 2017.
- 32% of Bevan Exemplar projects in Cohort 2 (10 out of 31 projects) eligible for immediate scale-up or adoption.
- Increased leadership capability, skills and confidence to manage change reported by participants.
- Success was attributed by programme participants to the support and kudos associated with the Bevan Commission and from connections provided by the Commission to a network of Welsh innovation partners.
- Innovation increased across the NHS with 2nd generation projects spawned during the cohort as Exemplars identify new innovation projects.
- Multiple awards were achieved by Bevan Exemplars and their teams during the period of the cohort and retrospectively, with national, UK and international levels of recognition.



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