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“ Seeing the big picture:

The Bevan Commission Exemplar Programme Cohort 3 - Evaluation Summary

Professor Nick Rich

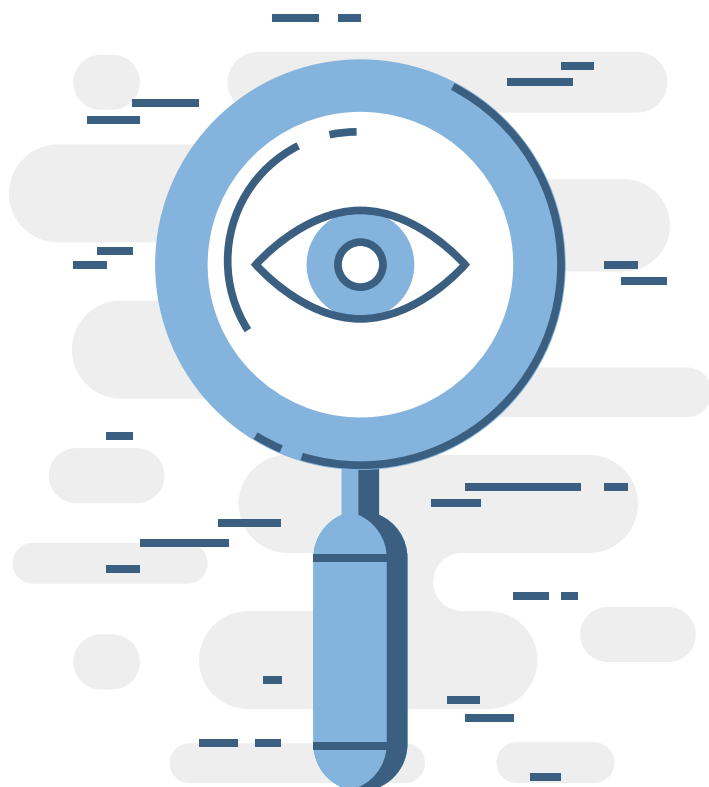


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ABOUT THE AUTHOR



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.

Comisiwn Bevan Commission

ABOUT THE BEVAN COMMISSION

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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BACKGROUND

Established in 2008, the Bevan Commission is Wales' leading health and care think tank. The concept of prudent healthcare, pioneered by the Bevan Commission, is a cornerstone of Welsh Government policy, and its influence stretches beyond Wales to health and care systems across the world.

The Bevan Commission is also translating its expert thinking into radical action to make a health and care system fit and sustainable for the future. The Bevan Exemplars scheme is a means to support this and enables health and care professionals to trial and test out their prudent innovative ideas to improve health outcomes, patient experiences and resource efficiency in NHS Wales. Over 140 projects have been supported by the Bevan Commission since the scheme was established in 2015/16.

Bevan Exemplars hail from every part of the NHS and at all levels: surgeons, physiotherapists, nurses, GPs, carers, planning managers and porters. They are committed to driving transformational change in their Health Boards and Trusts, and demonstrate personal commitment to drive forward projects under pressure.

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 Bevan Exemplar programme (co-designed with Bevan Exemplars and led by the Bevan Commission) makes it unusual and, based upon the prudent healthcare principles, a model and methodology unique to Wales and its needs. The Bevan Exemplar scheme provides a unique combination of protected time and space,

peer-to-peer networking, credibility of the Bevan Commission, motivation, support and expert mentoring to deliver innovative ways of working. It is important to note that Bevan Exemplars and their employers (NHS Wales Health Boards and Trusts) lead these innovative projects alongside day-to-day work and responsibilities, with no additional resources (except for the Health Technology Exemplars, who receive Welsh Government funding to support new technologies and equipment).

Outcomes from the 2017/18 cohort include some of the following:

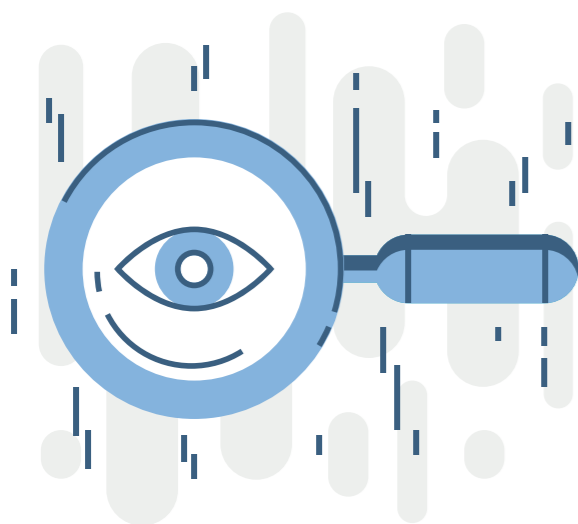
- Making it quicker and easier for cancer patients to access radiotherapy treatment.
- Saving a struggling GP surgery through upskilling staff and transforming patient engagement.
- And using community paramedics to treat people at home and avoid hospital admissions.

THE CONTINUED SUCCESS OF THE PROGRAMME DEMONSTRATES THE VALUE OF THE SCHEME TO NHS WALES, WHICH RECEIVES SIGNIFICANT NATIONAL AND INTERNATIONAL ACCLAIM. IT ALSO INDICATES HOW THE AMBITIONS OF 'A HEALTHIER WALES' CAN BE MADE REALITY AT A LOCAL AND NATIONAL LEVEL.

EXECUTIVE SUMMARY

The issue of healthcare innovation and technological transformation has gathered increasing interest in the last few years. The 'era of managerialism' and blind emulation of 'best practices' from other sectors has ended with the realisation that many of the enduring solutions needed for a modern NHS come from the innovations of local NHS staff.

Such staff must be armed with the necessary improvement skills, and the confidence to challenge current wisdom and generate innovations so that they own their solutions to their problems. The illogic of imposing 'someone else's' solutions to similar-looking problems has proven ineffective and healthcare organisations have returned to the fundamentals of innovation – which is to identify a reason to change, identify the root cause of the issue and engage in experiments (with reviews to see whether improvement has happened) - then to learn from this experience to find the next transformation in care provision needed. Such a learning cycle must be based on quality of skills and a new process of learning and which is embedded into the very design of the Bevan Exemplar programme.



The Bevan Academy Exemplar programme has entered its fourth year and the fourth cohort is currently engaged in their initial learning and scoping cycle of innovation. The third programme, the subject of this report, has concluded and this report presents the findings. The programme has received significant national and international acclaim. The former Exemplars, many of whom are sustaining their initial projects and continue to drive change, have set a high level of expectation for the Exemplars of cohort three and this report finds:

- Cohort Three represents another high “value for money” programme in terms of the returns to the Welsh healthcare system, its patients and its staff. The success rate is again around 75% of projects.
- The cohort has focused on capacity building and key themes evident in cohort three are:
 1. Equipping staff to work more effectively and efficiently.
 2. Enhancing early support and triage.
 3. Enabling staff to address a greater variety of patient conditions.
 4. Capacity building.
- The projects and outcomes have great alignment with the national agenda and also the 'Welsh NHS of the future', and these pioneering projects demonstrate a new broadening of thinking and engagement with concepts that go beyond efficiency improvements to challenge current models of health and care provision.
- These capability building projects have resulted in a continued success of the overall Bevan Exemplars programme. It builds on the successes of previous cohorts and when combined there is now a 'critical mass' of transformational projects in key care contexts.

These contexts include (amongst others): palliative care, paramedic services, GP services, care home management and dementia care.

- The Cohort Three projects have suffered from delays and longer times required to enact change, yet they have still achieved a very impressive first time completion of 55% of projects with a further 20% of projects being completed as this evaluation was being compiled. The overall success rate is around 75% for this cohort with a 'completion to objectives' rating.
- The evaluation team found less obvious financial 'payback' for Cohort Three, as these projects had a broader scope and represented an investment in skills and capabilities. Such investments are harder to calculate a return, and indeed offer an ongoing return and better use of staff time for more effective care. The finding is of little concern given the importance of the skills agenda, and these projects that have moved skilled staff 'closer to the patients home', allowed staff to see, treat and review patients more effectively and quickly as well as rethinking the care process.
- The Bevan Health Technology Exemplars have performed well, but have been subject to some systemic issues concerning IT and the NHS. These are primarily procedural issues, data management and compatibility issues.
- The Exemplars have again found the programme very beneficial for their career management, learning and their individual personal development.
- The evaluation team also found significant evidence that the healthcare employers have invested heavily in processes and structures to support and exploit innovation, which is beginning to catalyse and provide a supporting context to Exemplar projects.

Overall, the Cohort Three Bevan Exemplar programme has made significant progress and has complemented previous cohorts. Cohort Three contributes to the innovation and improvement capabilities of the Welsh NHS and in particular the programme supports the Welsh Government long-term plan, A Healthier Wales: Our Plan for Health and Social Care (2018). The projects demonstrate how this strategy may be realised and also localised into the major care pathways, in a seamless flow of patient care and information across organisations. The Exemplars have also identified the next projects they will work on and the training they have received through this programme will provide an annuity of benefits and 'pay backs' for their employers and patients over an entire career, equipping them well to be the transformational leaders of the future.

The cohort have fostered new links; previously Cohort Two fostered new ways of working with industry and this has helped Cohort Three to support their projects, meanwhile Cohort Three has worked more extensively with Finance Partners and Finance Exemplars.

I would regard this cohort as another successful series of interventions that have been designed by frontline staff and supported by Welsh healthcare employers. In many respects this has been a year of capacity building and experiments to co-design the future roles of staff in a positive supporting environment provided by employers. Such projects tend to take longer to implement and it is no surprise that some projects were delayed. Therefore it is more difficult to offer a figure for savings which I know most observers would like to see. These projects were not designed to save money but were designed to equip and innovate and they do this with tremendous success. I am happy to commend this cohort as a success and a very positive addition to the innovation capabilities in Wales.

FINDINGS

Since the inception of the Bevan Exemplar programme, there have been major patient, clinical, managerial, leadership and staff skill benefits. Many notable Bevan Exemplar success stories have now been joined by even more from this third cohort. The previous cohorts and this one have written about their experiences and their knowledge has been published in the form of journal articles and conference presentations. This has been a very high quality cohort and it has delivered significant benefits to the Welsh NHS across a number of critical pathways and diagnostic/triage processes in particular.

The Cohort Three Exemplars have challenged traditional boundaries and undertaken projects within a much more 'big picture' approach to determine what is needed in the future. Such challenge brings risks with project execution and delivery but few projects have failed and many experiments (designed to test and prove new potential pathways and deployments of staff) have been highly successful.

These projects have been literally transformative in intent and have been well supported by employers and industry partners. The projects have brought together new skill sets and an ability to challenge and respond locally, to divert patients in a safe and controlled manner to other effective care models, and have enhanced safety and productivity whilst reducing the costs of healthcare operations.

The programme fits well with the Welsh Government's strategic direction and ambitions for the country. It has much potential to change Welsh healthcare provision at pace and scale but, like any programme, there is potential for further improvement.

Overall, the programme has been a very good success and has come close to the 80% success rate set by Cohort One. This cohort however have undertaken very different projects that have a much longer time to embed and longer pay back to the employing organisation. The projects have improved efficiency but more importantly challenged the effectiveness of existing care and service models.

- One project has demonstrated how paramedics can work with general practitioners in local surgeries so that response times can be collapsed and effective care delivered at the point at which it is needed.
- Another has multiskilled staff to absorb a greater variety of demand from different patient types and therefore enabled staff to be trained and time-compressed in seeing and treating patients.
- An Artificial Intelligence project has applied state-of-the-art thinking to patient care.
- An Exemplar has combined organisational development (soft skills) with service improvement methods (hard skills); testing a model of innovation to generate improvement and learning.
- Another project has generated a UK-wide community of practice for youth workers, led by a charismatic and passionate youth worker in Wales who now has a national repository of tools to allow competent staff to access materials that did not exist before this project. Even more impressive is the direct impact – associated with the project lead – on the longevity of renal transplants of the young adult transplant recipients.
- Engaging parents has been a key theme with both helping children to read and bond as well as routines to improve dental hygiene and getting children enthused to brush.
- Projects in mental health services, sexual health services, women and children's care and PTSD have radically changed the current model of care and made it more effective and easier to manage with great results for patient safety and staff support.
- The Welsh Blood Service and projects to develop blood group archetypes have been supported.
- Improving GP systems to release appointments for the most vulnerable and developing apps to support GPs and staff to monitor patients have all been enacted this year.
- Excellent projects were established in renal services and palliative/oncology care that have changed staff roles, increased value to patients and released opportunity costs to employer organisations.

These are just the tip of the iceberg. What must not be forgotten is these victories prove the translation of prudent healthcare principles into different settings. The Exemplars of Cohort Three have demonstrated again that the lessons and learning experience of being an Exemplar can be applied to a whole variety of settings and locations.

Cohort Three is indeed a success and a team of transformational change leaders of which the nation can be proud. These individuals have translated learning and applied it to workplaces that build upon previous cohorts and show that the prudent healthcare model is justified in attracting its global attention.

KEY RECOMMENDATIONS

1. Continue to build on and scale-up success

The content and delivery of the programme is excellent and has resulted in another high rate of success. Exemplars enjoy the experience and gain so many extra skills that they will apply for years to come. There is massive pride in being an Exemplar and many projects need to be 'nationalised'. There are opportunities for the Bevan Exemplar approach to be applied outside of the NHS with other key partners such as social care and local government. It is encouraging that the Bevan Commission is exploring the potential to export the Bevan Exemplar scheme to stakeholders such as Regional Partnership Boards to support integrated care and promote the inclusion of other public services.

2. Invest in 'big picture' innovation

Some Cohort Three Exemplars set long-term and ambitious objectives that may not have been truly realistic. Building on their initial enthusiasm Exemplars adapted their objectives and measures after an initial stage of learning about their processes and issues. My reflection is that setting a long-term, 'big picture' framework and objectives for pathways may be a development for the future.

3. Make time for project completion

As more long-term, 'big picture' projects are supported, the Bevan Commission should allow for some 'over-run' to the programme so that delayed projects can be completed.

4. Formalise finance support

Mentors and other forms of support have proven to be very beneficial to this cohort and their achievements. Where Finance Exemplars were available and integrated with projects (from conception to conclusion) the projects achieved more and with a robust business case. This aspect of the programme is less formalised and should be much more integrated with every project as subsequent cohorts set out.

PERSONAL REFLECTIONS

I am pleased to end my review with a positive message again. The priorities of the Welsh NHS and health systems further afield demand improvement and innovation methods that work and are sustainable. Previous poor experience of 'borrowing' theoretical best practices from other countries has proven less effective than solving local problems with care provision, using local talent, know-how and skills, engaged teams who will sustain this change and potentially many others and a more sustainable 'figuring it out for ourselves' approach.

The Bevan Exemplar programme has proven to be an effective change process for individuals. Participants get to understand and remove root cause problems or explore the impact of new technologies on existing organisational and inter-organisational processes. My audit and evaluation has confirmed that the evaluation of issues as well as the quality of solutions is particularly good for the Exemplars of this cohort. The quality of learning, leadership skills and annuities which come from equipping staff with the skills to make innovative and transformational changes is very high and fits well within organisations that will need to continuously change and adapt. I continue to believe the programme is "**good for Wales**", good for patients and staff and I commend the programme as a success.

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