

Stepping up to the challenges of the pandemic

Bevan Exemplar Cohort 5 Evaluation

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Foreword

The term 'unprecedented' has been used on a daily basis since the pandemic began and the 5th Bevan Exemplar Programme Cohort was conducted in these 'unprecedented' times. This cohort is not the same as any other in the previous five years of deploying health and care improvements in Wales using the Bevan Commission's prudent methodology. The staff employed during this cohort faced the most adversity of any group so far. At the beginning of this cohort, the NHS was under 'normal' pressures for innovation and improvement but as the programme started, and the cohort commenced their learning journeys, the 72 year old Welsh NHS experienced its most challenging year since its inception. It is not melodramatic to say that this period combined fear, charged emotions, confusion, unconceivable risks, public admiration, and staff redeployment on a scale that was equivalent to the conditions of any global war.

The conditions of 2020 certainly impacted and constrained Cohort Five of the Bevan Exemplars. Continuing innovative projects during times of turmoil has a number of challenges; staff were being redeployed to the frontline and homeworking, the ability to convince staff to continue with projects during these conditions was difficult and the probability that all projects would stop was high. The "high bar", set by previous cohorts under normal NHS conditions, implied that 80% of projects would be a success. Under these conditions no one would have argued against the view that 80% would fail – if not all of the projects. **The reality is 69% of projects were successful in these conditions.** This is an amazing result and a great effort by the health and care staff (as well as industrial partners) involved. It is worth remembering these conditions as the details of this evaluation are presented. Resilience of this scale is also a reflection on the employer organisations and Health Boards involved as sponsors of the Bevan Exemplar programme. These organisations deserve a special recognition for continuing to endorse innovation, improvement, a constancy of purpose and resilience in the face of the Covid-19 pandemic.

Executive Summary

The total quality management guru Dr W. Edwards Deming, so revered by the NHS, once stated that “The most valuable ‘currency’ of any organization is the initiative and creativity of its members. Every leader has the solemn moral responsibility to develop these to the maximum...This is the leader’s highest priority”. The proof of great leadership is to achieve this goal amidst a national crisis. Such organisational resilience and commitment to improvement means that this cohort has achieved incredible results despite the onset of a national pandemic. The evaluation team finds that:

- A 69% success rate for Bevan Exemplar Cohort 5 projects is an astonishingly good result in the face of a global pandemic and with all projects launching on time.
- There have been a number of major benefits of the projects undertaken including a wide range of process and service benefits (process safety, staff engagement, service performance and public engagement).
- 88% of projects were considered to somewhat or strongly support the Prudent Principles, of which 76% strongly agreed their projects were great examples of how prudent principles can be used to improve health and care processes.
- The Exemplars have added new skills to their repertoire including the confidence in creating business cases, using the Bevan methodology and models for success whilst, in many instances, not being physically present in the workplace (due to remote working and online service provision).
- The Bevan Exemplar programme has benefitted from greater organisational support from employer organisations especially the mentors and executive levels.
- The Bevan Commission has also undergone significant change and modification to the manner in which the learning and networking events have been successfully delivered. Furthermore, the Commissioners themselves have ‘stepped up’ in this time period and provided even more support to the Exemplars than in previous years.

Many of the Exemplar programmes are still yet to complete and this is reflected in the reluctance to make claims of savings but the interview process and submission of project report documents prove they are there and that the pandemic has delayed the realisation of these benefits and has not prevented them.

This cohort is a particularly 'special' one. It is a cohort that has 'stepped up' and has been joined by new support structures in employer organisations and industry partners that have done their best to help despite major upheaval to their own business models. There is much to applaud for the efforts and achievements of this cohort and their resilience.

Professor Nick Rich

Introduction

Cohort 5 of the Bevan Exemplar programme supported 52 individual Bevan Exemplar projects between the period of October 2019 and October 2020. Exemplar projects were representative of all seven health boards across Wales as well as all three NHS Wales trusts. Furthermore, Cohort 5 included projects from across social care domains in Wales, whilst also varied by area of specialism and intended objectives, with further information provided in Table 1 on page 5 of this report.

The Exemplar programme provided a wide range of support to its Exemplars to help realise the ambitions of their projects. This included; delivering network events, hosting a series of skills and development workshops, linking Exemplars with expert mentors and coaches, whilst also providing access to world leading knowledge and expertise across health and social care through its Bevan Commissioners and wider networks.

The Bevan Commissions Exemplar Programme Cohort 5 Evaluation draws insight from project and programme level data, as well as participants' perceptions and experiences. Data used to inform the evaluation included:

- Interviews with Bevan Exemplars at predetermined points in their project
- A questionnaire administered at the end of the project period (n=18)
- Review of the websites created by each Exemplar (pre and post publication)
- Observations of the Exemplars throughout their project and whilst conducting the 'community of practice' periodic events.
- 1-2-1 hoc meetings with Exemplars generated at their request during the project to discuss the evaluation of project benefits (if any).
- Reviews of documents submitted to the Bevan Commission during and after the projects.

Section One

The Performance and Results of the Projects

The Bevan Exemplar Cohort 5 programme included a wide range of innovations to improve health and care processes as well as staff capabilities across a diversity of clinical settings and locations. The projects undertaken are shown below in Table 1.

Table 1: Bevan Exemplar Programme Cohort 5 Projects.

Health Board	Name	Project Title
Aneurin Bevan University Health Board	Ceri Phillips	Empowering patients to make better infection management choices
Aneurin Bevan University Health Board	Liesbeth Beeckman	Improving Senior Public Leadership Decision Making on Health & Wellbeing Through the Use of Mentoring by Service Users.
Aneurin Bevan University Health Board	Peter White Rhys Shorney	Integrated Facilities Management System
Aneurin Bevan University Health Board	Ian Jones	Improving end of life care in care homes
Aneurin Bevan University Health Board	Tanya Strange	Gwent Health, Social Care and Coleg Gwent Consortium
Aneurin Bevan University Health Board	Miranda Thomason	Healthy Help – ‘Plain Clothes Professionals’
Aneurin Bevan University Health Board	Sarah Roberts	A new approach to triage- video consultation with the people that matter the most - families/ carers and children
Betsi Cadwaladr University Health Board	Karen Sankey	Ripping up the rulebook
Betsi Cadwaladr University Health Board	Dilesh Thaker	Acceptance and Commitment Therapy (ACT) Based Sleep Promotion Group
Betsi Cadwaladr University Health Board	Sue Wynne	Implementation of a Family Wellbeing Practitioner Service in Primary Care GP Practices
Betsi Cadwaladr University Health Board	Anne Silman	Deaf Mental Health Care in BCUHB

Health Board	Name	Project Title
Betsi Cadwaladr University Health Board	Sammah Massalha	Malignancy Of Unknown Origin (MUO) Primary Care Access and Supported Toolkit
Betsi Cadwaladr University Health Board	Thomas Downs	Making the connections to establish an environmental sustainability presence at your hospital
Betsi Cadwaladr University Health Board	Charlotte Hattersley	Ambulatory Care Unit – Bridging the Gap
Betsi Cadwaladr University Health Board	Stephanie Ditcham	Transfusion Patient Education – Does a single patient resource really support inform consent for blood transfusion
Cardiff and Vale University Health Board	Anna Barrett	GENESIS Project
Cardiff and Vale University Health Board	Ghali Salahia	VIVID
Cardiff and Vale University Health Board	Marianne Seabright	Get up and dance!
Cardiff and Vale University Health Board	Alana Adams	Porphyria - RiTTa
Cardiff and Vale University Health Board	Maureen Hillier Sally Mogg	PACE Project - NHS Podiatry Access serviCe for Everyone
Cardiff and Vale University Health Board	Wai Siene Ng	Needle in a Haystack: Finding the glaucoma patient that are going blind
Cardiff and Vale University Health Board	Sian Corrin	HT Genotime Project
Cardiff and Vale University Health Board	Shaun Thomas	Renal Buds – Transition App
Cardiff and Vale University Health Board	Lisa Williams	Foodwise in Pregnancy
Cardiff and Vale University Health Board	Helen Iliff	Project CHEETAH (CHolEcystEcTomy - Accelerated Hospital management)
Cardiff and Vale University Health Board	Alexandra James Karen Smith	Café Care Project - A project to co-produce and evaluate an Advance Care Planning (ACP) café, targeted in the novel area of nursing and residential homes.
Cwm Taf Morgannwg University Health Board	Emma Francis	ASD/Mental Health Sensory Passport
Cwm Taf Morgannwg University Health Board	Andrea Davies Jason Cockings	A pilot to explore the adaptability of the Hafal Recovery Programme in supporting mental health inpatients transition to community discharge.

Health Board	Name	Project Title
Cwm Taf Morgannwg University Health Board	Ruth Williams	An Innovative Approach to ILD Management
Cwm Taf Morgannwg University Health Board	Helen Davies	My Voice Yellow Folder (Connected Learning)
Cwm Taf Morgannwg University Health Board	Louise Walby	Using population segmentation and risk stratification to deliver asthma care where it's needed most
Hywel Dda University Health Board	Ahmed Salamat	Working Smartly-Improving Quality of the Clinical Haematology Services in Wales
Hywel Dda University Health Board	Kate Rhodes	Using Narrative Therapy with Healthcare Professionals and Patients and Patients to Improve Self Management of Diabetes
Hywel Dda University Health Board	Lisa-Jayne Edwards	Bleep Simulation: Transition from Medical Student to Foundation Doctor
Hywel Dda University Health Board	Dianne Burnett	Connecting SMART Infusion Pumps to meet the WHO challenge
Hywel Dda University Health Board	Elin Griffiths	New Post for Newly or Recently Qualified GPs: "Integrated Care GP Fellow"
Hywel Dda University Health Board	Ffion John	E-learning programme: Byw Bywyd Gyda Phoen
Hywel Dda University Health Board	Beca Stilwell	Supporting Carers to identify physical causes for behaviours that challenge
Hywel Dda University Health Board	Tracey Lloyd	An Intensive Community Support Team – Preventing Inappropriate / Unnecessary Admissions to Learning Disability Inpatient Wards
Hywel Dda University Health Board	Kerrie Phipps	Evaluating the Value and Impact of Occupational Therapy in Primary Care
Powys Teaching Health Board	Sarah Wheeler Patricia Bird	Advance Care Planning in rural Powys
Hywel Dda University Health Board	Ahmed Salamat	Working Smartly-Improving Quality of the Clinical Haematology Services in Wales
Hywel Dda University Health Board	Kate Rhodes	Using Narrative Therapy with Healthcare Professionals and Patients and Patients to Improve Self Management of Diabetes

Health Board	Name	Project Title
Public Health Wales	Mike Simmons	Wales Automating Complexity Combating Infection
Social Care	Andrew Thomas	Super-Agers - Transforming the Lives of Older Adults
Social Care	Jessica Beth Matthews	Balancing Rights and Responsibilities: Supporting a cultural shift
Swansea Bay UHB	Niamh Ward	Telehealth platform for cleft lip and palate/ velopharyngeal dysfunction.
Swansea Bay UHB	Anne Marie Hutchinson	Pop2hop
Swansea Bay UHB	Kayleigh Owen	Bronchiectasis-specific Pulmonary Rehabilitation
Swansea Bay UHB	Christine Samuel	Enhancing interventions for Fibromyalgia patients
Third Sector	Isla Horton	The Grow Well Project
Third Sector	Tim Bartlett Alice Sidwell Fran Higginson	Research project studying evidence of massage workshops in community settings
Velindre University NHS Trust	Nachi Palaniappan	Ultrafractionation combined spacer technology
Welsh Ambulance Services NHS Trust	Andeep Chohan Jacqui Jones	Design & implement an Improvement and Innovation Ideas Web Platform/Portal for the Welsh Ambulance Services NHS Trust (WAST) to capture ideas generated by all staff within the Trust and support staff to lead the change themselves.

The 'Exemplars' have embraced a range of projects that positively benefit patients, citizens, service users, carers and staff across Wales and in some of the most important patient conditions. The first test of the evaluation team was to establish the transformational and innovative nature of the projects involved. Innovation is not the same as improvement. Innovation requires a greater extent of change and a higher level of ambition by the team involved. Innovation is more challenging than approaches which undertake the "smaller steps" of continuous improvement. The Bevan Exemplars were found to engage in significant levels of innovation in relation to health and care processes and 89% of the Exemplars agreed that their projects were innovative and more transformational than just simplistic approaches to improvement (Figure 1).

The evaluation team also tested the view of the Exemplars in terms of their understanding of innovation and improvement and found that 88% clearly distinguished their projects as innovative in nature and intent (Figure 2).

Innovative projects tend to be associated with greater potential for failure due to a higher degree of ambition when compared with typical improvement projects. Findings from the evaluation show that 53% of projects achieved full or partial success in terms of meeting the initial objectives of the project. The initial objectives for the project often change within the first 30 days of the cohort programme and do so as a result of collecting data, learning about the process concerned and the needs of the organisations involved. (Figure 3)

The majority of Bevan Exemplar projects met their initial objectives. At the end of the programme, the Exemplars are asked whether their project has been a success. The evaluation team found that 69% of the Cohort 5 Bevan Exemplar leads believe their project was a success and the remaining Exemplars (31%) were still in a process of completion and so recorded a neutral response. Many of these projects will continue to success and become embedded into new professional practice. (Figure 4)

One of the most important evaluation questions asks whether the projects were innovative and based on the explicit application of Bevan Prudent Principles. In this case, the evaluation found that 88% of projects were considered to somewhat or strongly support the Prudent Principles, of which 76% strongly agreed their projects were great examples of how prudent principles can be used to improve health and care processes. So overwhelmingly the projects, despite the impact of COVID-19, met their objectives and were new examples of prudent principles in application (Figure 5).

The prudent principles were developed to align with the modern and dynamic needs of health and care organisations and to improve professional practice, so it is unsurprising that 82% of the Exemplar projects support, or help organisations to achieve, government objectives (Figure 6).

Despite the conditions of ongoing austerity and continuous shifting of organisational resources to meet COVID-19 pressures, the Bevan Exemplars have done particularly

well in terms of success and achievement of their objectives. This has been the first time that the prudent principles have been tested under conditions of organisational distress and national turmoil. The projects unquestionably demonstrate that the prudent principles have proved beneficial and the projects were significant tests and demonstrations of the relevance of the Bevan Prudent Principles to professionals today. The findings show that many of the projects are examples of contemporary best practice and, once again, this cohort demonstrates a high level of success with projects delivered in a limited timeframe and during a pandemic. When interviewed, it was clear that the projects that were undertaken aligned with government policy and were designed to innovatively improve health and care processes in Wales. The result is that projects did (to some degree or strongly) support government direction and offer solutions to known challenges that the government is seeking to address. These results are pleasing and reflect well on the project leaders, their teams and the support provided by the Bevan Commission and employer organisations. Only 18% of examples believe that their projects neither supported nor inhibited government policy and, upon further exploration during the interviews, it was found that these projects were largely associated with internal capability building/staff training rather than being directly focused on an area of national need or patient condition.

When the Bevan Exemplars had conducted their projects, the evaluation team explored whether each Exemplar leader and their teams could identify where they would go next. This particular question proved quite difficult to answer because of the national pandemic and concerns about the 'future normal' for the Bevan Exemplars. Only 6% of the Exemplars strongly agreed that they could identify, with great clarity, where they would take their projects next. A further 65% somewhat agreed that they could see the next phase of the project but less clearly. The results are purely a consequence of the pandemic and concerns about accumulated backlogs (from cancellations/suspension of services, from staff 'working from home' and other factors) (Figure 7).

The evaluation team found that the projects were capable of being transferred across Wales and used to support an 'adopt and spread' dissemination to other health providers in the country. The evaluation showed that 29% of Exemplars strongly agreed that their projects could be scaled to an 'All Wales' level and a further 47% believed, with modification, adaptation or after the project had achieved full embedding in customary practice, that the project would be ready for an 'up-scale' to national deployment (Figure 8).

Is innovative?

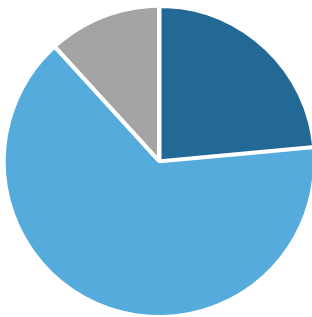


Figure 1: The Innovativeness of the Bevan Cohort 5 projects

I believe there is a difference between improvement and innovation

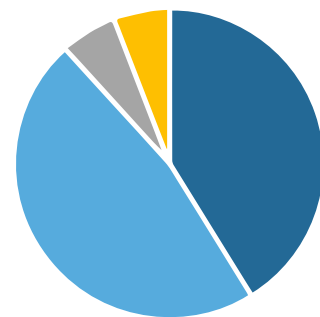


Figure 2: Innovation is not the same as Improvement

Met its objectives



Figure 3: The Project met its objectives

Was a success

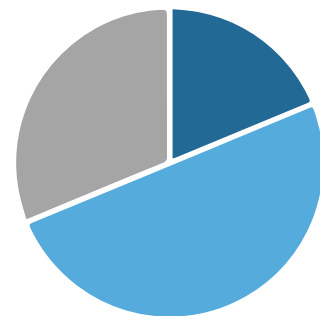
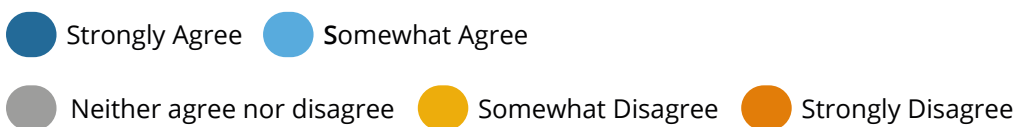


Figure 4: The success test



Demonstrates the Prudent Healthcare principles

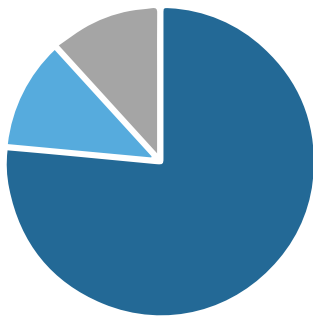


Figure 5: My project embodies Prudent Principles

Is well aligned with government policy

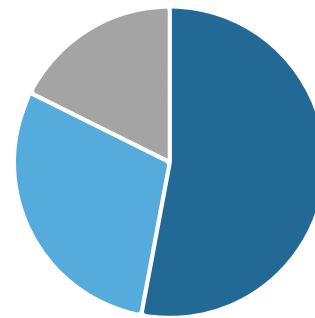


Figure 6: My project is aligned with government policy

It is easy to see where we go next with my Exemplar project

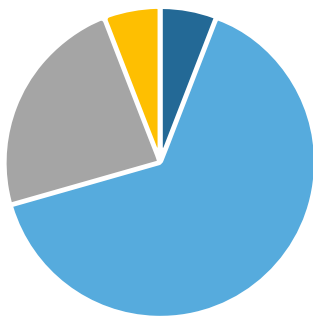


Figure 7: The Future

Is capable of being scaled to an all-Wales level

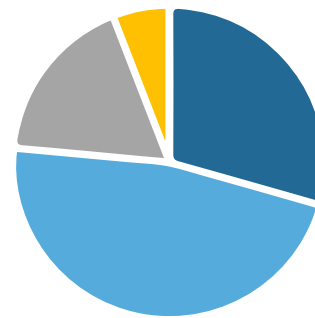


Figure 8: Is capable to scale up to an All Wales application



These overall results are promising and support the view that Bevan Exemplar projects have a secondary benefit to other professionals in the country, despite the nation experiencing significant upheaval and uncertainty. A similar result was found for the clarity of how best to nationalise the Bevan Exemplar project. The Exemplars strongly agreed (18%) or somewhat agreed (59%) that there was clarity in how to take innovations and nationalise them. A combined score of 77% of Bevan Exemplars believe that there are processes that can help deploy their innovations, which is a pleasing result and does provide evidence that the innovation eco-system and investments in

the promotion of innovation (such as employer based personnel with responsibility for innovation – known as Innovation Leads) are starting to promote their activities and are regarded by improvers as useful way of extending the benefits of a project (Figure 9).

One of the weaknesses of the earlier cohorts of Exemplars was their modesty despite a wide range of impressive and successful projects. The unnatural process of promoting project team achievements was addressed by the Bevan Commission in terms of added materials and exercises during Exemplar networking events. The evaluation found that 29% of the current cohort strongly believed they were comfortable discussing and promoting their project, with a further 53% of Exemplars believing they were somewhat comfortable to do so. The combined result of 82% is again pleasing. The work to improve the confidence of Bevan Exemplars is making a difference and, despite conditions that were so unfavourable. it is impressive to have so many projects that reached completion and the embedding stage. These Exemplars were reluctant to make any claims for full benefits exploitation until the project had been embedded into normal working practice. As such, with projects still being completed, it is likely that more of the neutral and somewhat agreed Exemplars would move to a stronger position and feel more comfortable when they have greater certainty of their results and before/ after gains (Figures 10 & 11).

The noise created by the pandemic and turbulence in organisational roles and routines also underpins the relatively low amount of project dissemination within the employer organisations of the Exemplars. The reluctance to prematurely promote the achievements of the Exemplar team is a wise one. The interruptions to the project and access to key staff meant that many projects were delayed and required more time to complete to a satisfactory conclusion. Only 24% of Exemplar projects were completed or partially completed to the fixed time limit of one year from programme launch. The time delay was not associated with unrealistic expectations and an ambitious scope of the project. In fact, 18% of Exemplars strongly believed their projects were scoped realistically and a further 47% somewhat agreed that the scope was innovative and realistic. The evaluation also found that 18% of Exemplars somewhat or strongly disagreed and found their projects to be unrealistic once they began commenced and this was exacerbated by the pandemic (Figures 12 & 13).

The evaluation team found that 24% of the Exemplars believe their projects were strongly modified as the pandemic took effect and a further 41% had to modify their projects and change its scope. The test of the ambition of the projects (once modified at the launch of the programme) was tested by the evaluation team and it was found that 47% of the Exemplars strongly believed that the project did not have unrealistic expectations and a further 24% somewhat believed their projects were realistic. The combined score of 71% means that the projects were suitable for implementation (Figures 14 & 15).

A second test was undertaken by the evaluation team to investigate whether the projects were appropriately scaled to deliver a significant and innovative transformation in service performance within a year. It found that 53% agreed that their projects were appropriate (12% strongly agreed and 41% somewhat agreed), 24% of Exemplars remained in the neutral position because their projects had not progressed far enough to make a definitive judgement and just under a quarter of the Exemplars 24% - 12% somewhat and 12% strongly disagreed. This split of responses is unsurprising given the conditions of the time. It should be noted that the pandemic struck as this Exemplar group had just launched their projects and were in the early stages of “forming the group” and the stage at which teams were starting to make improvements. Hitting at this point in a project lifecycle is the worst point of all because it disturbs new relationships, the focus on early victories and morale boosts that help to support the drive to complete each project and, at best, create delays which can never be recovered (Figure 16).

Given the issues surrounding every improvement being undertaken in Wales at the time, and the Exemplar programme in particular, the evaluation team tested whether the projects had sufficient resources to maintain themselves. The result achieved is mixed and split almost equally in terms of projects that had the resources (18% strongly agree/24% somewhat agree) and those that did not (18% strongly disagree/24% somewhat disagree) (Figure 17).

There is a clear route to scale my Exemplar project to an all - Wales level

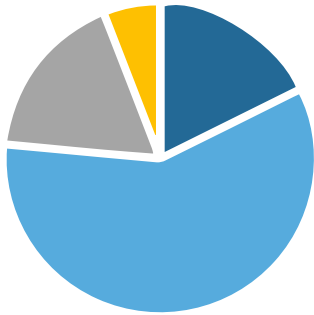


Figure 9: My project has a route to national scale up

I feel comfortable telling people about my Exemplar project success

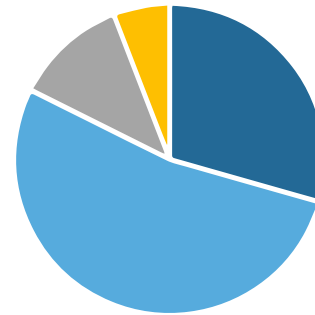


Figure 10: I am comfortable promoting my project

I have disseminated the results of my Exemplar project to my organisation



Figure 11: Promotion within my employer organisation

Was completed on time

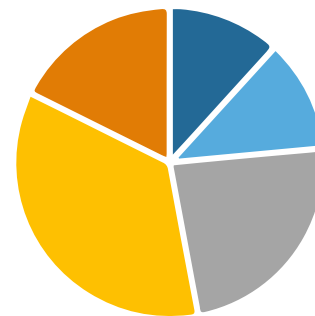


Figure 12: The Project was completed on time

Was appropriately scaled and scoped to deliver within 12 months

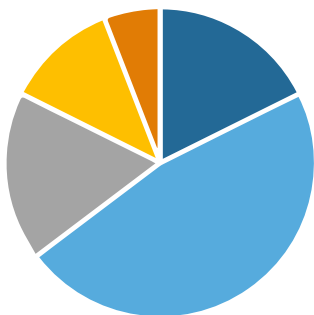


Figure 13: The Project was appropriately scaled

Has changed since its initial conception

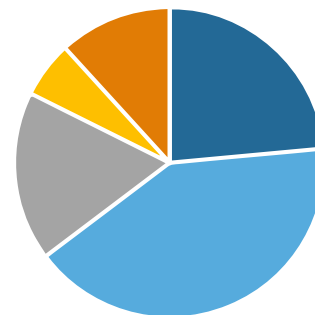


Figure 14: The project required modification



Had unrealistic goals



Figure 15: Had unrealistic goals

Was appropriately scaled and scoped to deliver within 12 months



Figure 16: Was appropriately scaled

Didn't require additional resources and funding



Figure 17: The project required additional resources

- Strongly Agree
- Somewhat Agree
- Neither agree nor disagree
- Somewhat Disagree
- Strongly Disagree

Given the timing of the pandemic and its impact on the early stages of project launch and team engagement with change, the Exemplars were tested to understand whether resistance to change had increased. The two results which show the traditional resistance to change and the project-derived resistance (at the time of the pandemic) do show significant variances. The traditional shows no strong agreement that resistance exists in the teams and their employer organisations with 47% stating that some resistance was traditionally present when working with innovative projects. The same 47% of resistance was found but this was split between a strong belief that resistance

had actually occurred (18%) and 29% for some resistance detected. The change in the two time periods was found to be related to the view of staff and 'push back' challenge that innovation projects should continue during a pandemic. To some extent these findings show a preference to delay and 'wait and see' what happens – in the end the Exemplar projects all launched and continued throughout the pandemic, not necessarily at the pace the teams would have liked but the fact that the projects continued does reflect the resolve and passion of the staff involved (Figures 18 & 19).

When exploring the types of resource deficiencies the teams experienced, it was found that 12% of Exemplars strongly disagreed that recruiting staff was an issue and a further 41% somewhat believed that staff recruitment was not an issue. A further 41% were neutral to the view, so in holistic terms, recruiting staff and colleagues was not the underlying cause of resistance nor delay to the projects (Figure 20).

Another test of the human resources of each project asked whether the motivation of staff had changed during the project. It was surprisingly found that whilst strong resistance was detected in a few projects, motivation had improved to some degree. The interview process confirmed that having an innovative improvement project as a constant focus for staff did mitigate and deflect attention away from the negatives associated with a pandemic. The projects provided a meaningful distraction for staff, 6% had a strong improvement in motivation and a further 65% had a somewhat positive improvement in motivation to engage in change (Figure 21).

The willingness to change was mirrored by an overall uplift in motivation across the employing organisation (not just the Exemplar project team) to use the pandemic to make significant changes and to offset the problems of life at the time with a resolve to change the health and care system for the better (Figure 22).

With good support for the project and a new motivation to stand up to the pandemic, the barriers to project success were explored with the Exemplars. In general, the Exemplars had encountered significant barriers to the timely delivery and achievement of their project objectives with 24% strongly agreeing and 65% somewhat agreeing that barriers needed to be overcome despite a willing and engaged team (Figure 23).

My colleagues have traditionally tended to resist change programmes

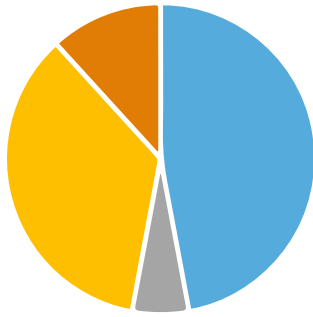


Figure 18: Traditional Resistance to change programmes

During my exemplar project, I have experienced resistance to change

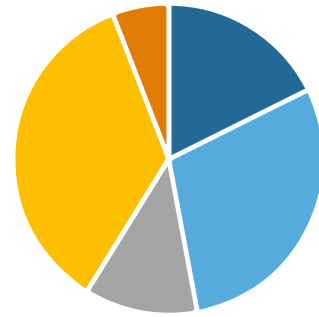


Figure 19: The project and resistance experienced

Difficulty recruiting staff got in the way of me delivering my Exemplar project



Figure 20: Difficulties recruiting staff

Motivation to change within my team has increased

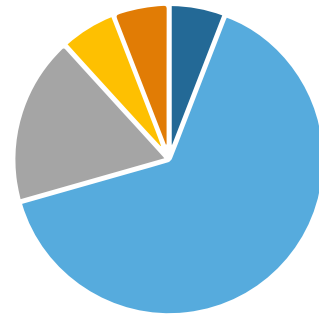


Figure 21: Team motivation has improved

Motivation to change within my organisation has increased

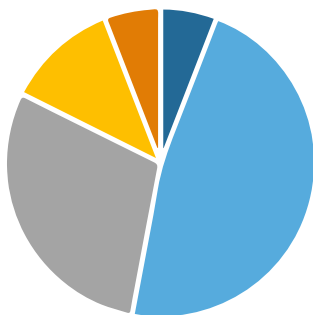


Figure 22: Organisational motivation to change

I overcame barriers to deliver my Exemplar project

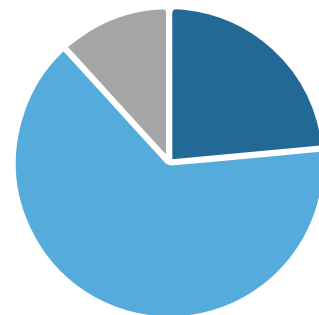


Figure 23: I overcame barriers



The usual culprit and response to such 'barrier' questions was the absence of money but this was not found to be the case for the Exemplars. Only 24% agreed (6% strongly and 18% somewhat agreed) which is a common finding for all Bevan Cohorts in the past. A lack of money does not seem to be a significant barrier to innovation in the health and care systems in Wales (Figure 24).

In previous studies of quality improvement in Wales, the need to have protected time for staff involved in projects has been cited as a major barrier. The evaluation team found that time was a barrier to Exemplar projects, with 47% of the Exemplars believing to some degree that they lacked protected time with a further 18% also strongly agreeing that they lacked protected time and that the project was conducted in parallel (and with no allowances made) to the normal daily activities of the staff (Figure 25).

Surprisingly, throughout the duration of the project (despite a national programme of furloughing, working from home, restrictions on travel etc.) the Exemplars had engaged with the public and brought them into their projects. In general, 35% of projects (12% strongly and 23% to a somewhat degree) had engaged with the general public in Wales. This result is quite remarkable and to be applauded. The teams had actively sought the engagement of the public despite the conditions being unfavourable to such forms of engagement (Figure 26).

The result for public engagement also explains, in some cases, why the projects had been delayed but the determination of the Exemplar teams to work at a pace which meant the public could provide a meaningful input to the project is a positive sign – it means the Bevan values were not compromised for an improved speed of the project. Again, this determination reflects a sense amongst Exemplars that a high quality of improvement should always take precedence over the speed of a project or the cutting of corners to achieve the fixed 'end of project' date. The delays to the project were also detected in the interview questions concerning whether the teams had entered the 'embedding of new practices' stage of a project. Only 6% of projects had achieved full embedding of the change, whereas a further 29% had achieved some of the changes needed to professional practice. Those projects that had not embedded change yet included neutral (18%), somewhat disagree (29%) and those in strong disagreement

(18%). The findings support the view that the pandemic had significantly delayed projects and this accounts for the finding of 69% successful projects (against a typical cohort and historical level of circa 80%). The projects were found to be continuing and it is expected that the 69% success rate for this cohort will rise over coming months.

A further confirmatory test was conducted with the Cohort 5 Exemplars, to see if new process and service measures were in place and used to monitor processes and changed working practices. With no strong agreement and 35% somewhat agreement, it was found the projects had not reached the stage at which standardisation of measures was used to monitor the improved service and to ensure that the change had embedded and was being sustained. The evaluation found that 41% of Exemplars were neutral, 18% somewhat disagreeing and 6% strongly disagreeing that measures were in place (Figures 27 & 28).

The review of the Bevan Exemplar projects has now been completed in general terms and it can be seen that the innovative projects were successful, but the delays caused by the pandemic have interrupted this cohort to a far greater extent than normal cohorts. Yet it must also be recognised that the resolve of the teams has been strong and that this delay has not resulted in lower quality projects nor projects that were compromised in any other way. The next section will explore the benefits of the projects and the successes that have been achieved.

Was sufficiently resourced with money



Figure 24: Innovation and money

Was sufficiently resourced with protected time for delivery

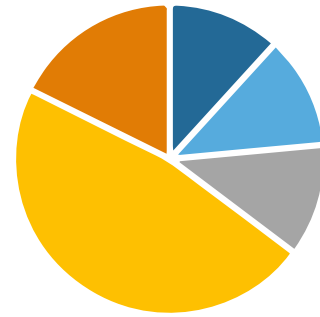


Figure 25: Insufficient protected time

Had public engagement



Figure 26: Our project had public engagement

Is now embedded and has become customary practice



Figure 27: The project is still embedding

We now have effective measures in place to understand and control our processes as a result of my Exemplar project

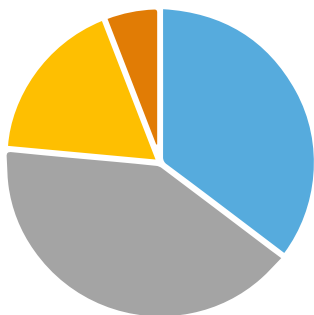


Figure 28: We now have measures to control the process after our project.

- Strongly Agree
- Somewhat Agree
- Neither agree nor disagree
- Somewhat Disagree
- Strongly Disagree

Section Two

The Benefits of the Project

Every Bevan Exemplar cohort is investigated using a broad range of measures. The next section will explore the benefits declared by the Exemplar leaders which were validated throughout the interview process. The online web materials (www.bevancommission.org/exemplars) provide additional information.

One of the first benefits is to see if the Bevan Exemplar has increased their knowledge of the process and service they work in. The results from previous cohorts suggest that the Exemplars, of many years' service, see their process in a new way. The Bevan Exemplar training programme and network days provides a new methodology for investigating service provision. The findings from Cohort 5 show that 18% of the Exemplars strongly agree that they have gained in awareness and now know much more about their process. This is a major benefit in terms of future improvements and in making more effective decisions when conducting their daily activities. A further 71% agreed that they knew somewhat more about their process, which means 89% of Exemplars now have better knowledge as to how their process works and how to control and manage it more effectively (Figure 29).

Greater awareness of how a process works also demands that the process is safe, and the testing of safety was conducted. In previous cohorts, the test of safety was associated with findings that safety was already stable and that was the basis on which the Exemplar proposal was based. For this cohort 41% of the Exemplars believed that safety had improved somewhat even during the pandemic. The result is interesting and very positive that greater awareness and the Exemplar project had led to improved safety of the process (more defences against risks and potential failure sources of the process and also failures to adequately ensure patient safety).

We have also seen previously that both resistance to change and staff motivation were impacted by the pandemic and also by the Bevan Exemplar programme. Staff morale was tested to see if the project resulted in a happier workforce and colleagues. The results show that cumulatively (strongly agree (18%) and somewhat agree (24%) responses), 42% of the Exemplar projects did result in improved staff morale. This outcome is a good and positive result because improved process safety and a happier team leads typically to more (quantity) and better quality improvements in the future (Figures 30 & 31).

Whilst morale is a good test of how well a project has been introduced and the benefits to staff, the evaluation team also assessed the level of engagement at the end of the project. This found that 35% of the Exemplars believed that the project had strongly improved the engagement of staff and a further 29% agreed that it had somewhat improved. This result is, again, fantastic and shows that the Bevan Exemplar approach and the significance of the projects undertaken does generate interest and engagement of staff in these key, nationally important projects. The engagement of project staff and also of the wider group of staff (who may not be directly involved with the project but may experience changes to their working practices as a result of the project) is an important indicator and the Exemplars have done well to engage with directly impacted staff. Again, this result supports the view that the Exemplars have created project outcomes that support greater engagement and an interest in improving processes (Figures 32 & 33).

Being motivated to engage in change and deliver a more effective and efficient process is one dimension of a high performing team, but another is equipping staff and leaders with the technical skills to change. The evaluation team found that 42% of Exemplars did believe they and their teams were better equipped to engage in change (6% of which strongly agree), 47% were neutral and a minority of 12% somewhat or strongly disagreed that they had improved their capability for change. The latter result is not necessarily negative as teams may not have added to their change capabilities because they are now experienced in change and have a well-developed and proven methodology for change (such as applying IQT methods).

I feel I know more about the service, pathway or process that I deliver as a result of the Bevan Exemplar project

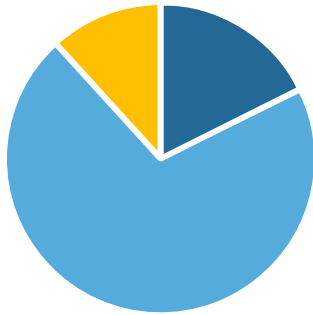


Figure 29: Improved Awareness

Has improved the safety of the process

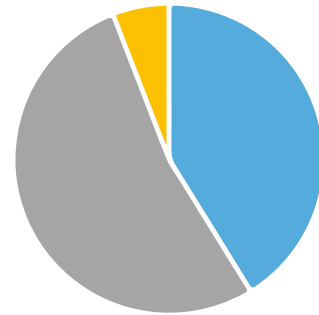


Figure 30: Improved safety

Has improved staff morale

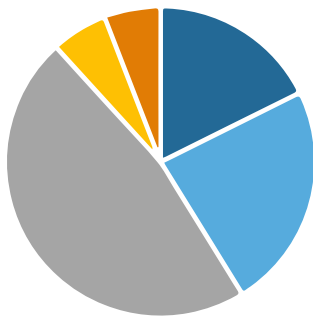


Figure 31: The project has improved staff morale

Has resulted in greater staff engagement

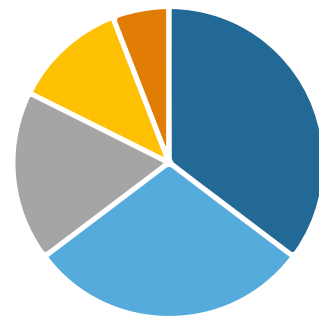


Figure 32: The project has resulted in greater staff engagement

My team engaged with the change conducted

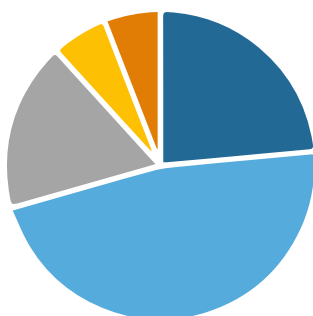


Figure 33: My team engagement has increased

My team and I feel better equipped to engage in change

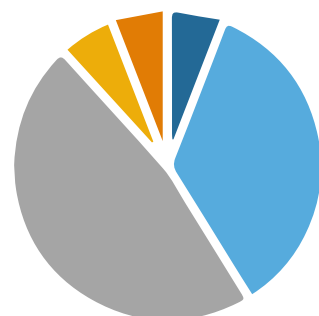


Figure 34: Better equipped for change

- Strongly Agree
- Somewhat Agree
- Neither agree nor disagree
- Somewhat Disagree
- Strongly Disagree

A much clearer result was found when the Exemplars were asked to declare whether the service delivery performance of their processes had increased. The results clearly show that 53% had improved service delivery. Service delivery improvement does not always improve as a result of the Exemplar project objectives and improving staff skills may not always have a direct influence on service levels. Overall, this is a very pleasing result when combined with improvements to morale, engagement, safety and staff skills (Figures 34 & 35)

Better safety and better service provision should, given the prudent principles and values of “putting the patient and service user first”, **result in greater patient satisfaction**, and 41% of Exemplars believed that service experience had been improved. In this case, 41% expressed neutral views and 18% concerningly thought that service delivery had somewhat declined. The result of a somewhat decline is difficult to relate to project issues and the interviews found this view resulted from the prevailing pandemic conditions and organisational changes.

No Bevan Exemplar project is undertaken with the driving objective to reduce costs and to make financial gains. Many actually have made financial gains as an outcome of the project itself and this is always tested by the evaluation team. In fact, the evaluation found that 24% of the cohort believed they had made somewhat of a saving (29% neutral) and 47% somewhat or strongly disagreed that their projects had saved money (Figures 36 & 37).

Benefits often arise to the patient/service user and to staff but the evaluation team always test to see if benefits have resulted for known and unanticipated stakeholders of the process. The findings show 19% of Exemplars strongly agree that additional benefits for stakeholders were realised and a further 63% somewhat agree (82% positive view that benefits had resulted). The project outcome is very positive and supports the view that the Bevan experience has been a positive one for many staff engaged or indirectly experiencing the health and/or care process.

From a personal perspective, a well-executed project does result in greater recognition of the Exemplar amongst their colleagues and often across the entire employer organisation. The results show that 41% of the Exemplars had made gains in terms of their status within their employer organisation (of which 6% strongly believed and agreed that their status had improved as a result of the Bevan Exemplar project). It also found that 24% of Exemplars believed that their status had not improved which is not to say that their status had reduced but that it had not been enhanced by the project. A number of reasons exist for such a negative response and, as will be seen later, dissemination of the project has been slow as a result of the delayed project progress. As such, there had been insufficient time to disseminate the results of the project and to promote its benefits. However, the fact that that morale, safety and engagement benefits have been achieved would suggest that there are benefits to be promoted and exploited once the projects have moved into the 'customary practice' and embedded change stage (Figures 38 & 39).

The output of benefits to staff, patients and key stakeholders was reinforced with 53% of Exemplars believing that their project could be used as a teaching case study for other professionals in similar pathways/processes. Only 18% of Exemplars somewhat or strongly disagreed that their project was capable of being to help other professionals learn. The positive result represents a very good addition to the growing number of cases that have attracted significant professional body attention, have been promoted at conferences and many that have gone on to become significant Bevan Commission 'Adopt and Spread' national programmes (Figure 40).

This section has looked at the general process and service user/patient benefits from the Bevan Exemplars' project implementation. It should be noted that benefits have been derived from each project and across a number of key indicators of process performance. The next section of this report will look at how well the Bevan Exemplar as a current change agent and change champion have benefitted from the, very interrupted, Cohort 5 programme.

Has improved service delivery



Figure 35: The project has improved service delivery

Has resulted in greater patient satisfaction

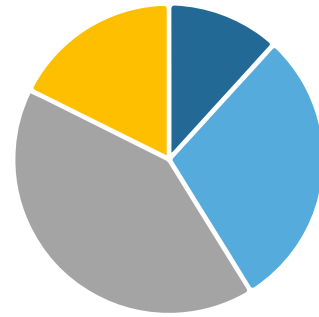


Figure 36: Improved Patient and/or User Satisfaction

Has made no financial gains



Figure 37: The project has made financial gains

Has multiple benefits for many stakeholders

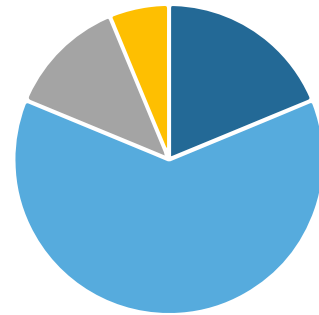


Figure 38: The project has resulted in benefits for other stakeholders

Should be used within University courses as a case of good practice



Figure 39: My status has increased as a result of the Bevan Exemplar project

Should be used within University courses as a case of good practice

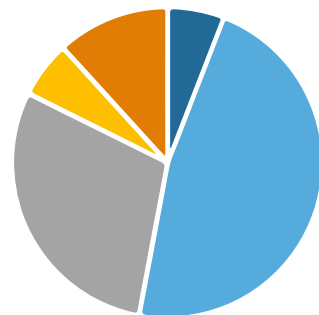


Figure 40: My project should be used as a University teaching case study for fellow professionals



Section Three

Personal Changes and the New Skills of the Bevan Exemplar

The Bevan Exemplar programme is a very practical and experiential journey for each Exemplar. They work on many facets of leadership and change management as a community and also when applied to change in the workplace. The Exemplar undergoes a process of improvement at the same time as the project is implemented.

The approach to leadership adopted by the Exemplars was duly tested and it was found that the Prudent Healthcare Principles were embedding into daily leadership practice. **This is demonstrated by 82% of Exemplars believing they had now embedded prudent principles in their daily routines** (35% strongly agreed that they now embody prudent principles in what they do and how they behave) (Figure 41 & 42).

There was also a significant transformation in the mental models and approach to leadership adopted by the Exemplars with 18% stating that they had strongly changed their approach, whilst 59% believed their style had somewhat changed and for the better. The ability of the Exemplar to lead change was also found to have improved, with 6% strongly agreeing and 69% somewhat agreeing. This is a spectacular result and a big boost to the confidence of the Exemplar. The new ability to lead change makes the Exemplar a valuable addition to any employer organisation and for the Welsh NHS (Figure 43).

Perhaps more importantly, the Bevan Exemplar approach to change management has also significantly changed towards a more positive approach (88% positive agreement) (Figure 44).

The programme of personal change was also tested in terms of the ability of the Exemplar to manage change. The capability to manage change in the future resulted in a very positive set of findings with 24% of Exemplars strongly agreeing that they were better able to manage change and a further 65% again improving their skills and being better prepared to lead and manage change in the future. The result is particularly pleasing given the context of this Cohort and the patience/perseverance needed to lead

change during such trying conditions (Figure 45).

The personal benefits of the Exemplar programme, with its investment in skills and “hands on” learning whilst managing a service, should result in greater personal mastery and expertise. The evaluation team find that 75% of the Exemplars believed that they had greater expertise and of that number, 19% strongly believed they had benefitted in this capability for more effective change (Figure 46).

The newly improved expertise was found to result from the addition of new skills, methods and techniques that the Exemplar could employ in the future (Figure 47).

In the middle of the ‘noise’ and turmoil of a global and national pandemic, the ability of the executive leaders of a health and/or care organisation to engage with the Exemplars is a difficult challenge given the calls on their time and emergency priorities. The study found that, in the main, Executive boards were aware of the Exemplar project even though their time was best spent elsewhere during the pandemic (Figure 48).

Findings from the evaluation demonstrate significant evidence that individual and personal gains have been made and that the Exemplars have achieved much within the year and have gained more skills to continue to lead change in the future. The next section will review the performance of projects that were conducted in collaboration with an industry partner.

My personal practice now reflects the Prudent Healthcare principles

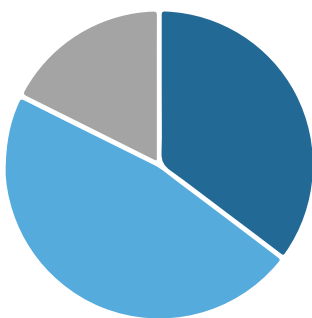


Figure 41: Embedding Prudent Principles into personal and professional practice

Approach to leadership

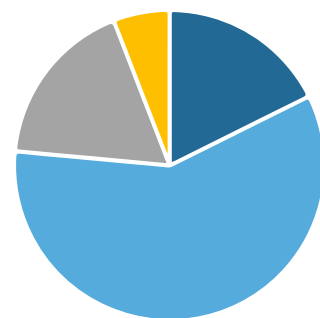


Figure 42: The Influence of the Bevan Exemplar programme on leadership skills

Ability to lead

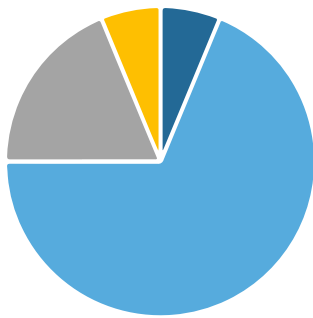


Figure 43: The ability to lead change

Approach to change management

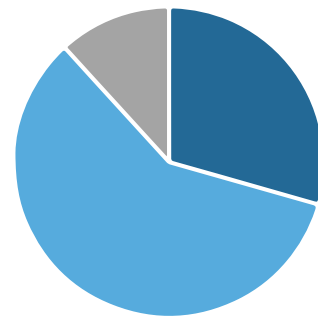


Figure 44: The Exemplar approach to change

Ability to manage change

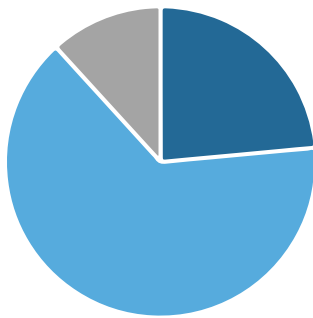


Figure 45: A new ability to manage change

I have more expertise

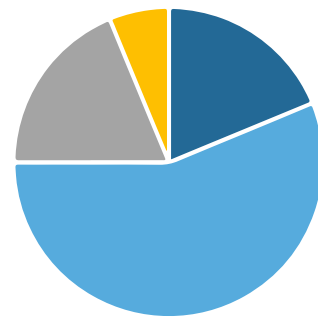


Figure 46: I have more expertise as a result of the Bevan Exemplar project

I have been equipped with new skills/ methods/ techniques

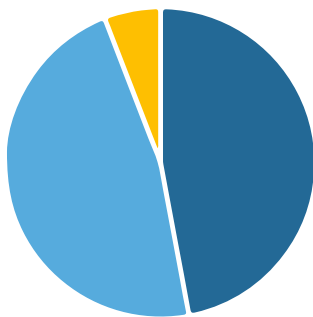


Figure 47: I have been equipped with new skills, methods and techniques

My organisation's Executive Board understand my Exemplar project

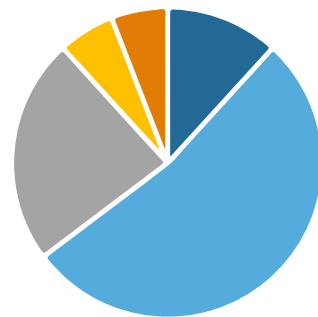
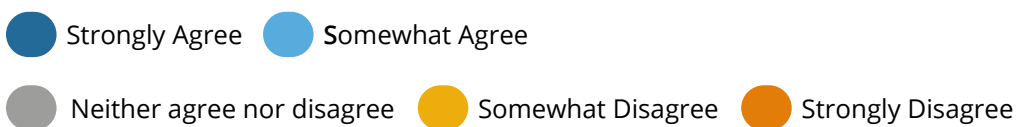


Figure 48: Awareness of my Executive Board



Section Four

Industry Partner Engagement

Access to best practices and innovations in organisational transformation often require the engagement of industrial partners who bring with them specialist expertise that health and care organisations do not or cannot afford to retain. The relationship between the Bevan Exemplar and the Industry Partner was evaluated. The findings show the instant impact of the pandemic on this form of relationship. The instant impact of furloughing on non-essential workers and the industry partners were hit hard by this decision. In effect the Bevan Exemplars would continue to work (at their normal workplace or from home) whilst the partner business often had to stand down their employees. The evaluation team found that the industry partners were somewhat engaged at the beginning of the programme (Figures 49 & 50).

Due to the pandemic, the ability to invest time by the industry partner was limited. Despite the context of the projects and the national directives to 'stay home', the evaluation team did find that 40% of the partnership did deliver some benefits against the expectation of the Exemplar. However, 20% of the Exemplars strongly disagreed that their partners had delivered against what was needed and expected (Figure 51).

For those partners that had engaged significantly with the Exemplar programme, benefits were derived and the Exemplar believed that the partner would benefit from reusing the innovation in other applications or new applications of the innovation with other similar settings (Figure 52).

Even though the projects were interrupted by the pandemic, and the inclusion of intellectual property training is a relatively recent addition to the Bevan Exemplar programme, the evaluation found that 25% of the Exemplars had engaged in discussions about intellectual property with their partner. This is a very good result and shows the Exemplars also translate their confidence in dealing with third party partner organisations and with the 'sticky subject' of intellectual property ownership and sharing (Figure 53).

It can be no surprise, given the COVID-19 conditions, that the view of the industry partnerships was mixed in terms of whether the joint project was a success. 50% of Exemplars were neutral in relation to the view that the relationship was a success for their partner and 50% disagreed and suggested the project relationship was somewhat unsuccessful and disappointing for the partner as a result of national and international circumstances. The finding suggests that, after many similar cohort results, the industry partners are using the Bevan programme as a learning experience and not necessarily as a means of making a financial gain (Figure 54).

The 'acid test' of the industry partnerships for Cohort 5 Exemplars was the question as to whether the Exemplar would work again with their industrial partner. The evaluation found that 33% of Exemplars strongly agreed that they would and 33% (total of 66%) somewhat agreed that they would work again but in a modified or more effective manner. This result is very pleasing and shows that, despite the pandemic, the willingness to work together remains a strong partnership for innovation (Figure 55).

This section has reviewed the Bevan Exemplars that used the third party support of industry partners. The results are as expected given the prevailing conditions of the economy. The positive result is that the relationship is a strong one and that industry partners are a valuable part of the Bevan Exemplar offering and a key catalyst for innovation. The sad part is that the conditions of the year 2020 did not allow either the industrial partner nor the exemplar to optimise and commercialise their relationship.

Was fully engaged at the beginning of the Exemplar project

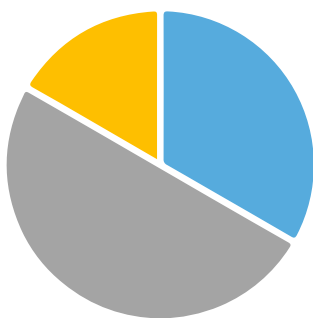


Figure 49: My partner was engaged at the beginning

Invested a lot of time and resources into our Exemplar project

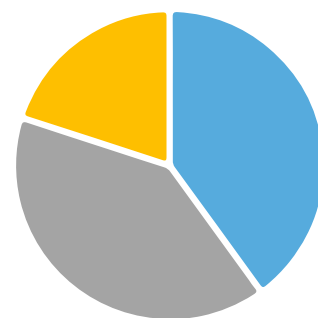


Figure 50: The partner invested a lot of time and resources

Delivered to my expectations



Figure 51: Partners delivering to Exemplar expectations

Is likely to use our innovation with other organisations

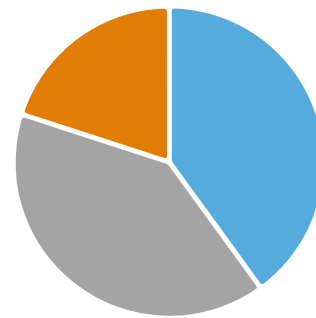


Figure 52: Using the innovation

Has discussed intellectual property ownership



Figure 53: Discussing intellectual property

Would describe this Exemplar project as a success



Figure 54: The industrial partnership was a success for the partner

I would work with this industry partner again



Figure 55: We would work together again



Section Five: Management of the Bevan Network and Learning Experience

Each Cohort evaluation has reviewed the delivery of the Bevan Exemplar network meetings (process) and the content of these sessions. This review will now focus on how effective this form of change management has been. The most important question concerning the programme is the access to the Bevan Commission team. The overwhelming majority of responses were positive with 94% of Exemplars believing they could ask for and receive help in a timely and high-quality manner from the Bevan delivery team and the Bevan Commissioners (Figure 56).

Access to the talents of the Bevan Commissioners and delivery team is important and a critical aspect of developing Exemplar confidence. The results concerning such mentoring and coaching support was also overwhelmingly positive (53% strongly agreed and 35% somewhat agreed) (Figure 57).

In terms of the actual usage of the Bevan team, the results show 29% strongly agree that they had good access to the Commissioners and a further 24% somewhat agreed that they had the access they needed to successfully navigate the improvement journey (53% positive result). It also showed that 41% of Exemplars were neutral and often did not use this service and only 6% somewhat disagreed that they had the access they were expecting (Figure 58).

Each Bevan Exemplar is supported by an internal organisational coach from their employer. This role is an important one and 70% of the Exemplars somewhat or strongly agreed that they received such support. This result is positive and is stronger than in previous years and cohorts. The result shows that, despite a pandemic, the employer organisations and coaches have supported the programme. The result shows a very professional engagement and it is duly noted by the evaluation team (Figure 59).

Given all that has been stated about the pandemic, the engagement of executive level champions would be very unlikely, yet the results show that 36% of the Exemplars had received active support. The finding shows that executives had made time to support their Exemplars and this is probably the first evaluation to present the high levels of organisational support despite the pandemic. Again, this result is remarkable and should be applauded (Figure 60).

The positive nature of the support provided by executive sponsors was reinforced by that provided by the Bevan team themselves. The results shows an overwhelmingly positive appreciation for this support (59% strong agreement and 29% somewhat agreed) (Figure 61).

Traditional change management training programmes have adopted a ‘short sharp shock’ approach with lots of classroom training and no real support after the delivery of the content. The Bevan Exemplar programme is different, and it provides a number of community network events over the year of project implementation. The evaluation team found that the Bevan Exemplars would have benefitted from more network events (47% agree with 35% undecided) (Figure 62).

In past cohorts there has been a criticism that the physical meetings proved difficult in terms of logistics. The pandemic saw the Bevan Exemplar programme ‘move online’ and the results show that the move was appreciated and did not detract from the learning experience during the pandemic (Figure 63).

I felt I could ask for help with my Exemplar project from the Bevan team

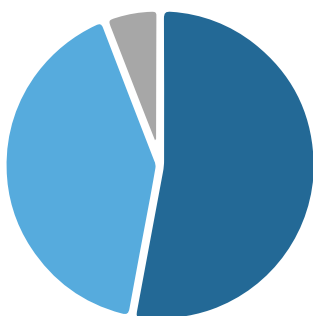


Figure 56: I could ask for help

I had the access I needed to the Bevan Commissioners

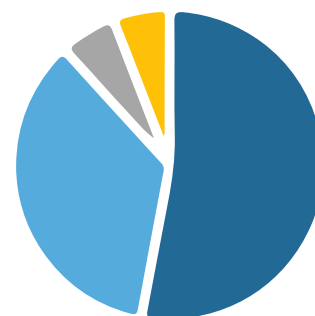


Figure 57: Access to Mentoring and coaching Commissioners

Access to Bevan Commissioners was valuable for my Exemplar project



Figure 58: Access to the Commissioners

I had the support I needed from my Coach/ Mentor

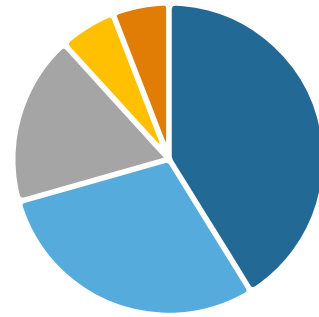


Figure 59: Support from my organisational coach

My Organisational Executive Sponsor actively supported me



Figure 60: Support from my executive sponsor

The Bevan Team actively supported me

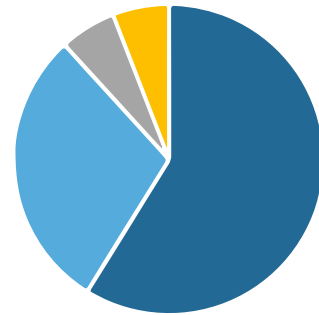


Figure 61: Support from the Bevan Team

The number of Network events was too many

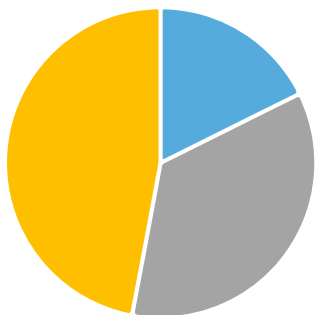


Figure 62: The number of network events

The number of network events was too difficult to accomodate

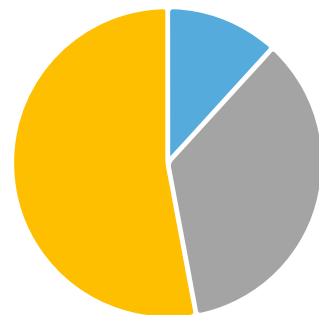


Figure 63: Managing the Logistics and avoiding overload



The duration of the Bevan Exemplar programme has also been regarded as too short by the previous cohorts of Exemplars. This was found to be the case for Cohort 5 too. 18% strongly disagreed with a further 59% somewhat disagreeing. 77% disagreement is a very good result and continues to reinforce the belief that the programme should be extended beyond a single year (Figure 64).

Throughout the programme, it was found that the self-confidence of the Exemplar had improved somewhat in 59% of the cohort and strongly for 12%. The result is very encouraging and reinforces those presented earlier (Figure 65).

The Exemplars also showed that the knowledge transfer from the Bevan team to the Exemplars was effective and the unusual combination of social skills, technical improvement skills and innovation skills work very well together. The technical training also includes a new focus on the development of commercial business cases for change. The interview results show that the Bevan Exemplars are very comfortable working with business cases and see them as relevant to effective project delivery (Figure 66).

The social aspect of a learning community was also tested and found to be as important as the technical training. The evaluation found that 24% of the Exemplars strongly agreed that they had gained new and valuable relationships with other health and care professionals and a staggering additional 53% agreed too (Figure 67).

The outcome of the learning and community development networking events was that the Exemplars, despite their unique and adverse conditions, agreed that they are champions for Prudent Healthcare (6% strongly agreed and 71% agreed). In addition, 41% strongly agreed they want to remain part of the Bevan Commission with a further 47% agreeing too. These are really pleasing results and show the value and utility of the Bevan Exemplar approach on the individuals who are lucky enough to be awarded Exemplar status (Figure 68 & 69).

The Bevan Exemplar programme is too long in duration

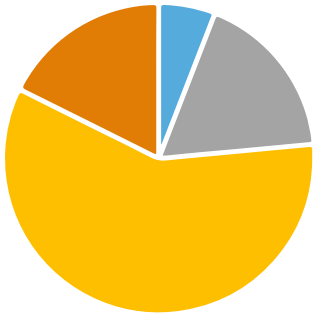


Figure 64: Not long enough for the pandemic

My self-confidence has improved

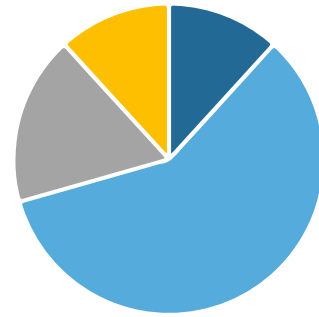


Figure 65: My self-confidence has improved

I will use the methods and techniques I have learned in the future

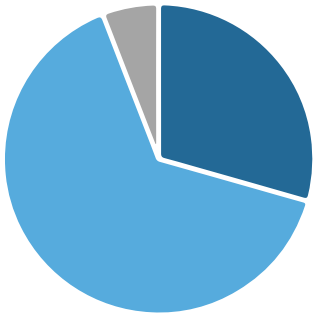


Figure 66: Useful methods and future payback

I now have many valuable new connections

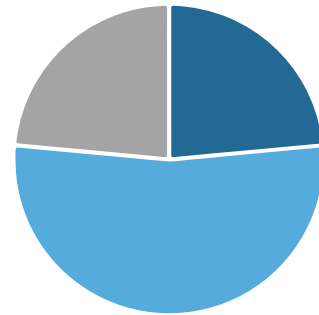


Figure 67: I now have many new valuable connections

I feel I am now a champion for Prudent Healthcare

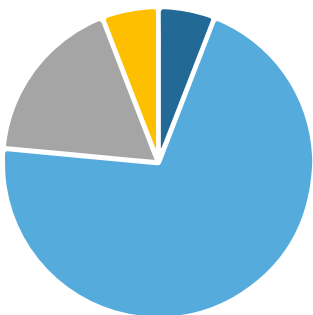


Figure 68: I am a champion

I want to remain part of the Bevan Commission future work and activities

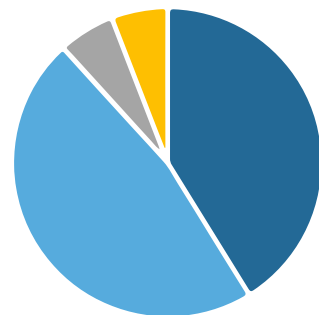
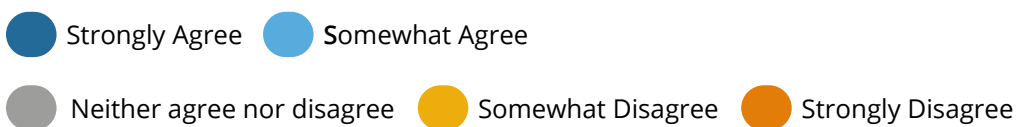


Figure 69: Remaining with the Bevan Commission



The new skills and willingness to remain active supporters of the Bevan Commission and its programmes is another great result. The addition of business case development for this cohort deserves a special comment and the evaluation team find that the willingness and confidence in writing such documents for their respective employers had improved significantly (77% agreement). In terms of future projects, 23% of the Exemplars strongly believed they would need to produce a business case for their next projects and 47% agreed they would use one to support their applications for continued or new support for projects they wished to launch (18% were neutral and 12% somewhat disagreed). The level of disagreement concerned mainly Exemplars with a skills development focus or supporting role for direct care deliverers (Figure 70).

The positivity of the responses by the Exemplars was also extended to their enjoyment of being part of a team and a professional practice-based community of projects where other Exemplars also acted as friends but equally as critical friends (47% strongly agreeing and 35% agreeing) (Figure 71).

Each cohort is asked about the comparative and relative utility of the approach and the Exemplars believe that the programme is the best investment they have made in their personal development and the best training they have received (35% strongly agree and 35% agree) (Figure 72).

Given the adversity of the time and the positivity of the Exemplars, it is unsurprising that 82% of the Exemplars would recommend the programme to a colleague (47% of the 82% would strongly recommend the programme) (Figure 73).

It is perhaps fitting that we end the presentation of the evaluation findings on a note of high positivity. The findings from this 'interrupted' community of improvers (who experienced a pandemic just as they were starting) are very positive. The cohort have proven resilient and focused on their projects as the health and care systems around them were negatively impacted by a pandemic and a shock which has not occurred since the NHS began over 70 years ago. Patients, staff, fellow professionals and the nation of Wales have all benefitted from the investments and achievements of Cohort Five of the Bevan Exemplar programme.

I feel confident about writing a business case for my Exemplar project

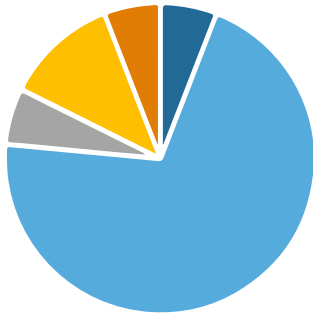


Figure 70: Writing business cases

I enjoyed being part of the Exemplar peer group

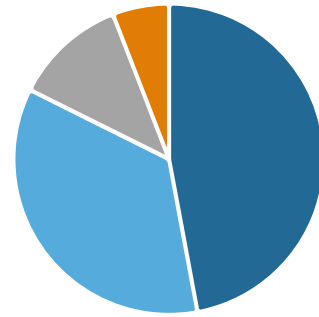


Figure 71: I enjoyed being part of the Exemplar peer group

The Bevan Exemplar programme is more effective than other programmes I have experienced

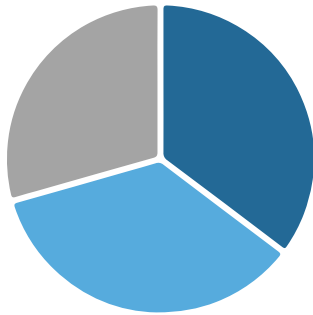


Figure 72: The Bevan Programme is the best

I would recommend my colleagues take part in a future Bevan Exemplar programme

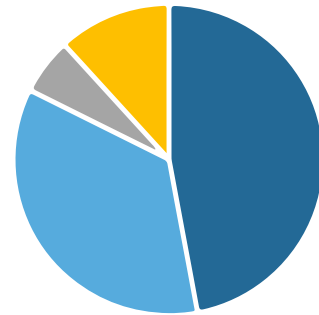


Figure 73: Recommending the programme

- Strongly Agree
- Somewhat Agree
- Neither agree nor disagree
- Somewhat Disagree
- Strongly Disagree

Conclusion

There has been plenty to be gloomy about during the pandemic and this cohort of talented health and care professionals have had to deliver their project during the most challenging time. A matter of weeks into their project saw an unthinkable event. The fact that the employers, the Exemplars and the Bevan Commission stayed focused and continued with purpose is testament to these individuals and the resilience that has been displayed by the Welsh health and care system. There have been many times when, in an evening, the nation has stopped and applauded the Welsh NHS and care system from their front doorsteps. Rainbow symbols have adorned the windows of houses to show support for all health and care workers in Wales and the citizens of Wales have much to be thankful for. It would have been all too easy to 'give up' or stop improving but this did not happen. The Exemplars and their industry partners worked hard whilst tackling and responding to national directives. The result is quite staggering. The cohort have much to add to the alumnae. No cohort has ever experienced such a shock and at such an early stage of project formation. The result has been delayed projects that have yet to reach a fully embedded stage. The achievement of change is a matter of more time rather than any real failing within the control of the Exemplar. This is a cohort that proves the defiance that so characterised the man, Aneurin Bevan – his and 'the Bevan spirit' remains strong in Wales. I am pleased to report a 69% success rate in a time of austerity and upheaval. There are many lessons about leadership that can be drawn from this report as well as the agility of Exemplar teams and the commission itself to reinvent the Exemplar programme and still receive very positive results. With any luck, the passion for change and the resilient reaction of health and care improvers will not decline when the long-promised 'new normal' takes place. Whatever the future looks like, the people of Wales can be assured that the Exemplar teams of this cohort are well prepared for it.

Professor Nick Rich

July 2021

Comisiwn 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.

As Wales' leading health and care think tank, its role is to observe, interpret, analyse, scrutinise and comment on health and health related issues.

The Commission is chaired by Professor Sir Mansel Aylward and draws its expertise from members based in Wales, the UK and internationally.

It was established in 2008 and focuses on how Wales may achieve its ambition of building healthcare services to meet the needs of the population and matching the best comparable systems elsewhere in the world.

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.

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.

One of its key aims is to work with people to transform health and care services to ensure that Wales has a prudent health and care system that is fit for the future.

The Commission 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 innovative and prudent ideas.

The Exemplar programme was launched in 2015 with over 250 projects completed to date so far. This year's projects have demonstrated a completion success rate of 69%, and have improved health outcomes, patient experiences and service delivery.



The author

Professor Nick Rich is a world-renowned expert in High Performance (quality) and Highly Reliable Organizational Safety) design.

Nick is a polymath which means he has two areas of specialism that focus on his manufacturing and services research (high performance) and his research with health and care providers, nuclear facilities and transportation systems.

Nick has written over 100 publications, he is an adviser to multiple governments, he has written 10 books, and he holds the Toyota Motor Corporation Fellowship of Japan. He was the Chief Industrial Engineer at the Royal Mint for the production of the Olympic and Paralympic Games medals (London 2012).

Nick is the Postgraduate Research Director at the School of Management and Nick is a very active supervisor of students at the school and also with colleagues in the Schools of Medicine, Health and Human Sciences and ESRI Energy research centre.

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