

# Bevan Exemplar Cohort 6 Evaluation Report

Professor Nick Rich, University of Swansea

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# Executive Summary

The Bevan Commission's Exemplar programme is designed to support staff from across health and care in Wales (termed Bevan Exemplars) to try out and test new, innovative prudent ideas. First established in 2016, the programme, which is now preparing to welcome its seventh cohort, runs annually with support from NHS Wales Health Boards and Trusts.

This document provides an evaluation of Cohort Six of the Bevan Exemplar programme, which was a 'Fast Track Cohort' developed in response to the Covid-19 pandemic. Under usual circumstances, the Exemplar programme is delivered over a 12-month programme cycle, however, due to the adverse context and need to rapidly support change processes across health and care settings in Wales, Cohort Six of the programme was delivered over an expedited six-month period.

This ran from October 2020 to March 2021, at the height of the second wave of the pandemic. This independent evaluation, undertaken by Professor Nick Rich and his research team at Swansea University's School of Management, was performed at the conclusion of the Cohort Six programme and draws insight from project and programme level data as well as participant experiences.

## **In summary, the evaluation shows:**

- Despite the global pandemic, Cohort Six delivered innovations and transformational improvements to health and care providers at considerable pace and achieved significant change that made a positive difference to patient care and services.
- The pandemic served as a catalyst to the Exemplars rather than a reason to delay or stop innovation with over 74% completing their project (and 95% meeting some or all of their initial objectives) This is extremely surprising and given the circumstances one might have expected a significantly high "drop out" or delay rate but it did not happen.

- The Fast Track Exemplars have, through extremely difficult and challenging times, realised a similarly high success rates as other cohorts (84% achieved some or full success of their projects) with similar types of 'return' to patients, staff, employer organisations and other stakeholders across Wales. Such returns include greater availability of services, new digital services, enhanced safety and quality of care, and time compression to provide quicker service responses. This achievement is astounding given the unprecedented context of the time.
- The Cohort Six programme is a significant success with many lessons concerning how to engage in innovation and transformation projects under this type of adverse conditions. The most important of which is how these projects managed to deliver their results. Determination and leadership patterns appear to have been modified to overcome the organisational implications of COVID-19 and to negate the convenient excuse that the pandemic was a good reason to do nothing or wait to be told what to do. This cohort therefore joins a long history of achievement and 'best practices' in innovation and change management that has been achieved by previous cohorts in more stable conditions. Many of these projects are now being fully embedded, shared at conferences, in academic papers and at award ceremonies, which will only further support the spread of good practice across Wales and beyond.
- 84% of projects support major government priority and policy areas across Wales and this cohort joins an active Bevan Commission Exemplar alumna that have, and continue to, deliver meaningful outcomes and impact. The achievements also show that improvement and innovation remain strong in Wales, delivering outstanding results despite the current adversity.
- The programme success presents a series of excellent learning case studies of prudent principles in practice (Prudent Healthcare | Bevan Commission), consistent with findings of previous years but within half the time available to a typical cohort but also with high levels of embedding of the innovations undertaken (85% believed

that they had embedded prudent principles into their day to day work).

The projects have delivered more confident and competent Exemplars, with a better aptitude for transformational change. 74% of the Exemplars believed they would use prudent principles and the methods they have gained in their daily professional practice.

- For patients (and other forms of service user) there have been benefits in terms of safety, quality, delivery and experience of care despite a pandemic.  
The addition of business case development training to the curriculum has equipped this cohort with managerial, investment and project skills enabling them to justify future change management projects. The benefits of this additional training and experiential learning is clearly evident in the project successes and in many other aspects of the evaluation.
- 29% of the Exemplars believe they have delivered impactful projects that should be adopted by professional bodies and colleges/universities as 'best practice' teaching case studies. The development of such case studies would support greater "All Wales" dissemination and would provide an annuity benefit for professionals that face similar challenges to their professional practice.
- Recent investments in the Welsh innovation and dissemination ecosystem has been a major source of benefit to the Fast Track Exemplars with 63% believing there is a clear pathway to using transformational change across the whole of Wales. The investments in personnel at employer organisations and supporting organisations to the NHS, made prior to this year, have increased their activities during the pandemic and this is to be applauded.
- Staff morale and staff appetite for change has grown over the Exemplar programme and 47% of projects have already reached the stage of embedded change to working practices with 79% ready and capable for transfer across Wales. Some Exemplars are finalising their projects and this result is likely to increase further when they

complete and staff (returning from the front line) are trained in the new innovation. Over 90% of Exemplars identified that their confidence and leadership skills had increased with a positive approach to change and a profound impact on their professional practice. They also identified an increased recognition within their organisation, as well as access to wider networks.

- The evaluation team find that the pandemic has positively impacted on the Exemplar projects (90% belief) and 74% of Exemplars believed that the pandemic had unleashed the capability to make many significant changes to working practices that traditionally would have taken a long time to implement under normal conditions. 90% of respondents also believed they had significantly improved their leadership skills during the programme and during the strange conditions of the pandemic.
- Surprisingly 70% of Exemplars believed they did not need more investment despite the fact that most were doing this over and above their day job. 68% believed that they had delivered benefits to wider stakeholders beyond the patients and staff involved.

This has been an exceptionally challenging year for Bevan Exemplars and their employer organisations, but the projects have demonstrated a resolute commitment to change and a resilience to generate transformational outcomes.

- In his concluding remarks, Professor Rich praised Cohort Six as “a national success” and said that the results speak for themselves. He believes that the pandemic brought out a new resilience and reaction to adversity which is applaudable and the Exemplars have delivered an amazing array of projects that provide firm platforms for new improvements.

# Introduction and special conditions

Cohort Six of the Bevan Exemplar programme supported 32 individual projects between October 2020 and March 2021. Exemplar projects were representative of all seven health boards across NHS Wales and varied by area of specialism and intended objectives, with further information provided in table ## on page ## of this report.

The programme provided a wide range of support to the Exemplars to help them 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 and providing access to world leading knowledge and expertise across health and social care through the Bevan Commissioners and wider networks.

It is worth noting at the very beginning of this report, that the Welsh NHS has never, in over 70 years of its existence, experienced a global pandemic of such proportions that has impacted on all areas of organisational operations in primary and secondary care, as well social care. The instigation of 'crisis management' processes and continuity measures affected every employee, department and location of care delivery.

The Covid-19 pandemic has devastated Wales and yet health and care workers continued to work. In fact, the pandemic brought a strong response from all areas of the health, social care and voluntary sectors. Such a response also entailed innovation at pace and new ways of working in the face of significant staff redeployment and changes to employee roles, new teams, new locations for care delivery and many other factors that would have reduced the effectiveness and efficiency of care.

The Bevan Exemplar projects were started after the pandemic hit the nation and the findings of this report must be read in the context of innovations by Welsh health and care staff, their employers and their technology partners. The achievements show that improvement and innovation remain strong in Wales and that they have delivered great results in the face of adversity.

# Evaluation Methodology

The Cohort Six evaluation draws insight from project and programme level data, as well as participant's perceptions and experiences. Data used to inform the evaluation included:

- Interviews with Exemplars at predetermined points in their project.
- A questionnaire administered at the end of the project period (n=19).
- 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 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.



# Exemplar Project Performance

At the end of the Bevan Exemplar programme, the project leaders (known as the 'Exemplars' or 'Bevan Exemplars'), were asked to review the performance of their individual projects and to show how outcomes from their specific project demonstrated prudent principles in practice, if at all. The "expectation" for Exemplars and their teams, is that the projects would succeed and reflect the prudent principles, which has been the experience with previous cohorts. Whilst each project was subject to a selection process, and Exemplars do receive training in a range of areas to meet their needs (during the peer group meetings), this does not necessarily guarantee project success or that the projects will align with prudent principles at the end of the programme. The projects set out with general intentions to improve the health and care system in Wales, to test whether each project has relevance and whether they, as previous cohorts have, provide good examples of the prudent principles in practice. The evaluation team find significant evidence that this cohort has, despite the pandemic, and with half the time of previous cohorts, achieved significant innovations in practice and process performance improvements.

# Bevan Exemplar Cohort Six Projects

## **Aneurin Bevan University Health Board**

Improving the patient experience for the treatment of vertigo and balance disorders in Physiotherapy

The Physiotherapy Diaries: Using coproduction to aid post COVID-19 Outpatient Service Design

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## **Betsi Cadwaladr University Health Board**

Healthy start vitamins for families in North Wales- explore barriers and solutions to increasing accessibility (uptake) for eligible families

Making getting treated easier: sexual health services partnering with community pharmacies to enable patients to collect medication closer to home

Domestic abuse occupational therapy project in response to Covid-19  
Improving the counselling and delivery of postnatal contraception

Validating Treatment Options for Lung Cancer Patients: Automated Rapid EGFR

Chronic pain management resource development and evaluation

F1 Buddy Scheme

Reducing blood sampling in the ICU  
Bespoke one-stop hypertension clinic

Virtual pain management programme for osteoarthritis patients waiting for surgery

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## **Cardiff and Vale University Health Board**

Get there together - a resource to support the people of Wales access their communities

An application for people with Parkinson's

The OMNIUM Centre

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## **Cwm Taf Morgannwg University Health Board**

Clinical Specialist Physiotherapists - a solution to the Tsunami backlog

Development of a multidisciplinary clinical pathway and education package to help in identification and robust management of tissue viability in children and young people with complex needs

Immersive environment/ VR to manage chronic pain in a primary care setting

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## **Hywel Dda University Health Board**

Increasing time spent at home, well and independent - a new campaign improving whole system unscheduled care

A digital first approach to patient correspondence

Pembrokeshire 'blue team' advice line

The Waiting List Support Service

Urgent GP response unit for acute medical care in the community

Secure services referral and step-down pathway

'Mind over food' an 8-week psychology group programme to help people living with obesity overcome psychological barriers to weight loss

Vascular Catheter Preservation Initiative (PICC & Midline Virtual Ward)

Transfer of care and liaison service preventative screening project

Recovery through activity-implementation and evaluation of an online occupational therapy intervention across Wales

Virtual Covid-19 Ward

## **Swansea Bay University Health Board**

Revised early years Neurodevelopment assessment pathway and toolkit

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## **Powys Teaching Health Board**

Green Bees – aiming to cut waste and CO2 emissions, save money and improve the natural environment. Digital education for non-clinical staff to promote the use of virtual consultations for people with persistent pain and fatigue in rural Powys

# Demonstrating Prudent Principles in Action

The focus of the first evaluation question tested the post-intervention results and reflections of the Exemplar leaders in terms of their project and the Bevan prudent principles. The survey result confirms that most Exemplars (79%) believe strongly that their project shows a clear relationship between the prudent principles and improved performance in health and care in general. Only 21% of responses showed a less strong agreement, but these respondents described the relationship of their project to success as 'partially' reflecting the prudent principles. The latter result was distorted by projects that had not yet completed (it is noted that it is difficult to complete a project in a fixed timescale of one year or less) and where project staff still needed to be trained so that the 'roll out' deployment of the project was not yet completed. In overall terms, every project shows a positive relationship between what was achieved by the Exemplar project team and the prudent principles. This is a very good result, yet again, for the sixth consecutive year for the Bevan Exemplar programme, demonstrating a strong and consistent trend. The results show that the prudent principles remain as relevant to the development of professional practice and patient/service user benefits today as ever before. Testing of this belief during the interview and webpage development process with the Exemplars confirmed this positive relationship and the continued validity of the prudent principles in health and care delivery today (Figure 1).

**Demonstrates the Prudent Healthcare Principles**

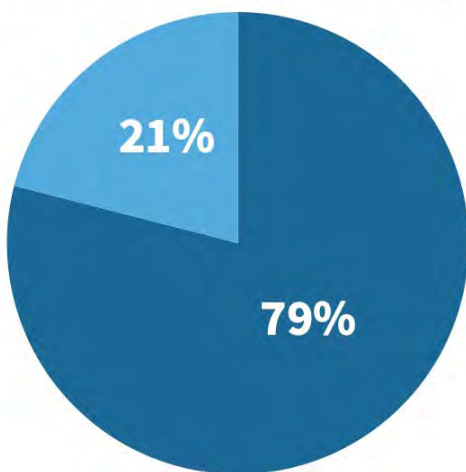


Figure 1: Demonstrating the Prudent Principles



## Attitude to Change in the Welsh NHS and care system

One of the biggest criticisms of traditional change programmes is that change models often involve an elite or the poor engagement of staff/stakeholders. Excluding staff is a limitation to success and an elitist approach rarely works for longer than a short term improvement rather than an ambitious programme that attempts to transform a service. An inclusive approach to staff engagement and a collaborative implementation model, creating social movements for change, improves the chances of transformational success and also leads to the development of an embedded learning and improvement/innovation culture. The development of a people-centric approach is typically associated with improvement and innovation success in the system, where highly skilled staff work on complex settings and are dependent upon each other for both an effective patient/service user solution as well as process efficiency. Even projects that are focused on the introduction and exploitation of new technology for healthcare practice improvement require a people-centric approach because technology by itself cannot improve services. It is the engagement of staff with the new technology that truly defines its efficiency and effectiveness in practice.

The attitudes of staff were tested with the Exemplar leaders and it was found that, despite the pandemic, 78% of Exemplars believed that their teams had improved during the time of the project, with 47% stating staff attitudes had strongly improved. This result is again impressive, given the conditions and turmoil created by the pandemic and is a credit to the teams and their employer organisations (Figure 2).

The key question used in the evaluation of all Exemplar projects and cohorts since the very first cohort in 2016 was whether the project had met its objectives. It has to be acknowledged that during the period within which these projects were active, the teams were subject to significant disruption as a result of the COVID-19 pandemic, as well as other factors. The evaluation team found that 95% of the Exemplars somewhat or strongly agreed that their project had achieved its desired objectives. Of the 95%, 42% strongly agreed that their projects had delivered the intended outcomes that were sought of them. This is a particularly good result and a high level of achievement, which

aligns well with previous cohorts. It should also be noted that these Exemplars followed exactly the same process as all other previous cohorts. This is quite a spectacular result given the fact that the national and organisational environment was not conducive to change and included significant levels of staff being sent home, staff being redeployed to frontline services, services 'going online', and other organisational restructuring that was necessary to cope with the pandemic (Figure 3).

Achieving the desired outcome of the project and completing its objectives is one dimension of the success and quality of an Exemplar improvement project. A second dimension was tested which was the completion of the programme of work and improvement within the given programme timeframes (Figure 4).

The evaluation confirms that not all projects were completed on time but only 10% of all projects fell into this category, which is a significant result. Given the circumstances and Fast Track nature of the projects, a much higher figure would have been expected. In this shorter six month period, 74% of all projects were delivered within the 24 weeks from launch to completion. As such, this is a very high rate of achievement (of project objectives) and, despite all of the disturbance to normal operations of each healthcare provider, projects were typically delivered on time and some ahead of time. The finding is equally impressive because the objectives of each Exemplar project were not simple continuous improvement or minor forms of improvement. The projects were in fact, focused on changing technologies as well as established health and care processes so had ambitious objectives.

The 'acid test' question for this programme was presented to the Exemplar leaders in the form of whether they would declare their project as a success or not. It is possible for a project to meet its objectives and to be delivered in a timely manner but fail to become regarded as a successful project (Figure 5).

The survey results found that 47% of Exemplars strongly agreed that their project was a success, with a further 37% (a total of 84% cumulative agreement) agreeing that it was somewhat of a success. Absolutely no Exemplar project was found to have been unsuccessful and only 16% neither agreed nor disagreed. The latter projects were

typically in the process of being finalised and had not yet stopped and concluded. The combined agreement of 84% success is a figure that is consistent with previous cohorts (even though this cohort has slightly less stronger agreement classifications than previous years). The combined factors that have interfered with the Cohort Six projects means that, even at a 47% success rate, this is a significant achievement for the health and care professionals involved. The achievement does underly a new approach and culture of improvement that has been developed by many of the employer organisations and their improvement/innovation leads.

The Exemplars were asked whether they thought their project was innovative. There was resounding agreement that all the projects undertaken were innovative and well beyond the simple improvement or task-based activities of traditional continuous improvement programmes. This result is particularly interesting and shows that the projects were innovative despite attempting to change technologies, modes of delivery and critical processes in organisational systems. The changes to processes and organisational systems are typically transformational in nature, and again this result is very positive and surprising given the circumstances within which these projects were delivered (Figure 6).

A major stakeholder in the Exemplar programme is the Welsh Government and the evaluation finds that 84% of Exemplars believed, and could demonstrate, alignment of their interventions with government policy. A further 11% somewhat agreed that their projects partially supported government policy (combined score of 95% of projects). Only 5% neither agreed/nor disagreed. This result is impressive. The interviews confirmed that some of the innovative Exemplar projects were conducted in areas of professional practice where Welsh Government directives and policies required multiple stakeholders from different clinical and professional backgrounds (a multi-disciplinary project approach) to be engaged to make effective changes. These transformational change programmes were achieved despite high levels of complexity, instability and variety of stakeholders. The Cohort six programme therefore adds a lot of successful and innovative examples of transformation in health and care processes using prudent principles (Figures 7 & 8).

The outcome of the Cohort Six programme marks a series of successful projects and are a new resource from which others can learn. The Exemplars were asked if their projects could be used as a 'best practice' teaching case and this was explored during their interviews and in the questionnaire. It was found that not only do Exemplar projects show significant positive benefits and outcomes for patients and staff, but could also be moved to an 'All Wales' application. Furthermore, the Exemplars believe strongly that their projects can be used as teaching materials for professionals in training and at undergraduate and post graduate levels. Almost a third of projects, it was proposed, could be used with a strong belief of the Exemplar that they would be good learning case studies. A further 41% (total of 70%) of Exemplars believed there was some aspects and learning points from the projects that could be used to assist students and fellow professionals in training. This is an excellent result and again reinforces the view that this cohort has achieved great success despite the conditions in which they undertook their projects.

In summary, the cohort of projects have been a success, met their objectives and are capable of being promoted as cases in health and care best practice using prudent principles.

**Demonstrating the Attitude for Improvement**

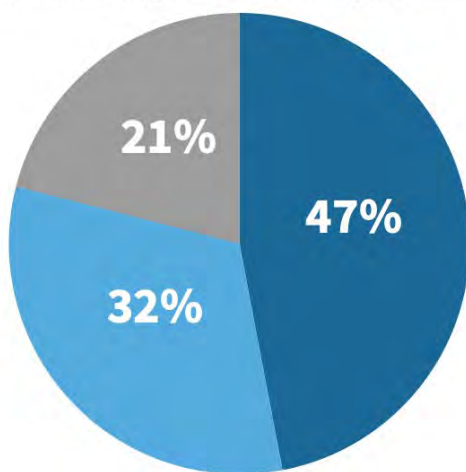


Figure 2: Demonstrating the Attitude for Improvement.

**Meeting Project Objectives**

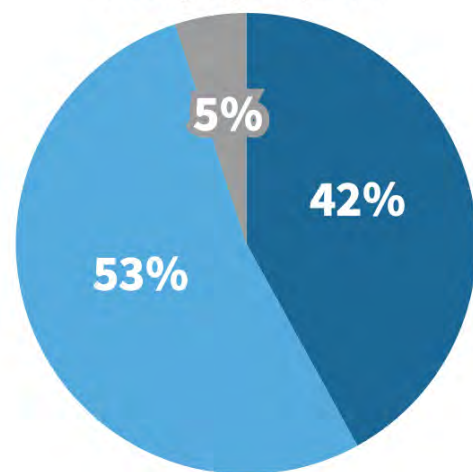


Figure 3: Meeting Project Objectives.





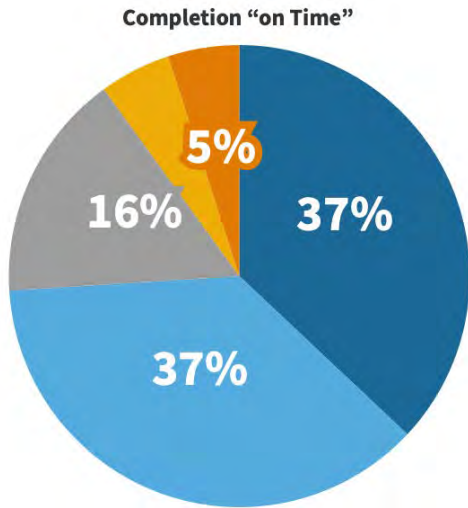


Figure 4: Completion "on time".

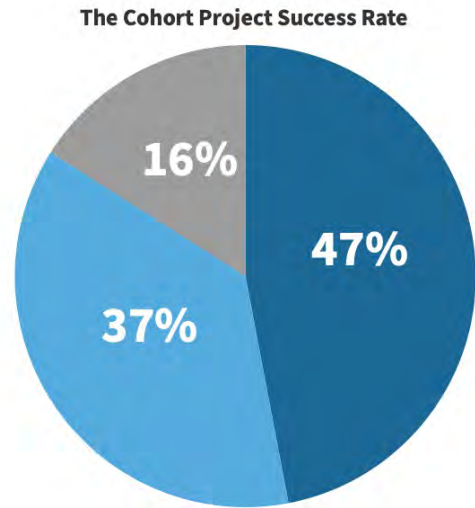


Figure 5: The Cohort Project Success Rate.

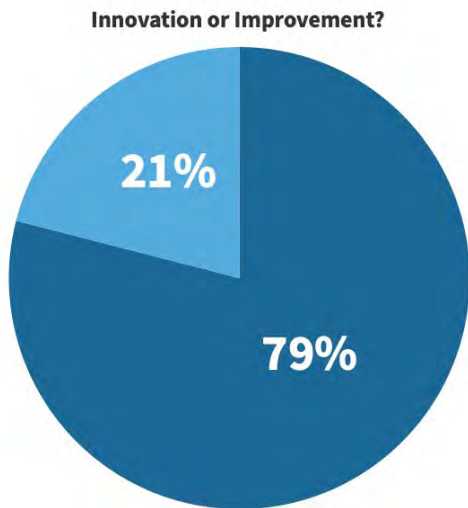


Figure 6: Innovation or Improvement?

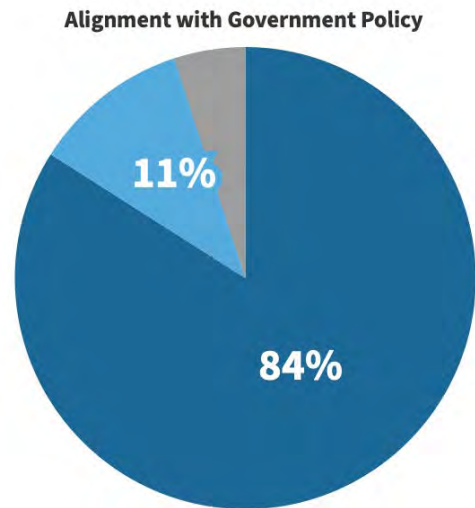


Figure 7: Alignment with Government Policy.

**Is Worthy of Teaching for Improved Professional Practice**

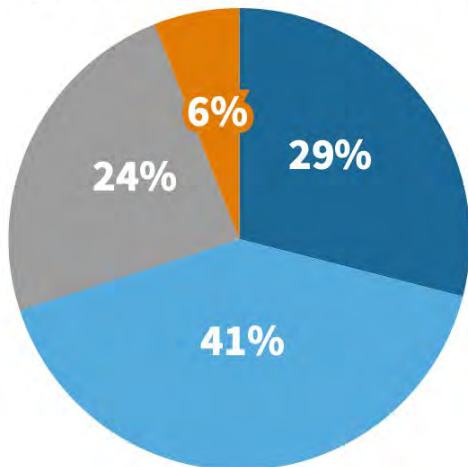
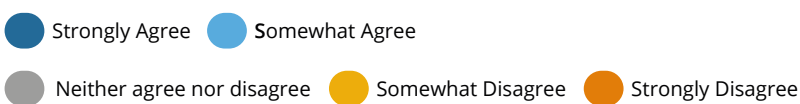


Figure 8: Is Worthy of Teaching for Improved Professional Practice.



# The Benefits of the Bevan Exemplar Programme

Bevan Exemplar projects range enormously in terms of the clinical and other processes covered, location and mode of delivery, and their specific objectives. The evaluation team reviewed the effectiveness of each project using a “process-based” approach. The Exemplars were tested on the effectiveness of service delivery changes and improvement (Figure 9).

The study finds a 79% agreement that improvements had been generated in service delivery, despite the pandemic, and increases in the backlogs to most health and care processes in general. This counter-trend is interesting and the projects have delivered significant results to the speed, access and timeliness of care. Only 16% of projects reported no change to service speed and dependability of access, and 5% suggested that, as would be predicted under a pandemic, service delivery somewhat declined in performance. This is fascinating and shows that prudent principles of resource utilisation and access were improved during the cohort projects. Delivery of services and the improvement of their timeliness rests firmly on a basis of stable and effective patient safety processes.

With stable safety processes, it is important that improvement initiatives focus on the quality of health care processes and also the resultant patient/service user experience. The evaluation finds that almost half of the projects have resulted in a much better experience for the patient/service user. If this is combined with the perception of somewhat or a modest improvement in satisfaction, this figure rises to 74%, which is an impressive outcome for this cohort (Figure 10).

It should be noted that many of the Exemplar projects have changed the means of patient/service user access and the mode in which care is delivered (many going on-line). Many projects have moved from a face-to-face service to an online interaction with patients. Online provision has its critics in terms of user experience but to achieve such a good result is very impressive (Figure 11).

When testing for service user/patient satisfaction only 5% of the Exemplars believed that patient satisfaction was reduced during the Cohort Six programme. The interview process found that this reduction in patient satisfaction was largely due to technological issues and other factors that are beyond the control of the Exemplar themselves. The key result is that the Exemplars believed strongly (48%) and somewhat agreed (26%) that patient and service user satisfaction had increased (74% in overall terms). 21% believed that no change had occurred, and this may be explained by projects being an investment in staff practices or projects that were not directly patient facing. However, it is somewhat inevitable that, during the pandemic, changes to services will generate some dissatisfaction, but these results show patient satisfaction has increased.

The findings concerning staff engagement and investments made to support staff to accept change, found that 26% of Exemplars believed and could demonstrate (the interview process) that staff had strongly engaged with the change process and a further 53% (combined total of 79%) agreed that staff had engaged partially. Only 5% of projects found strong disagreement that staff had engaged, and the legacy of the Exemplar project was to leave an enthused staff group that were amenable to change (Figure 12).

These 'staff engagement' findings are very impressive in terms of staff working as change agents and learning to improve processes in this adverse time period. The result shows that 26% believed a strong change had occurred in staff engagement, which is a very good result and reflects well on the capabilities of the Exemplars. Importantly, this also reflects well on the culture of healthcare organisations in Wales and staff development (in areas such as process improvement) that are available to organisations. When staff morale was tested, alongside engagement, it was found that 26% believed strongly that staff morale had improved as a result of the project that was undertaken (63% saw a positive change in attitudes and morale). An omission of the evaluation team was not to capture the morale of staff around the Exemplar leader at the beginning of the programme of change (Figure 13).

The Exemplar projects, may include the general public as stakeholders in the change process, where appropriate to do so. Some projects were more "inwardly looking" and were focused on organisational changes (and inter-organisational changes to working

practice) that do not need such a representation of the Welsh public. The evaluation team found that 31% of the projects had actively and formally engaged with the general public, which again is a good result and reflects the Bevan prudent principles as well as the co-design of services as a global best practice. A further 16% used the public as stakeholders but in a less formal manner. It may be repetitive to restate the fact that such engagement took place during a pandemic, but this is a very positive result demonstrating that the public remain engaged as key stakeholders and contributors to the success of projects (Figure 14).

When a broader approach to stakeholder benefits was reviewed by the evaluation team, it was found that 68% of all projects believed they delivered benefits to stakeholders beyond the patient and staff involved, with 48% delivering significant benefits. This result was predicted, given the need to cross departmental and organisational boundaries to deliver improved and transformed care. However, it is another significant result for the cohort, their organisational leads on the programme and the Bevan Commission, especially in a period of national turmoil (Figure 15).

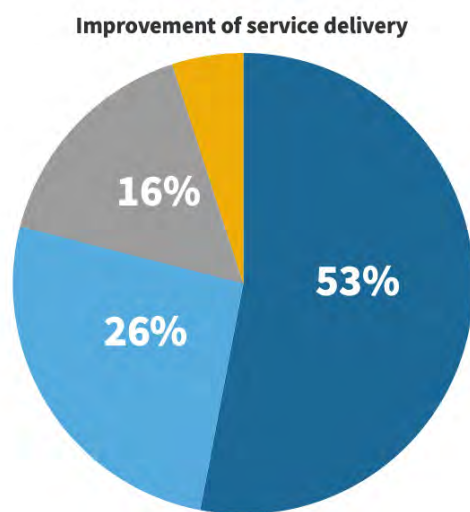


Figure 9: Improvement of service delivery.

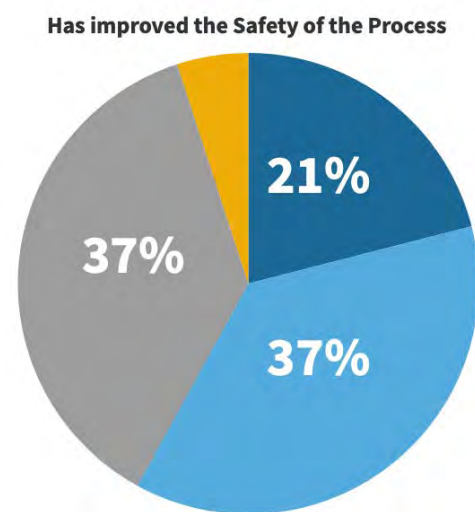
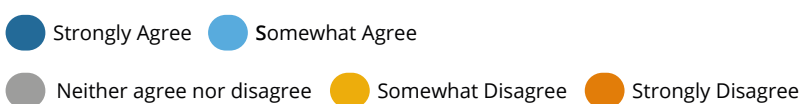


Figure 10: Safety of Services.



Has resulted in greater Patient Satisfaction

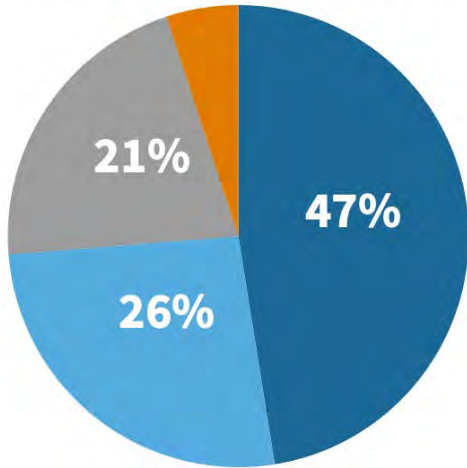


Figure 11: Patient Satisfaction.

Has resulted in greater Staff Engagement

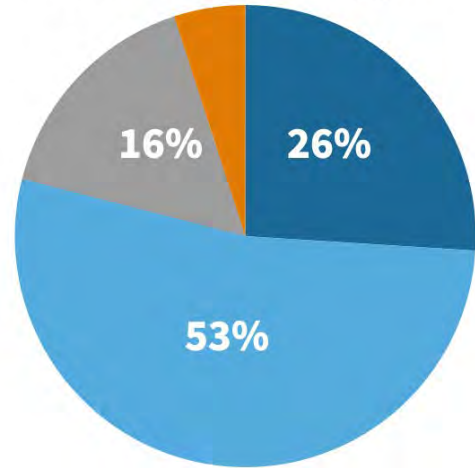


Figure 12: Staff Engagement.

Has improved Staff Morale

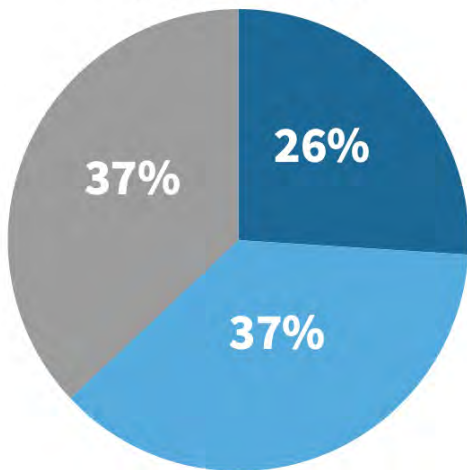


Figure 13: Staff Morale.

Has Public Engagement

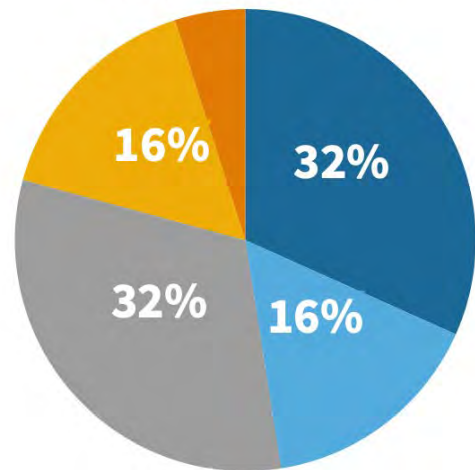


Figure 14: Public Engagement.

Has Multiple Benefits for many Stakeholders

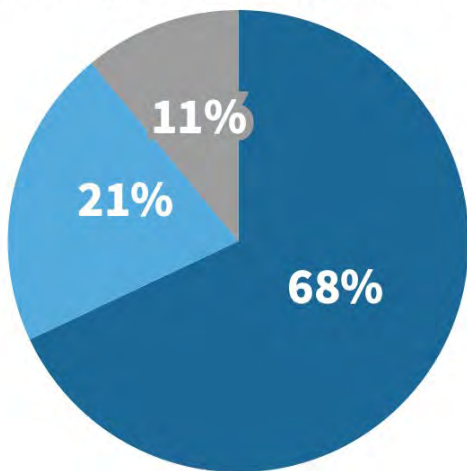


Figure 15: Multiple Stakeholder Benefits.

I now have many valuable new connections

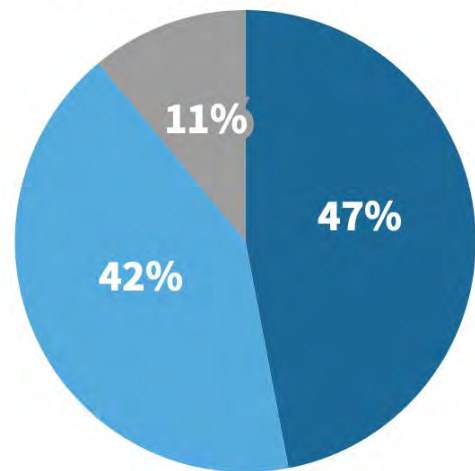
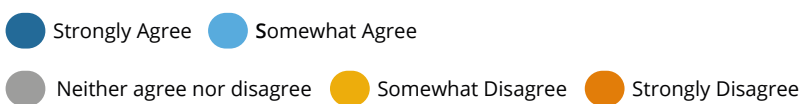


Figure 16: Extending my Networks of Support



The outcome of the successful Exemplar projects should be, with sufficient progress and achievement, embedded within customary practice and the learning from others shared widely. This aspect of change management was assessed by the evaluation team and found to be a mixed result with 47% of the Exemplars believing that, to somewhat or strong agreement, their project was embedded or embedding within customary practice. A further 21% were undecided and still required additional time to transfer the new knowledge into customary working practice, and a total of 32% slightly more strongly disagreed that the innovation had been embedded in new ways of working.

The interview process confirmed most barriers to embedded practice were staff shift systems (training), the impact of the pandemic on physical meetings that could not be undertaken, the intensified use of virtual meeting software (which meant that more non-project organisational meetings were being held with broader numbers of staff which was taking key individuals away from their project work) and working with less than full complements of staff (due to reallocation of roles). Projects that were targeted at support activities (rather than direct care of patients) also suffered slightly as staff remained focused on dealing with the pandemic. The enablers for effective embedding of working practices included proactive leadership of projects by Exemplars, a well-structured engagement plan, the use of evangelical champions across regions, employer executive engagement, formal processes of dissemination and awareness raising, and business case justifications to improve care performance.

Expanding the professional support system and wider eco-system of help in Wales is a form of achievement for the Exemplars, and it was found that the Exemplars are now supported to a much greater extent by people that previously had been members of the Welsh health and care system along with other supporting organisations. The ability to call upon a network of valuable new connections is important for transformational change in the future, and the Exemplars believe these structures now exist and can be activated when needed (89% agreement) (Figure 16).

The programme has also yielded benefits in terms of wider professional networks of help and assistance (Figure 17). Beyond this, the network of access to others with skills to mutually support has also expanded and added to the support network that now

surrounds the Exemplar (Figure 18).

With all the necessary support networks in place and active, the Exemplars did make significant progress in embedding new working practices. These responses, found during the interview process, are largely biased by the inability (during current COVID-19 conditions) to train everybody. Despite the project finishing on time and meeting their objectives, there still remains a need to transfer skills to all local staff (Figure 19).

It should be noted that resistance to change was not high for Bevan Exemplar projects, so the embedding and further embedding of new working practices remains an issue that needs to be “closed out” in the future and after the official close of this cohort. This result does not mean that projects have not achieved a good outcome but that the duration of the Exemplar programme is not enough to judge whether the innovation has fully been embedded. It is also the case, detected through the interview process, that the impact of the pandemic meant that many staff members were yet to be fully trained in the new innovation. Thus, there was still training and embedding to do at the end of the programme for this particular cohort.

Change projects should also ensure that staff are engaged in order to succeed and create the conditions necessary for continuous improvement and subsequent cycles of learning/improvement. Such motivation to learn and to move from problem-solving to innovation is important to the future model that will underpin health and care provision in the ‘New Normal’. The evaluation team assessed the motivation of the Exemplar team as a result of conducting the project. The findings show that the motivation of Exemplar teams had improved (16% strongly agree and 37% to somewhat agree) to a combined score of 53%. A third of the projects did not agree nor disagree, and only 15% of projects thought the motivation had not changed at all or disagreed. Given the conditions of these projects and the amount of organisational turmoil during which they were active, this is again a pleasing result (Figure 20).

For every Exemplar, there is a team and this team has implemented the changes and engaged with the project. Beyond the leader’s view of their own status, it was also found that the team status in the organisation had risen and those that somewhat to strongly

agreed accounted for 79% of all Exemplars (see Figure 21 below). This would suggest that the executive levels of each health board have engaged quite significantly with the Bevan Exemplar programme in many cases. This finding would also suggest that Welsh organisations have taken greater interest in the Exemplar projects and the result proves a much greater executive engagement with the projects despite calls on the diaries of executives during the pandemic. The result is higher than in previous cohorts and the finding is also supported by a greater engagement of 'Innovation Leads' at the employer organisation. It should be noted that the strategic Innovation/ Transformation/ Improvement leads at employer organisations also now have formalised and active networks that link employer organisations on an 'All Wales' basis. These meetings of key change leaders have increased sharing and coordination within care organisations and across geographic boundaries. Again, this is evidence that the innovation dissemination infrastructure in Wales is maturing and working effectively (Figure 21).

Finally, a review of the financial savings achieved by the Exemplar projects was undertaken. Once again this year, as in previous years, a mixed response was found. This finding is common to all other cohorts and the finding needs to be qualified – financial savings are not the motivation of the Exemplar Programme but they remain a key element in the context of the prudent principles 'using all skills and resources to best effect and 'doing only what is needed – no more no less'. The prioritisation of process-based and efficiency cost savings is associated with dysfunctional outcomes for staff and patients trying to deliver high performance and highly reliable health and care. This is because when efficiency is prioritised over effective care then corners may be cut (efficiency over effectiveness). Cost reduction is an outcome of an improvement and this may only be realised by improving safety, quality and delivery of care. When cost is used as a primary objective then quality, safety and delivery often go down. The evaluation team did find that the outcome of many projects resulted in cost savings (savings as an outcome of changes to quality, safety and delivery). The evaluation team found that many of the Exemplar projects had released cost savings to some extent (31% of which 21% associated their project with a strong cost saving). Again, this is a good result and shows that Exemplars, who are trained in business case development and assessment, can identify financial savings. The Fast Track Exemplars, just like previous cohorts, had managed to improve effective care and, in so doing, enhanced process and staff



efficiency by focusing on improved quality, safety and delivery of their projects.

The outcome of savings is also important from the perspective of the employers and health boards. As a general observation, Wales has not always used business cases to underpin change interventions - instead mandated programmes of improvement historically required compliance rather than local justification as to whether this was good for patients/staff and sensible from a board perspective – in terms of outcomes and the costs of the organisational investment to achieve compliance. 37% of Exemplar projects reported that they had or could not claim any savings at all, of which 16% held a strong disbelief that savings had occurred. The finding is un concerning because cost reduction is not the primary intention of an Exemplar project. Indeed, some systems require investment to enable better care, and the whole health and care system lacks an agreed framework to determine cost savings in a robust form. It is interesting to note that the Exemplars did not all select the option of 'neutrality' on the subject of cost savings. Normally, an evaluator would expect this percentage to be much higher. Instead the polarisation of responses can be seen as an indicator of the new focus of the Exemplar training on business case development and evaluation (Figure 22).

The previous findings show a good set of outcomes from the Exemplar programme and an interesting set of responses from a diverse portfolio of projects. The next section will continue to explore the benefits of the programme.

**Extended my Professional Networks**

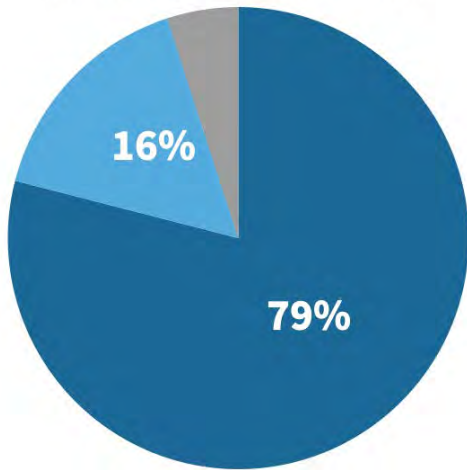


Figure 17: Extending Professional Networks.

**Widened the number of people who may be able to help me**

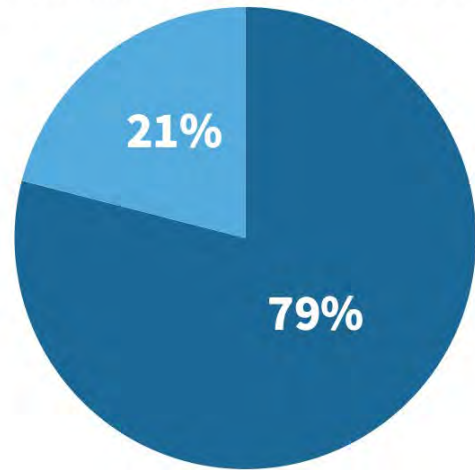


Figure 18: Widening the Circle of Support.

**Is now embedded and has become customary practise**

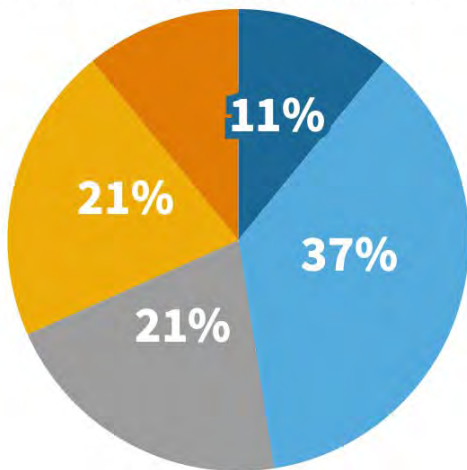


Figure 19: Embedding Change.

**Motivation to change within my team has increased**

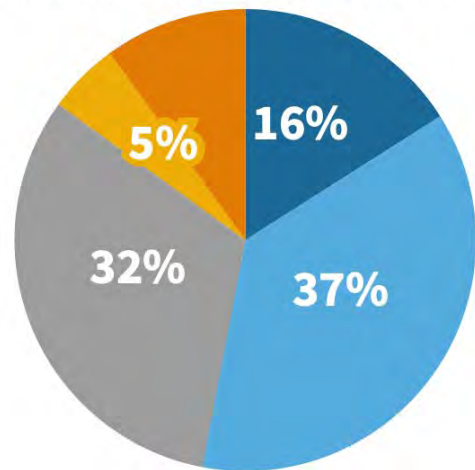


Figure 20: Maintaining Motivation.

**Improved my/my teams status in the organisation**

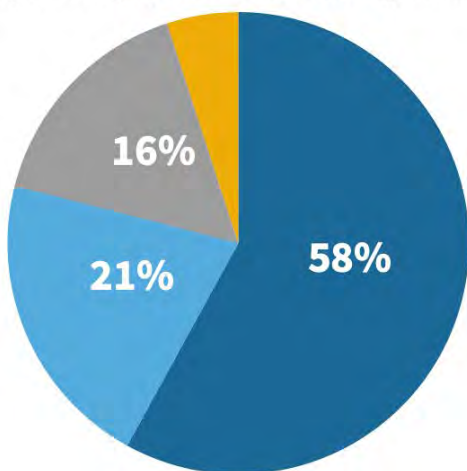


Figure 21: Organisational Recognition for Improvement.

**Has made no financial gains**

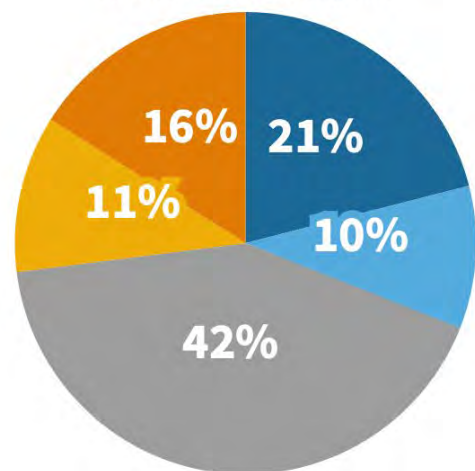


Figure 22: Financial Gains.



## Delivering Success

To test whether the Bevan Exemplar projects were innovative and transformational in nature, the evaluation team tested the appropriateness of the scaling of the project to see if projects have been too ambitious or too restricted in scope. The findings clearly show that the overwhelming majority of Exemplars strongly agree (47%) that the scope of the projects was appropriate and transformational, and 32% somewhat agreed that their projects were appropriately scaled and scoped at the beginning of the programme. This accounts for 79% of all projects being deemed appropriate at the launch stage. A further 16% of Exemplars said they were unsure and only 5% somewhat disagreed that the scope should have been reduced in its ambition. The overall finding is that the health and care staff involved in improvement activities had effectively scoped projects that were transformational, ambitious yet achievable (Figures 23 & 24)/

In addition, the testing of 'spread and uptake' confirmed that 79% of the projects were overwhelmingly capable of transfer to an All Wales adoption basis or that parts of the project could be transferred and shared as 'best practice' with others. The Health Boards and employer organisations involved with this Bevan Exemplar Cohort should be rightfully pleased with the efforts of their staff. The correct scoping of the projects and their ambitious objectives, even during a pandemic, was tested during the questionnaire stage and it was found that 47% of Exemplars agreed that their project was realistic (Figure 25).

The scaling up of projects, and the more effective ecosystem of innovation dissemination and networks across Wales is a very positive result. It shows that Welsh Government and employer organisation investments are paying dividends and that the Bevan Exemplars have a much greater ability to exploit such networks plus an interest in sharing knowledge across the country so that 'tried and tested' innovations can have a more widespread adoption.

## Project Resourcing:

In terms of the resources supplied to the Bevan Exemplar programme, each project typically operates without any financial investment within the programme and the employer organisation supports time, financial and project resources. The results show that, despite limited funds, 42% of projects agreed or strongly agreed that they had enough financial resources to deliver their project. A further 26% were indifferent in terms of monetary investments, whereas 32% disagreed and would have benefited from financial resources to secure more outputs and benefits from the programme. This finding is similar to other cohorts of the Bevan Exemplar programme. The relatively equal split between agreement and disagreement would suggest that some additional funding, provided at the project level, would enhance the outcomes of these projects and deliver more positive outcome benefits. This may indicate a new process within the Exemplar programme which is to allow business case-driven projects to estimate a budget at the beginning. The additional benefit of linking the business case to project budgeting would transfer more skills to Exemplars and would enhance their capabilities when working for their employer organisation (Figure 26).

An intriguing finding is that only 33% of projects believed they needed more investment to achieve and exploit the positive outcomes of their projects. When the projects were evaluated for the use of protected staff time to allow the project team to focus almost exclusively on their project, it was found that 53% of responses supported a position of somewhat agreement and there were noticeably no strong agreements. In terms of somewhat or strongly disagree, this accounted for 42% of responses. The finding shows that, for the most part, Bevan Exemplar leaders and the teams involved in projects are doing these improvements and implementing prudent principles whilst simultaneously conducting their “day job “. Such ‘learning on the job’ and project management that is embedded within daily working practices, is a typical feature of previous Exemplar cohorts. However, the finding does suggest that ringfencing time for dedicated project management could be a beneficial future policy especially if the Exemplars are to take on more project management, budgeting and business case responsibilities. However, the fact that significant benefits and successes are derived from the way in which Exemplars currently operate means that aligning projects with the working day of the

health and care professional does reap significant benefits. It also allows normal daily interactions of staff to support the implementation plans for each project but with less formality (Figure 27).

When testing whether the projects were sufficiently resourced with staff, it was found that 47% of Exemplars agreed or strongly agreed that they had enough staff in comparison to 32% that did not perceive themselves as being well resourced. This is quite a heartening result but does also align with the findings of protected time. The results suggest that more formal allocation of staff time and staff from different parts of the organisation affected by the change would result in more benefits and greater outcome performance. The typical answer from change agents conducting improvement programmes is that more time and money is needed but interestingly, this cohort believed they had balanced these issues in a more effective manner than would normally be the case. The achievements of the projects, in a condensed time scale during a pandemic may well indicate that the Bevan typical cohort and Fast Track offers a new model of intervention which achieves superior results and equips staff with more effective leadership and change management capabilities. These points will be illustrated later in this report (Figure 28).

### **My Project and Me (The Exemplar's Perspective):**

Despite working in a process for many years, and the successful and widespread deployment of Improving Quality Together (IQT) tools, the Bevan Exemplars still discovered more about their processes within which their health and care service was located. A total of 71% of Exemplars believed they had learned more about their service and this is a positive benefit because it allows the IQT skillset and Exemplar training to unite for more second-generation improvements and innovations (Figure 29).

The teams were also questioned to understand whether they, as a result of the Exemplar experience, felt better equipped to undertake change in the future. This was a very positive result with 79% of Exemplars saying they had learned more and equipped themselves with new skills to embrace and manage change in the future. Only 5% did not believe they had added to their capabilities and did not add to their current

skills. The latter result is quite heartening and less negative than it first appears. These individuals had delivered projects but used their existing skills base which they had learned from other national Welsh initiatives (Figure 30).

The findings were confirmed when the evaluation team tested the skills and methods learned by the Exemplars. The high level of learning (95% addition to the current skills of staff) is an important result and means the Exemplar skill set adds and complements what skills staff already have, as well as filling a void in skills for transformational change, innovation and improvement. The findings provide powerful evidence that the Bevan Fast Track is a means of supporting and preparing the future transformational leaders across Wales (Figure 31).

In addition, other tests of knowledge transfer to Exemplars show a similar picture of newly gained expertise and skills (Figure 32).

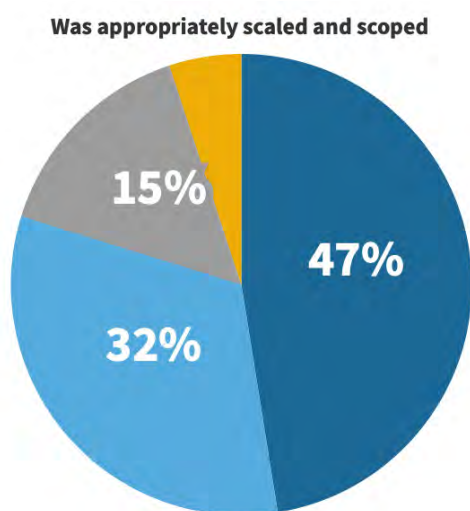


Figure 23: Appropriately Scaled Projects.

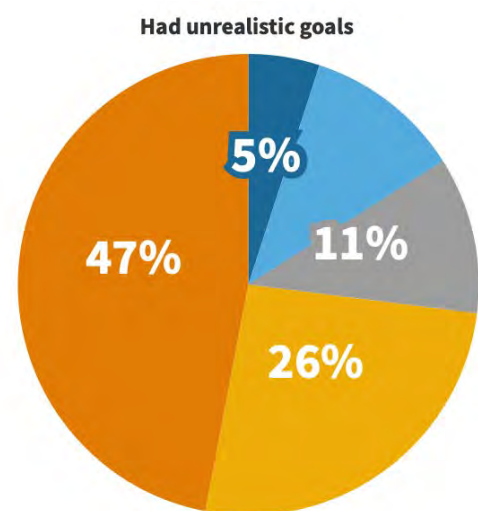


Figure 24: Realistic or Unrealistic Goals.

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

**Is capable of being scaled to an all-Wales level**

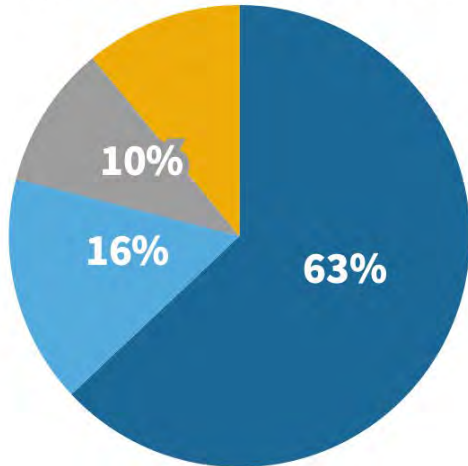


Figure 25: Capability for being scaled to all of Wales.

**Was sufficiently resourced with money**

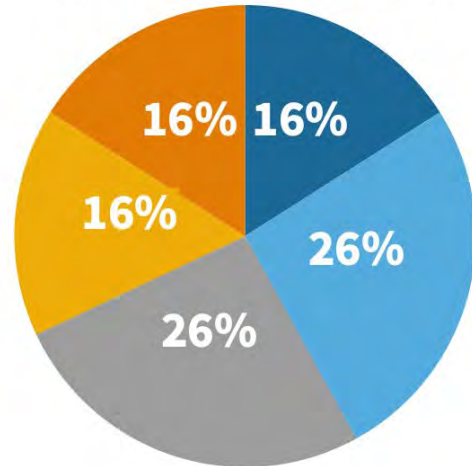


Figure 26: Monetary Resourcing.

**Was sufficiently resourced with protected time for delivery**

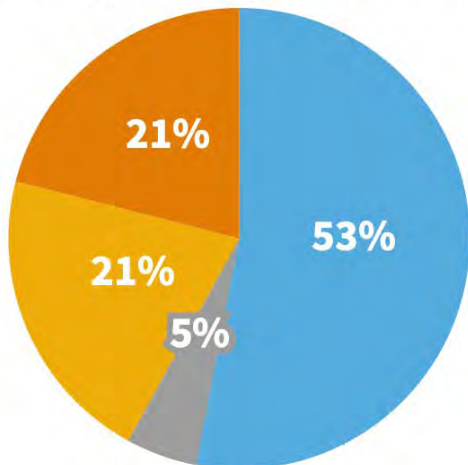


Figure 27: Resourcing through Protected Time.

**Was sufficiently resourced with staff**

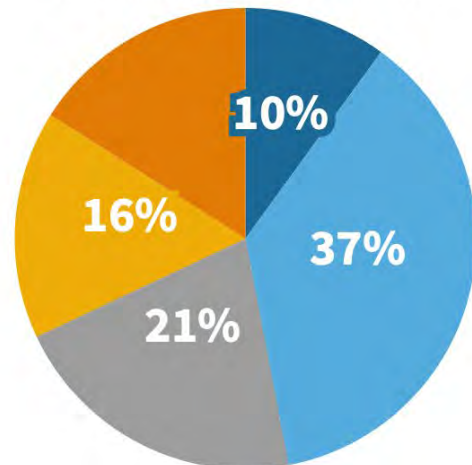


Figure 28: Staff Resourcing.

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

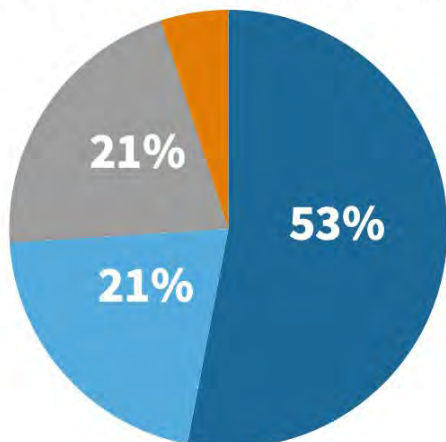


Figure 29: Learning by Doing.

**My team and I feel better equipped to engage in change**

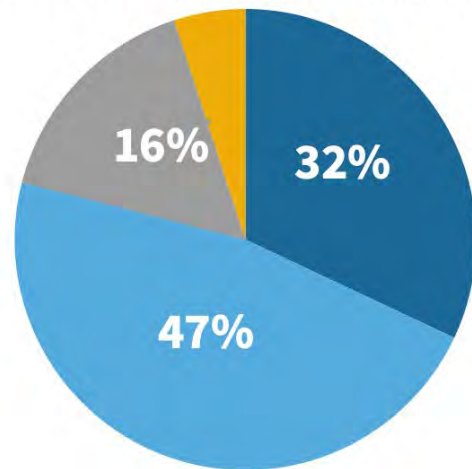
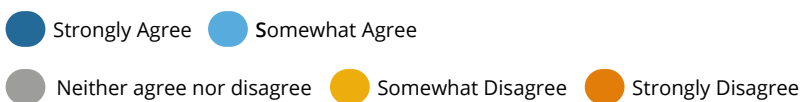


Figure 30: Better Equipped for Transformation, Innovation and Improvement.



I have been equipped with new skills/methods/techniques

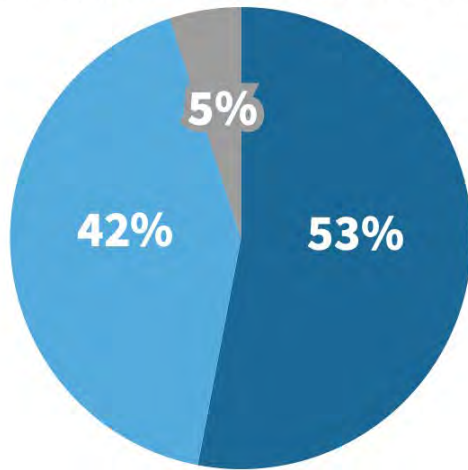


Figure 31: Learning New Skills.

I have more expertise

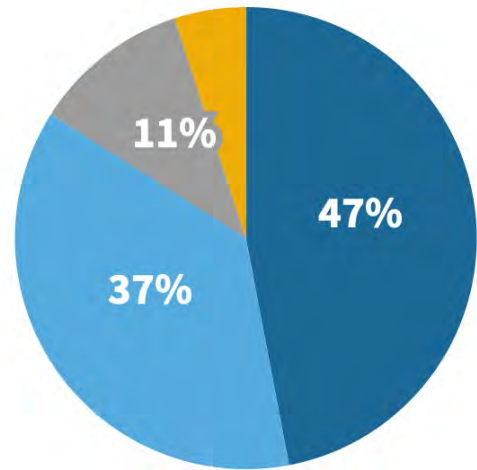


Figure 32: Newly Acquired Expertise



One of the key tests of knowledge transfer is to understand how the daily working lives and the approach to change management has embedded in the personal practice of Exemplars. This evaluation showed that 85% agreed from somewhat to strongly that the prudent principles were embedded into daily management activities and the Exemplar’s approach to professional life. The hard techniques and methods gained by the Exemplars are useful for their future career and a strong agreement was found in terms of future application of the methods learned (95% of which 74% strongly agreed) (Figures 33 & 34). The positive results of the Bevan Exemplar programme also extend to improvement in personal confidence with 79% believing their confidence had risen (58% strongly).

### The Bevan Exemplar Capability:

The benefits of the Bevan Exemplar Cohort Six Programme include benefits for the lead Exemplar as well as their team and broader stakeholders within their employer organisation and across primary, secondary and tertiary care settings. It is interesting to note that, as with the previous five cohorts, the programme is firmly related to improved leadership capabilities for the Exemplar themselves.



One of the most important contributions of the Bevan Exemplar programme is to equip the Exemplar with leadership skills. The evaluation finds that 90% of the respondents agreed or strongly agreed that their leadership skills had improved and that their leadership approach had changed and been positively influenced by the experience. This is, again, more supporting evidence that the programme is significantly contributing to developing transformational leaders of the future in Wales (Figure 35).

The adaptations to the leadership style of the Exemplar are also reflected in their confidence and ability to lead. The evaluation finds that 79% of respondents again strongly agreed or agreed with this viewpoint. It is interesting to note that there were no responses that showed somewhat to a strong disagreement that the experience has not added to the skills of the Exemplar. A 47% strong agreement that the ability of Exemplars to lead change is a significant outcome and a significant addition to their employers (Figure 35).

Similar findings also apply to the change in approach undertaken by the Exemplar. Over 89% agreed or somewhat agreed that their approach to change management had been positively impacted by the Exemplar programme. The result confirms that the Exemplar programme is not only a 'tools and techniques' approach to learning or skills development. The application of skills with 'time to think and reflect upon' personal change models (and bias in engaging change) is a key addition and differentiator of the Bevan approach (Figure 37).

These findings are very heartening and support earlier evaluations of the programme. A similar picture is also found when the ability to manage change was tested by the Evaluation team. The findings show that 90% of respondents believe that the programme had positively influenced this capability (Figure 38).

In summary, the research team find that the Bevan Exemplar programme, its process, its content and the way in which it is delivered, has a profound impact on the Exemplar and their resultant professional practice. The content of the programme and mentoring approach delivers real and fundamental improvements to the capabilities of the lead Exemplar. Such important additions to their skill set offers an annuity benefit when the

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

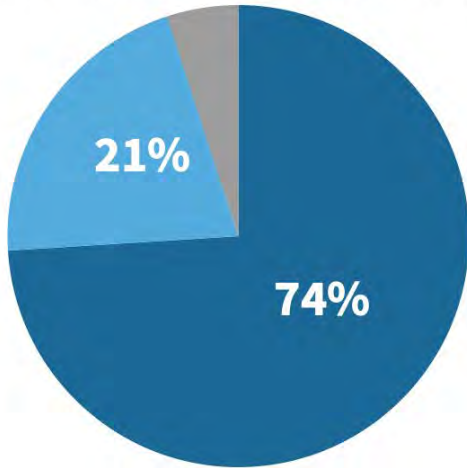


Figure 33: Future Use of Methods.

My personal practice now reflects the Prudent Healthc principles

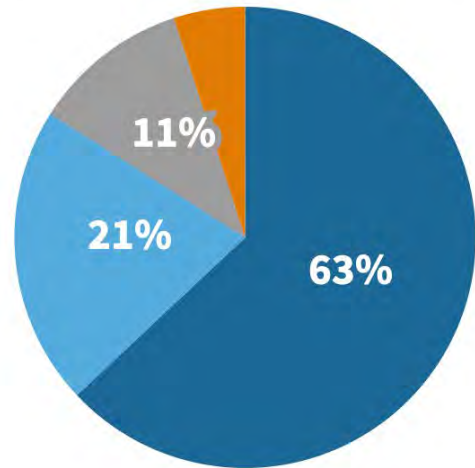


Figure 34: Embedding Personal Prudent Practice.

Approach to leadership

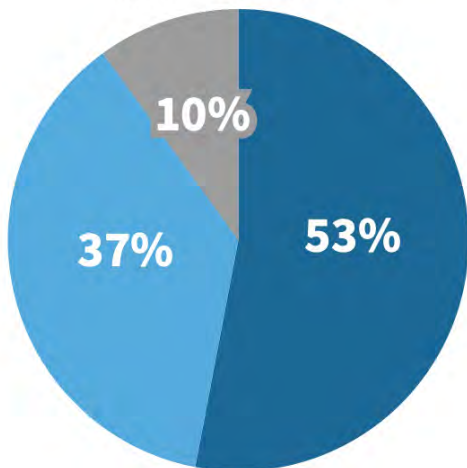


Figure 35: Influencing the Approach to

Ability to lead

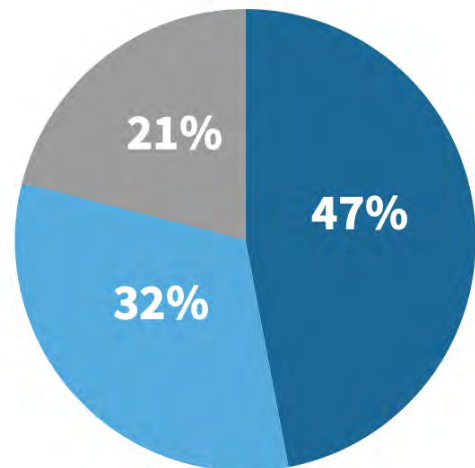


Figure 36: The Exemplar's Ability to Lead.

Approach to change management

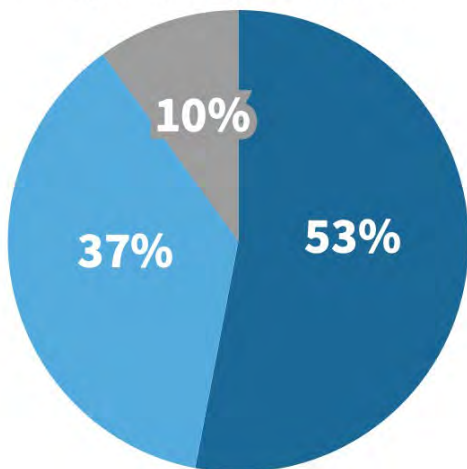


Figure 37: Changing the Approach to Change Management.

Ability to manage change

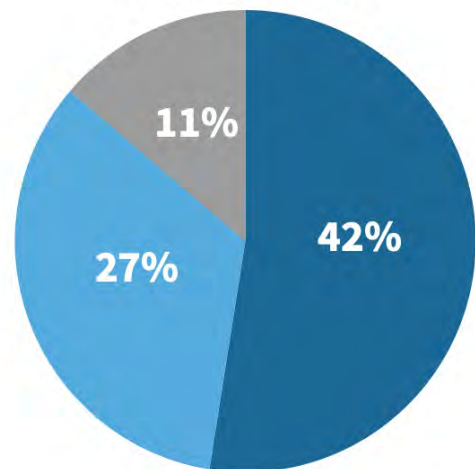


Figure 38: A New Ability to Manage Change.



Exemplar undertakes new projects and leads change in their respective health boards. A major part of the Bevan approach is to create a coherent peer learning group. The peer group of Exemplars is used to gain greater access to knowledge, form critical friendships and to generally create a system of 'mutual aid'. The Exemplar projects operate two forms of professional network, the first is the programme itself and the second is the extended network of contacts which the programme enables both within and beyond the health board who the Exemplar can call on for help (e.g. access to finance staff and specific subject-matter experts). The extension of professional networks is very important if learning is to be sustained, impact fully realised and project spread achieved. The Exemplars show that, for 95%, the Exemplar programme had allowed them to extend their professional networks and add to their capability for sustaining improvement in the Welsh NHS and care system. The extension of the professional network was also tested to see whether the Exemplar programme had widened access to a range of staff that could help the Exemplar. The findings show that all of the Exemplars, without exception, believe (strongly (79%) and to somewhat degree (21%)) that the programme had increased their social and professional networks to contribute to helping the Exemplar in the future. These results are discussed later.

For many years, since the beginning of the Exemplar programme, it has been consistently found that the status and credibility of staff who have become Exemplars has improved within their organisation. This rise in awareness and status, derived from their association with the Bevan Commission (also referred to as 'The Bevan Brand' or the 'Bevan machine') was also evident in this cohort. It should be noted at this point that the impact of Covid-19 created more noise within an organisation and that typically leads to a poor awareness of what change projects are underway and who is working on each project. The evaluators find that for the majority of Exemplars, their status has arisen within their organisation and they are capable of taking on more tasks, projects and programmes of improvement. These features of the Exemplar programme have all served to increase the self-confidence of the Exemplars as well as providing support and advice to other professionals who were engaged or interested parties to the transformational change programmes undertaken during the Fast Track cohort. It also showed that 79% had seen some form of positive change and improvement in their confidence when being part of or lead future transformational change programmes. (Figure 39).

Presentation skills are highly important to transformational change leaders and it was found that 90% of Bevan Exemplars had gained in confidence when presenting to others and explaining their projects to spread the good practice (Figure 40).

Such levels of new skills, applied change management models and confidence are supported by the Exemplar view that the programme is an effective training and support programme (68%) and 42% strongly believe that the programme is more effective than others they have attended which is a very pleasing response (Figure 41).

Despite fitting an Exemplar project around a 'day job' for many, and having to attend sessions (now virtual rather than physical) for the development of Exemplars, there is also supporting evidence that shows the programme is enjoyable despite this hard work. It was heartening to hear that 74% of Exemplars agreed they really enjoyed being part of a change programme and enjoyed the content and process of the programme (Figure 42).

The enjoyment of this peer group is also based on a mutual interest and sharing of talents on a group basis. The cohesion of the Exemplar group was witnessed as very strong in the group meetings and in providing critical friendship to each other formally and informally over the duration of (and after) the Exemplar programme (Figure 43).

In addition, 68% of the Exemplars were motivated to stay as members of the Bevan Commission and to contribute to the change and innovation agenda in Wales. This is a pleasing result and shows that NHS and care professionals do intend to give their scarce time to support the Commission in the future, which is quite an insightful result and a complement to the programme team (Figure 44).

The Bevan Exemplar programme has presented a lot of feedback and the evaluated project reviews/web pages hosted on the Bevan Commission website also confirm that significant achievements have been made and significant new capabilities have been added to this cohort of Exemplars (and by default the capabilities of each health and care organisation).

**My self-confidence has improved**

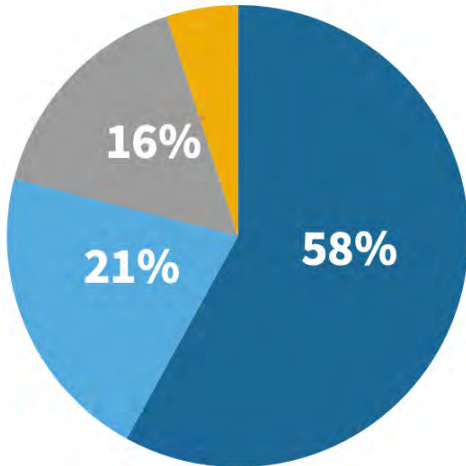


Figure 39: Increased Self Confidence.

**I feel confident to present my work to fellow colleagues**

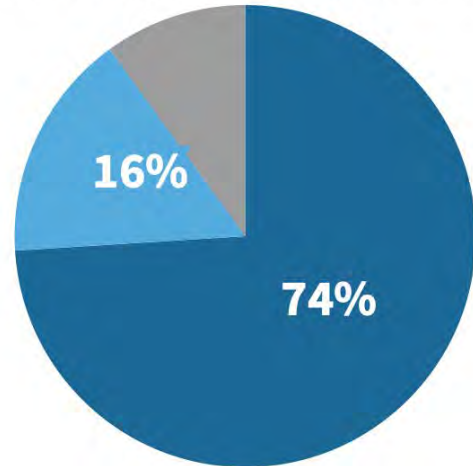


Figure 40: My Confidence to Present and Disseminate.

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

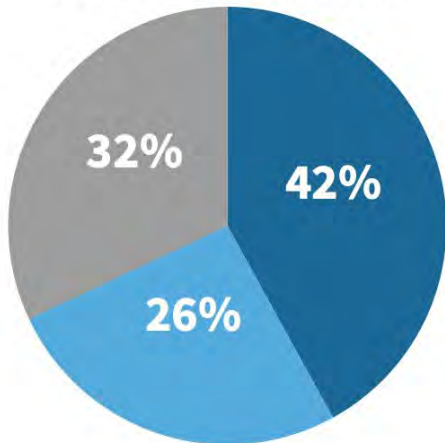


Figure 41: The Effectiveness of the Bevan Programme.

**I enjoyed being part of the Exemplar peer group**

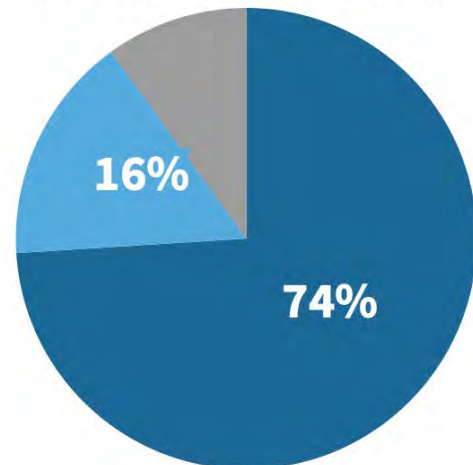


Figure 42: Enjoying the Exemplar Programme.

**I feel like I share common learning goals and attitudes with my fellow Exemplars**

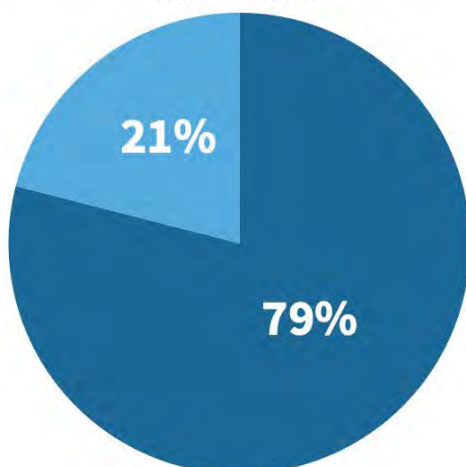


Figure 43: Sharing Goals and Attitudes.

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

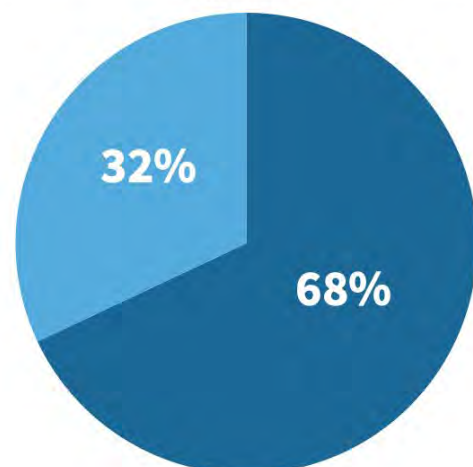


Figure 44: Remaining Active in the Commission's Work.



## Influence of the pandemic

It would be remiss of the evaluation team not to directly address the role of the pandemic as an influence of the Bevan Exemplar Cohort Six projects. The following section will address the influence of the pandemic and will present some rather unexpected findings. The pandemic creates a range of conditions that would normally inhibit project progress such as different priorities, roles and ways of working. The pandemic also causes confusion when it comes to role redeployments to support a response to the pandemic, so one would hypothesise that the pandemic would lower the success rate, lower staff engagement and result in resistance to change (overtly or covertly). The evaluation team find the opposite. The pandemic has positively impacted on the Exemplar projects (90% belief). In fact, 37% of Exemplars believed that the pandemic has created a significant movement and impetus to question service processes and make significant change. The level of change provoked by the pandemic is significant and shows a real 'spirit' in staff to tackle the 'sticky issues' that have prevented improvement in more stable time periods. There was only a 10% belief that the pandemic has negatively impacted on projects, which is far below what might have been predicted. These feelings are more than just a reflection on the staff engaged with the Exemplar programme and represent a view of NHS and care staff across a range of employers (Figure 45).

The evaluation team also assessed the team spirit of the people involved with the Bevan Exemplar project. The findings clearly indicate that the pandemic has improved the focus of the teams on making changes that benefit patients, service users and staff. Around 53% believed that the pandemic has to some extent or greatly improved team identity, the purposefulness and the ambitions of the project team. Around a third of projects however believe that team spirit has reduced, but this must be qualified. The reduction in team spirit results from the need to focus on the process of delivering care under pandemic conditions as opposed to seeing the project as fundamentally important to improving everyone's performance and the experience of the patient. Some projects did however suffer from a perception that they were adding to work for their existing roles, and this resulted in a more negative view of the project when under the conditions of the pandemic (Figure 46).

The evaluation team also assessed the clinical engagement of staff during the pandemic. Clinicians are, of course employed for their diagnostic skills and therefore come under significant pressure when dealing with a pandemic. This study finds that the perception of clinical engagement has increased and 58% of the staff profiled believed that clinicians were amenable to more change, directly involved with more change, and, leading the redesign of service provision (Figure 47).

The pandemic has also been a catalyst for accelerating projects and gaining broader acceptance from stakeholders. The evaluation found that in 74% of cases, the pandemic conditions meant that the projects were seen as more important and requiring greater and more robust support. The cross-functional and cross-disciplinary nature of the Bevan approach and projects meant that this was a very important catalyst and supporting condition for project success (Figure 48).

The extent to which the pandemic offers the ability to make changes, in comparison to stable operating conditions, was found to be at the transformational level of service improvement. The harsh conditions of the pandemic meant that small changes to working practices would be insufficient to convince staff to change and offer enough benefits to patients and service users. The results show that 89% believe that the pandemic has led to transformational service changes (at the project, organisational and inter-organisational levels of Welsh health and care provision). A major challenge presented by this finding is that organisations and the government must urgently find ways of preventing this new spirit for change from reducing when things return to stability (Figure 49).

The evaluation team, understanding that the pandemic had provided positive opportunities for improvement, tested to see how the improvement rate had changed as a result of these new conditions. The evaluation team found that 74% believed that the pandemic had unleashed the capability to make many significant changes to working practices that traditionally would have taken a long time to implement. The pandemic catalyst has allowed more progress to be made in a much shorter period of time than would typically be the case under normal operating conditions. When all of these results are combined, the pandemic which is a hideous and negative force on the Welsh population, has actually resulted in a very forceful and determined result to fundamentally change working

The pandemic reduced our traditional resistance to change

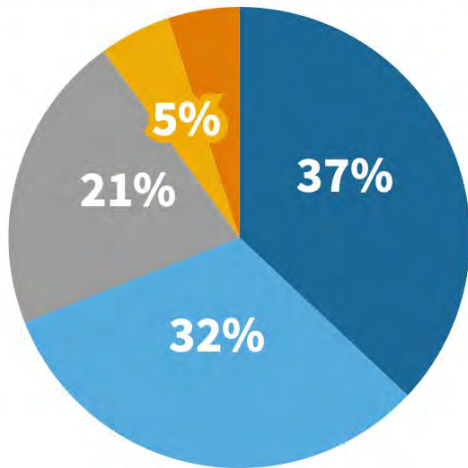


Figure 45: Resistance to change.

The team spirit improved as a result of the pandemic

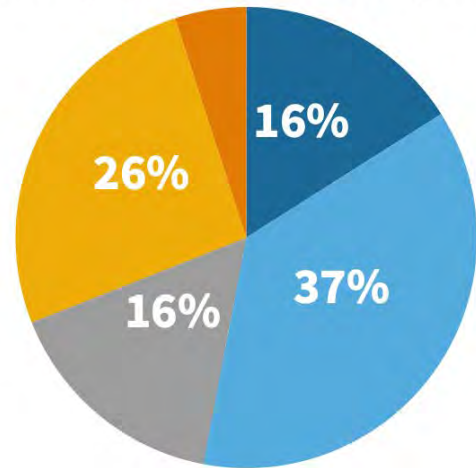


Figure 46: A New Team Spirit.

Clinical engagement improved during the pandemic

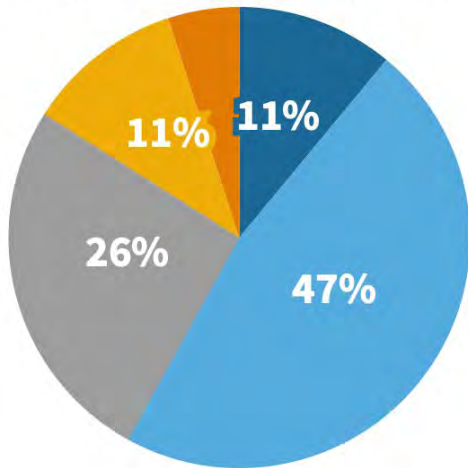


Figure 47: Clinical Engagement.

The pandemic accelerated the acceptance of my project

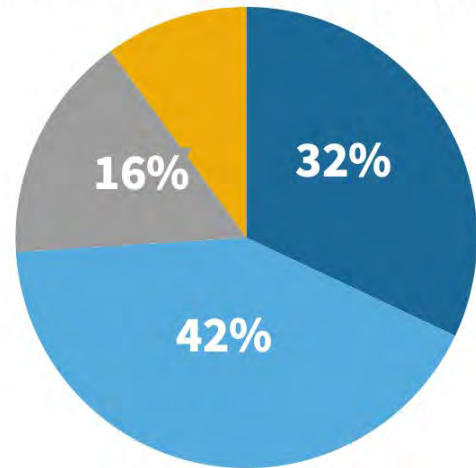


Figure 48: Accelerating Change.

The pandemic was an opportunity to transform our service

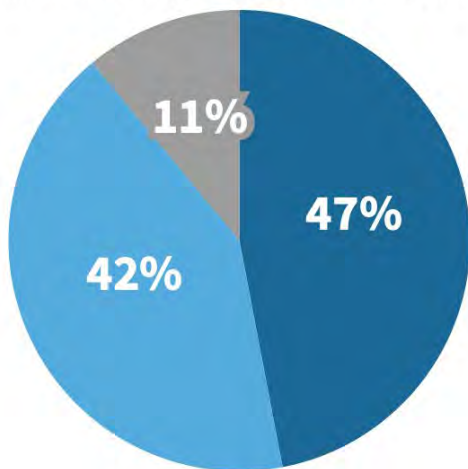
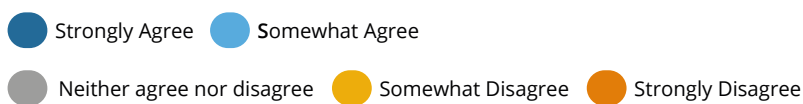


Figure 49: Transformational Change.





practices and to not giving in or ignoring the strength of response needed to support the Welsh population (Figure 50).

Whilst the rate of change capacity may have improved, the evaluation team also sought to understand the culture of change. The culture of change was expressed in asking the question “the ease of change during the pandemic presently surprised me” and the findings, despite being in unpleasant times, were quite unusual with 74% saying they believed that the ease of change had improved or significantly improved. As such health and care staff in Wales were more receptive to the need for change, more supportive of the need to change and more ambitious in their scope and the manner in which change was implemented. This was also done in a way that is more collegiate and collaborative than most other times in history (Figure 51).

A surprising finding was that teams were considered to have a new purpose and ambition. The relevance and importance of service improvement, using the Bevan Exemplar approach was considered to be a significant addition to helping staff achieve their care goals. The evaluation report shows that 54% believed that the pandemic had provided a new purpose and ambition to their Exemplar team and created conditions where the work of the team was shown to be highly significant for the goals of the patient, of the conditions and of the employing organisation (Figure 52).

The pandemic has also reshaped the view of risk and the results from the Exemplars show that there is a greater risk appetite when undertaking change. This statement needs to be clarified in terms of risky behaviour and taking risks. The professionals involved did not engage in risky behaviour but instead could extend the scope of the project and the extent to which they work with different stakeholders. The Exemplars could also be more courageous in their approach and scale of change. The results clearly indicate that 69% believe that the pandemic has improved the ability to take calculated and experimental risks and that this allowed teams to become even more innovative (Figure 53).

This section has presented a mixed review of the impact of the pandemic. The general expectation, at the time of the pandemic outbreak, would have been that executive boards would cancel change projects, but this did not happen for the Exemplar projects.

It may have been expected that the pandemic would restrict Exemplars – but it has not. Instead the pandemic has created a fantastic response and a rising to this challenge. Rather than retreating from the impact of the pandemic, the Exemplars have exploited the opportunities that it has presented. This is a very positive response and the Exemplars as well as their employer organisations and partners must be applauded for this resilience.

**The pandemic means we could introduce changes that would typically take years to implement**

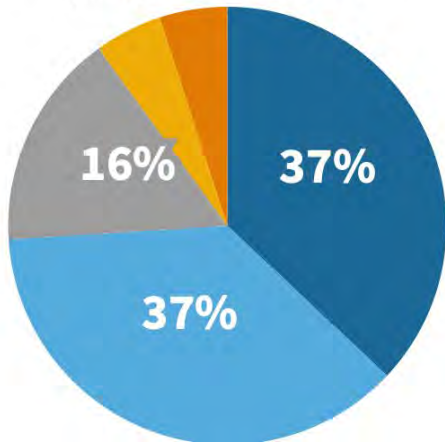


Figure 50: Rate of Change.

**The ease of change during the pandemic pleasantly surprised me**

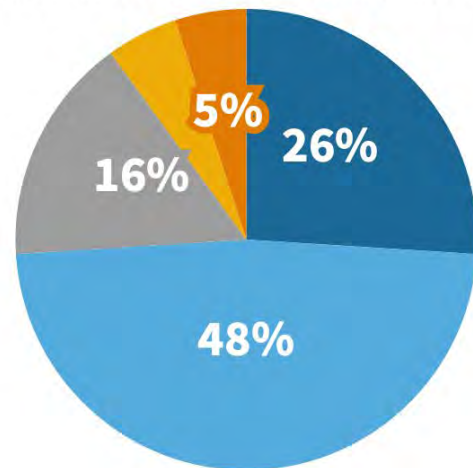


Figure 51: The Case of Change.

**My self-confidence has improved**

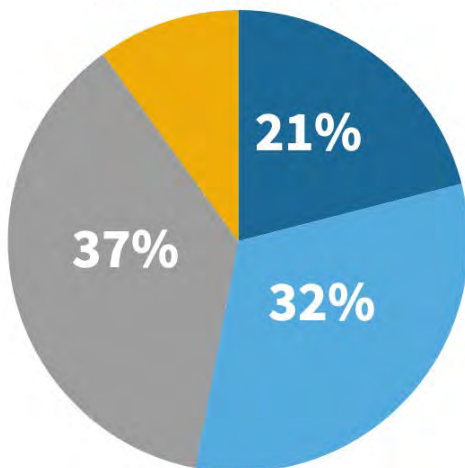


Figure 52: A New Purpose.

**The pandemic meant we could take risks when changing our service**

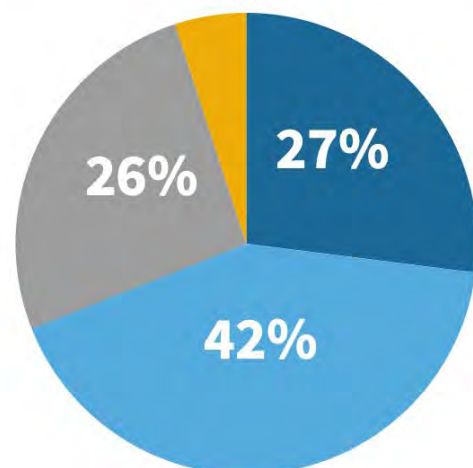
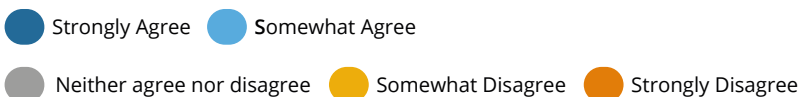


Figure 53: Approach to Change.



# Industry Partnerhsip

Some of the Bevan Exemplar projects involved working in collaboration with industry and technological providers of various sorts. The evaluation team explored these projects and found, in the context of the pandemic, the industry partners provided as much support as they possibly could even though their business models had been severely and negatively impacted. These businesses, many facing furlough situations, were engaged (49%) or trying to support as best they could (17%). Around 34% of the partnerships were slightly or strongly negatively impacted, which meant that these businesses could not provide the level of support needed or could only partially support at the beginning of this cohort (Figure 54).

Again, in the context of the pandemic, the industry partners were perceived to strongly support and invest in the Exemplars (40%), however 40% of Exemplars felt that their projects were left without the support needed to ensure a very successful project was implemented due to the prevailing Government policies concerning non-essential work groups. Given these interruptions to technology Exemplar projects, the overall success rate is very good for this cohort (Figure 55).

The impact of Covid-19 meant that the expectations and views of the Exemplar leader resulted in an identical pattern of responses (Figure 56).

From the outcome of the project and what has been achieved under these conditions of private business adversity, the result is quite pleasing and shows that 25% of the project Exemplars see their partners as using the Bevan Exemplar innovation with other organisations to improve health and care (strong belief) and 25% believe that the innovaton will be partially used or modified for other organisations. A further 25% were unsure, and the remaining 25% disagreed that the partner would use the innovation with others. Given the difficulties outlined previously, this would appear to be a good outcome and it is hoped that these industry partners will return to use the Bevan Exemplar programme to repeat and/or extend their Cohort Six contribution (Figure 57). Understandably, the topic of Intellectual Property (IP) was not a major feature of this

cohort and much less a potential for future exploitation than in previous years. The evaluation team do acknowledge the important role played by AgorIP in providing such a service to the Cohort (when called upon) and also the use of Welsh Health Hacks 'virtually' facilitated by M-SParc in North Wales, which has positively shaped a number of the Cohort plans and future plans (Figure 58).

Due to the impact of Covid-19, many projects are still in operation and were slowed by the pandemic, so the declaration of success may be premature. The evaluation shows that 40% believed that the relationship was a success to some or a strong degree, whilst the majority (60%) needed more time or to re-launch their projects before reaching a definitive answer (Figure 59).

Overall though, NHS staff working with industry partners does not attract negative results but it is often too soon to assess the impact of the new technology within a 12 month period on embedded working practices and outcomes for service users/health and care staff (Figure 60).

That concludes the review of projects with industry partners. These projects have suffered the most and have endured the impact of furloughing of partner staff as well as trying to make changes when there is less stability in the working relationship with the Exemplar.

**Was fully engaged at the beginning of the Exemplar project**

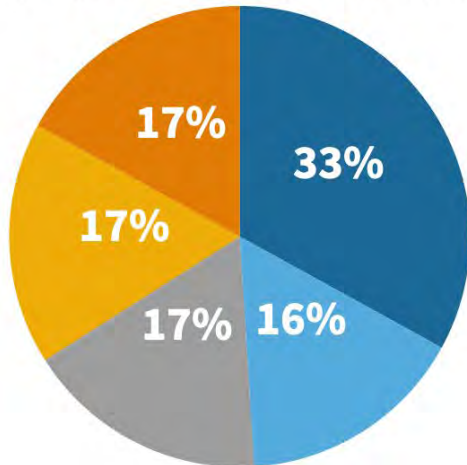


Figure 54: Initial Industry Partner Support.

**Invested a lot of time and resources into our Exemplar project**

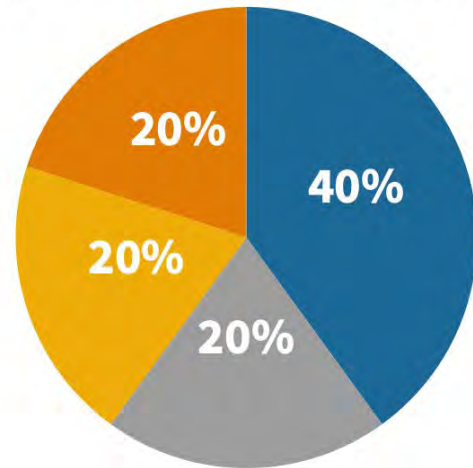


Figure 55: Partner Investments Despite Covid-19.

**Delivered to my expectations**

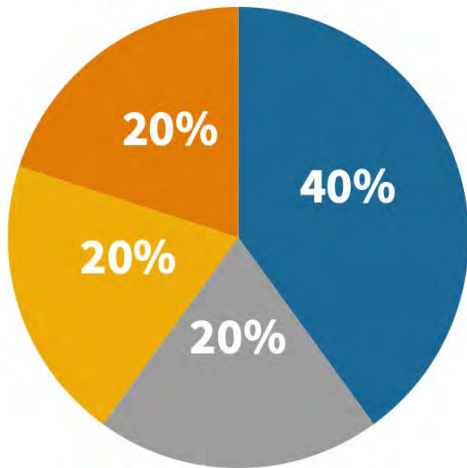


Figure 56: Partners and Delivery Expectations.

**Is likely to use our innovation with other organisations**

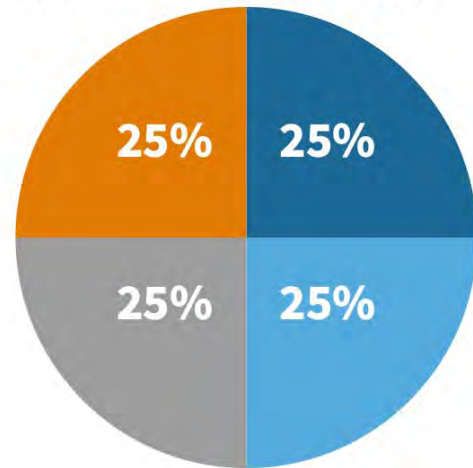


Figure 57: Deployment of the Cohort 6 Innovation.

**Has discussed intellectual property ownership**

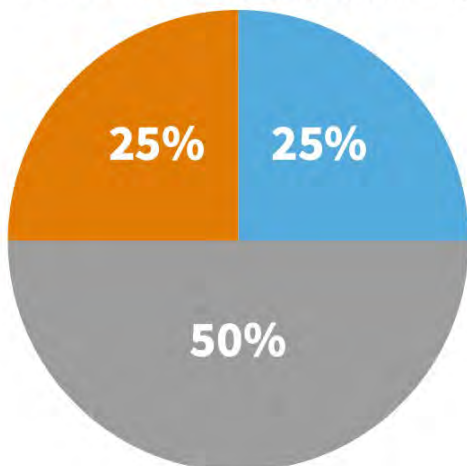


Figure 58: Intellectual Property.

**Would describe this Exemplar project as a success**

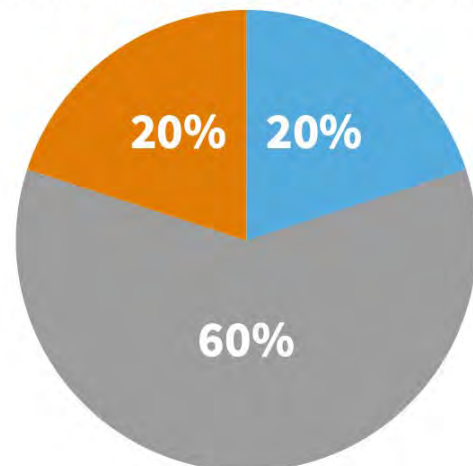


Figure 59: A Collaborative Success?

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

## Dissemination and Where Next?

The cohorts of project Exemplars, from the early scheme to the current cohort, have always been encouraged to disseminate their outcomes. This has resulted in many awards being won by Exemplars, journal papers being published, and conference speeches undertaken. This year sees the beginning of a new website-based output rather than just a simple project poster and the website has been used extensively to allow greater versatility and access by professionals across Wales. The Bevan support system also 'went online' with showcases and 'on demand' support to Exemplars, which meant that the whole support system and Exemplar teams could operate at a much faster 'clock speed' and responsiveness. This has enabled a multi-media approach to presenting their outcomes and an individualised approach to presenting findings. This result is testament to the coproduction of support and leadership of the Bevan Exemplar Fast Track programme. This finding does show that the entire leadership and support system for improvement and Fast Track support is changing and this may offer the Bevan Commission and Health Boards new opportunities for spread and the exploitation of innovation.

When asked whether the Exemplar felt comfortable about discussing their Exemplar success or failure, the evaluation team found that 90% believed they had disseminated and felt comfortable disseminating the results of the studies and transformation projects (Figures 60 & 61).

In terms of dissemination, 16% strongly agreed that they had promoted their project within the organisation, so that many staff within their organisation would understand the importance of the project and what it has achieved. A further 47% believe that their projects have been disseminated to people and stakeholders that were suppliers or customers of the project, but not to the entire employer organisation. Only 16% believed that the project had not been disseminated widely at the time at which the project had completed (Figure 62).

Disseminating change programmes and projects to Executive Boards is a well known challenge because their time is scarce and they have a huge variety of calls on their time and only limited daily capacity to “schedule in” group meetings. Despite this scarcity of time, the Exemplars responded that 58% of boards were aware to some extent of their projects and 16% reported a very strong engagement. The more concerning figure is the combined 26% of projects that believed the Board was not aware of the projects and, whilst this is a perception, more effort needs to be invested in developing a user-friendly way of reporting these critical improvements to those who set the strategic direction of health and care providing organisations in Wales. This result however is a perception and, in the interest of balance, the executives tend to spend their time at the programme board level with executive members of the Bevan Commission and Welsh Government. The result also reflects the fact that many projects were still in their completion stage and many were still data collecting in terms of ‘before and after’ impacts. It must also be stated that the employer executive teams have been extraordinary in their commitment to the Bevan Exemplar programme whilst simultaneously combatting a global pandemic. These results are therefore more impressive than a cursory glance of the pie chart might reveal (Figure 63).

At the current juncture, the Cohort Six projects have been a success. In order to move onto the next stage of learning and improvement or adoption of Cohort Six projects to an all Wales basis, the evaluation team tested to see whether effective measures were in place to understand what was happening to the system and processes during Covid-19 and the measures that will control process post Covid-19. The evaluation team found that 43% of Exemplars had measures in place that would allow them to control processes and to continuously improve, a further 47% were working on measures that would be effective and precise enough to allow them to make improvements and only 10% disagreed that they had left in place, as a legacy, measures that would help manage the process for future learning (Figure 64).

Even though full control over the existing Bevan Exemplar project was still being implemented and finalised by the Exemplars, the project learning had resulted in an understanding of the opportunities to make a second cycle of improvements. As such the Exemplar project had created the skills and vision for future improvements to health and care processes (69%) (Figure 65).

... and I have agreed the improvements that have resulted from this I feel comfortable telling people about my Exemplar project success

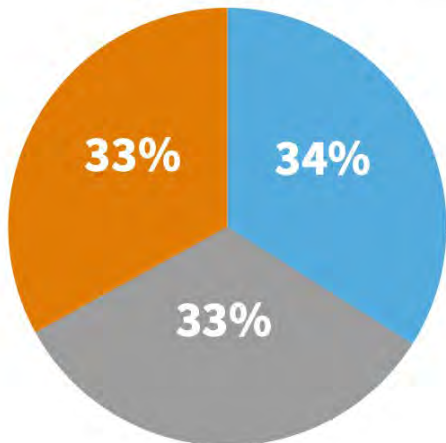


Figure 60: Agreed Improvements.

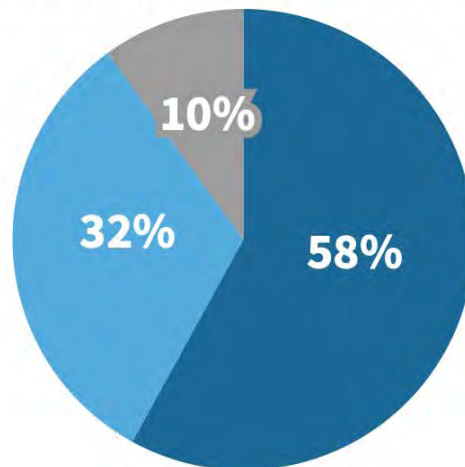


Figure 61: Feeling Comfortable Disseminating My 'Best Practice'.

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

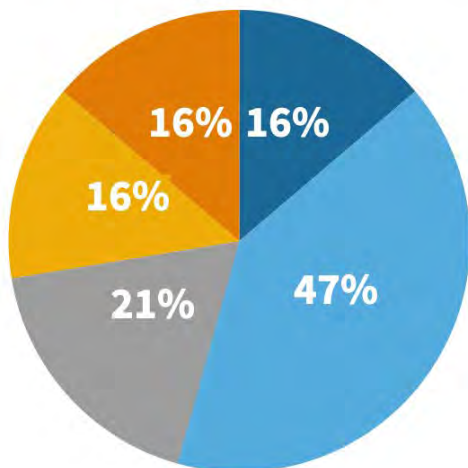


Figure 62: Actual Dissemination Within My Organisation.

My organisation's Executive Board understand my Exemplar project

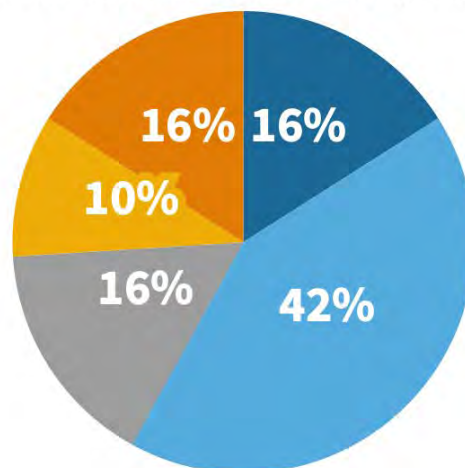


Figure 63: My Executive Board.

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

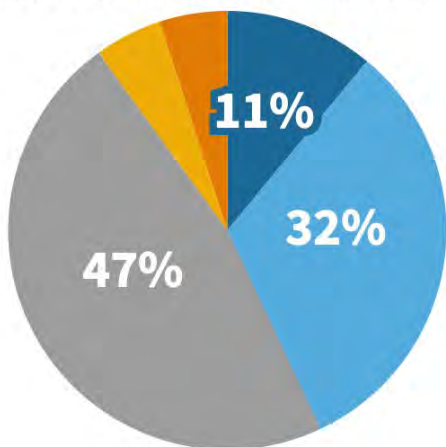


Figure 64: Measures for Continued Success.

We can see the next projects that we would like to do

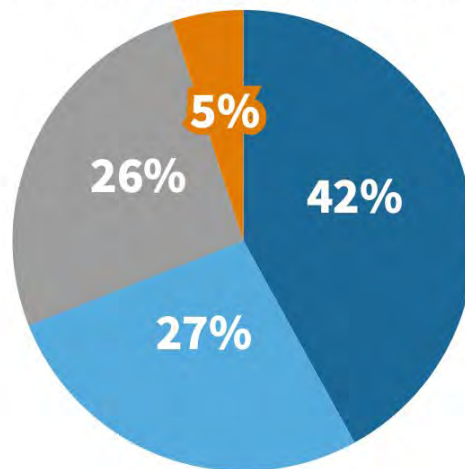


Figure 65: Where next?

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



The Bevan Exemplars were also tested to see how robust their future plans for improvement would be. The key test of this formalisation of future improvements was to ask whether a business case would be needed in the future to drive change and to further exploit the next level of opportunities. On the whole 63% believe that a business case would be needed to convince senior managers to invest in future changes. This is a good result and reflects the greater emphasis placed upon business case planning for this current cohort of exempt class. The evaluation also reported that 16% did not believe the business case was needed to achieve the next level of results and only 21% were in different (Figures 66 & 67)).

The new skill in writing business cases means that 32% of Exemplars feel proficient in drafting such formalised plans for senior management and senior clinical review, 58% feel somewhat proficient or need help and only 10% of the Exemplars believed they were not capable of drafting such investment requests. This is a good result and means the Exemplars have benefitted from this new addition to their curriculum.

The Exemplar teams were requested to identify the next projects and if it was possible to identify the next stage in their current projects. The findings show 37% strongly agree with the statement that they could identify the next phase of the project. Exemplars who somewhat agreed accounted for 47% and the neutral position was accounted for by 11% with no strongly disagrees recorded and only 5.26% stating that they could somewhat negatively or somewhat disagree with the statement that “it is easy to see where to go next”. This finding suggests that the Exemplars are very capable of using their existing toolkit and mapping of their processes to identify what to improve next. Exemplars who had greater problems in identifying what to change next typically involved those that needed to cross organisational boundaries and engage with new stakeholders, rather than continue with existing ones (Figure 68).

From the government’s perspective, it is important to understand whether these projects were organisational specific or could be adopted across all of Wales and also applied to other clinical areas. The significant investments made by Health Boards and the Bevan Commission is providing a national return and the evaluation team found that 63% of the Exemplars believed their project and intervention could easily be

translated into a national programme and shared with others. In addition, the spreading of innovations to similar settings is just one facet of the Exemplar programme and it must be acknowledged that learning from areas such as dietetics could be transferred to OT professionals (one such example is the use of technicians supporting online pain management in Powys and there are many more – see Bevan Commission web site). As such the lessons can be transferred from clinical to non-clinical settings too. A further 16% of Exemplars somewhat agreed and this combined total accounts for 79% of all of the Exemplars who believed their projects could move from local to national level. This is a particularly heartening result. The result proves that the Bevan Exemplar projects offer significant scope to make an impact across a wider population. Only 10% of the Exemplars were undecided as to whether the project, in its current format, could be deployed to other sites and 11% somewhat disagreed. The latter disagreement, addressed during the interviews, was mainly down to a lack of understanding as to how to achieve this transition. When asked whether there was a clear route to ‘nationalising’ the Exemplar innovations, 69% believed there was a clear or known route to sharing such good practices across Wales and with professional networks. The latter is a good result for the Government and Innovation/Improvement leads at each employer organisation and supports the view that Government/Employer investments in these organisational positions are delivering good benefits and have been good investments that have been made to “join up” the support/dissemination infrastructure in Wales (Figure 69).

The final point of evaluation of the Cohort Six programme was to ask the Exemplars if they feel part of the Bevan Commission and ambassadors to disseminate prudent principles. It was fantastic to learn that 95% believed they are part of the community and only 5% somewhat disagreed that they felt included and new members of this growing community for change in Wales (Figure 70).

It is interesting to note that 47% of the Exemplars from Cohort Six now believed that they are champions for Prudent Healthcare, a further 32% would be happy to be champions in their specific area of expertise and application which accounts for 79% of the Exemplars in total. The finding presents an interesting challenge to the Bevan Commission and Health Boards in how best to harness this power for positive and enduring health and care improvement (Figure 71).

The latter result is pleasing and a good outcome for this cohort. For Wales and employer organisations, it means more personnel with the capability, networks and methods to make new changes and to improve the performance of the NHS and care system in Wales, for its patients, service users and staff.

**I believe a business case is needed for my Exemplar project in the future to drive change**

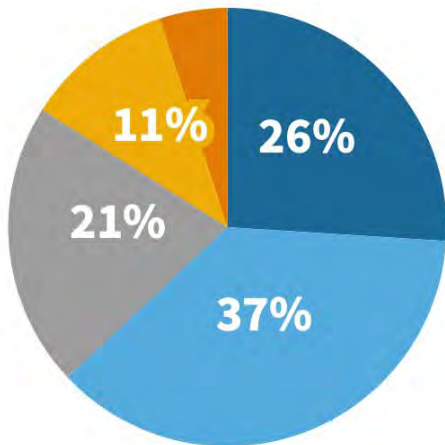


Figure 66: The need for future Business Cases.

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

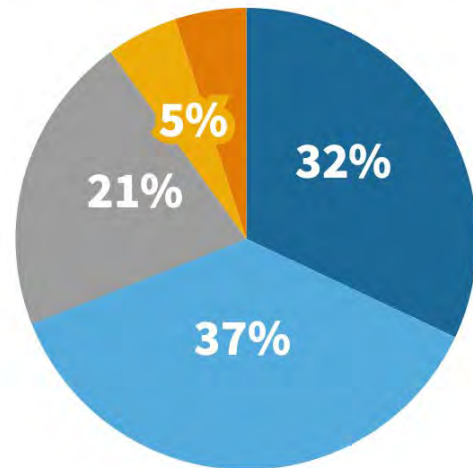


Figure 67: Confidence in Writing Business Cases.

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

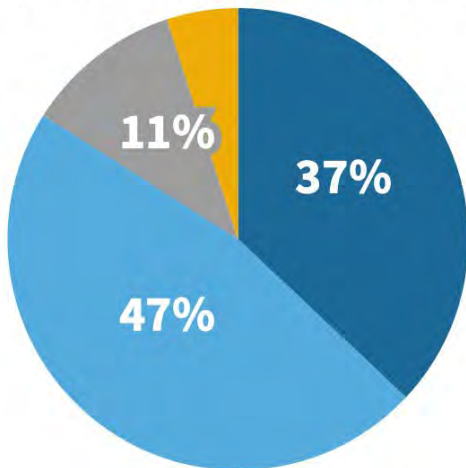


Figure 68: Easy to see Where Next?

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

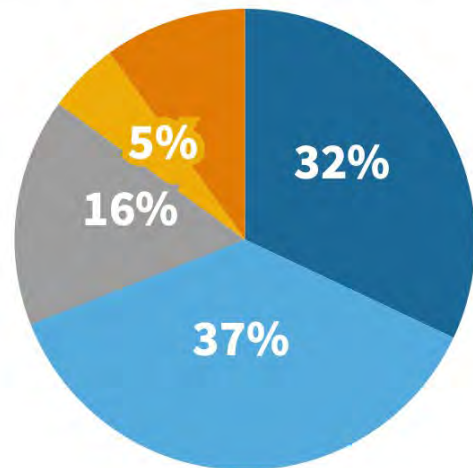


Figure 69: Clear Route to Scale Up.

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

I see myself as a part of at the Bevan Commission

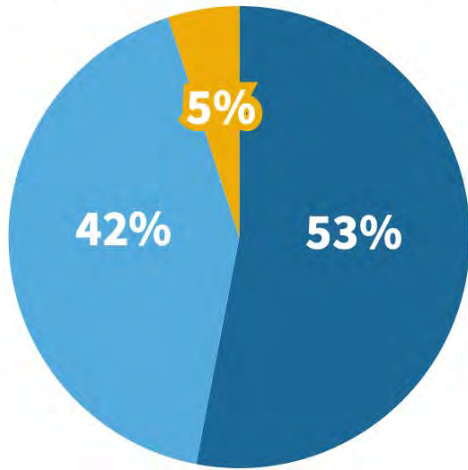


Figure 70: Being Part of the Alumni.

I feel I am now a champion for Prudent Healthcare

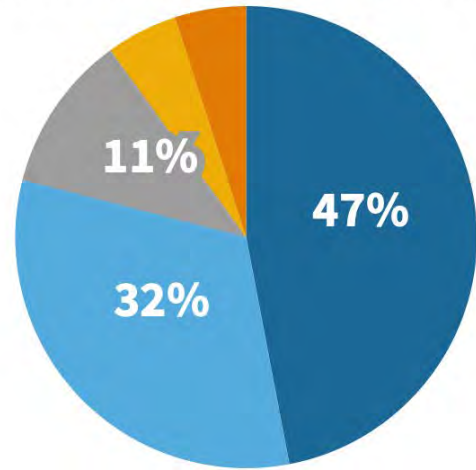


Figure 71: I Am A Champion!

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

# Conclusion

Cohort Six of Bevan Exemplars programme is a 'break from the norm'. The Exemplars are fast tracked in a period of national turmoil and pandemic. At best, at the outset of this cohort, one would have expected a few projects to deliver. Given the conditions, if ever there was a time not to launch an Exemplar programme it was in this time period – or you could have been excused for thinking that. But, in reality, if there ever was a time to launch such a programme it was now. The results speak for themselves. The pandemic has brought out a new resilience and reaction to adversity which is applaudable. The investments made across the whole of health and care providers in Wales is remarkable. The cohort has added much to our knowledge of change and improvement. Despite five previous cohorts, the Exemplars of Cohort Six have pulled off an amazing array of projects that provide firm platforms for new improvements. There is a real appetite for change in Wales. From urban regions to rural, the Exemplars have delivered great results. They have taken services 'on line' in a matter of weeks and they have delivered amazing case studies and a contribution to Wales and its citizens that deserve the highest level of recognition. Many of the projects have been disseminated or are being written up for publication, such is the spirit in Wales and the appetite to "do good" despite a pandemic. As the evaluator of this cohort, I can only wish that such a great spirit is maintained well after the pandemic fades into history. Once again I commend Cohort Six – "the Fast Track Exemplars" – as a national success.

# 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.

He is also a lead for the CEIC Green Public Services Programme and a lead for the Awen Institute which explores solutions to problems of an ageing society.

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**Swansea University**  
**Prifysgol Abertawe**

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Yr Ysgol Reolaeth

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