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# Bevan Commission Academy



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

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School of Management  
Yr Ysgol Reolaeth

## Evaluation of the Bevan Innovators Exemplar Programme

Cohort One 2017

## About the Author

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**Professor Nick Rich** is a senior Professor at Swansea University's School of Management. Nick has a distinguished academic career where he was a pioneer of lean ways of working in the 1990s and was one of very few foreign researchers to be awarded the Toyota Motor Corporation Fellowship of Japan. Nick's engineering skills were then applied to a wide range of manufacturing and service businesses. He then developed a specialism in healthcare and patient safety/human factors whilst at Warwick Medical School conducting research into safer clinical systems for The Health Foundation. He is a very active researcher, paper writer and 'hands on' engineer. Throughout his career Nick has reviewed improvement and recovery programmes including the Automotive

Industry Growth Team (Sir Ian Gibson and Sir Ken Jackson) for the British Government, the Post Foot and Mouth Recovery Programme for the Welsh Government (With



Professor Peter Midmore for the Carwyn Jones AM), and various programmes for SEMTA and other specialist bodies. Nick is a member of Swansea School of Management's Economic Evaluation team that report to the Dean of the School.

## Acknowledgements

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projects. The evaluation team would like to expressly recognise the contribution of Dr Tom Powell in the compilation of this report and its findings.

## Referencing

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## Executive Summary

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The Bevan Commission (and its subsidiary the Bevan Academy) launched its inaugural Pan-Wales Bevan Commission Exemplar programme. The programme commenced in December 2015 and concluded in December 2016 with the presentation of a poster by each individual/group of sponsored Exemplars. Two cohorts were managed in parallel and consisted of Health Technology Exemplars (HTE) and Innovation Exemplars (IE). 44 projects involved 53 Bevan Academy exemplars in total. There were 18 Health Technology Exemplars projects involving 20 exemplars and 26 Innovation Exemplars projects with 33 exemplars. All exemplars were drawn from Welsh NHS Staff and were supported by a Bevan Commission mentor.

### The Highlights

The programme demonstrates the power of applying a prudent approach to healthcare (as promoted by the Bevan Commission) in Wales and these principles serve as a global benchmark for others to emulate.

The principles of Prudent Healthcare provide a framework with which to exploit greater clinical performance as demonstrated by the range of successful projects.

The programme has an unconventional design and uses an innovative ‘peer based’ programme of learning and ‘critical friendship’.

Wales now has new strategic capabilities as a result of the investment in the Exemplars. These include, at least three new capabilities in Appreciate Inquiry, Systems Thinking and Postcards ‘Because We Care’. A capability is an investment for which there is a future ‘pay back’ and these capability centres allow other national NHS staff to gain access to expert knowledge generated as a result of this programme.

The Health Technology Exemplar projects, which involved collaboration between NHS staff and industrialists, resulted in a 5:1 total investment. This investment includes NHS Wales’s Exemplar employer organisation and the industrial partner involved. Put simply for every £1 of Central Government tax payer investment – a match was achieved of a further £5 invested by the employer and industrial partner (as measured by ‘in kind’ support and equipment/materials supplied).

The average project yielded an economic return of £69,000 (in total costs) and the potential savings from the single top performing project has paid for the programme in its totality (in reality twice over).

The total economic net benefit of the programme is estimated to be £3mn to the current employers. If ‘scaled up’ to the Welsh economy (national level adoption of projects) the programme has the potential to release £21mn of total costs. These costs are mainly staff time savings and therefore these release time to invest or be redeployed towards more value adding activities (staff development, seeing more patients, or releasing time for more complex care processes).

The Exemplars programme coproduced the support and personal development requirements with participants and delivered them on a just in time basis. This meant that the programme was not set out in advance but developed over time during the course of the programme and in response to participant’s needs. The programme was led by Siôn Charles (Deputy Director at the Bevan Commission).

The wider benefits of the programme (and intangible benefits) include a major addition to clinical and process leadership across the 10 Welsh Health Boards and Trusts.

The Exemplar programme has fostered and developed new working relationships with industrial partners and this has resulted in joint exploitation of benefits and a low risk approach to innovation. It has also highlighted significant opportunities for joint Intellectual Property exploitation.

This cohort (2 streams) are now serving as advocates for the Bevan Academy and providing support as mentors to the current and active programme of Exemplars (generation 2).

Several of the Exemplar projects have been nominated and won national awards for excellence and one has reached a global audience and celebrity engagement with the Exemplar community.

The Bevan Academy itself has also benefitted in terms of international recognition and also for the Exemplar programme design itself (MediWales, 2016). The Bevan brand has proven to be an asset when developing organisational and clinical engagement with these change programmes.

The Exemplar network remains strong and serves as a good example of a peer group learning network with significant amounts of freedom to determine which skills they collectively sought training in (for example behaviour change, the Cynefin methods, costing improvements and business case justification for change and A3 as a structured improvement cycle).

Overall the programme should be regarded as a success and at multiple levels. The Bevan Commission and Bevan Academy brands are well respected in the Welsh health service and command respect from clinical staff in the form of greater clinical engagement with technological and process

innovations. The endorsement of the Bevan Academy brand allowed Exemplars to access Board level decision-makers and to influence 'practice' with much greater ease than previous programmes that have attempted to improve technological and process changes. The programme proves that knowledge transfer between healthcare, commercial and academic organisations works effectively when organisations collaborate. The form of network learning displayed and designed-into the Bevan Exemplar programme creates both peer pressure and a network of 'mutual aid' where relationships transcend Wales, and, where individuals share knowledge within the group. The strong identity, leadership, and credibility provided by the Bevan Commission and Bevan Academy add to the ability to exploit innovation. This reports supports the view that this form of intervention has a higher success rate than other forms and should attract new sources of investment to spread this capability to a wider group of healthcare organisations in order to generate critical mass of Exemplars across Wales, extend pathway improvements and for the benefit of patients, service users, tax payers and NHS staff.



Professor Nick Rich,

Professor of Socio-Technical Systems Design,  
Swansea University

June 2017

# Contents

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Overview of the Bevan Commission Innovators Programme .....	1
Bevan Exemplars and Health Technology Exemplars .....	1
Review of the Projects .....	2
Project Outcome by Exemplar Theme .....	3
The Results for Technology Exemplars.....	4
In Summary.....	4
The Economic Return .....	5
The Future Potential for Additional Benefits to the Welsh NHS .....	6
The Exemplar Programme, Investments and Collaborative Gearing .....	7
New Capabilities .....	7
The Prudent Health Principles .....	8
Programme and Project Assessment.....	10
Learning from the Bevan Commission Innovators Programme .....	11
Enablers for Success .....	12
Barriers to Success (Inhibitors).....	13
Reflections on the Bevan Commission Innovators Programme .....	15
Final Words.....	15
Appendix 1: The Projects for Cohort 1 .....	17
Appendix 2: The Projects for Cohort 1 .....	19
Appendix 3: About the Bevan Commission Academy .....	21

# Overview of the Innovators Exemplar Programme

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The Bevan Commission Exemplars were created to stimulate, support and embed innovation within and across healthcare organisations, drawing together evidence from innovation, social movements for change and collective leadership:

- They seek to work with the Bevan Commission to enable dialogue and feedback from across NHS Wales and to provide a practical perspective to inform and influence the Commissions thinking;
- They seek to identify, drive and spread innovation and act as agents for change.

## Bevan Exemplars and Health Technology Exemplars

The Bevan Exemplars were created in response to the need to strengthen innovation and leadership within NHS Wales to respond to the growing demands and challenges faced. Exemplars follow a leadership journey to become visible and proactive change agents within their organisations, challenging practice and influencing the views of peers and health professionals, engaging colleagues and the public about practice and being active in achieving prudent healthcare outcomes.

The two Bevan Exemplar cohorts:

- are part of a wider cohort of Bevan Innovators who will collectively create the culture and climate for change;
- seek to improve NHS Wales resource efficiency, health outcomes or patient experience;
- are drawn from all grades and staff groups, offering different solutions – not more of the same – identifying and capturing the enthusiasm, ideas and the passion of ‘early innovators’;

- drive the application of Prudent Healthcare in practice by making the very most of all the skills and resources we have available to us.

The Health Technology Exemplars differ as a cohort as they are technology focused, must have an industry partner contributing to the project, and may access up to £7,500 of technology enabling funding. The Bevan HT Exemplars programme is delivered by the Bevan Commission in partnership with Welsh Government. Funding for the HT Exemplars was increased in March 2016 to allow an additional 8 HT Exemplars to join the first cohort and provide support for a second cohort.

For Exemplar recruitment, an open invitation was issued to staff at all grades and roles via health board leads, inviting staff who were passionate about the NHS who had an idea that supported prudent health principles which they wanted to drive forward. Health Boards were asked to select 6 potential projects, from which the Bevan Commission panel would select 3. The nomination process opened on 19 August and closed on 29 September 2015. The projects supported and named leads at Appendix 1.

For Health Technology Exemplars invitations to apply were promoted widely by the Commission and the Welsh Government. The opportunity to apply was issued in October and closed on 15 December 2015. HT Exemplar recruitment included a ‘Dragon’s Den’ session, where potential Exemplars and their Industry Partners made a pitch to an expert Panel of reviewers. The projects supported are listed at Appendix 2. All Exemplars had a named lead for the purposes of communication and accountability. However, as projects are frequently delivered by small teams about 54 individuals regularly participate in events

or development sessions. All Exemplars were provided with a Bevan Commissioner to mentor to coach them with their projects, their leadership journey and ‘double bottleneck’ processes that may be going slower than expected. There was also a nominated Health Board member for internal support. Additional One to One support was available to all HT Exemplars from the Bevan Academy, Swansea University and other partners throughout the programme. Exemplars have also been filmed to capture their reflections of the ‘Exemplar experiences’ of the programme and their aspirations for the future and their projects. These can be viewed on the [Bevan Commission YouTube channel](#) alongside other Bevan Commission work and staff.

The Bevan Exemplars have been evaluated by a team from Swansea University School of Management led by Professor Nick Rich. This includes an evaluation of the scheme and the component parts including leadership, innovation, project outcomes and impact. It should be noted that the objectives of the Exemplar programme did not explicitly seek an economic return on the investment made with each Exemplar. However, many projects were able to show changes in key baseline measures and future exemplar programme designs now have training content that relates to ‘costing’ improvement activities to support the initial business case and the robust evaluation of each project.

## Review of the projects

The next section will demonstrate to the reader that the Bevan Academy Exemplar Programme is considered as a ‘Successful’ intervention approach by the evaluation team.

### The Classification of Projects (Expert Review<sup>1</sup>)

The results from the total cohort of exemplar projects shows that 59% of all projects had completed on time (within 12 months from conception and delivered against their initial objectives). A further 20.5% of projects are on-going and are estimated to complete and have demonstrable evidence of delivering against their objectives which suggests a potential overall success rate of 79.5%. However 20.5% of projects failed to complete or were considered “unsuccessful” and withdrawn before the end of the programme. The



harsh classification used by the review panel were deliberate and learning was drawn from the success (enablers for achievement), the unsuccessful (inhibitors and organisational events/resources/support) and those projects yet to complete and are ongoing (a combination of timing, issues and over-expectations at the onset of the project).

1. The Expert review was conducted by a panel of 3 staff drawn from the evaluation team and Bevan Academy Project management.

These project-related and organisational enablers/inhibitors will be reviewed later in this report. Achieving a 79% completion rate is significant because the common (and not scientifically justified

belief) is that 70% of all organisational change interventions fail – see Beer & Nohria<sup>2</sup> (2000); Hughes<sup>3</sup> (2011).

## Project Outcome by Exemplar Theme

The Results for Process Innovator Exemplar programme are shown below:



The programme for process-focussed innovators shows 58% of all projects launched have been completed and yielded a new Welsh NHS capability or innovation with an economic return to the tax payer. If the current projects continue to their natural conclusion then this figure will rise to a 77% completion rate. Given the nature of this

form of intervention (organisational and process change), the result is a good one. These projects are

highly valuable experiments and support the views of the recent Ham et al Kings Fund Report (2016).

The design of the programme managed to achieve many of the outcomes that were identified and ‘called for’ in the 2016 Kings Fund Report yet have some this with a limited financial budget and has engaged clinical and management staff in a new and distinct learning structure.

The latter structure, including combined access to technological exemplars, represents a peer group where innovation flows across the representatives from the different ‘All Wales’ organisations and a certain degree of tension exists around ‘delivering’ for the group and reporting progress at the frequent team meetings.

2. Beer M, and Nohria N. "Cracking the Code of Change." Harvard Business Review 78, no. 3 (May–June 2000): 133–141

3. Hughes, M (2011) *Do 70 per cent of all organizational change initiatives really fail?* Journal of Change Management, 11 (4). pp. 451-464.

4. Ham C, Bewick D & Dixon J (2016) *Improving quality in the English NHS A strategy for action.* Kings Fund. <https://www.kingsfund.org.uk/publications/quality-improvement>

### The Ham and Berwick (2016) Kings Fund Report on Quality in England findings:

Successive governments have pursued policies to improve the quality of care in the NHS, but the many and varied initiatives failed through a lack of consistency and the distraction of other reforms.

Efforts to improve quality of care have been hampered by competing beliefs about how improvements are best achieved.

More than ever, the NHS must focus on delivering better value to the public. This means tackling

unwarranted variations in clinical care, reducing waste, becoming more patient- and carer-focused, and ensuring that quality and safety are at the top of the health policy agenda.

This is best done by supporting clinical leaders through education and training in quality improvement methods, and developing organisational cultures where leaders and staff focus on better value as a primary goal.

<https://www.kingsfund.org.uk/publications/quality-improvement>

### The Results for Technology Exemplars

The results for the Technology Innovators and exemplars are equally impressive. The introduction of new technology and the NHS (in general) has attracted significant and severe criticism at many levels. The Technological innovators achieved a 'first time' successful completion rate of 61% of projects. Further, the delayed projects or those where expectations to complete in the time available were too high demonstrates that when these 'in process' projects complete then 83% of the interventions will have delivered a successful result (with an economic return or new Welsh NHS capability).



### In Summary

The combined results from the total cohort of exemplar projects shows that 59% of all projects completed on time (within 12 months from conception and delivered against their initial objectives). A further 20.5% of projects are on-going and it is estimated that the majority of these projects will provide demonstrable evidence of delivering against their objectives. 20.5% of projects failed to complete or were unsuccessful and withdrawn before

the end of the programme. The harsh classification used by the review panel was deliberate. Further learnings were drawn from the successful (enablers for achievement), the unsuccessful (inhibitors and organisational events/resources/support) projects as well as those yet to complete. Those still uncompleted represent a combination of timing, issues and over-expectations at the onset of the project. These project-related and organisational enablers/inhibitors will be reviewed later in this report.



Before continuing – it is noted that the overall investment in the Bevan Academy Innovation Exemplar Programme (for all programme and programme management costs) was £89,000 split with £65,000 invested for the Health Technology Innovators and £24,000 for the Process Innovation Exemplars.

Of the evaluated projects, where robust economic data was available, the average financial saving and return was £69,000. If the average return was applied to the whole exemplar cohort then this would equate to a £3mn saving to the Welsh economy, NHS budget and tax payer before ‘scale up’ has been undertaken (replicating the improvement on an ‘All Wales’ basis was estimated

to yield over £21mn of total cost savings). There was a natural skew to the returns made by projects but the modest investment has been repaid by the single most high performing Exemplar project. The notional ‘in kind’ costs per exemplar were £3000 of training costs (from the Bevan Commission) and many Exemplars received no financial ‘start up’ or project monies. The latter projects therefore delivered results purely by staff dedication and the credibility afforded by being a Bevan Exemplar.

The top 2 projects that provided a financial return (of those reviewed) generated over £400,000 of total cost benefit. This result pays for the total investment in the programme many times over.

### Example of calculated savings (Advanced Practitioner Physiotherapists project):

Activity	Savings
GP Seeing 6120 patients	£133,324
APP (8A) seeing 3060 patients	£55,192
ESP (7) seeing 3060 patients	£45,604
<b>Cost Savings</b>	£133,324 – (£55,192 + £45,604) <b>= £32,527</b>

Source: Betsi Cadwalladr Cathy Wyne and Robert Caine 2017

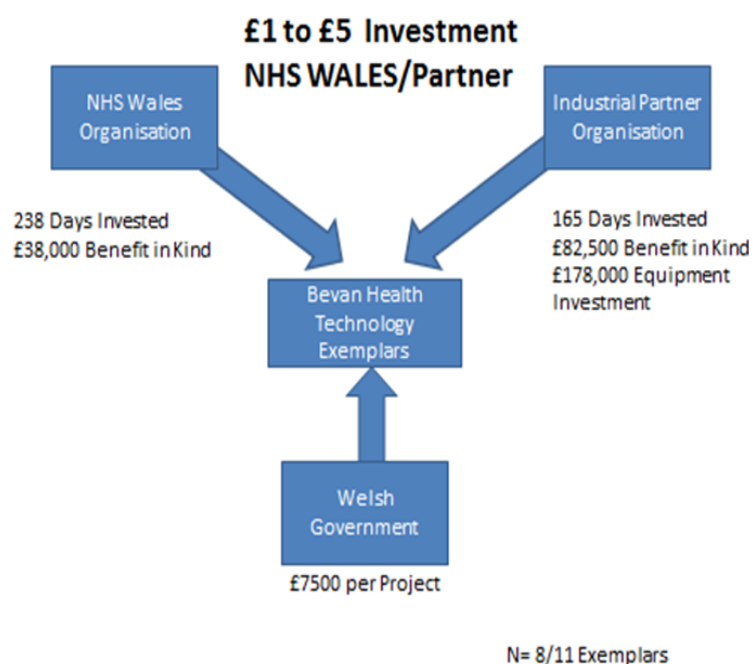
### The Future Potential for Additional Benefits to the Welsh NHS

One uncompleted project that has the potential to generate huge savings is the GP Facilitative Webinars. The costs of current provision are high (traditional presentations at local venues) and would include booking a local facility, the provision of the trainer, and the backfill for GPs attending the course. With 10 GPs attending then the backfill costs are around £8,000 per 1 day session, The trainer (for an all-wales programme) would need to conduct 56 such training sessions at a minimum as well as the additional travel and

subsistence payments. In backfill costs such an all-Wales programme would cost £448,000 and then 56 venue hires at £750 a day (a further £42,000) which takes the total to £490,000. The costs of a professionally filmed webinar/elearning module is approximately £5000 a module (provided by local University sources with editing). A saving (without accounting for a reduction in travel and carbon footprint) is £485,000 in total costs to the Welsh NHS.

## The Health Technology Exemplar Programme, Investments and Collaborative Gearing

The modest Bevan Health Technology Exemplar budget (up to £7500 per project) attracted significant additional funding from the Health Organisation and their collaborative industrial partners. Health Technology Exemplars reported contributions from NHS Wales organisations of £38,000 benefits in kind and over 238 days of staff time invested over the duration of the projects. The contributions from industrial partners included £82,000 of benefits in kind, £178,000 of equipment costs and 165 days of time invested by collaborator staff. We calculated this as a 1:5 ratio of investment. The Welsh Government priming the programme with £1 and the collaborators investing a further £5 to support the success of these technology projects.



### New Capabilities

New capabilities have also resulted from the full Exemplar Programme and these include:

- Appreciative Inquiry resulting in a positive working environment and the testing of positive reinforcement of good behaviours to create new and ‘just’ cultures.
- “Systems thinking” application to complex NHS processes for the understanding and interpretation of the dynamics of change.
- Post cards because we care programme for individuals with addictions, personality disorders and those known to community mental health professionals.

### A prudent approach

The projects – were not designed to achieve a financial return – but were developed to test the Bevan Commission’s Welsh Programme of Prudent Healthcare. The report authors find the Exemplar Programme should be declared a success in proving the relationship between the Prudent principles and the improvement of healthcare processes and technologies. As a result, the programme has

generated greater value for money for patients, Welsh Citizens and NHS staff. A prudent approach to health aims to support health and well-being, providing care when needed that fits the needs and circumstances of the person and actively avoids ineffective or duplicative care that is not to the patients’ benefit or fair. It is about being wise and accountable with how available public money is spent.

Placing greater value on patient outcomes rather than the volume of activity and procedures delivered prudent healthcare aims to rebalance the NHS around the patient or population it serves. An NHS based upon prudent healthcare principles aims to ensure that patients receive the most appropriate care or treatments to achieve mutually-agreed goals, reflecting the contribution individuals and communities can make to their own health and wellbeing. This requires a fundamental culture change to embed a prudent approach to health at

scale and pace, not only across the health and social care systems, but also with members of the public and the media. Prudent healthcare requires co-production at an individual and population level where patients and the NHS each make a contribution to improve health and wellbeing.

It requires healthcare and other professionals working with the public and patients to use resources effectively and efficiently, where a wasteful allocation of scarce resources is generally regarded as being unacceptable and an injustice. It

also requires the public to be mindful of the way in which they use NHS resources. The NHS is free from charge but not free from obligation.

The Bevan Exemplar programme has undertaken, by design, a different form of intervention to improve healthcare systems and resulted in a greater level of success than would otherwise be expected. It is suspected that the new form of intervention does account for some of the successes achieved as too the personal motivation of the Exemplars and their employers/collaborators.

## The Prudent Health Principles

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Initially developed by the Bevan Commission, the principles were then refined and developed in partnership with clinicians, managers and patients with further feedback received from conferences, meetings and the ongoing wider conversations and dialogue across Wales including with Welsh Government and the Minister for Health and Social Care.

### **Principle 1: Achieve health and well-being with the public, patients and professionals as equal partners through co-production.**

When people and professionals work together as equals, responsibility to find the best solutions to improve health and well-being is shared. The aim is to avoid illness and treatment where at all possible by working with people to help them gain greater control over their own health and well being and that of their families and friends. There is a need to move from education to motivation, from passive acceptance to proactive engagement, using wider societal solutions to better health and to turn good intentions into actions.

### **Principle 2: Care for those with the greatest health need first, making the most effective use of all skills and resources.**

Prudent healthcare provides us with a way of

matching need and resource most fairly. The intention is to ensure that all the skills and resources available are maximised ensuring allocation to where needs are greatest, at both an individual patient and population level.

### **Principle 3: Do only what is needed, no more, no less; and do no harm.**

No intervention should be carried out unless it is agreed, between the clinician and the patient, that the intervention would be better than not adopting that intervention at all. Aim is to deliver healthcare that fits the needs and circumstances of the person and actively avoids ineffective, harmful or wasteful care that is not to their benefit. This goes beyond the ‘do no harm’ approach to one in which an intervention must do more measurable good from the individual’s perspective, than not introducing it.

### **Principle 4: Reduce inappropriate variation using evidence based practices consistently and transparently**

Patients should be able to access high quality health care easily and consistently across Wales. The performance of the different parts of the health service in Wales should be looked at, identifying and spreading effective practice and discontinuing

ineffective practice where it is being undertaken. Making comparative data and information easily accessible will help to make comparison of practice

in one area with another possible and thereby help local systems share best practice.

## The Projects and the Prudent Principles Relationships

Exemplar Project	Co-Production	Do What You Can Do	Do No Harm	Reduce Variation
<b>Creating a flexible and sustainable workforce</b>				
<b>Postcards – Because we care</b>				
<b>Cystoscopy Decontamination</b>				
<b>Transcatheter Aortic Valve Implantation</b>				
<b>The Big Fight Project</b>				
<b>The Big Fight GP Practices</b>				
<b>The Big Fight Care Homes</b>				
<b>RFID Asset Tagging</b>				
<b>Calculating Fracture Risk</b>				
<b>GP Facilitative Webinars</b>				
<b>Boxing Clever</b>				
<b>Advanced Practitioner Physiotherapists</b>				

## Programme and Project Assessment

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Contributors to the programme's content and delivery were Helen Howson (Director at the Bevan Commission), Matt Wyatt (Advisor, Public Health Wales and @ComplexWales), Dr Carl Hughes (Director, Wales Centre for Behaviour Change, Bangor University), Julia McWatt (Communication Manager, Welsh NHS Confed), Professor David Snowden (Director, Centre for Applied Complexity, Bangor University), Grant Evans (Senior OD Adviser, Public Health Wales), Professor Judy McKimm (Swansea University), Owen Hughes and Clare Clark (Powys THB), Nia Roberts (Head of IP and Commercialisation Strategy at WG).

The combined cohort undertook a series of training, personal and project development activities to equip them with leadership and change management skills needed. This included:

### Exemplar Network; Project and Cohort Development

The opening primary event took place at the Millennium Stadium on 9 December 2015, and repeated for the HT Exemplars on 17th February 2016. The objective was to: introduce the HT Exemplars to Prudent Healthcare, challenge HT Exemplars about the extent to which their projects were innovative, stimulate networking between the HT Exemplars, understand the HT Exemplars support requirements and establish a baseline for projects.

The second (two day) primary event took place at the School of Management at the new Swansea University Bay Campus on 9 and 10th March. The objective was to: maintain enthusiasm, introduce HT Exemplars to ideas that might help them with their projects, further develop relationships and networking between Exemplars, and gain further insight in to HT Exemplar's support/development requirements.

The third primary event took place at the School of Management at the new Swansea University Bay Campus on 13 July. The objective was to develop Exemplars perspectives and knowledge of change within an organisation to help them lead change within their organisations.

The Next event was incorporated in the Bevan Commission Conference, where Exemplars and HT Exemplars exhibit poster presentations showcasing their work

The final event was the Bevan Innovators' Conference on 7 December 2016 where Exemplars will show case their work, share their achievements and lessons learned with colleagues from across the NHS. The event was attended by 230 staff primarily from the NHS but also from academia, local authorities and third sector organisations. Vaughan Gething AM closed the showcase event recognising the innovation being developed and thanking the Exemplars for their hard work

### Additional Development

Two Opportunity Costing optional events were delivered, the first on 19 April and the second on 17 May (17 May being in North Wales to support North Wales participants who could not attend the earlier event). Opportunity Costing blends improvement approaches with costing to support 'making the case' for change. The Opportunity Costing workshops help participants to get the change right, to understand the probable impact of change (particularly financial impact), to support decision making, and to make the case for change.

Feedback from events has been unanimously positive:

*"And thank you for such a great day last week - a truly inspiring and very useful day."*

*We had a most enjoyable day yesterday. It was great to have the opportunity of viewing the world from a different angle.”*

A Behaviour Change optional event was held in the School of Management on 29 June. This event was developed and delivered in partnership with Dr Carl Hughes from the School of Psychology, Bangor University. The Behaviour Change event was based on insights from behavioural economics (nudge) and behavioural sciences and explores how people think, make decisions and behave. Participants were supported to consider and develop strategies for how they can use these insights in their work.

An Intellectual Property (IP) (optional event) was held at the School of Management on 13 September. This event was developed and delivered by Nia Roberts (Head of IP and Commercialisation Strategy at WG). Nia took a blended learning approach (Intellectual Property Office’s IP Equip, presentation, and workshop) to help participants better understand various threads of IP and make sense of what they’d learned in their own work context.

A Leading Change workshop was delivered (aimed

at Cohort 1 but including participants from Cohort 2) on 3 November. The workshop introduced Exemplars to leadership and change models, methodologies and approaches. The aim of the workshop was to provide Exemplars with the skills and inspiration to lead transformational change and innovation within their own organisations, and inform and augment their practice when leading change.

A Coaching Skills in a Peer to Peer Context session was delivered on 10 and 11 January by (Health Technology Exemplar) Owen Hughes and his colleague Clare Clark from Powys UHB. This session introduced Exemplars to coaching skills that they could use when supporting other colleagues, staff or teams to ensure more sustainable innovation within organisations (also see Coaching and Mentoring below).

Additional one to one support was available to all HT Exemplars from the Bevan Commission Academy and the School of Management Team at Swansea University. This provides expert guidance and support for the evaluation of their work and the delivery and communication of their final project findings.

## **Learning from the Bevan Commission Innovators Programme**

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### **Outcomes Sought**

The Bevan Exemplar programme was also researched using a longitudinal study of Exemplar perceptions of organisational and personal change<sup>6</sup>. The study found many new and interesting insights into clinical and organisational leadership.

The first finding concerns the intended outcomes sought from each individual project. The twelve most frequently cited intended outcomes of the innovation projects (respondee n=32) shows the

most frequent outcome was to improve the quality of service and improve patient experience (See table on next page).

The projects clearly indicate that cost reduction is regarded as an outcome and less important than restoring or improving the performance of the process or technology employed. The key theme of improved ‘practice’ pervades the top 5 most cited outcomes sought.

## Table of Outcomes Sought (rank order)

Rank	Theme	Percentage Cited
1=	Improving quality	93.7%
1=	Improve patient experience	93.7%
3	Improve health outcomes	78.1%
4	Improve professional practice	71.8%
5	Improve efficiency	62.5%
6=	Reduce costs	59.4%
6=	Standardise practice	59.4%
8=	Integrate services	56.3%
8=	Reduce process variation	56.3%
10	Improve patient safety	40.6%
11	Prove new technology	25.0%
12	Reduce staffing needs	21.90%

## Enablers for Success

The Exemplars were asked to reflect upon what enabled their success. The Exemplars were not limited to a choice of enablers but instead thematic analysis was conducted to determine key themes and these are shown below.

The key thematic messages fed back were that successful engagement (at all levels) enabled by the credibility provided by the Bevan Commission endorsement allowed all staff (and external stakeholders) to engage with a common cause. The Bevan branding is therefore seen as a means of

engaging clinical, nursing and managerial staff with programmes that have engender meaningful engagement for staff. The relationships enabled by the Commission support is an interesting form of currency for clinical and staff engagement which should be exploited by later cohorts of Exemplars and other programmes operated by the Bevan Academy. This finding is therefore important and has been used to inform the design of other Bevan Academy programmes.

Rank	Theme
1.	Bevan Commission (Inc. Buy in, Support, Structure provided by programme, training and workshops)
2.	Management (inc. support received)
3.	Engagement (technical partners, users, industry partners, staff, patients, team)
4.	Other departments or bodies (Welsh Language, Audit dept, Comms, Technical Teams, WHSCC, Clinical Psychology)
5 =	Staff/Fellow Clinicians (inc. support received)
5 =	Health board (Inc. Support received)
5 =	Industry Partners
7 =	Enthusiasm (Sponsors, mentor, staff)
7 =	Drive/Determination/Persistence/Belief to succeed
10.	Mentor (Inc. support received)

The feedback sentiment is captured in the following table:

Comment	Staff Member
<i>"The Bevan Commission is the reason why this project exists and provides encouragement and keeps up the momentum Great people and Networking opportunities."</i>	Miss Iona Collins, Consultant Orthopaedic Spinal Surgeon, ABMU
<i>"Without the backing and encouragement of the Bevan Commission, the project would have been very difficult to achieve."</i>	Andrew Hermon, Senior Nurse, CTUHB
<i>"BC training events and support have played an important part, without which I cannot see myself collaborating with industry partners and other teams to get a project like this going."</i>	Dr. Gurudutt Naik, General Practitioner, CVUHB
<i>"Fantastic opportunity to gain knowledge and skills - Networking with NHS Staff pan Wales."</i>	Annie Llewellyn-Davies, Mental Health Nurse, AB-UHB.
<i>"Excellent support, resources &amp; Ideas..... BCUHB as a whole is engaging more now."</i>	Richard Westwood, Information Analyst, BCUHB.
<i>"Good support network. Good educational sessions."</i>	Lisa Jenkins, Radiographer, CVUHB.
<i>"Its been a real spring board for TalkCPR.Wales."</i>	Mark Taubert, Consultant in Palliative Medicine, Velindre NHS Trust.
<i>"Great additional support."</i>	Dr. Mike Simmons, Consultant in Public Health Microbiology HDUHB.
<i>"Exciting to be involved at such a high level and receive credit and accolade.."</i>	Janet Thomas, Pharmacist, BCUHB.
<i>"Helped a great deal with Organisation."</i>	Theresa Richards, Registered General Nurse, BCUHB
<i>"The Change techniques I have heard about through the Bevan Commission will stand me in good stead moving forward. Proud to be an Exemplar"</i> .	Exemplar

## Barriers to Success (Inhibitors)

The Exemplars were also asked to explore the issues that inhibited their progress. The following themes

Rank	Theme
1.	Protected Innovation Time / Lack of freedom
2.	Finance
3.	Ethics Approval
4=	Reluctance to change
4=	Lack of resources (Inc. Human resource and requirement for specially trained staff)
5=	Management (Senior Management buy in & Management in general)
5=	Staff Time

The top 5 reasons for inhibited project progress requirement for protected time and direct control (accounting for 44% of all citations) show a over financial spend. Greater organisational support

and the provision of resources and an engaged senior management team/engaged workforce/engaged specialists represents a theme of communication and engaging others with the project. Ethics approval for projects (and the length of time necessary to achieve ethical approval) is recognised as an issue and an activity that can slow or prevent meaningful progress for an exemplar (leading to frustration). At least one project has not

yet completed as a result of delays in ethical approval. Again, future cohorts of Bevan Academy Exemplars should be mentored through this process and the ethical dimensions of any project should be identified at an early stage to ensure delays do not arise.

The negative feedback sentiment is captured in the following table:

<i>Citation</i>
<i>"...The fact that the event in Cardiff limits how many relevant staff can attend. Be good if we could have showcase event locally within own organisation."</i>
<i>"Could have done with more overall support at project level. Need Clear Expectations. Being an Exemplar has made the work happen mind you."</i>
<i>"There are lots and lots of meetings and it's hard to get away from clinical commitments."</i>
<i>"Received no contact from mentor - therefore felt unsupported. Think Bevan Commission is a very exciting thought. A lot of meetings/presentations - not sure all were necessary."</i>

The comments made were not universally applicable and few themes could be determined that were really detrimental to the programme. However the author of this report suggests the mentor programme (of Bevan Commissioners working with Exemplars) should be strengthened and for more

commissioners to provide direct support. The Exemplars themselves also suggested pertinent and experience-based improvements for incorporation in the design of future cohorts and programmes. These comments are displayed in the table below:

<i>Suggestion</i>
<i>"Programme needs greater awareness and promotion to the general public."</i>
<i>"Advice - Support - Ethics &amp; R&amp;D need to be improved"</i>
<i>"Hold more of the excellent workshops earlier during the programme to enable individuals/teams to put ideas into practice earlier."</i>
<i>"For NHS organisations to give exemplars protected time to work on Innovations. Difficult to juggle day to day work and find time to work on innovation."</i>
<i>"HB's to give more support. Would have been helpful if mentor had contacted me initially."</i>
<i>"Please please fewer events in normal clinical hours."</i>
<i>"UHB's need to more actively support its BC exemplars."</i>
<i>"Ask the projects specifically what is needed. Better demands of organisational support."</i>
<i>"Use media to widen NHS staff awareness as quite by chance I saw an advert and wouldn't have heard about it if reliant on manager too advertise. Ask health board after whether they have seen presentations by exemplars."</i>
<i>"One of the main areas lacking within the NHS is for clinical staff to engage with industry partners. Innovation can come from clinical staff or industries and sometimes can match each other"</i>

# Reflections on the Bevan Commission Innovators Programme

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The following items represent a summary of the unique factors of the programme.

Value of the Bevan Brand - how Exemplars showed great pride in ‘wearing’ the Exemplar badge, but also how it helped them leverage and access time, space, training opportunities and some personal recognition within their own organisation. This would otherwise have not been possible in a differently designed intervention. As such the author supports the benefits of the Bevan Brand when seeking organisational engagement at multiple levels with multiple stakeholders.

Influence change from within (act as change agents) – a typical case such as Mike Simmons (Hywel Dda LHB) presented to his board and was able to influence the thinking of the Chair and Directors at a senior level. The Exemplars therefore acted as agent provocateurs and challenged existing thinking and existing models of care delivery.

Impact of wider social media – Mark Taubert’s work, at an internationally-leading level, has illustrated how the Bevan Academy Exemplar programme is suited to mass media promotion even for highly sensitive patient-related matters. There have been many examples of creative projects which could have benefitted from greater exposure to the practicing community using new social media channels and the Bevan Academy should invest more resources in these ‘engagement’ platforms.

## Final Words

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The Bevan Academy Exemplar programme has been evaluated and the report proposes that it has offered significant benefits to the Welsh NHS in terms of new capabilities and economic returns on investments in innovation.

The relatively modest budget for the programme has generated a significant return on the investment and demonstrated the utility of a Prudent Healthcare

This promotional ability will support the theme of Wales as a source of global innovation.

## Build confidence and courage of Exemplars as leaders

Observations taken over the length of the programme show how Exemplars have grown in confidence and courage as leaders delivering change. They have explored the economic benefits of their programme. These programmes have demonstrated a high rate of sustainability and economic return. Initially many Exemplars felt reticent about presenting at their Boards but over time their “self-belief” developed and their projects have demonstrated significant positive impact.

Iterative and experiential learning – Experience of change management and stakeholder management is uncommon for NHS personnel yet it is required for successful and sustainable change. It is proposed that the learning group approach (of critical friends), the mentoring by commissioners and the ability to test before fully engaging with an employer organisation has significantly enhanced the robustness of projects. Several cycles of learning have taken place, the initial is learning how to do things properly, the second learning how to improve (improvement) and finally the Exemplars have learned how to do things differently (innovation).

approach.

The programme of work – co-designed with NHS staff and involving significant engagement with commercial partners – has broken new ground and exposed new issues that need to be addressed so that future programmes can release even greater benefits. The programme has also achieved significant gains given the relatively short

intervention period of one calendar year.

The platform, created by the Bevan Academy and Welsh Government, is supported by the host organisations that have sponsored the exemplar and here too there has been significant learning/ investments from the programme. These include greater awareness of 'organisational readiness' and what structures need to be 'in place' to support innovations and interventions of this type.

The majority of projects are declared as successes and many are still completing (given the short amount of time the programme runs for and the long time needed to implement and embed change). The success rate is much higher than would have been predicted from previous studies and the economic return is much than would also be expected.

The participant feedback has been extremely positive and, although this form of intervention has been quite foreign to some participants, they have enjoyed the access, status and peer group working that has been part of the key design of the programme.

The cohort is now being prepared to mentor the next generation of Exemplars which should lead to a greater critical mass of engaged and active change agents in NHS Wales. The latter, given the Bevan brand, will be significantly accelerated by the new enthusiasm displayed by the Bevan Commissioners and the positive feedback received from stakeholders and the general public.

I therefore commend the findings of this report to the Bevan Commissioners as a significant success and unlike the experiences associated with similar initiatives and interventions. I therefore propose the programme is a successful change model, it is localised to Wales and is one that should attract future investment to improve the nation's delivery of health and healthcare.

A handwritten signature in black ink, appearing to read 'NDRich', with a stylized, cursive font.

Professor Nick Rich

## Appendix 1: Innovation Exemplar

Organisation	Project Idea	Exemplar
Aneurin Bevan University Health Board	Develop the role of 'Integrated Facilities Operative' within Facilities Division. To use co-production methods and approaches (with staff in the posts (to create and train), training and development teams, NHS Wales centrally, social services, nurses or other staff dependent on training and role, patients) to: Create and deliver training for new roles Further develop the new roles already created (and maybe some others) Create new training targeted at staff learning preferences, e.g. video	Michelle Key
Aneurin Bevan University Health Board	Improved documentation in Public health nursing	Helen Crosbie Nicola Quarry
Aneurin Bevan University Health Board	This idea supports individuals accessing mental health services through a non-pharmacological intervention, a postcard scheme has been co-produced with service users and in addition a credit card crisis card.	Annie Llewellyn Davies
Abertawe Bro Morgannwg University Health Board	To improve patient outcomes and minimise the potential risks for increasing antibiotic resistance and C. difficile infection through the development and implementation of a multidisciplinary programme, applying the principles of prudent healthcare to progress antimicrobial stewardship in primary care.	Rhys Howell
Abertawe Bro Morgannwg University Health Board	To design and deliver focused, bespoke, evidence-based on-line training and mentoring which will enhance the skill set and clinical confidence of tele-consulting clinicians	Stephen Bassett
Abertawe Bro Morgannwg University Health Board	To introduce a Radio-Frequency Identification (RFID) tagging system for tracking and locating medical equipment. *Potentially best suited the Healthcare Technologies cohort	Mike Rowlands
Betsi Cadwaladr University Health Board	Identify and track suspected medication-related admissions so that those which are avoidable can be learnt from.	Janet Thomas
Betsi Cadwaladr University Health Board	Delivering end of life care education programme into Nursing Homes, community hospitals, commencing delivery into secondary care from September 2015.	Theresa Richards Teresa Davies
Betsi Cadwaladr University Health Board	Implementation of a new innovative service whereby Advanced Physiotherapy Musculoskeletal (MSK) Practitioners are deployed into Primary Care. To allow people presenting with musculoskeletal problems to be seen in their local General Practice by an Advanced Physiotherapy Practitioner as an alternative to seeing their General Practitioner.	Cathy Wynne Robert Caine

Betsi Cadwaladr University Health Board	Patients referred by GPs with musculoskeletal (MSK) problems are now largely seen by MSK physiotherapists. Some cases need further investigation with ultrasound. Upskill the physiotherapist so that he/she can carry out the investigation in the clinic to avoid significant delay incurred when sending the patient to the X-Ray department.	Jeremy Jones Siobhan Jones Moyra Barnes
Betsi Cadwaladr University Health Board	The Choice and Partnership approach (CAPA). A service model, underpinned by evidence base which is collaborative with service users.	Helen Fitzpatrick
Cardiff & Vale University Health Board	Revolutionising the way we think about Blood Donation and Transfusion in Wales by optimising Patients Haemoglobin for Major Open Heart Surgery.	Caroline Evans
Cardiff & Vale University Health Board	Using Radiographers trained in reporting plain film images, patients attending A&E within certain criteria could be discharged immediately after their x-ray by the Reporting Radiographer, eliminating the requirement for these patients to return to wait in A&E.	Lisa Jenkins
Cardiff & Vale University Health Board	Multi-professional integrated Stroke Workforce with a patient centred rehabilitation focus.	Ceri-Ann Hughes
Cwm Taf University Health Board	A digital data collection platform to identify the prevalence of sepsis.	Ben Sharif
Hywel Dda University Health Board	Using the principles of complexity science, engage multiple audiences, including public, press, politicians and professionals, to gain personal ownership of issues relating to infection prevention and management.	Mike Simmons Sharon Daniel
Hywel Dda University Health Board	Using Appreciative Inquiry approach to support staff in better understanding how they provide good end of life care, recognising their resources and ability to do this, and how they can develop more positive approaches to ensure good patient experience.	Anna Tee
Hywel Dda University Health Board	Within the context of non-complex wound care, transfer healthcare related tasks to social care workers in care homes for older people.	Rhian Dawson
Public Health Wales NHS Trust	To roll out two training packages (Mental Health First Aid and First Aid Training) within HMP Usk and Prescoed, which reside within the Aneurin Bevan University Health Board (ABUHB) footprint	Wayne Jepson
Public Health Wales NHS Trust	To improve safety in primary care by bringing together a number of disparate groups and issues under one more coordinated umbrella. To bring together topics such as medicines management, primary care contracts, co-production, behavioural insight and the national primary care plan and get them working together more toward a common safety oriented goal.	Paul Gimson

Public Health Wales NHS Trust	To develop the pharmacists contribution to encouraging a greater focus on addressing non-adherence	Anne Hinchliffe Martin Davies
Welsh Ambulance Service Trust	Design & implement an Ideas Web Platform/Portal for WAST to capture ideas generated by all staff within the Trust	Caroline Miftari
Velindre	Talk CPR Project: Encouraging the public and healthcare professionals to talk openly and informedly about CPR and DNACPR	Mark Taubert
Powys	Make Powys a great place to work” and to increase our levels of staff engagement which contribute to organisational success and most importantly increased patient/service satisfaction.	Lynn Turner Brian Makusha
Powys	The idea is to develop an innovative Physiotherapy Practitioner-led pathway designed to reduce the pressures on secondary care Orthopaedic out-patients by providing patients with early access to specialist opinion in a local community setting.	Catrin Hawthorn
Powys	To use existing patient management technologies to flag access needs, in particular special communication needs. Especially relevant for people with sensory loss and speech difficulties but also for those whose first language is Welsh or with little or no English.	Susan Stavrides

## Appendix 2: Health Technology Exemplars Projects

Organisation	Project Idea	HT Exemplar	Industry Partner
Abertawe Bro Morgannwg University Health Board	Edwards Sapien S3 Transcatheter Aortic Valve. Transcatheter Aortic Valve Implantation (TAVI) is a transformational technology that enables replacement of degenerated heart valves via minimally invasive approaches (usually via the femoral artery) without the need to perform open heart surgery	Dr Dave Smith	Edwards Lifesciences
Abertawe Bro Morgannwg University Health Board	The chosen health technology is a novel magnetic resonance (MR) technique called fineSA®, developed by Acuitas Medical Limited based in Wales, that provides high resolution (around 10x higher than conventional imaging) structural information on trabecular bone in the spine	Miss Iona Collins	Acuitas Medical Limited
Abertawe Bro Morgannwg University Health Board	Femtosecond laser for laser assisted cataract surgery	Mr Vinod Kumar	Bausch & Lomb  Valeant Pharmaceuticals International, Inc.

Aneurin Bevan University Health Board	The Cogenix / Genesis Medical cystoscope is a non lumen cystoscope ‘offering Urologists high performance fibreoptic and digital endoscopic imaging’; very much as per traditional lumen cystoscopes.	Samantha Murray	Genesis Medical Ltd
Betsi Cadwaladr University Health Board	Using patient communications software to implement a system for requesting and recording patients' preferred language choice for hospital appointment reminders throughout North Wales.	Richard Westwood	Healthcare Communications
Cardiff & Vale University Health Board	To utilise a new, low cost, consumer 3D technology (‘WoundCare’) to enable accurate measurement, consistent image capture and 3D modelling of wounds, allowing for the first time accurate trend analysis.	Dr Gurudutt Naik	GP Commissioning Solutions Ltd
Cardiff & Vale University Health Board	The validation of clinical exome sequencing to replace single gene testing (by Sanger sequencing) for the ectodermal dysplasia service; the required technology is Illumina’s TruSight One panel and HiSeq 2500 sequencing system.	Sian Morgan	Illumina
Cardiff & Vale University Health Board	Evaluation of Illumina Canvas data analysis software for identifying inherited gene deletions and duplications (collectively known as copy-number changes) from patients’ DNA sequencing data.	Matthew Lyon	Illumina
Cardiff & Vale University Health Board	To demonstrate the use of Next Generation Sequencing (NGS) for the genetic analysis of solid tumour samples from cancer patients within the Welsh population	Helen Roberts	Qiagen
Cardiff & Vale University Health Board	Work with Qiagen to validate and adopt a working automated system, leading to the automated extraction of cell free DNA from blood	Hazel Ingram	Qiagen
Cardiff & Vale University Health Board	3M SpotOn core temperature monitoring system	Dr Richard Hughes	3M
Cardiff & Vale University Health Board	Gallium 68 DOTA peptide PET/CT for the diagnosis and staging of neuroendocrine tumours	Patrick Fielding	IBA
Cwm Taf University Health Board	A ‘sepsis response box’ which will improve the efficiency and effectiveness of identification of sepsis in clinical areas	Andrew Hermon	Rociale
Powys Teaching Health Board	Utilising a combination of remote healthcare monitoring and supported intervention. It enables the local management of patients presenting with Obstructive Sleep Apnoea (OSA).	Owen Hughes	Philips Sleep and Respiratory Care & Clinical Science

Velindre NHS Trust	BD Cato Medication Workflow Solution is a software program that supports pharmacy manufacturing of SACT drugs whilst maintaining quality standards. It allows the removal of the risks associated with human error; it has been designed to reduce medication errors, waste reduction and automate some of the in-process QA manual checks.	Martin Rees -Milton	BD (Becton Dickinson)
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## Appendix 3: About the Bevan Commission Academy

The Bevan Academy for Leadership and Innovation in health responds to the call for the development of Prudent Healthcare and other innovative actions needed to help sustain health and healthcare in Wales. The Bevan Commission identified the need for an Academy to strengthen leadership and innovation in health across Wales, locally, regionally, nationally and internationally, sharing our excellence and expertise wider afield.

The Academy provides a dynamic learning and development environment to support inspirational leadership, innovative ideas, new ways of working and action research. It is a catalytic hub for open innovation, where people, professionals and organisations come together to think through, co-create and experiment in a non-competitive environment.

The Academy builds upon core foundations of research, innovation, teaching and skills development to help inspire people, professionals and the public, to work together to find better solutions, creating a sustainable, prudent and vibrant NHS in Wales. The Bevan Innovators (Fellows, Exemplars and Advocates) and the Bevan Innovation Hubs undertaken by the Academy, supported by research and evaluation, play an important part in helping to achieve these objectives.

### Bevan Commission Innovators

The Bevan Commission Academy has established the Innovators as a means to help stimulate, support and embed innovation within and across

organisations, drawing together evidence from innovation, social movements for change and collective leadership. The Bevan Commission has worked with NHS local Health Boards and Trust to stimulate and identify people and professional to become of the academy. These innovators will identify, drive and spread innovation and act as agents for change. The Innovators are:

Exemplars and Health Technology Exemplars support the need to strengthen innovation and leadership within NHS Wales to respond to the growing demands and challenges. Exemplar projects improve NHS Wales resource efficiency, health outcomes or patient experience and drive the application of Prudent Healthcare in practice by making the very most of all the skills and resources we have available to us. The Commission has sought out individuals from all grades and staff groups offering different solutions – not more of the same – identifying and capturing the enthusiasm, ideas and the passion of ‘early innovators’. The Commission is working with 27 Exemplars and 18 Health Technology Exemplars.

Bevan Fellows are healthcare professionals, clinicians and doctors in training who bridge clinical services, academia and practical application by developing and delivering proposals that address and support local health needs, improve clinical practice and health outcomes via the practical application of the Prudent Healthcare Principles. Bevan Fellows support health boards to attract and retain healthcare professionals, clinicians and

doctors in training. Thereby supporting the drive to draw top quality staff to Wales. There are currently 4 Bevan Fellows.

Bevan Advocates are members of the public – Patients, Carers and Volunteers offering their unique perspective on services, health, wellbeing and illness. Creating conversations and wider engagement for change. Bevan Advocates will influence and support the Commission in its work, offering insights in to the real ‘lived experience’ of healthcare and health services and feedback on the Commission’s thinking as it develops. Bevan Advocates will help influence the wider public through dialogue and discussion, promoting wider conversations around prudent healthcare. They will also work with Local Health Boards, Exemplars and Fellows to improve health outcomes providing the public’s perspective on the practical application of the Prudent Healthcare Principles.

### **The Bevan Innovation Hubs**

The Central Bevan Innovation Hub hosted within Swansea University at the School of Management has strong links with the Colleges of Medicine and Human and Health Sciences. It will provide a responsive and flexible infrastructure to encourage and support diverse interests and ideas to be brought together to address challenging issues and questions. It will draw together existing resources, expertise and experiences across various issues or areas of expertise whether; clinical care, patient experience, prevention, health economics or data and information.

The central Bevan Innovation Hub will support and coordinate local Bevan Innovation Hubs, providing the opportunity for individuals or groups of people

to come together to solve problems, discuss issues of concern or develop thinking to address key challenges / questions. Finding solutions may be undertaken over a series of days, months or years and may be incorporated as part of more formal research and study or continuing professional development (CPD) objectives. It is anticipated that we will also draw on wider support from study placements, secondments, internships or flexible working arrangements which will provide mutual benefit.

Each local Bevan Innovation Hub will have a central base within the main hub, but will take the lead on its designated innovation area, trying out and testing innovative elements informed by wider expertise and needs. Where appropriate they will combine with local Universities and other training institutions to maximise their impact and outcomes.

### **Ambitions and Aspirations**

The Commission aims to establish Wales as an international leader in the field of health and wellbeing, reinforcing the principles upon which the NHS was built but within a contemporary context, responding to current and future generational needs and transformation challenges. Alongside its principal relationship with the Cabinet Secretary for Health, Wellbeing and Sport in Welsh Government, the Commission will build and expand its established links with health focused organisations, both in the United Kingdom and in the international arena to offer its unique advisory role in a wider, far reaching context.

## Current Bevan Commissioners

Professor Sir Mansel Aylward CB, Chair	Juliet Luporini
Nygaire Bevan	Professor Ewan Macdonald OBE
Professor Bim Bhowmick OBE DL	Chris Martin
Professor Dame Carol Black DBE	Professor Sir Michael Marmot
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Dr Clare Gerada MBE	Professor Phillip Routledge OBE
Professor Trevor Jones CBE	Fran Targett
Lt General Louis Lillywhite CB, MBE, OStJ	Sir Paul Williams OBE CStJ DL
Ann Lloyd CBE	Professor John Wyn Owen CB

## Bevan Commission Staff

Helen Howson (Director of the Bevan Commission and Bevan Academy), Siôn Charles (Deputy Director) and Dr Tom Powell (Research Fellow), Elizabeth Jones (Business Manager), Hannah Crowney (Project Officer) and Matilde Castagnet (Secondment from SAIL Swansea University).

## Current Special Advisors to the Commission

Professor Marcus Longley, Professor Ceri Phillips, Professor Marc Clement and Professor Donna Mead OBE

## Current International Bevan Commissioners

Professor Donald Berwick (USA), Professor Gregor Coster (New Zealand) and Dr David Bratt (New Zealand)

## Publications

Reports produced by the Bevan Commission are published on the Commission website at [www.bevancommission.org](http://www.bevancommission.org).

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# Bevan Commission

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