Comisiwn Bevan Commission

Let's Not Waste

Reducing Waste in Health and Care Masterclass

Professor Don Berwick KBE 8th April 2024

Insights from Senior Leadership Responses on Slido to Questions on Waste

Context

This report presents insights from the "Reducing Waste in Health and Care Masterclass," led by Professor Don Berwick KBE. This drew together feedback from senior healthcare leaders and executives to four open-ended questions (outlined below). This provides a high-level perspective, offering insights informed by the discussions and a comprehensive understanding of the NHS's complex landscape. The findings can be considered "top-down," reflecting strategic priorities and challenges as seen by senior staff.

Participants in this survey could provide multiple answers, reflecting a layering of concerns where each issue might contribute to others. Although not definitive, these findings offer important insights into key areas where senior healthcare leaders perceive significant issues relating to waste, set within the context of each specific question.

Responses were collated and ranked based on frequency.

The **key** questions posed were as follows:

1. What do you think is the biggest challenge in reducing waste?

2. What is one thing you could change right now to reduce waste?

3. What could you stop doing right now to aid waste reduction?

4. What is one "bicycle book" in your organisation? (silly or outdated rule).

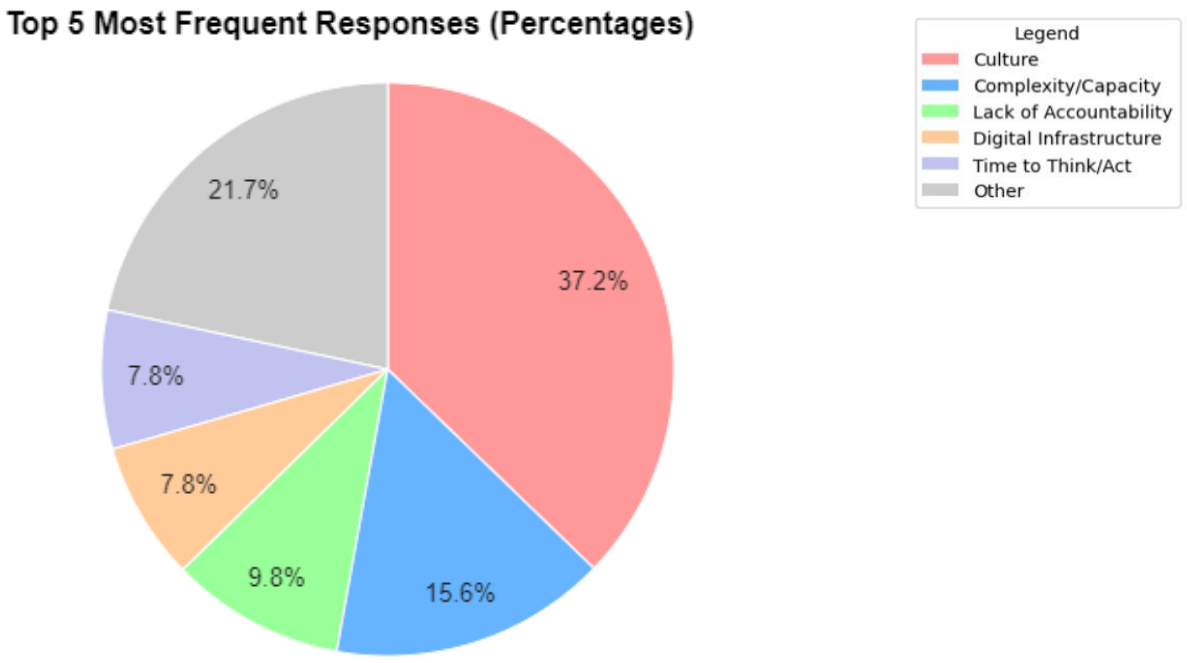
Leaders from health, care, industry and the third sector were asked the following:

1. **<u>What do you think the biggest challenge is in reducing waste?</u>**

The following are the ten common responses in order of frequency:

- Culture – people not prioritising and acting on waste (19)
- Complexity and capacity issues (8)
- Lack of accountability/ownership (5)
- Digital infrastructure and lack of integration (4)
- Time to think and act (4)
- Change/ risk aversion (4)
- Lack of integration (3)
- Poor communication and lack of permissions (3)
- Risk aversion and defensive medicine (3)
- Lack of leadership (2)

Other responses include not involving patients in service planning and design; silo working practices and lack of sharing of best practice; lack of recognition of what constitutes waste; lack of access to and use of data.

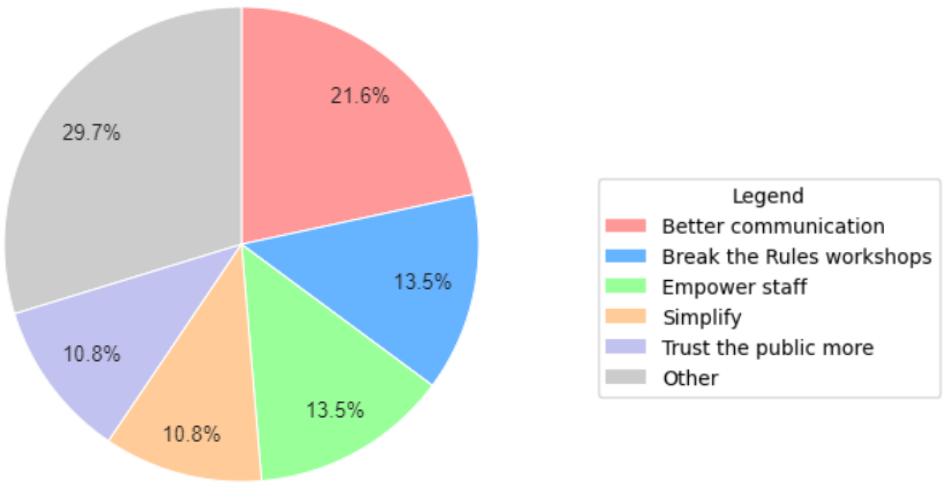


2. What's one thing you could change right now to reduce waste?

The following are the ten most common responses in order of frequency:

- Better communication about the issues relating to waste and the opportunities to reduce waste in organisations – waste on all agendas (8)
- Do a 'Break the Rules for Better Care' event and see what rule staff would break for better care/ break the rules workshops (5)
- Empower staff to speak up and act on waste initiatives -create a culture of openness, curiosity and permission (5)
- Simplify to improve quality and reduce cost (4)
- Trust the public more, rely less on prescribing/ knowing better and centre solutions around the patient (4)
- Create a permissive culture (4)
- The whole executive team must be engaged and support campaigns and initiatives where there is evidence (4)
- Use data to plan services and focus effort to drive change, evaluate and measure impact (3)
- Stop variation - we must have standardisation (2)
- Reduce admin/admin complexity wherever possible, including reporting (2)

Other responses include increased use of digital technology such as virtual meetings; simplify digital systems – we need a 'once for Wales' approach; increased collaboration.

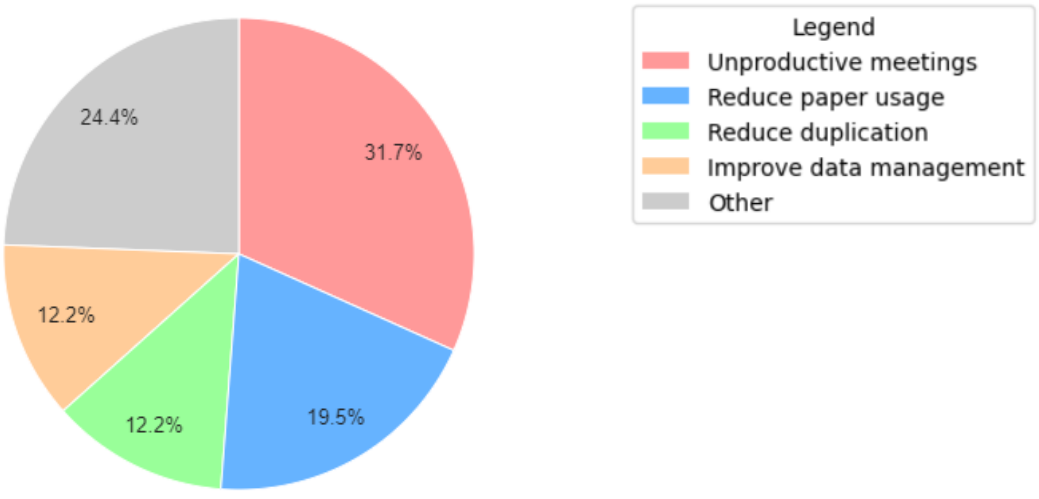


3. What could you stop doing right now to aid waste reduction?

The following are the ten common responses in order of frequency:

- Having unproductive meetings without tangible outcomes, consider meeting free days/weeks (13)
- Reduce paper usage - transition to digital formats wherever possible (8)
- Reduce duplication - streamline processes and pathways to eliminate redundant tasks and duplication of efforts (5)
- Improve data management - ensure data collection and reporting processes are efficient and actionable (5)
- Stop ineffective practices - cease routine tests and follow-ups without clinical necessity (2)
- Stop national programmes/ services/ initiatives that don't deliver benefit (2)
- Stop audits with no action/ impact (2)
- Stop preventing patients from having live access to their own results and medications - let them see their record and carry it with them (2)
- Unnecessary travel (patients and staff) - use technology (2)
- Stop being risk-averse, stop defensive medicine (2)

Other responses include one set of notes for health and care; reduce the prescribing of lower cost over the counter medications; stop paper prescriptions; start having fewer but longer hospital appointments; stop multiple appointments with multi professionals – one stop shop!



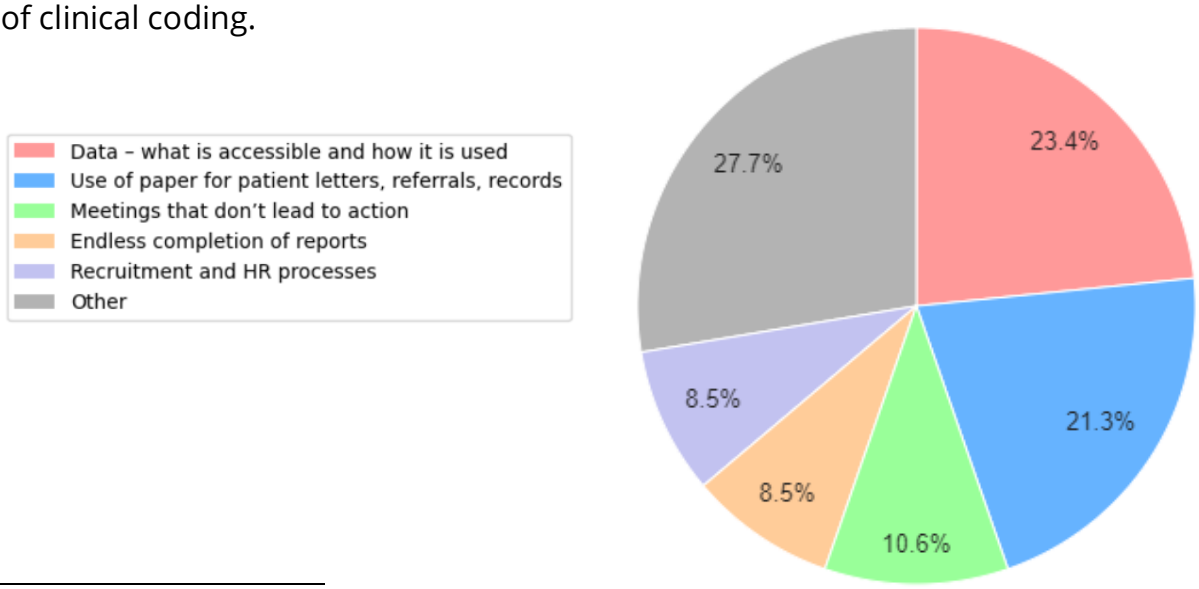
4. What is one 'bicycle book' in your organisation?

The 'bicycle book[1]' is a parable based on an observed behaviour of staff members at a hospital in London f they arrived to work on their bike and were asked to confirm this by signing a register book on arrival. Hundreds of registers were completed and stored for years following World War II and nobody knew why. Three quarters of a century later it was questioned, and the practice was traced back to staff members receiving extra food rations when they cycled to work due to fuel rationing. In the meantime, no one had questioned this, but they kept recording the data which was never used.

The following are the ten common responses in order of frequency:

- Data – what is accessible and how it is used (11)
- Use of paper for patient letters, referrals, records for example (10)
- Meetings that don't lead to action (5)
- Endless completion of reports (4)
- Recruitment and HR processes (4)
- Audits with no improvement loop (4)
- Mandatory training that has no good variation (3)
- Scrutiny panels which take staff time to resource, and service adding limited value (2)
- Risk aversion for example patients not allowed to go home 'just in case' (2)
- IT systems that don't talk (2)

Other responses include focusing on demand rather than need and the poor use of clinical coding.



[1] https://jamanetwork.com/journals/jama/fullarticle/2624332

Summary of findings

Results from question 1 show the biggest challenge in reducing waste within NHS Wales is cultural, with nearly 40% of respondents noting that people do not prioritise or act on waste reduction.

This is followed by complexity and capacity issues (17%) and a lack of accountability and ownership (10%). Other significant challenges include digital infrastructure problems, time constraints, and risk aversion, each mentioned by about 8% of respondents. Less frequently mentioned issues include poor communication, defensive medicine, and lack of leadership.

Results from question 2 indicate the most immediate action to reduce waste in NHS Wales is better communication about waste issues and opportunities, noted by nearly 30% of respondents.

Following this, approximately 19% suggested holding "Break the Rules for Better Care" events and empowering staff to speak up about waste initiatives. Simplifying processes and trusting the public more, each supported by around 15%, were also noted as effective measures.

Other suggestions include creating a permissive culture, engaging the executive team, using data to drive change, standardising practices, and reducing administrative complexity.

Results from question 3, respondents revealed that to aid waste reduction in NHS Wales, the most frequent suggestion, made by nearly 35%, is to stop unproductive meetings without tangible outcomes.

Additionally, about 20% advocated for reducing paper usage by transitioning to digital formats. Streamlining processes to eliminate redundant tasks and improving data management were each mentioned by around 13%.

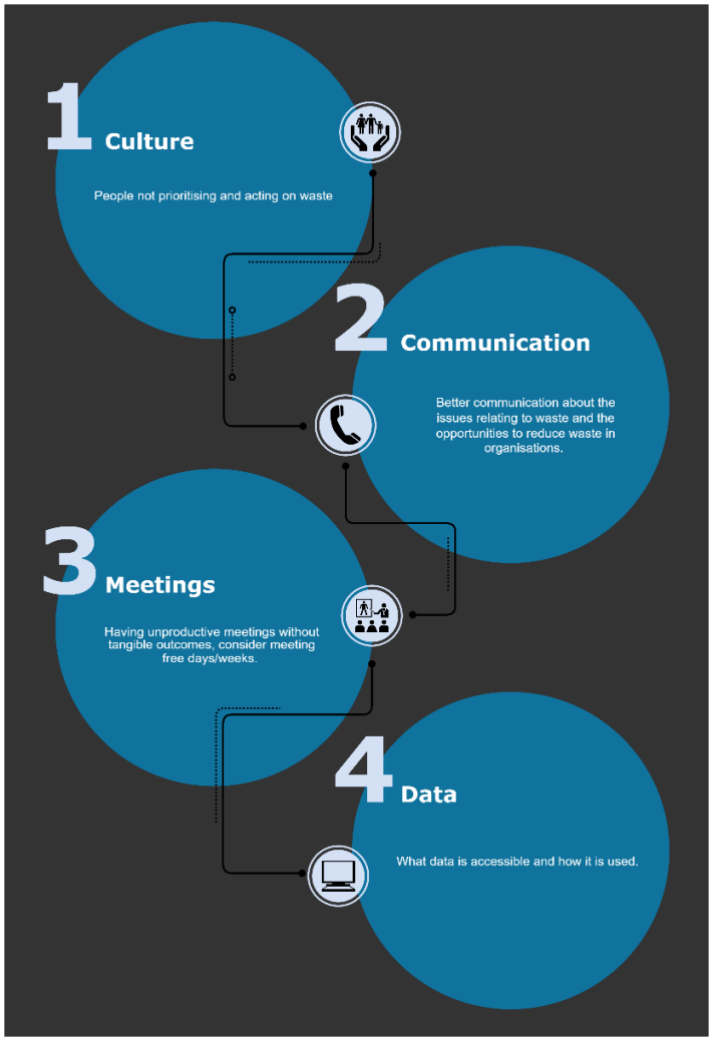
Other suggestions, each cited by approximately 5%, include stopping ineffective practices, halting unproductive national programmes, ceasing non-impactful audits, allowing patients access to their records, reducing unnecessary travel, and avoiding risk-averse behaviours and defensive medicine.

Results from question 4, indicate the most significant "bicycle book" in NHS Wales—practices that persist without clear purpose—is data accessibility and usage, mentioned by nearly 24% of respondents.

Close behind, around 22% highlighted the continued use of paper for patient communications and records. Unproductive meetings were cited by approximately 12%, while the completion of endless reports, recruitment and HR processes, and audits without improvement loops each garnered about 10%.

Other noted inefficiencies include mandatory training with no variation (7%), time-consuming scrutiny panels, risk aversion, and non-integrative IT systems, each mentioned by around 5%.

Top issues identified by senior healthcare leadership are summarised below.



Conclusions

Feedback from senior healthcare leaders and executives reveals key challenges and many opportunities in reducing waste within NHS Wales.

Among the issues raised, cultural attitudes and communication are primary challenges, alongside complexity and capacity constraints, and the need for better accountability and integration of digital systems.

Effective communication and strong leadership are essential for driving change and engaging people. Insights highlight the need for a strategic approach to waste reduction, involving clear priorities, engaging and empowering staff, and simplifying processes.

Taking action to address these challenges will be critical to ensure more prudent health and care and making meaningful progress in waste reduction across the board, ensuring we use all skills and resources to best effect.

We would encourage every Executive Board to seriously consider these findings and take shared responsibility and collective action to reduce waste in all its forms.