

Silly RULES

Change Toolkit

The 'Silly Rules' Change Toolkit has been developed as part of the 'Silly Rules' initiative, led by the Bevan Commission and Llais, in partnership with the Institute for Healthcare Improvement (IHI). It is designed to help teams take practical, locally led action on often unnecessary or overburdensome rules, processes and ways of working that add limited value and get in the way of the provision of good care.

Through the 'Silly Rules' initiative, people across Wales were invited to highlight examples of rules or processes that create unnecessary delay, duplication or frustration, without adding value to patients, staff or services. The ['Silly Rules' Report](#) brings together these insights. This toolkit provides a simple, structured way for teams to act upon these, by testing small, proportionate changes that can make a meaningful difference in day-to-day practice.

In the spirit of the IHI's original work, this is about challenging rules that no longer add value, while protecting those that do. It is about using professional judgement to question whether existing ways of working still makes sense and, where appropriate and supported, testing safer, simpler alternatives.

How the Toolkit Works:

The toolkit follows a simple five-step cycle, designed to be quick, practical and flexible:

1. **Spot the 'Silly Rule':** Identify a rule, process or requirement that does not make sense or add value in practice.
2. **Sense-check and plan a small change:** Decide whether the issue is suitable for a safe, local test and what a simple adjustment might look like with appropriate support.
3. **Test a small change:** Make one simple adjustment and try it in a controlled way, with appropriate permission, following the plan you have developed.
4. **Measure the impact of the change:** Use the guidance provided to measure the impact of the change you've made, such as effects on time, capacity or experience.
5. **Decide and share learning:** Agree what to do next; adopt, adapt, abandon or spread, and share what you've learned with others.

The toolkit is designed in a manner that teams can use from start to finish, or dip into individual sections depending on their needs, time and context.

Principles for Using the 'Silly Rules' Toolkit:

- **Keep it local:** Focus on what you can change where you work.
- **Start small:** Test the simplest change first.
- **Iterate if needed:** Learn, adjust and try again.
- **Focus on impact:** Make it easier to deliver or receive good care.

The 'Silly Rules' Spotter Card

Team/Service:

Organisation:

Name (optional):

Date:

1. Describe the 'Silly Rule'?

2. Why does it not make sense? (tick all that apply)

Causes delays
Excludes people
Frustrates patients
No safety or quality reason

Out of date
Frustrates staff
Doesn't add value
Wastes money

Duplicates effort
"We've just always done it this way"
Wastes time
There are better ways to do it

Other:

3. Who is affected by the 'rule'?

Patients/Families

Staff

Service(s)

Other:

4. Rule Type (if known):

National/Policy rule

Local/Organisational rule

Misinterpreted rule

Not a rule

5. What's the impact of the rule? (Where applicable):

Time wasted (mins):

Money or resources wasted: (£/#):

Description of cost:

Frequency of occurrence: multiple times a day daily weekly monthly

6. Your idea for a better way of doing things:

7. Sense check: Discuss with colleagues - Is this a true problem? Is this safe and in our control to test locally? Would it make a difference? What would the impact be?

8. Submit to the Bevan Commission via QR code or email (bevan-commission@swansea.ac.uk) and/or discuss with your Manager or Improvement Team.



The 'Silly Rules' Micro Test Planner

Team/Service:

Organisation:

Name (optional):

Date:

1. Describe the issue:

2. The change we want to test: What exactly are we doing differently?

3. Why this change? (One or two sentences)

4. Where is this test happening?

Ward Service Team

Other:

5. Who is involved?

Staff Patients Families Partner Organisations

Other:

6. What do you think will happen as a result of the change (Select all appropriate):

Save Time Save Money Improve Patient Experience

Improve Quality of Care Remove Waste Improve Safety

Improve Staff Morale Improve Efficiency Improve Staff Wellbeing

Other:

7. The Plan:

Start date: End date: Approvals required:

Phase	Step Description:	Who's responsible?	What's needed?
Step 1			
Step 2			
Step 3			
Step 4			

8. Measuring the Impact:

To evaluate the impact of your change, you will need to identify measures of success. In many cases, you might need to collect data before you test the change (baseline data) and after you make the change (post-test data) to understand its impact. The table below outlines some examples of measures you might use to evaluate the impact of your change.

Measure Category	Metric / Indicator	Baseline:	Post-Test:	How we'll collect it	Target:
Costs or Resources	Paper/ consumables/ time			Estimate	↓ by _____
Task Efficiency	Time per task (minutes)			Direct observation / estimate	↓ by _____ % / minutes
Process Efficiency	Steps in the process			Simple process map	↓ by _____ steps
Burden reduction	Approvals / handoffs			Staff count	↓ by _____
Staff experience	Quick pulse score (0-10)			30-sec staff check-in	+ _____ points
Patient experience	Simple 3-point scale			Survey	No deterioration
Quality & Safety	New risk or workaround?	✓ / ✗	✓ / ✗	Team reflection	↓
Equity & Inclusivity	Greater equity	Note	Note	Team Judgement	No disadvantage
Other:					

Worked Example:

Measure Category	Metric:	Baseline Measurement:	Post-Test Measurement:	Improvement?
Task Efficiency	Time per task	17 min	7 min	↓ 59%
Staff Experience	Staff Experience	5/10	8/10	↑ 3
Quality and Safety	Safety risk	Workaround	None	Resolved
Cost or Resources	Consumables	10 forms	0	Paper free



Submit your
'Silly Rules'
Micro-test plan

The 'Silly Rules' Impact Calculator

This part of the toolkit helps teams explore the potential impact of removing, simplifying or changing a 'Silly Rule'. Time is used here as a simple, common proxy to help estimate the scale of burden or opportunity. In many cases, the most important benefits may relate to wider forms of waste reduction or improvements in value. The estimates do not need to be precise. They intend to show scale and opportunity, not to create a detailed business case.

Step 1: Quantitative (Numerical) Impact Calculation:

Row	Impact Element	Your Input:
1	Time saved per occurrence (minutes)	
2	How often does this occur? (times per week)	
3	Number of staff affected	
4	Estimated annual time saved (hours)	
5	Cost per hour (£)	
6	Estimated annual cost benefit (£)	

Use these formulas to calculate your totals:

- Estimated annual time saved (hours) = (Value in Row 1 × Row 2 × Row 3 × 52) ÷ 60
- Estimated annual cost benefit (£) = Annual hours saved × Cost per hour

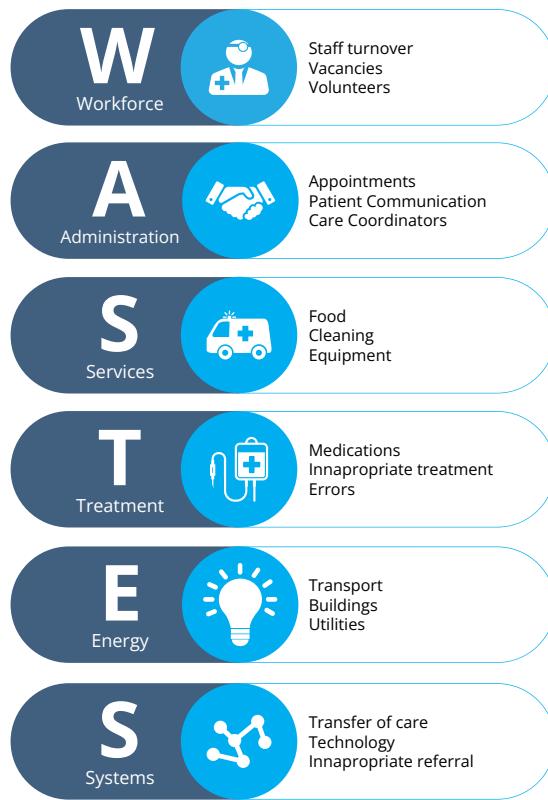
Worked Example:

Impact Element	'Your' Input:
Time saved:	8
Times per week:	35
Staff affected:	4
Estimated annual hours saved:	$(8 \times 35 \times 4 \times 52) \div 60 = 970 \text{ hours}$
Cost per hour (£):	£25
Estimated annual cost benefit (£)	$970 \times 25 = £24,250$

Your Completed Quantitative Impact Calculation:

Impact Element	'Your' Input:
Time saved:	
Times per week:	
Staff affected:	
Estimated annual hours saved:	
Cost per hour (£):	
Estimated annual cost benefit (£)	

The most important benefits of change may relate to reductions in forms of waste wider than just time or costs, as previously defined as part of the Bevan Commission's [Let's Not Waste](#) work:



Step 2: Qualitative (Narrative) Impact Calculation:

Provide a brief descriptive summary outlining the impact of the change on service users, staff, and the day-to-day delivery of the service.

Provide scores (between 1 and 10: 1 being no impact, 10 being severe impact) or comments for the impact on each area described below where applicable:

Impact Element	Rating	Notes
Patient Outcomes		
Patient Safety		
Patient / Family experience		
Staff Experience and Wellbeing		
System Flow		
Access to Care		
Equity and Inclusion		
Other:		

The 'Silly Rules' Impact Reporting Card

1. What did you change?

2. What was the impact?

3. What worked well?

4. What didn't work so well or needs tweaking?

5. Were there any unintended impacts, positive or negative?

6. Was there any resistance or issues?

7. Next Steps Decision:

Adopt: it worked, keep doing it

Adapt: tweak and test again

Abandon: no benefit or introduces risk

Spread & Embed: Embed this into practice and spread and scale to other areas

Provide further information, including any adaptations that might need to be made:

8. One-sentence conclusion:

For Example: "This change could save _____ hours/£ per year and improve _____."

9. Next Steps:

For Example: Spread to (who / where next?):



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