



# Breaking the Rules for Better Care

National Report  
Executive Summary

February 2026

# Executive Summary

Health and care services in Wales face challenges that are both deep-rooted and complex. Pressure on patients, carers, staff and system leaders are becoming increasingly visible every day, often compounded by unnecessary bureaucracy and outdated rules, myths or routines that no longer match needs or the realities of care.

Although originally designed with good intentions, these can now waste resources, diminish capacity and have negative implications for patients and professionals' wellbeing. As system pressures continue to intensify, every barrier to high-quality, efficient and productive care matters as they influence performance, trust and sustainability across the whole system.

The 'Silly Rules' initiative draws inspiration from the Institute for Healthcare Improvement's (IHI) original Breaking the Rules for Better Care campaign, which explored the barriers experienced by people working in and using health services. Building on this work, the Bevan Commission and Llais, in partnership with the Institute for Healthcare Improvement (IHI), asked one simple, open question to the public, patients, carers and the workforce across Wales:



*"If you could break or change any rule(s) to provide a better care experience for patients, families, or staff in Wales, what would it be?"*

The response was striking. **Over 780 people came forward** from across Wales contributing their views, culminating in over **800 examples** of perceived 'Silly Rules', habits and routines that get in the way of delivering or receiving good care. The majority of responses came from the workforce with around a quarter from the public, reflecting the views of those who live and work within the system every day.

Some submissions highlighted small irritations or long-standing customs (not necessarily rules) that have simply never been questioned. Others revealed deeper, systemic inefficiencies with major implications for how services are organised and experienced. Together, they demonstrate a shared appetite for change: to simplify, streamline and strengthen the system so that time and energy are focused on effective and efficient care, not just compliance. The following highlight some of the comments and feedback received.



*"I was told I'd need to telephone to book an appointment even though I was stood in front of the receptionist."*



*"We have specific referral forms that are very simple to use on a computer, people print them ... fill them out by hand, scan them ... And send via email."*



*"Full patient medical history needing to be collected every time. For many interventions a quick ask is adequate."*



*"The consultant will send a new/repeat prescription to me as a patient, for me to take to my GP practice for them to be able to issue repeat prescriptions."*



*"Having social workers repeat capacity assessments when one has been done by a consultant geriatrician is absurd ... and causes massive delays in discharge."*

## What we found

Analysis of the submissions revealed ten major themes, showing how inefficiency and complexity manifest across different parts of the system often unnecessarily. The most frequently concerned themes were:

- Operations and Service Delivery (48%),
- Quality and Patient Safety (22%),
- Clinical Services (21%),
- Digital and Information (20%) and
- Workforce and HR (19%).

### Smaller but significant clusters concerned:

- Strategic Planning and Transformation,
- Finance and Procurement,
- Communications and Engagement,
- Public Health, and
- Research and Innovation.

While around half of all issues appear locally actionable, others arise from national policies or frameworks whose implementation has introduced unnecessary rigidity, duplication and delay. Examples include repeated All-Wales mandatory training, non-interoperable national IT systems, and procurement rules that restrict local innovation.

## Key insights

- **Cultural as well as procedural barriers.** Many rules were not formal policies at all, but unwritten customs or myths that have taken on the power of rules over time.
- **System-wide patterns.** The same frustrations appeared in hospitals, community services, primary care and social care, revealing shared design flaws rather than isolated errors.
- **Equity and inclusion.** Overly rigid processes often hit hardest for groups already facing disadvantage - those with lower digital access, language barriers or caring responsibilities. Simplification is therefore an issue of fairness as well as efficiency.
- **Constructive engagement.** Respondents were overwhelmingly positive and solution-focused, offering pragmatic suggestions rather than complaints - evidence of a system ready to change.
- **Multiple opportunities.** Modelled case studies suggest that addressing just a handful of recurring inefficiencies could release millions of pounds and thousands of staff hours each year, while improving patient experiences and staff morale.
- **National-local alignment.** Real progress will require both local empowerment and national flexibility, removing barriers that prevent proportionate, place-based decision-making.

## What this means for Wales

This work shows that unnecessary bureaucracy is not a minor inconvenience but a system-wide challenge that wastes time, fragments care and undermines staff morale. Addressing it is both a prudent and moral imperative.

By simplifying processes and removing low-value tasks, Wales can release capacity for care, rebuild trust and improve experiences for staff and citizens alike. Transformation will not come from new structures alone, but from clearing the small, everyday barriers that prevent people from doing their best work.

- For **policymakers**, this means designing national frameworks that enable flexibility, not rigidity, ensuring that consistency never comes at the expense of common sense or local innovation.
- For **leaders**, it means actively reviewing the rules, policies and approval layers within their organisations to create the optimal conditions for safe, efficient and compassionate care. At a moment when whole system reform is dominating the conversation, tackling unnecessary ‘Silly Rules’ represents one of the clearest opportunities for rapid, practical improvements.
- For the **workforce**, it means feeling empowered to challenge and improve outdated routines, while recognising that some rules exist for good reason, to ensure safety, fairness and quality.
- And for **patients and the public**, it means a system that listens, values experience and makes care simpler to access and navigate.

At a time when health and care professionals and leaders are already under intense pressure, the last thing needed is further criticism. This work is not about blame, but about understanding the barriers people face when delivering and accessing care and recognising that rules introduced for the right reasons, can sometimes have unintended or outdated consequences. It is about working together across boundaries to omit, refine, simplify and modernise those rules so they continue to serve their original purpose without adding unnecessary burden.

To support this, a practical Toolkit has been developed to help organisations and their teams to review their own rules, identify unnecessary barriers and implement proportionate, evidence-informed changes. This Toolkit will be shared with health boards alongside their local ‘Silly Rules’ report to support next steps and local action.

These findings offer an opportunity to work together to identify where and how simple changes can help ensure a more prudent, efficient, and equitable health and care system across Wales.

# Comisiwn Bevan Commission

School of Management,  
Swansea University Bay Campus,  
Fabian Way, Swansea SA1 8EN

[www.bevancommission.org](http://www.bevancommission.org)  
[bevan-commission@swansea.ac.uk](mailto:bevan-commission@swansea.ac.uk)  
+44 (0)1792 604 630



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a gofal cymdeithasol | and social care

Crown Buildings  
Cathays Park  
Cardiff, CF10 3NQ

[www.llaiswales.org](http://www.llaiswales.org)  
[enquiries@llaiscymru.org](mailto:enquiries@llaiscymru.org)  
+44 (0)2920 235 558