
Improving health and Healthcare - Barriers and Enablers for change

This report represents formal advice from the Bevan Commission to the Welsh Cabinet Secretary for Health, Well-being and Sport. It is part of a wider programme of work being undertaken by the Bevan Commission.

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Contact

All correspondence should be addressed to the Bevan Commission, School of Management, Swansea University Bay Campus, Swansea, SA1 8EN

Introduction

Demand for healthcare services are increasing globally, primarily due to population ageing, increased prevalence of chronic and complex health conditions and growing patient expectations. Although life expectancy in many countries is rising, an ageing population presents health and social care systems with the challenge of balancing increasing demand with reduced expenditure. The NHS in Wales is not alone in needing to address these challenges, providing consistently high quality and safe care in a time of diminishing resources. Governments worldwide are being expected to do more with less which is unsustainable and must change to meet future demand and to deliver services which enjoy the support of its citizens.

The Bevan Commission believes that enabling both users and providers of health and social care in Wales to be more engaged in, informed, empowered and responsible for finding better solutions, is of great importance to achieving successful future health outcomes. These are essential prerequisites for establishing more sustainable health and social care services in Wales and the strong leadership necessary to make it happen. This paper offers an overview of the barriers which prevent change happening, alongside the opportunities and solutions needed to deliver a more prudent approach to health and care in practice. In January, 2015 the Bevan Commission published its final prudent principles (Bevan Commission, 2015a) which were formally adopted by the Minister for Health & Social Services for application across NHS Wales. However achieving the changes at scale and pace within the health service has been challenging and must be addressed if Wales is to achieve its ambitions for health in Wales.

Transformational change across NHS Wales will be necessary to ensure it is able to meet the needs in Wales now and for future generations in the most prudent and sustainable way. Doing more of the same will produce more of the same and this is untenable.

The Welsh Government must also respond to change, ensuring that innovation is everyone's responsibility and embedded into mainstream policy and practice. The application of prudent principles should be public service wide and part of an engaged and prudent society. Improving health and wellbeing is not the sole responsibility of the NHS but also influenced by employment, housing, education, literacy ability, economics and interaction with friends and family, which can all have a great impact on individual wellbeing. A clearer shared vision for Wales based upon a broader social model of health would ensure all these aspects are captured.

The drivers of change

When the NHS was established in 1948 the needs of the population were different to that which currently exists in Wales. Increases in life expectancy and reductions in infant mortality have reversed the demographic profile of 1948. Wales like many other countries has a growing elderly population with complex care needs which alongside increasing co-morbidities can result in increasing poly-pharmacy with 5.8% of the population receiving 10 or medicines in 2010 (Jones & Pugh-Jones, 2014). In addition it is estimated that 45,000 people in Wales live with dementia. If current trends continue the numbers of people with dementia across the UK will increase by 40% by 2025 and 156% by 2050 (Alzheimer's Society 2014). There has also been an increase in preventable lifestyle related problems at all ages such as obesity, diabetes, coronary heart disease and cancer with harmful health behaviours remaining common (Chief Medical Officer for Wales. 2014).

Expectations of public services are higher than ever; in part due to modern consumer-based environments where people expect to be able to receive services and send information instantly (King's Fund 2014). With the rapid progress of digital and medical technology many expect that solutions are available to fix health problems and that the state (the NHS and wider public services) has a responsibility to deliver these. Such expectations may be unrealistic, given the current situation, and reinforce a medical model of healthcare with the individual as passive receivers of care rather than active participants in their own health and wellbeing. Active participation would enable all socio economic groups to become more engaged and empowered to improve and manage their own health.

This also highlights issues raised around the rights and responsibilities of both the public and professionals within the recent 'Redrawing the Relationship between the Citizen and the State' paper produced by the Commission (Feb 2016). For Prudent Healthcare to be embedded across Wales, the public must become co-producers of health and supported in becoming fully engaged in the process of improving, designing, commissioning and evaluating services. Professionals will also need to recognise the importance of this and develop their own skills and techniques to support patient engagement. This in turn will help patients become proactive in keeping healthy through better self-care, work in equal partnership to make decisions that best suit their particular needs about their own personal care and treatment and support professionals in designing and developing services (Bower et al 2009). Added to this are complex and dynamic governance and accountability structures, where Local Authority, NHS bodies and other regulatory agencies operate alongside each other, but frequently in an unaligned way (Barnes et al 2008) which can make even simple reform difficult to achieve.

Since devolution in 1999, Wales has progressively engaged in a series of policies which has created a divergence in the way that health and social care services are both commissioned and delivered in comparison to that seen in England. Wales has taken the approach by seven local integrated health boards which aim to build a more collaborative and integrated approach encouraging cooperation and collaboration rather than competition in delivering public services (Welsh Assembly Government 2009).

However there is a pressing need to develop a coherent, cohesive and transparent vision and strategy for health and care in Wales. The lack of this frustrates NHS organisations in devising and introducing appropriate service delivery models which incorporate transformational change in the absence of a sound and agreed explicit strategy that is understood and supported across the landscape of Wales.

What do we mean by Change?

Today's professional health and social care workforce was trained and developed for a model of care that is different from that currently exists (Welsh NHS Confederation 2015) and in order to deliver healthcare services of the future, changes in the design, training, planning and deployment of the health and social care workforce are urgently required (Bevan Commission 2015b). Change can be small and incremental on a ward, or large and involve altering services completely across an area – both are needed to meet the challenges the NHS faces (Alcock et al 2015).

Barriers can be described as 'things that get in the way, slowing progress or stopping improvement programmes from succeeding'. Examples include; lack of staffing or competencies to do what is needed, difficulties sharing information between IT systems or organisational processes. It cannot be assumed that the opposite of a barrier will always be a facilitator (De Silva 2015). Changing established behaviour of any kind is difficult. The task and approach required for innovation is fundamentally different from that required to spread best practice or improvement (Kings Fund & Health Foundation 2015).

What do we know about change?

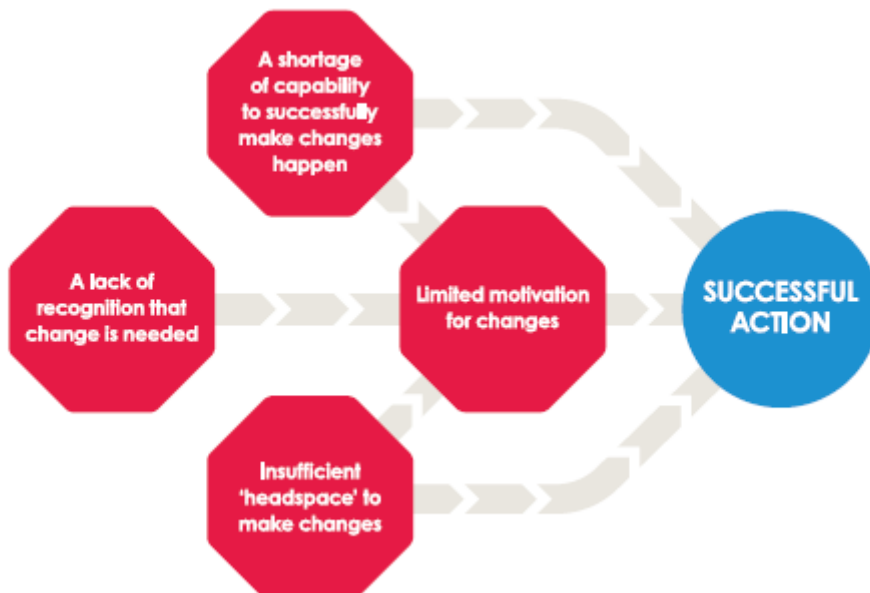
The recognition of the need for organisational change as a driver for improvement has driven a full and detailed evidence base around the topic of change, including within health systems. Yet despite this volume of evidence the issue of *actually* driving change perennially exists. It is particularly challenging in healthcare because of the complex relationships between a wide range of organisations, professionals, patients and carers (NICE 2007) combined with continued advances in medicine and technology.

Alcock et al (2015) neatly summarises four key barriers to change in the NHS (Fig 1) and seven key factors for success (Fig 2) and these broadly represent the prevailing thinking. Such barriers (and therefore success factors) can impact at various levels such as; the change initiative itself; the skills and attitudes of those individuals involved in the

change; the organisational context; and at a broader system level (de Silva 2015) which indicates the complex environment of health and social care in which can expect change to happen.

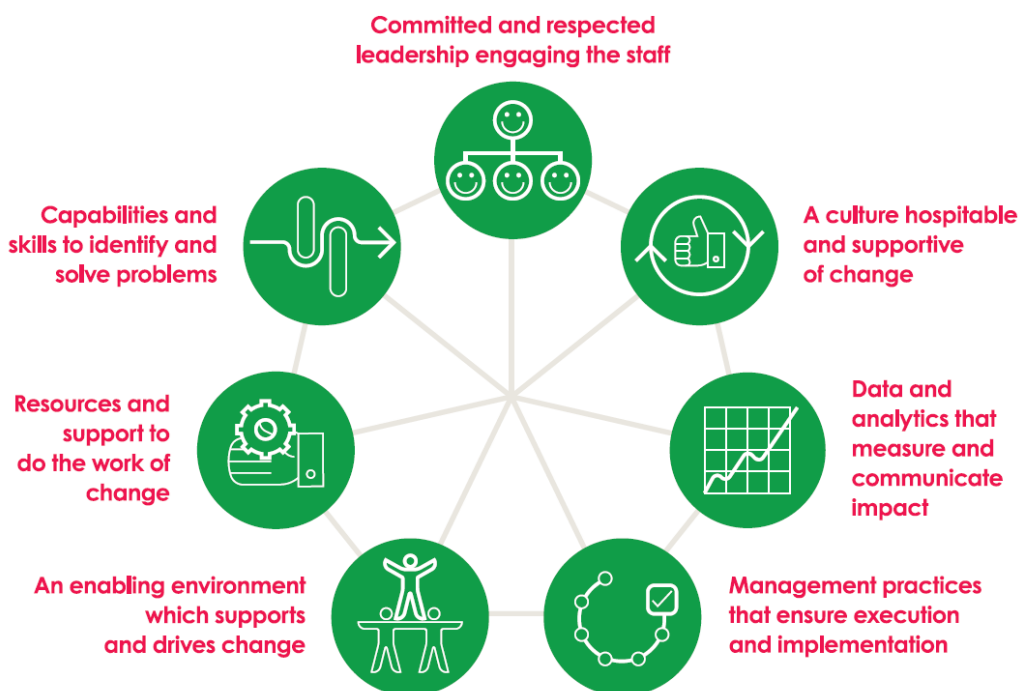
Change in health and social care systems can and does happen; Nurses and other healthcare staff taking on wider roles some of which were previously undertaken by doctors; use of telemedicine in treating some chronic conditions such as diabetes; and decreases in number of people smoking for example. While change can happen rapidly when driven by government policy such as the reforms to the English NHS, more common is slower change associated with the adaption to culture and behaviour of those working within and using health and social care.

Figure 1: Four Barriers to making Change in the NHS



(Source: Allcock et al 2015)

Figure 2: Seven success factors for change in the NHS



(Source: Allcock et al 2015)

A Prudent approach to health

In response to these challenges the Bevan Commission outlined its approach and thinking through Prudent Healthcare defined as *'healthcare which is conceived, managed and delivered in a cautious and wise way characterised by forethought, vigilance and careful budgeting which achieves tangible benefits and quality outcomes for patients'*. This was based upon four prudent healthcare principles, outlined in its Prudent Healthcare Principles paper (Bevan Commission 2015a). Applying the prudent principles in practice will help address the challenges facing health and healthcare in Wales by; focusing upon managing demand; engaging citizen participation and co-production; increasing efficiency of care; and ensuring less inappropriate interventions are used.

Implicit in a prudent approach to health, is the need to drive and enable change within the NHS to redraw the relationship between citizen and the state, so that professionals and the public can work together as equal partners; co-producing new services that best fit their needs and empowering people to gain greater control over their own lives. Explicit within this is the need to now make this relationship change happen in reality.

Where do we want to be?

The Wellbeing of Future Generations (Wales) Bill (Welsh Government 2015) recognises that to give future generations a good quality of life we must work together to tackle the challenges of today and tomorrow to improve the social, economic, environmental and cultural well-being of Wales. The Bevan Commission has acknowledged that to make change happen we need to have an understanding of where we want to be in the future and set these out as follows (Fig 3). Were such changes to be effected the benefits would be seen across Wales for future generations. To achieve this we need to work together and be bold courageous and brave and committed to seeing it through.

Figure 3: Where do we want to be?

Now	Future
Unaware & not responsible for the use of health resources	Awareness and responsible use of health resources
Passive acceptance of health care services	Active participation in the design and delivery of health and social care services
Fragmented and uncoordinated Care	Integrated care that appears seamless to the user
Health care receivers	Co producing health and health services as equal partners with healthcare professionals
High levels of chronic disease and long term conditions	Reduced burden of avoidable disease and mortality
Deprivation driven variations in health; e.g. life expectancy; obesity; cancer incidence; and emergency admissions	Reduced health variation and elimination of deprivation with greater equity(levelling up, not down)
Inefficient use of skills and resources	Prudent use of all skills, assets and resources

Risk averse culture	Embrace managed risk and uncertainty
Stagnated, disorganised and intractable	Innovative, creative and flexible
Low levels of health literacy	Supported and improved health literacy

Evidence Gathering

A number of wider sources of evidence were drawn upon to help inform this work. They include;

Bevan Commissioners

Members of the Commission have provided their own views on the Barriers and Enablers facing NHS Wales, based upon a number of factors; their impressions from visiting NHS Wales health boards and trusts, mentoring Bevan Academy Exemplars and their cumulative experience over the last year in addressing a range of key aspects of work.

Bevan Exemplars

Currently as part of the Bevan Commission Academy for Leadership and Innovation there are approximately 50 Bevan Exemplars, a cohort of NHS Wales staff whose aim is to identify, drive and spread innovation and act as agents for change. During the Exemplar training programme their individual views on the Barriers and Enablers to change were collected.

Local Health Boards and Trusts.

As part of its programme of engagement with NHS Wales, members of the Bevan Commission were able to meet with 8 of the 10 Local Health Boards and NHS trusts in Wales between October 2015 and March 2016. During these discussions with senior leaders, managers and executives strategic views on barriers and enablers were collated.

Telling Stories- SenseMaker project

286 Staff stories of change within NHS Wales were collected using the SenseMaker process within 4 NHS organisations across Wales. Staff were asked to **“Think about a time when something changed or need to change in work. Share your experience.”** Stories were collected electronically which allowed contributors to quickly and anonymously describe and code their personal stories of change. The SenseMaker project is currently ongoing and the result of this work will be published in a future report from the Bevan Commission.

Emergent issues and themes – Making Change Happen

Evidence from the Bevan Exemplars

The Bevan Exemplars described the positive attributes helping to drive change in a more personal context, in a similar way to the negative influences. Satisfaction, pride, helping to deliver a positive difference to patient care was highlighted as particularly important.

The responses indicate how they are centred mainly on the ‘self’ as agents of change. There was little reference to widespread large scale change at either an organisational or national level.

Evidence from Bevan Commissioners

1. Social Model for Health

A social model of health was seen to be essential for prudent health, integration and to redefining the relationship between health professionals and citizens. It is unlikely that any shift in existing mindsets and culture will happen if people do not believe it involves them – both professionals and the public.

2. Quality Improvement

Continuous quality improvement driven by regulation and the introduction of externally audited mandatory quality systems across the whole service is a way of ensuring the application and delivery of prudent health and its four principles. The adoption by NHS Wales of a recognised Standard Quality Mark (such as ISO 9001¹) would help drive out inefficiency, waste and poor practice, engage and involve staff and patients, fully exploit co-production and create a culture for improved performance within available resources.

3. Staff driven innovation

The Bevan Commission Academy Innovators are an excellent illustration of bottom up, employee driven, patient centred innovation. The Commission have found the initiative to be a useful way to help drive and support innovation and securing engagement with health boards.

Evidence from NHS Executive Board Members

1. Strong Leadership across Wales *'We need 70-80 000 leaders in NHS Wales'.*

There is a need to embrace and foster strong leadership with a passion for change in which everyone is encouraged to play a part; professionals, patients and the public. Better collaborative and dispersed leadership is needed and should be encouraged, supported and incorporated in a variety of innovative ways across the organisation and as part of annual reviews, induction, CPD, training and Organisational Development.

More work is needed on management styles and systems to ensure that the NHS is a more flexible, responsive service which is better equipped and fit for the future. We need to rebalance training and expectations of roles so that everyone recognises and is able to develop their leadership role with freedom, space and responsibility.

2. Prudent innovation - Collective courage and commitment to change *'Powerful, courageous (and brave) conversations are needed - often we're too nice to each other'*

Innovation is a social process and there is a need to fuel people's energy (both professionals' and the public) and enliven and encourage them to find time to find solutions and be part of the process of change, not the barrier. This should be embedded as an expected way of working enabled by the organisation and management, where everyone will be expected to demonstrate and be recognised for their contribution. Making change will require the need to actively manage risk, providing collective support and a safe environment within which it is ok to learn from things that fail, but where it is not ok, not to try to find better more prudent solutions. Acknowledging, rewarding and celebrating the learning and success is an important part of this process.

3. Clear, shared vision for NHS Wales *'I wouldn't be against an NHS Wales constitution with patients rights and responsibilities'*

As the NHS in the UK diverges in both its format and actions, a revived corporate identity for NHS Wales may help everyone, professionals and the public, understand, sign up to and be part of developing an NHS in Wales to be proud of. We need some clear simple messages, underpinned by Bevan's Principles, so that people in Wales are encouraged to play their part, working together to make the NHS in Wales, with its origins in Wales, the envy of the world. . Whilst each individual Health Board or Trust will have its own values etc, a simple corporate vision with a clear understanding of how we might achieve this by working prudently together is needed. Professional, public and patient sign up will be essential to the future success of NHS Wales. We should help staff reaffirm their values within the organisation, take ownership and help to put the patient first.

¹ http://www.british-assessment.co.uk/services/iso-certification/iso-9001-certification/?gclid=CJ3o-tHT_80CFTYW0wodr9ECrw

4. An Empowered Public Service supported by social movements for change

'What is the architecture needed for people to have rich conversations that drive innovative change?'

Respecting people, respecting their ideas and respect for the person not just hearing them. We need to consider how we can make people proud owners of NHS Wales and how we can build this into our performance and reporting mechanisms as well as into the infrastructure we have in place whether at Board, CHC or locality/ cluster level.

We should rebalance the conversation from one which is primarily negative, based upon complaints and things that do not go right, to one which provide a fairer reflection on the positive attributes, the great work and the real success of the system in Wales and the passion people feel. Identifying mainstream opportunities to help the public and professionals take a more active ongoing role as a part of their work or as part of their responsibility as a patient, not just when things go wrong or when change is threatened.

More innovative ways are needed to encourage people across Wales to influence and support NHS Wales using mechanisms they use and are familiar with. We should encourage them to propose new ideas and to try out new things in partnership, to find better solutions. We should think more about how Wales can foster people both within and outside of the system with an innovative mindset. How can it support innovative change? We should share ideas more and build upon and from developments such as the Bevan Innovators, patient activation work and other strategies used in Health Boards creating Wales as a system wide Health Innovation Hub.

5. Sharing Knowhow and finding and adopting practical solutions together

'Important to be able to look out, ---- what can we learn from others? What do great things look like?'

We need to reintroduce and reinforce concepts or approaches that already exist, and that we have a good evidence base for putting in place incentives and guidance to ensure this happens. We should also encourage research and academic contributions through the University status of Health Boards to influence and support this dynamic change.

Knowing when you need detail and when to follow the bigger picture and what instinctively seems right. Lateral thinking where people look at problems differently or with fresh eyes, including the eyes of patients, to help identify different and more innovative solutions which make sense to those in need.

We are still not good at identifying and sharing good practice and success and adopting this from others. This should be a prerequisite for sustainable health and care in Wales. We cannot afford to reinvent the wheel or be precious about who thought of what first – we need to add momentum and priority to gathering and adopting best practice from across Wales, as well as internationally.

In Wales we are reasonably good at developing new ideas, however, we fall well short on their delivery and interpretation into practice. This must be strengthened and we should use peer support, professional organisations and the public to help in this.

6. Making health and well being everyone's responsibility

'How do we manage all the expectations of the health service?'

Wales must normalise the public's responsibility for protecting and maintaining their health and well being in Wales. It should engage the wider public and peer pressure to help in this public behaviour change such as obesity, physical activity or stopping smoking before surgery. Engaging the public in the wider debate and discussion around this should help raise awareness and increase understanding of the issues.

We must find ways in which we engage the public more fully with prudence as it can impact on public and professional behaviour change. We should fully utilise the influence of other social groups and networks and use wider social movements for change and social media to help in this.

Emergent issues and themes – Preventing Change

Evidence from the Bevan Exemplars

The Exemplars raised a number of negative experiences attributed in part to the culture found within the NHS, which together, contributed to preventing change from happening and often compounding the current situation. Risk averse colleagues, alongside a paperwork overload with 'being expected to document everything' was felt to impact on the ability to deliver good patient care.

Individually the Bevan Exemplars appear to identify issues immediately relevant to them rather than those that impact at an organisation or strategic level, for example, problems with parking, too many emails, paperwork and meetings. Most prominent was the way in which they interacted or were affected by the behaviour and attitude of colleagues. Ineffectual and disruptive practice, sickness and rudeness were seen as having a permanently negative effect and reinforced 'tolerating poor performance rather than addressing it'.

In addition another prominent theme was around the impact of, and approach to, management and leadership. Many exemplars felt they were 'being managed' than led, and told rather than engaged, in helping find better solutions to problems or issues. Being expected to meet unrealistic expectations and goals, and to 'deliver at pace, urgently' appeared to some Exemplars as a disconnect between senior management and those involved in delivering services. It suggests that the skills, resources and expertise of those in the front line are not being used in the best possible ways, or trusted, to help find better ways of doing things. Trust and risk management are both essential components in moving this forward.

Evidence from Bevan Commissioners

1. Leadership and Management

There is too much management and certainly micromanagement rather than leadership and demonstration of strategic direction. Management can be risk averse and not ambitious and might be described as sometimes ineffective. Real innovation is not encouraged or given permission to flower.

2. Clarity of Purpose and Vision

The impression can be given that Health Boards have failed to show leadership of the 'Big Picture'. Do staff and particularly leaders of the health boards have a clear understanding of their organisations purpose and mission?

3. Misalignment of targets, outcome measures and indicators

There are some HR policies that prevent getting the best people into Wales and the best from people in Wales. There is a plethora of performance metrics, not all of which are aligned to the same overall objectives; where some actively mitigate against prudent healthcare and innovation; and others are outdated and no longer relevant, yet they continue to be used. Multiple regulators compound the problem further, working against real integration across health and social care in Wales.

Evidence from NHS Executive Board Members

- 1. Strategic Leadership and Oversight** *'A clear and simple vision of where we want to be in Wales is lacking – what does good look like?'*

Despite the many policy documents, targets and new initiatives announced there was a general lack of a simple joined up vision of what we are trying to achieve with a real danger of over complication and confusion. There was felt to be fragmentation between parts of the system, medical issues or professionals etc with competing and sometimes conflicting priorities and demands being made upon the NHS and its staff. For example there are often

misaligned strategies that seek different change outcomes that run contrary to each other with some not being followed through or change every few years depending on the prevailing political climate.

An over emphasis on the minutiae and bureaucracy with little clarity the key strategic priorities compounded the situation. There was a need to fuel people's energy levels and engage them in change, whilst resisting the temptation to turn innovation into a committee process.

2. Culture and Cultural Resistance *'People can hide behind barriers – where is the can-do attitude needed to drive change forward?'*

There are different individual, organisational and professional group behaviours and values at play which can make it difficult to identify coherent and harnessed programmes for change. If these are not aligned then it makes the process much more difficult than if it is a part of the cultural expectations of everyone within the organisation. It is often left to one or two enthusiastic individuals which will never achieve the level, pace or scale of change needed.

The focus appears to be on the health service rather than upon individual's health, with an emphasis on micro-management and aversion to risk. This, along with a general cultural resistance, professional boundaries and poor understanding of roles and responsibilities, creates a climate and leadership environment which is not only not conducive to change but which actively works against it.

3. Innovation and unwillingness to take Risks *'There is nothing more scary for a leader than embracing the potential for failure, we often expect success – if there's no success then many assume that a mistake must therefore have been made''*

Being prepared to change or be innovative requires courage and bravery. By its very nature innovation will not necessarily produce a successful outcome every time. It will however develop learning and a dynamic environment which is looking for better solutions as an everyday part of the working environment. We must help create an environment which supports and encourages this through developments such as the Bevan Innovators, otherwise we are in great danger of just doing the same things and getting the same results. Unwillingness to take risks is often down to the continuous spotlight that public services find themselves in, the fear of failure or exposure the negative publicity and how it will be perceived. This limits the amount of risk organisations or individuals are willing to take. It can be alleged that the NHS is also too inflexible and therefore, plays it too safe. There is a need to consider how we might best foster and support a joint and managed risk environment by working together with professionals, patients and the public.

4. Capacity to Plan and time to think *'Time! Time to think'*

A lack of time to think outside of the pressure of 'just doing the job' was frequently cited. Health Boards and their staff have identified a lack of 'headspace' and struggle to find the time and opportunity to innovate. There appears to be limited support and resource to take time to think as a prerequisite to identifying and undertaking change, in particular the state of current IT infrastructure. Staff can feel overloaded not only with individual workload but with organisational expectation from management and colleagues manifesting itself in emails and meetings.

The current context of overwhelming workload, including NHS flow challenges is not conducive to change. Lack of knowledge of process of how to change for example through commissioning and approval systems was also identified as a feature in this. Opportunities such as the Bevan Commissions Innovators have helped to create the headroom and space and support to enable this to happen and to think differently together about the solutions. Early indications suggest that this is well received and helping to achieve this. More focus is needed on stripping out processes or tasks etc that are of little or no use or benefit to patients.

5. Data and Information systems *'Joined up patient records would make an enormous difference to Quality and Safety'*

Another reoccurring theme was the number of incompatible data and information systems that prevented the easy flow of data both within and between organisations and added additional unnecessary time burdens. Furthermore there is a lack of useful data with evaluation rarely or never done or disseminated to improve services. This was seen to impact further on planning capacity.

Also the potential of over burdening with data that is not useful or not easy to use was also recognised as not a useful or a prudent use of time and expertise. A more prudent use of data and information is urgently needed. Top down approaches to date appear not to have made great impact and more innovative and radical solutions may be needed sharing central resources to empower people to develop innovative and collaborative solutions together.

6. Structure

'An LHB structure means that its priority is its population, what about the national picture?'

The organisational boundaries and statutory bodies in Wales can place restrictions on the delivery of healthcare, with different systems and priorities across Health boards and All Wales trusts. There is a perception that organisations can be unwilling to give up their sovereignty, within the NHS, across the NHS and between public services – mostly this is due to funding issues, but also statutory responsibilities, which can limit flexibility. Whilst these do present significant problems some feedback indicated that 'where there is a will there is a way' and some individuals have made things work despite the system. This should be encouraged, supported and shared. As resources become increasingly scarce we must look for different incentives to encourage joint working and different solutions, irrespective of boundaries or professional roles. We must also learn from the £60m investment by WG to help join up health, social care services, education and housing.

In summary

It is clear that to **achieve sustainable prudent health and healthcare in Wales, immediate change is urgently needed**. The problem lies in making this happen. Similar messages have been made before (Wanless 2003) and many of the barriers identified in this paper have been long recognised and articulated. These are not new, yet NHS Wales continues to perpetuate largely the same practices, roles and responsibilities, making minor modifications, sometimes with the things known not to work or which shouldn't be in place.

Many complain that there is no time, yet they don't stop doing things we know don't work or abandon processes that create considerable additional burdens, without any health benefit. We see unnecessary interventions, appointments, processes and administration which are of no use to professionals, the patient or the public. Understanding why this is done is complex, but we must find ways to change in order to survive and thrive in Wales.

So what needs to happen? - This cycle must be broken. We need strong bold leadership with the courage to do things differently and to do different things.

We must encourage and support innovation from within, we must stop doing those things that are known to be unnecessary or ineffective and we must hold people accountable for this.

We must drive a more prudent culture across organisations managing risk together encouraging people to work together on this. This will need robust collective leadership to embrace a very different, collegiate approach and creating a different culture than is evident to date. Without this NHS Wales will struggle to improve the service, the system, let alone the health and care of people in Wales.

We need to have a clear vision we can all sign up to and make a commitment to take action together, empowering the 83 000 staff in NHS and the millions of patients who use the services in Wales to be part of this. Energy, enthusiasm and an abiding commitment must be the order of the day to create the pace and scale of change needed.

Encouraging and exploiting the assets, ideas and solutions held within staff and patients will not only help to find better solutions, it will help engage everyone in the enormous challenge we all face. This can be achieved by working in a prudent way, supporting prudent innovation and using all the skills and resources which we possess in the most effective way.

By working together with a common objective Wales can make a real difference.

Conclusions

Wales is small and can, and should, be agile, flexible and creative enough to make change happen with urgency. A lack of ownership and effective leadership at both strategic and local levels, a lack of engagement with the public and a sense of powerlessness in an under pressure workforce, with no time or space to think about how to do things differently, is holding us back. **Change is needed urgently. Those leading health services in Wales must be held to account for the delivery of this change, the associated culture consistent with prudent healthcare and prudent outcome indicators.**

Wales is perfectly placed to stimulate conversations and identify opportunities to try out and test new things or new ways of working, some of which we instinctively know to be better, alongside the necessity of adopting those with an existing sound evidence base. Achieving a better balance between accountability, trust and risk must be an essential part of the NHS culture in moving forward, where 'failure' is inherent to successful innovation and learning and is actively managed as part of ongoing improvement (Kings Fund & health Foundation 2015). Leaders must embrace the potential of failure and not be afraid of being penalised for taking managed risk.

A lack of clarity, joined up thinking and competing organisational and clinical agendas and indecision or inertia stagnates change. All public services in Wales, including the NHS must be bold and take action to overcome these barriers. It is not necessary to wait for permission to act and innovate. Powerful and original ideas, ingenuity and inspiration have to be encouraged and applauded across and within organisations. Although a culture of logic and proof must underpin the evolution of change for the better, it must not stifle intuition, disruptive thinking and inspiration. There are times when we should just get on with it.

By working collectively and cleverly together as an all Wales resource and 'Innovation Hub', sharing the challenge, sharing the responsibility, the ideas and the actions, will ensure that Wales will be the envy of the world. This will require everyone's commitment, not on paper but in practice; putting aside personal agendas, professional jealousies and putting the health of the people of Wales and our NHS, first. The creation of the NHS in Wales invested time and resource in training and supporting the health professionals that make it up – it is now time for them to support it and invest time and effort in ensuring its sustainability, for our future generation.

Bevan was brave, bold and courageous in standing up for and creating a dynamic change in thinking and practice at the time. Wales should now follow in his footsteps with great pride and passion, to ensure his legacy is sustained and it is fit and fitting for the future.

Recommendations for Prudent Transformational change

The Bevan Commissions' overarching recommendation is that the Welsh Government must develop, adopt and promote a clear simple vision for future Health and Wellbeing in Wales, together with the people of Wales, that can be used as a focus and rallying point to drive prudent transformational change. This should be an immediate priority for the first 12 months of the new government and will provide the basis for supporting ongoing change. Without clarity of purpose and a vision, change will be at best patchy and disorganised, not addressing strategic and transformational goals and will fail both the people working for and using the NHS.

There should be an explicit strategy with strong values and supporting principles; a strong all Wales corporate identity and **sense of responsibility to which everyone in Wales can commit** including; those working in the system, those trained by the system, those using the system and citizens whose taxes pay for the system.

Indicators of Prudent Transformational Change

Such change will take time to be fully achieved, but it is essential to start now and establish these within the next 12 months. It will be vital that the Welsh Cabinet secretaries work together across portfolios to embed the shift of power and drive the change in culture consistently across all public services.

The Bevan Commission has identified the following 10 indicators of progress to which NHS Wales and the Welsh Government must be held to account;

Indicator 1	Co creation of a professional and public contract to enshrine a shared future responsibility for prudent health in Wales
Indicator 2	Evidence of developing, driving and demonstrating collective and collaborative leadership throughout organisations addressing what is important to staff and patients.
Indicator 3	Refreshed use of data and improved IT systems by Health Boards, Trusts and NHS Wales, used to demonstrate improved prudent outcomes within a 12 month period.
Indicator 4	Empowered staff and patients finding better solutions together, building upon the Bevan Innovators, the Bevan Innovation Hubs and other similar opportunities and evidence of the sharing and adoption of innovative, good practice consistently across Wales.
Indicator 5	Stimulate and encourage social movements for prudent change amongst teams, professional groups, volunteers, carers and patients, acting as agents for ongoing change.
Indicator 6	Innovative ways to engage the public and patients in service planning and delivery, in making decisions and in taking action to promote and sustain health in the most prudent way.
Indicator 7	Managed risk, by working in partnership with others, to research and test new ideas and develop and adopt good practice as a matter of course across Wales.
Indicator 8	Accountability for good prudent practice by peers, patients and professional bodies and particularly for using practice with no or limited evidence or causing harm to patients.
Indicator 9	Incentives and drivers for change are in place and are aligned, nationally and locally, including contracts, targets or performance measures as well as culture and climate, addressing things that matter to people.
Indicator 10	Resources Identified and targeted at supporting prudent transformation, recognising and rewarding new innovative practice that demonstrated better outcomes for patients

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