

## **RED GROUP: What's not working (from perspective of health service providers/commissioners/decision makers)**

Items in red are features of the environment that cause the effects but that should be treated as constraints rather than things within our power to change.

### **Insufficient analytics capacity to meet the needs within required time scales**

**Need a solution next week**

**Decisions driven by 'headlines'**

**Decisions are at least partly 'political'**

Analysts and DM don't have shared view of what's possible in time

Not enough time for DMs to think about analysis

Poor communications (leading to ineffective use of analytics), caused by

- Inability of analysts generally to communicate

- Lack senior analysts to be in the room, translate between analysts and analysis commissioners

Not enough capacity for non-firefighting

NHS Analytics community needs upskilling

Not enough analytical capacity within the system.

Too much use of analytics expertise for quality assurance rather than quality improvement.

Poor planning (sometimes)

Lack of in-house resource.

Lacking craft skills on methods to know what we are being given and how to exploit it.

### **Insufficient analytics consistency**

Silo working – single organisations pursuing problems in isolation and not sharing working out or outputs.

Not enough collaboration: sharing ideas; sharing data; ‘one vision’

### **No consistent view on what we are commissioning (or should be asking for)**

No shared understanding of good analytics commissioning.

Low risk appetite. Intolerance of making mistakes and learning – then moving on.

Environment changing all the time

Culture. Senior decision-makers inadequate understanding of OR/analytics

HC are resource focussed not problem focussed.

Reward ‘for doing’ not ‘doing the right thing’.

DMs don’t always know enough about system they’re commissioning for.

Commissioners/providers don’t know what is possible.

### **Unresponsive academic sector**

Academic objectives clash.

Academics may not understand NHS delivery.

Academics not rewarded for using standard methodology.

Not obvious how to find the ‘right’ academics.

Academics not set up for rapid response.

Some academics not interested in context, politics etc.

### **OR perceived as too expensive (not value for money)**

Not enough business case evidence to justify cost.

Not enough evidence of effectiveness of OR on costs/quality.

DM time is not always available to provide data, discuss issues, effect implementation.

‘OR’ is not well-understood (contrast to ‘econometrics’ or ‘PWC’)

Limited brand recognition of OR suppliers