NHS
Institute for Innovation and Improvement

Sustainability

Model and Guide

NHS Sustain**ability** Model

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▶ Introduction

*Quality improvement often takes longer than expected to take hold
and longer still to become widely and firmly established within an organisation*
Ham et al, 2002
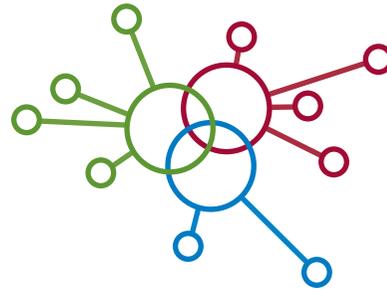
The most successful organisations are those that can implement and sustain effective improvement initiatives leading to increased quality and patient experience at lower cost. The **Sustainability Model and Guide** has been developed to support health care leaders to do just that.

Health services around the world need to consistently deliver high quality care at lower cost and against rising expectations and demand. To achieve this we need to continually improve our existing health systems and processes. Any change requires a significant investment of time, financial resource and leadership effort. There is evidence that up to 70% of all organisational change fails to survive and that is just not acceptable when undertaking health care improvement[1].

The **Sustainability Model** is a diagnostic tool that will identify strengths and weaknesses in your implementation plan and predict the likelihood of sustainability for your improvement initiative.

The **Sustainability Guide** provides practical advice on how you might increase the likelihood of sustainability for your improvement initiative.

"Sustainability means

holding the gains and

evolving as required -

definitely not going back."

Sustainability can be described as 'when new ways of working and improved outcomes become the norm'. A more detailed description, which includes the notion of 'steady state', is as follows:
'Not only have the process and outcome changed, but the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed as well. In other words the change has become an integrated or mainstream way of working rather than something 'added on'. As a result, when you look at the process or outcome one year from now or longer, you can see that at a minimum it has not reverted to the old way of working, or old level of performance. Further, it has been able to withstand challenge and variation; it has evolved alongside other changes and perhaps has continued to improve over time. Sustainability means holding the gains and evolving as required - definitely not going back'.
(NHS Institute for Innovation and Improvement 2005)

[1]Daft and Noe, 2000. Beer and Nohria, 2001

Development of the Sustainability Model and Guide

The **Sustainability Model** consists of 10 factors relating to process, staff and organisational issues, that play a very important role in sustaining change in healthcare. The Model has been developed with and for the NHS using a co-production approach. Contributors include: front line teams, improvement experts, senior administrative and clinical leaders from within the NHS and people with specific expertise in the subject area from academia and other industries. The development of the Model is based on the premise that the changes individuals and teams wish to make fulfil the fundamental principle of improving the patient experience of health services. Another important impact that can be gained by using the Model is the effective achievement of change which creates a platform for continual improvement. **By holding the gains, resources - including financial and most importantly human resources - are effectively employed. They are not wasted because processes that were improved have reverted to the old way or old level of performance.**

The **Sustainability Guide** was developed as a direct result of requests from NHS staff who were using the Model.

'The problem is confirmed but I am not sure what to do about it'
Project director

'I now have an indication of where I should focus some effort, but where do I get further advice?'
Service improvement manager

The structure of the Guide mirrors the 10 factors identified within the Sustainability Model. In doing so, it creates a comprehensive package consisting of a diagnostic model and guidance for sustainability. Information within the Guide was gathered from a variety of sources. These include the available literature on change and sustainability, discussions with experts within and outside of healthcare and small research studies commissioned to explore specific learning from ongoing improvement programmes within the healthcare settings.

We have provided what we hope will be helpful, practical advice relating to each of the 10 sustainability factors. We recognise that this is not exhaustive and that other sources of useful information do exist. If you find something that works really well for you and is not in the Guide, we would be happy to hear about it. Contact us at sustainability@institute.nhs.uk

How to use the Sustainability Model

The goal for creating the Sustainability Model was to develop an easy-to-use tool to help teams:
- plan for sustainability of improvement efforts
- recognise and understand key barriers for sustainability, relating to their specific local context
- self-assess against a number of key criteria for sustaining change
- identify strengths in sustaining improvement
- monitor progress over time.

The Model has been designed for use at the level of a specific planned or ongoing improvement initiative or project. For example: within a doctor's surgery to create advanced access for patients; within a health community to develop a systematic approach to care for patients with diabetes; within critical care environments to create safer and more effective care through the development of care bundles; or within a healthcare organisation to redesign and extend roles. These are just a few examples to guide you.

The Model has **not** been designed to assess whether a department, whole organisation or health community is likely to sustain change in general. Its use needs to be linked to a specific improvement initiative.

The Sustainability Model can be used by individuals or teams. For example, project leaders may wish to undertake a sustainability assessment based on their individual thoughts. This will be useful in terms of providing an overview of the likelihood of sustainability. However, we have found that a much richer picture can be gained if more members of the team, or those involved in the improvement initiative, complete the diagnostic Model. In our experience, we have found that while one person might score a sustainability factor highly, another has a completely different perspective. It is these different perspectives that are important to understand. This is particularly significant if the improvement initiative spans a whole system, for example a hospital, doctor's surgery and nursing home. In addition to providing an overall 'sustainability score', the act of completing the Model can lead to useful discussions about your improvement initiative.

We believe that the best way to use the Sustainability Model is at several different points in time:
- at the first planning stage, just as you are setting up your improvement project - this will enable you to identify and improve areas that require strengthening right from the start
- around the time of initial pilot testing so that you can go into the full implementation phase with confidence
- a few weeks after the improvement has been implemented to ensure an optimal position for sustainability and continual improvement.

Don't feel restricted by this though; you can use the Model at any time during your improvement initiative.

Start from the beginning - it's like baking a cake

People typically think that any consideration or action that might be needed to ensure sustainability of their improvement initiative can wait until the end of the project. In our experience, if you leave it to the end it will be too late to make any changes that are needed to maximise the potential of sustainability.

Think about it in terms of baking a cake; if all the ingredients are measured out correctly; if the mixing is carried out in the right way, if the cake tin is prepared correctly, if the oven is at the right temperature and we bake the cake for the prescribed amount of time, it is highly likely that the cake will be just as we expected- delicious. But if the ingredients, measures, mixing and so on are not just in the right proportion, or if the oven temperature is not exactly right, the cake will not turn out as we expected or desired. At this stage it is often too late to rectify any problems. The ten factors that we describe in this model and guide as being important for sustainability could represent the elements required to create the best cake that we can. *It is really important to ensure that you have things in place from the beginning in order to achieve the best improvement outcome that you can and sustainability of that improvement.*

DON'T FORGET !

YOU CAN ALSO USE THE NHS SUSTAINABILITY MODEL AT THE INTERACTIVE WEBSITE.

WWW.INSTITUTE.NHS.UK/SUSTAINABILITY
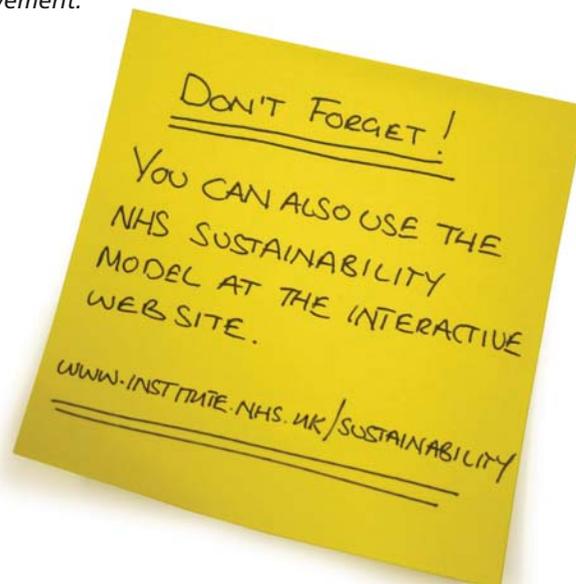
What to do now

1 Read through each of the 10 factor descriptions.
2 For each factor select the level of each factor that best describes your local project. Remember these factors may not exactly describe your situation.
3 Place a tick next to the 'factor level' you have selected.
4 When you have worked through all of the factors and identified a factor level for each, go to the 'Master Score System' on page 22 where you will find the numerical values for each factor level. Calculate the scores and enter these onto the Master Score System on page 23.
5 Add up all of the scores to arrive at an overall sustainability score. (Preliminary evidence suggests a score of 55 or higher offers reason for optimism. Scores lower than this suggests that you need to take some action to increase the likelihood that your improvement initiative will be sustainable.)
6 Identify the factors with greatest potential for improvement by plotting the scores. You can either use the bar chart or portal diagram (pages 24 and 25) to do this; choose which method you prefer.
7 **We advise that you start by concentrating on the two or three factors with the greatest potential for improvement. Go to the corresponding sections of the NHS Sustainability Guide, on the CD attached, for some useful information on how you might improve the score for each factor. Feel free to browse through any of the other sections at any time.**

We are continuing to assess the use and impact of the Sustainability Model and Guide. We would be pleased to receive any thoughts or comments that you have for their improvement. Please contact us with any advice or comments at: sustainability@institute.nhs.uk

Monitoring progress

Adaptability

Credibility of benefits

Process

Benefits beyond helping patients
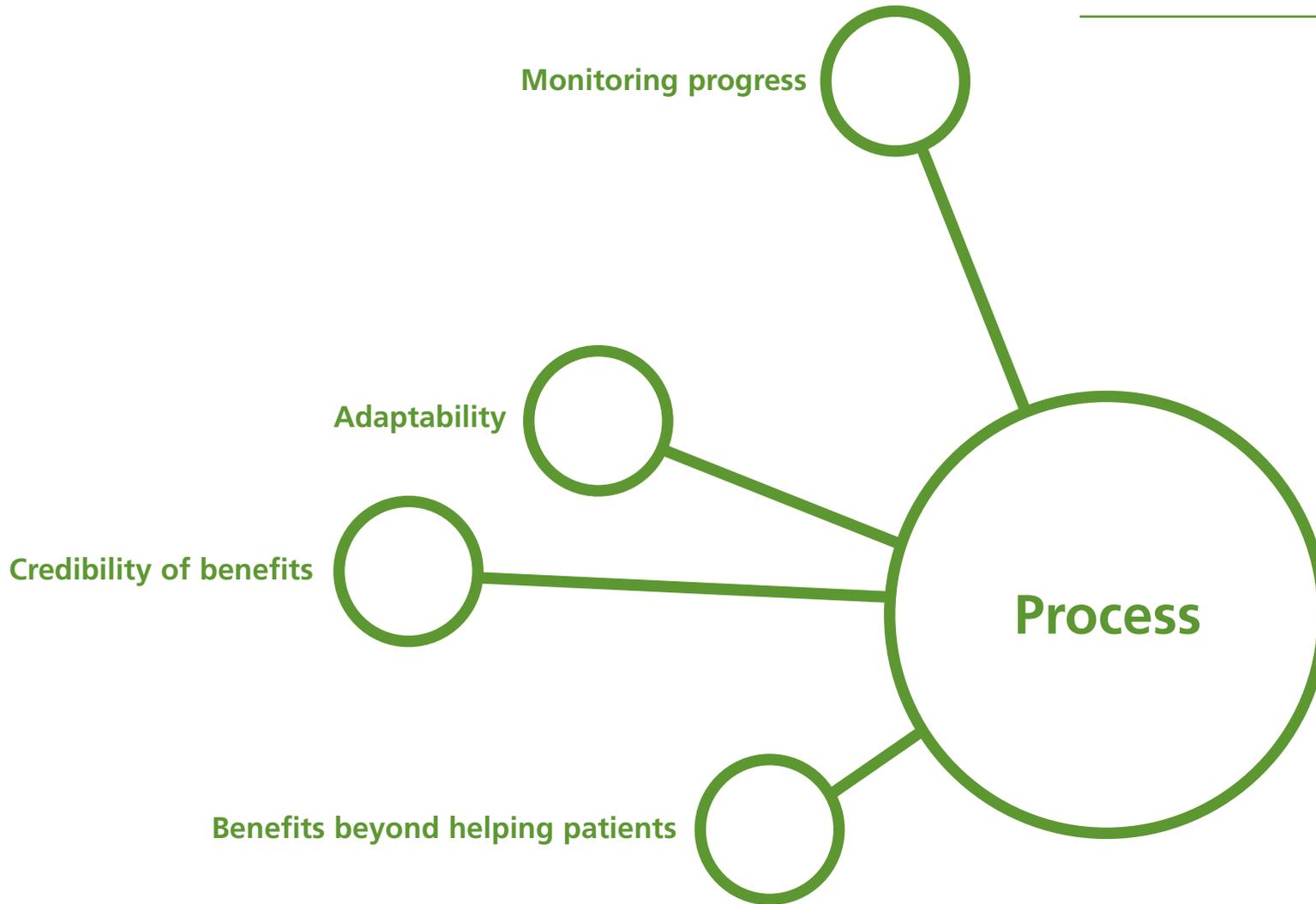
What can you find in the Sustainability Guide CD?

Benefits beyond helping patients

- Use role/process mapping to illustrate areas of duplication, waste or inefficiency. Get staff to create their own role map that can be updated as roles and processes change
- Assess *'what is going well'* and *'even better if'* from the perspective of staff and prioritise actions using dot voting
- Think of ways to release more time for staff and engage a wider community in the improvement work
- Support staff by making a plan to manage the transition from old to new ways of working.

Credibility of the evidence

- Find out how you can effectively identify the benefits of the improvement that you are making
- *'Walk in their shoes'* or use experience based design techniques to understand change from different perspectives
- See tips on gathering and communicating the evidence of the benefits of the changed process
- Use seven questions to help create your improvement story.

Adaptability of improved process

- Find out how you can adopt and adapt ideas from others
- Read a short case study about adapting an improvement idea
- Think about aspects of organisational change that might disrupt the progress of your improvement project
- Prepare a succession plan for the future of the process or service.

Effectiveness of the system to monitor progress

- Use measurement and communication to help staff look ahead to continual improvement
- Find frameworks to help identify what are the most effective measures to use
- See examples of graphs, bubbles, pictures and quotes
- Learn about segmenting your messages for more effective communication.

Process

Factor description	Identify (✔)	Factor level

Benefits beyond helping patients

- In addition to helping patients, are there other benefits?
- For example, does the change reduce waste or avoid duplication?
- Will it make things run more smoothly?
- Will staff notice a difference in their daily working lives?

a — We can demonstrate that the change has a wide range of benefits beyond helping patients, for example by reducing waste, creating efficiency or making people's jobs easier.

b — We can demonstrate that the change has some benefits beyond helping patients such as reducing waste and making jobs easier, but not a wide range.

c | eg ✔ — We can demonstrate that the change has one or two benefits beyond helping patients.

d — The benefits that we have identified are only directly related to helping patients. We have not identified any other benefits that this initiative could bring.

Credibility of the benefits

- Are benefits to patients, staff and the organisation visible?
- Do staff believe in the benefits?
- Can all staff clearly describe the a full range of benefits?
- Is there evidence that this type of change has been achieved elsewhere?

a — Benefits of the change are widely communicated, immediately obvious, supported by evidence and believed by stakeholders. Staff are able to fully describe a wide range of intended benefits for this initiative.

b — Benefits of the change are not widely communicated or immediately obvious even though they are supported by evidence and believed by stakeholders.

c — Benefits of the change are not widely communicated or immediately obvious even though they are supported by evidence. They are not widely believed by stakeholders.

d — Benefits of the change are not widely communicated, they are not immediately obvious, nor are they supported by evidence or believed by stakeholders.

Process

Factor description	Identify (✔)	Factor level

Adaptability of improved process

- Can the new process overcome internal pressures, or will this disrupt the change?
- Does the change continue to meet ongoing needs effectively?
- Does the change rely on a specific individual or group of people, technology, finance etc, to keep it going?
- Can it keep going when these are removed?

a | | The improved process can adapt to link in with and even support other organisational changes. It would not be disrupted if specific individuals or groups left the project. Its focus will continue to meet the improvement needs of our organisation.

b | | The improved process can be adapted to support wider organisational change but it would be disrupted if specific individuals or groups left the project. Elements of this work will continue to meet our organisations improvement needs.

c | | It would be difficult to adapt the new process to other organisational changes. It would cause disruption if specific individuals or groups left the project.

d | | The new process could not adapt if there was any other organisational change happening and it would be disrupted if specific individuals or groups left.

Effectiveness of the system to monitor progress

- Does the change require special monitoring systems to identify and continually measure improvement?
- Is there a feedback system to reinforce benefits and progress and initiate new or further action?
- Are mechanisms in place to continue to monitor progress beyond the formal life of the project?
- Are the results of the change communicated to patients, staff, the organisation and the wider healthcare community?

a | | There is a system in place to provide evidence of impact, including benefits analysis, monitor progress and communicate the results. This is set up to continue beyond the formal life of the project.

b | | There is a system in place to provide evidence of impact, including benefits analysis, monitor progress and communicate the results. This is not set up to continue beyond the formal life of the project.

c | | There is a system in place to provide evidence of impact and monitor progress. However none of this information is communicated more widely than the core project team. The measurement system is not set up to continue beyond the formal life of the project.

d | | There is only a very patchy system to monitor progress and this will end at the same time as the project. There is no system to communicate the results.

Training and involvement

Behaviours

Staff

Senior leaders

Clinical leaders
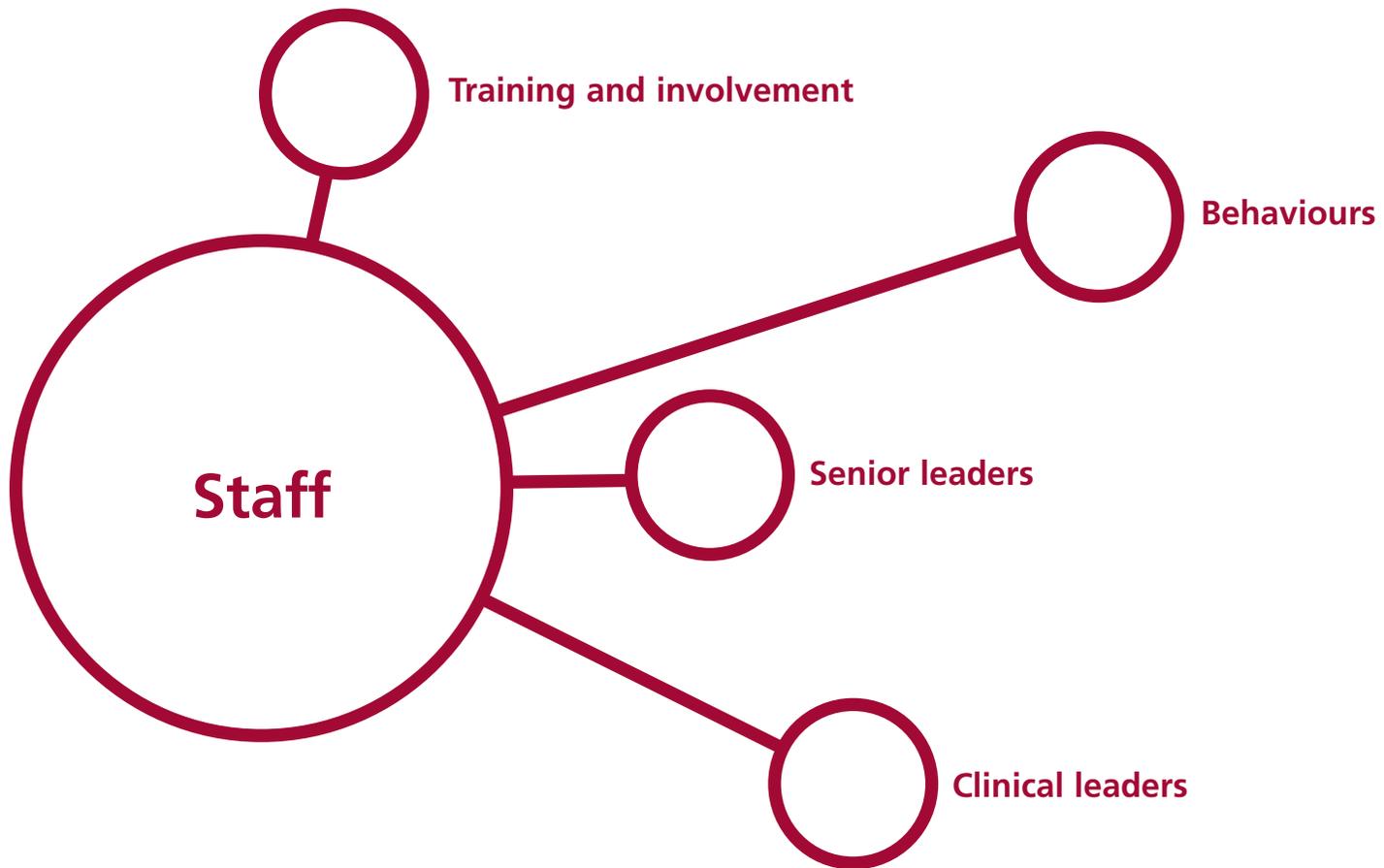
What can you find in the Sustainability Guide CD?

Staff involvement and training to sustain the process
- Learn how to recognise the characteristics displayed when staff feel lack of involvement
- Read tips on creating a culture of involvement
- Use the 'Six Thinking Hats' for maximum involvement during decision making
- Read case studies from *other* organisations.

Staff behaviours toward sustaining the change
- Find out about key points that affect staff involvement
- Understand a range of possible concerns from staff
- Explore a range of steps that you can take to reduce those concerns
- See links to other sources of support.

Senior leadership engagement
- Enable leaders to be involved and updated
- Think about the most appropriate communication mechanisms for leaders
- Formulate a plan to raise awareness of the improvement work with senior leaders
- Identify specific roles for leadership involvement.

Clinical leadership engagement
- Understand the clinician's perspective
- Use the '*Clinical engagement continuum*' as a tool
- Identify factors to support clinical engagement at a local level
- Find out how to enlist support.

Staff

| Factor description	Identify (✔)		Factor level
Staff involvement and training to sustain the process • Do staff play a part in innovation, design and implementation of the change? • Have they used their ideas to inform the change process from the beginning? • Is there a training and development infrastructure to identify gaps in skills and knowledge and are staff educated and trained to take the change forward?	**a**		Staff have been involved from the beginning of the change process. They have helped to identify any skill gaps and have been able to access training and development so that they are confident and competent in the new way of working.
	b		Staff have been involved from the beginning of the change process and have helped to identify skills gaps but they have not had training or development in the new way of working.
	c	eg ✔	Staff have not been involved from the beginning of the change but they have received training in the new way of working.
	d		Staff have not been involved from the beginning of the change process and have not had training or development in the new way of working.
Staff behaviours toward sustaining the change • Are staff encouraged and able to express their ideas regularly throughout the change process and is their input taken on board? • Do staff think that the change is a better way of doing things that they want to preserve for the future? • Are staff trained and empowered to run small-scale tests (PDSA) based on their ideas, to see if additional improvements should be recommended?	**a**		Staff are able to share their ideas regularly and some of them have been taken on board during the project. They believe that the change is a better way of doing things and have been empowered to run small scale test cycles (Plan, Do, Study, Act).
	b		Staff are able to share their ideas regularly and some of them have been taken on board during the project. They believe that the change is a better way of doing things. Staff do not feel empowered to run small scale test cycles (Plan, Do, Study, Act).
	c		Staff are able to share their ideas regularly but none seem to have been taken on board during the project. They don't think that the change will be a better way of doing things. They don't feel empowered to run small scale test cycles (Plan, Do, Study, Act).
	d		Staff do not feel they have been able to share their ideas. They do not believe that the change is a better way of doing things and they have not been empowered to run small scale test cycles (Plan, Do, Study, Act).
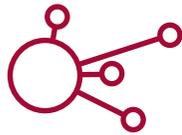
Staff

Factor description	Identify (✔)	Factor level

Senior leadership engagement and support

- Are the senior leaders trusted, influential, respected and believable?
- Are they involved in the initiative, do they understand it and do they promote it?
- Are they respected by their peers and can they influence others to get on board?
- Are they taking personal responsibility to help break down barriers and are they giving time to help ensure the change is successful?

a		Organisational leaders are highly involved and visible in their support of the change process. They use their influence to communicate the impact of the work and to break down any barriers. Staff regularly share information with and actively seek advice from leaders.
b	eg ✔	Organisational leaders are highly involved and visible in their support of the change process. They use their influence to communicate the impact of the work and to break down any barriers. Staff typically don't share information with, or seek advice from leaders.
c		Organisational leaders are somewhat involved but not highly visible in their support of the change process. They use their influence to communicate the impact of the work but cannot be relied upon to break down any barriers if things get difficult. Staff typically don't share information with, or seek advice from leaders.
d		Organisational leaders are not involved or visible in their support of the change process. They have not used their influence to communicate the impact of the work or to break down any barriers. Staff typically don't share information with or seek advice from leaders.

Clinical leadership engagement and support

- Are the clinical leaders trusted, influential, respected and believable?
- Are they involved in the initiative, do they understand it and do they promote it?
- Are they respected by their peers and can they influence others to get on board?
- Are they taking personal responsibility to help break down barriers and are they giving time to help ensure the change is successful?

a		Clinical leaders are highly involved and visible in their support of the change process. They use their influence to communicate the impact of the work and to break down any barriers. Staff regularly share information with and actively seek advice from clinical leaders.
b		Clinical leaders are highly involved and visible in their support of the change process. They use their influence to communicate the impact of the work and to break down any barriers. Staff typically don't share information with, or seek advice from clinical leaders.
c		Clinical leaders are somewhat involved but not highly visible in their support of the change process. They use their influence to communicate the impact of the work but cannot be relied upon to break down any barriers if things get difficult. Staff typically don't share information with, or seek advice from clinical leaders.
d		Clinical leaders are not involved or visible in their support of the change process. They have not used their influence to communicate the impact of the work or to break down any barriers. Staff typically don't share information with, or seek advice from clinical leaders.

Organisation

Infrastructure

Fit with goals and culture
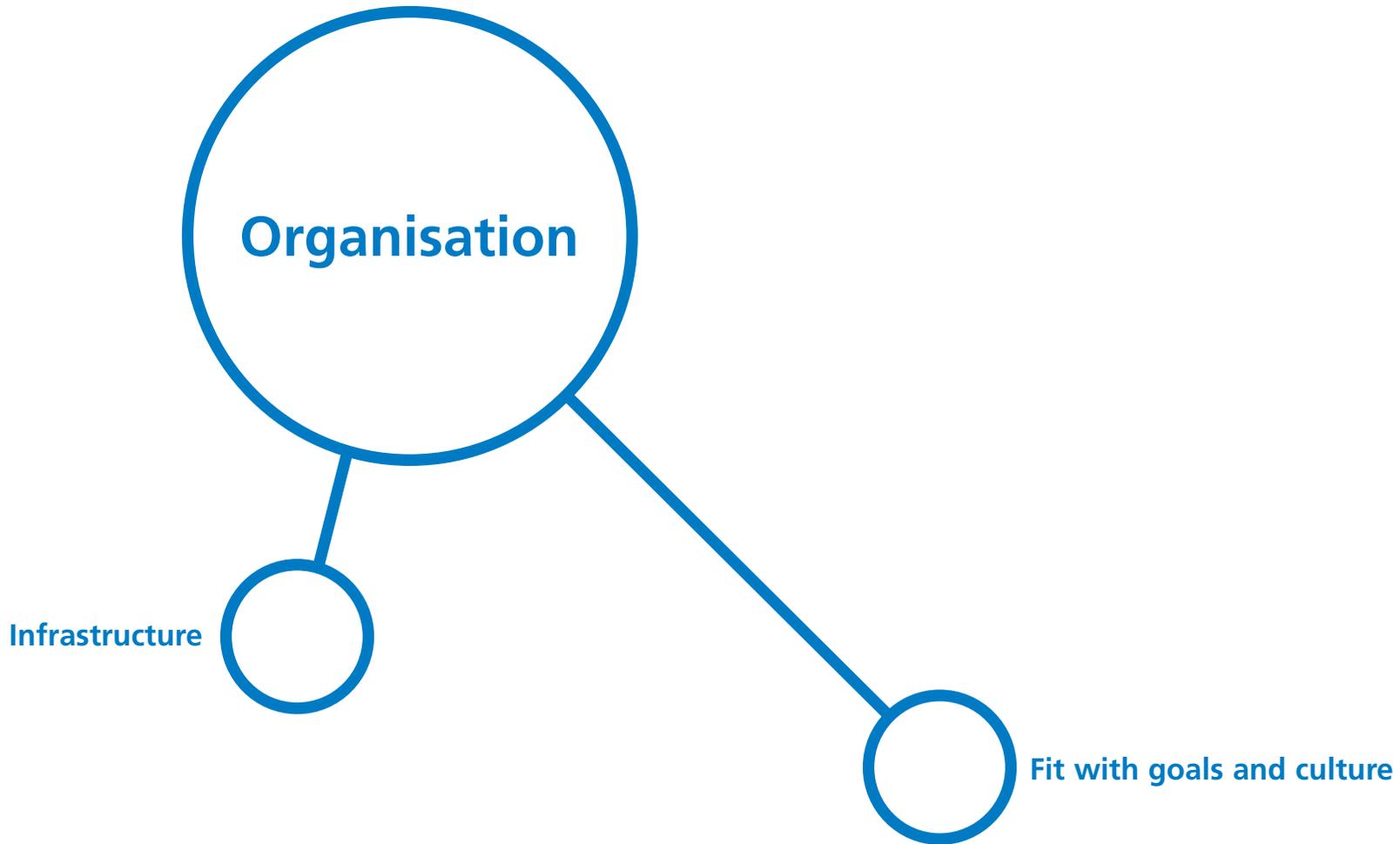
What can you find in the Sustainability Guide CD?

Fit with organisational strategic aims and culture
- How to embed improvement into the organisations mainstream business
- Use a framework to demonstrate the relationship between the improvement and organisational goals and vision
- Read the case study illustrating non-alignment of improvement and organisational goals.

Infrastructure for sustainability
- Align roles and job descriptions with the new process.
- Use a table to help develop new procedures reflecting the improvement
- Use a simple cost benefit analysis framework to consider ongoing resource needs for staff and equipment
- Read about four important questions to ask when developing your communication plan.

Organisation

Factor description	Identify (✔)	Factor level

Fit with the organisation's strategic aims and culture

- Are the goals of the change clear and shared?
- Are they clearly contributing to the overall organisational strategic aims?
- Is improvement important to the organisation and its leadership?
- Has the organisation successfully sustained improvement in the past?

a		The goals of the change are clear and have been shared widely. They are consistent with and support the organisation's strategic aims for improvement. The organisation has demonstrated successful sustainability of improvements before and has a 'can do' culture.
b		The goals of the change are clear and have been shared widely. They are consistent with and support the organisation's strategic aims for improvement. The organisation has not demonstrated success in sustaining previous improvements and does not have a 'can do' culture.
c	eg ✔	The goals of the change are clear and have been shared widely. They have not been linked with the organisation's strategy so we don't know if they support any organisational aims for improvement. The organisation has not demonstrated success in sustaining previous improvements and does not have a 'can do' culture.
d		The goals of the change are not really clear and they have not been shared widely. They have not been linked with the organisation's strategy so we don't know if they support any organisational aims for improvement. The organisation has not demonstrated success in sustaining previous improvements and does not have a 'can do' culture.

Infrastructure

- Are the staff fully trained and competent in the new way of working?
- Are there enough facilities and equipment to support the new process?
- Are new requirements built into job descriptions?
- Are there policies and procedures supporting the new way of working?
- Is there a communication system in place?

a		Staff are confident and trained in the new way of working. Job descriptions, policies and procedures reflect the new process and communication systems are in place. Facilities and equipment are all appropriate to sustain the new process.
b		Staff are confident and trained in the new way of working. However, job descriptions, policies and procedures do not reflect the new process. Some communication systems are in place. Facilities and equipment are all appropriate to sustain the new process.
c		Staff are confident and trained in the new way of working. However, job descriptions, policies and procedures do not reflect the new process and there are no communication systems to adequately support the new process. Facilities and equipment are not appropriate to sustain the new process.
d		Staff have not been trained in the new process and are not confident in the new way of working. Job descriptions, policies and procedures do not reflect the new process and there are no communication systems to adequately support the new process. Facilities and equipment are not appropriate to sustain the new process.

Sustain**ability** Master Score System

Enter your scores

Process

Benefits beyond helping patients

a	8.5
b	4.7
c	4.0
d	0.0

Write your score in the circle

Credibility of the evidence

a	9.1
b	6.3
c	3.1
d	0.0

Write your score in the circle

Adaptability of improved process

a	7.0
b	3.4
c	2.4
d	0.0

Write your score in the circle

Effectiveness of the system to monitor progress

a	6.5
b	3.3
c	2.4
d	0.0

Write your score in the circle

Staff

Staff involvement and training to sustain the process

a	11.4
b	6.3
c	4.9
d	0.0

Write your score in the circle

Staff behaviours toward sustaining the change

a	11.0
b	5.1
c	5.1
d	0.0

Write your score in the circle

Senior leadership engagement

a	15.0
b	6.2
c	5.7
d	0.0

Write your score in the circle

Clinical leadership engagement

a	15.0
b	6.7
c	5.5
d	0.0

Write your score in the circle

Organisation

Fit with the organisation's strategic aims and culture

a	7.0
b	3.5
c	3.3
d	0.0

Write your score in the circle

Infrastructure for sustainability

a	9.5
b	4.4
c	3.3
d	0.0

Write your score in the circle

Calculate your total scores

Process total score		
+		
Staff total score		
+		
Organisation total score		
=		
Sustainability total score		Date:

To calculate your score, use the master score system on the opposite page. Add the **Process**, **Staff** and **Organisation** scores together and place in the **Sustainability total score** box above. **Now go to the bar chart and portal diagram provided at the back of this document and plot your scores.**

Interpreting your scores?
We do advocate that you use the Sustainability Model at the beginning of your improvement initiative as it can provide you with a vaulable understanding of where you can strengthen your work in order to maximise the potential for sustainability. You need to note that at this stage it is normal to have low scores in one or two of the factors. For example; infrastructure often has a low score initially as the tasks of fuly training staff in the new process and revieiwing role descriptions are usually undertaken later in the project. With each score teams should assess what the score means to them in their particular context. Use the scores as a reminder of important tasks even if they need to be undertaken at a later stage. (See the example on page 24).

Portal diagram and bar chart

Use either the portal diagram or the bar chart to plot **your scores** and identify which **factors** require most attention. You can use both if you prefer.

Within the example diagrams here, we have inserted example scores as an illustration. You will note that 'Adaptability of the improved process' has the lowest numerical score of 3.4. However, this is not the factor where the biggest improvement gain can be made. Now look at the factor 'Clinical leadership engagement'. You will see that the overall potential for improvement is much bigger therefore this is the factor to focus on.

Now plot the scores for your project on either the portal diagram or the bar chart and look to see which are the two or three factors with the greatest potential for improvement.

Interpreting your scores
Look at the example scores in the bar chart or portal diagrams. What do they tell you? Use the ideas here to help you interpret your scores.

- **Clinical leadership**
  A large amount of work is needed to help clinicians be more involved.
  Some have been involved in the early stages but this is too little.
  None are actively involved in the work or promote the initiative.
  One meeting has been arranged recently, but we need to build on this.
- **Involvement and training**
  Some staff have not been involved from the beginning of the initiative and we need to catch up with them. There does seem to be some confusion about what we are really trying to do and we also need to see what their ideas are. We also need to have a sharper focus on training staff to manage the new way of working as it is implemented and established. We will link this in with the 'Infrastructure' factor.
- **Infrastructure**
  We have not thought about changing any policies or procedures yet. Communication systems are limited at this early stage of the work, but we do need to strengthen this factor urgently. One of the first things to do is set up some information in the work area so that staff can see progress.
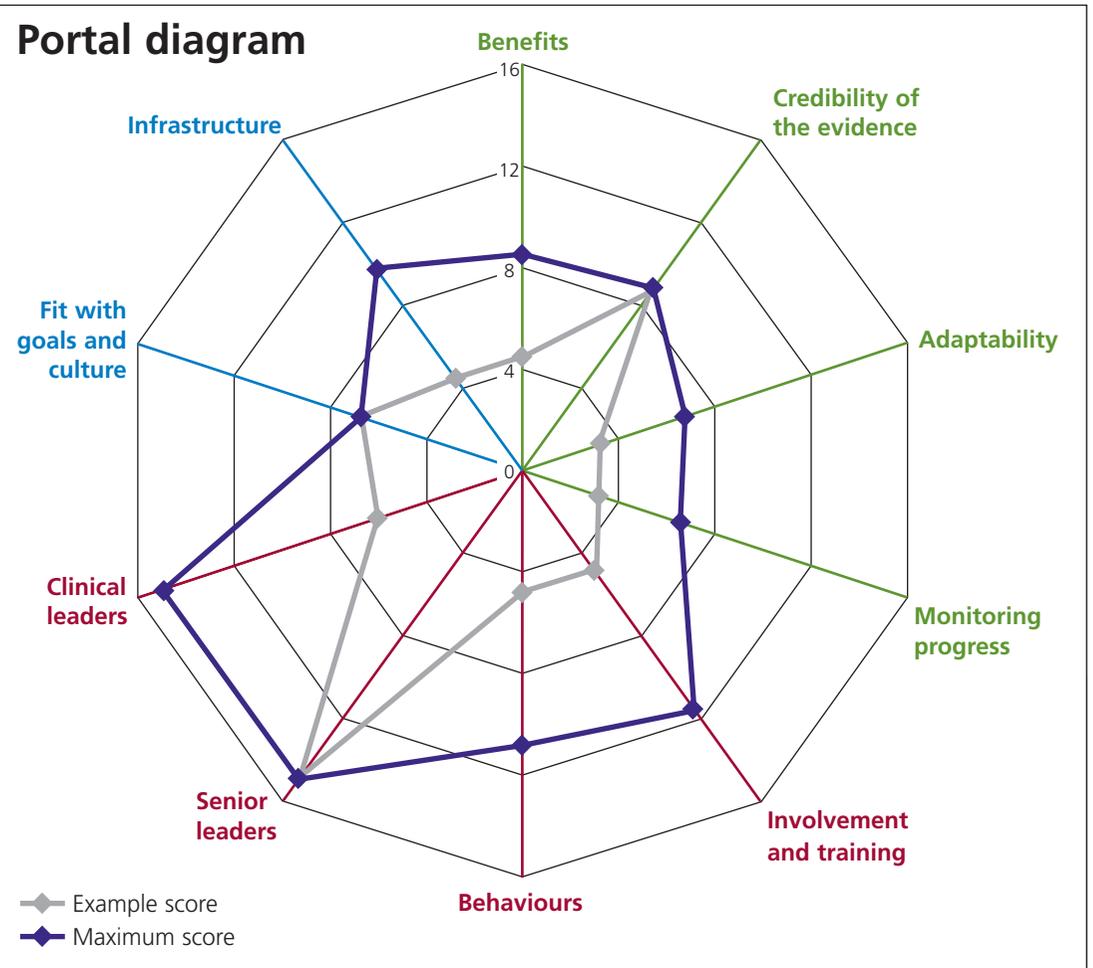
The **dark blue points** represent the maximum possible numerical score achievable for each of the 10 factors

The **grey points** represent the example score

The gap between the dark blue and grey points shows the improvement potential for each of the 10 factors - ie, the bigger the gap, the greater the potential for improvement.

Portal diagram

Benefits
Credibility of the evidence
Infrastructure
Adaptability
Fit with goals and culture
Monitoring progress
Clinical leaders
Involvement and training
Senior leaders
Behaviours

Example score
Maximum score

Benefits beyond helping patients
- Example score
- Your score

Credibility of the evidence
- Example score
- Your score

Adaptability of improved process
- Example score
- Your score

Effectiveness of the system to monitor progress
- Example score
- Your score

Staff involvement and training to sustain the process
- Example score
- Your score

Staff behaviours toward sustaining the change
- Example score
- Your score

Senior leadership engagement
- Example score
- Your score

Clinical leadership engagement
- Example score
- Your score

Fit with the organisation's strategic aims and culture
- Example score
- Your score

Infrastructure for sustainability
- Example score
- Your score

Legend:
- Sample score
- Maximum score

Why should I use the Sustainability Guide?

10 top reasons to look at this CD…

If you've already worked through the Sustainability Model, you'll now know where your priority areas are for sustaining your improvement - but what next? You might be wondering what you'll gain by going into the Sustainability Guide: will it be worth the effort; will you be able to find what you want; and even then, will it tell you anything new?

In putting this Model and Guide together, we have been constantly aware of the huge pressures on your time as improvement leaders; clinicians; service managers and frontline professionals. You'll want to know that any time you spend going through the Guide will be as useful and practical as arriving at your sustainability score through the Model.

Here's 10 good reasons to use this Guide and get some new ideas and practical measures for tackling the areas most relevant to you.

The Guide will help you ensure your sustainability activities are:

1. **Focused:** you don't need to read the whole Guide - just go straight to the parts where your scores were lowest and where you can have most impact
2. **Practical:** the Guide is packed with practical ideas and tools for you to try
3. **Visual:** you'll learn about the best process mapping techniques to help you and your staff visualise how improvements are changing processes and roles
4. **Inclusive:** you'll find out how to get your staff involved, for instance 'dot voting' to pinpoint the really important issues
5. **Doable:** bringing benefits to life will become easier with simple, achievable techniques like creating a 'data wall' and letting service users do the talking
6. **Balanced:** if you've never used the 'Six thinking hats' method (De Bono 1999) find out how it can help you consider sustainability from every angle
7. **Tailored:** find out how to present your data and communications in a way that your different audiences will welcome and understand
8. **Forward thinking:** plan for long-term sustainability by making sure your improvement goals fit with the organisation's wider strategic aims and visions
9. **Holistic:** explore better ways to ensure your change is embedded in your organisation's wider systems - through detailed job descriptions, clear policies and communication channels that work
10. **Real:** read real life case studies from frontline teams who are successfully sustaining their improvements.

Sustain**ability** Guide CD

How to use this CD
This CD has one downloadable PDF file that contains all of the Sustainability Guide information. The Guide is intended to be used with the Sustainability Model. Once you have identified the factors with the greatest potential for improvement, using the Sustainability Model, go to the appropriate section(s) on this PDF where you will find valuable guidance and advice.

The PDF files on this CD are:
ST_GUIDE_FEB2010
ST_WHYTHE_CD - Top ten reasons to look at this CD.

*'The challenge is not starting,
but continuing after the initial enthusiasm has gone'*

Ovretveit (2003) Making temporary quality improvement continuous:
A review of the research relevant to the sustainability of quality improvement in healthcare

For further information visit
www.institute.nhs.uk/sustainability