



Section 6 The route to success

Sustain



The most successful organisations are those that can provide the right organisational context in which frontline staff feel both empowered and enabled to lead, implement and sustain changes which will make a big difference by improving the quality and experience of care. This section along with section 7 about large scale change can help an organisation successfully achieve change that is sustained over time.

Sustainability can be described as ‘when new ways of working and improved outcomes become the norm’ (NHS Improving Quality).

Six critical success factors

A comprehensive review of the successful *The Productive Ward: Releasing Time to Care*[™] programme¹ identified that the organisations who had gained the most out of the programme have six critical success factors:



¹ www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html

1. Leadership engagement

Having visible executive support for implementing this *Transforming end of life care in acute hospitals: The route to success ‘how to’ guide* will ensure there is good communication between the trust board and the wards. It will also ensure that resources can be clearly defined to support programme leadership and implementation activities.

The learning from *The Productive Ward* demonstrated that having executive directors on the steering group, along with frontline staff and other stakeholders including individuals and carers, provided a monthly forum through which a focus could be established for the work. This was key to driving improvements and harnessing the energy of the collective stakeholders.

2. Strategic alignment

Here the trust board have the opportunity to ensure that implementing *Transforming end of life care in acute hospitals: The route to success ‘how to’ guide* is amongst their top five priorities and is integrated and aligned with other priorities supporting choice, privacy and dignity by raising standards of care.

The trust board can lead the way in supporting staff to build on existing evidence and good practice, such as the AMBER care bundle and the Rapid Discharge Home.



3. Governance

Visible leadership is key to show how implementing *Transforming end of life care in acute hospitals: The route to success 'how to' guide* features in the organisational governance arrangements and should be communicated widely across the organisation. In addition the steering group can provide a mechanism for tracking progress, monitoring quality and ensuring local policies and ethical considerations are upheld.

Progress can and should be communicated and celebrated widely as part of an organisation wide communications strategy to show that this is not just another new initiative but a continuous way of working for the long term.

4. Measurement

What gets measured gets done. Therefore having a simple but comprehensive set of measures for everything we do is important.

Ideally these will consist of national, local and organisational measures which are priorities, along with the opportunity for frontline teams to identify measures that are important for them at ward level. Lessons learned from *The Productive Ward* show that staff who were empowered to identify and track some measures for themselves felt great ownership and involvement with their work.

5. Capability and learning

Involving frontline teams and empowering them to identify, lead and implement changes for themselves creates increased staff awareness and energy to both embed and sustain change.

Building capability within the organisation results in having a resource that can deliver and sustain change over the longer term. Staff who are enabled to lead the process of change for themselves will acquire both knowledge and skills that will be of benefit to the organisation and themselves. This will lead to continuous improvements in standards of care.

6. Resourcing (people)

Frontline staff who can see they have visible support from the executive team, along with the resources and headroom to implement a change programme, will feel more energised and committed to the work over the longer term.

If executives invest in their staff to acquire new skills and build on their existing knowledge, the result will be a more mutually beneficial collaboration that is more likely to deliver and sustain good results for those receiving care.

These six factors are important both for implementation success and sustainability over time.

So what does all this mean in practical terms?

One of the opportunities for sustainability is through active engagement and ownership of frontline leaders and their teams from the beginning of the work. Allowing teams to identify what needs to be done and how to develop their own solutions will greatly enhance the opportunity for sustainability.

TOP TIP

Having a designated frontline team member who can act as a project leader for the initial phase of this work will greatly enhance early implementation and ongoing sustainability.

Leaders at trust board level need to lead by example and visit the clinical areas who are making transformational changes to show their commitment and support. These visits will also send a powerful message that the work is important, a priority and therefore needs to be sustained.

TOP TIP

Having a visible means of displaying visits, by whom and when, will motivate and energise staff who can see that senior leaders are both interested and committed to their work.

Periodically, frontline staff could also be given the opportunity to update the trust board through both the steering group and through bi-annual board reports. An annual celebration through a learning and sharing event may also help to sustain the momentum over time.

Strategic alignment and robust governance will be important to track progress, but also to identify any duplication and detect if progress or standards are falling away early on. Staff will be able to see that there is visible leadership support that values their efforts and is looking all the time to smooth their improvement journey by increasing alignment and eliminating waste, including duplication of effort.



Who to involve

The trust board or steering group can help the frontline teams choose their starting point, which should result in increased opportunities for the work to be sustained.

Your starting point should be in areas where there is 'high energy' for making change and where there is a commitment to engage multidisciplinary team members and people receiving care to seek their views. This will ensure that sustainable opportunities are built in from the beginning.

There is an opportunity to involve patients, carers and families, data analysts and commissioners who may want to include your new service standards into their specifications. This can also further enhance sustainability going forward.

When thinking about sustainability this is also a good time to consider whether you have engaged all the strategic partners fully with the project plan or whether there are any gaps that you should address. [The NHS Change Model](#) can help you do this.

Ensuring you have broad multidisciplinary engagement across an organisation will enhance the success of your roll out plans and sustainability over the long term.

Tools to help

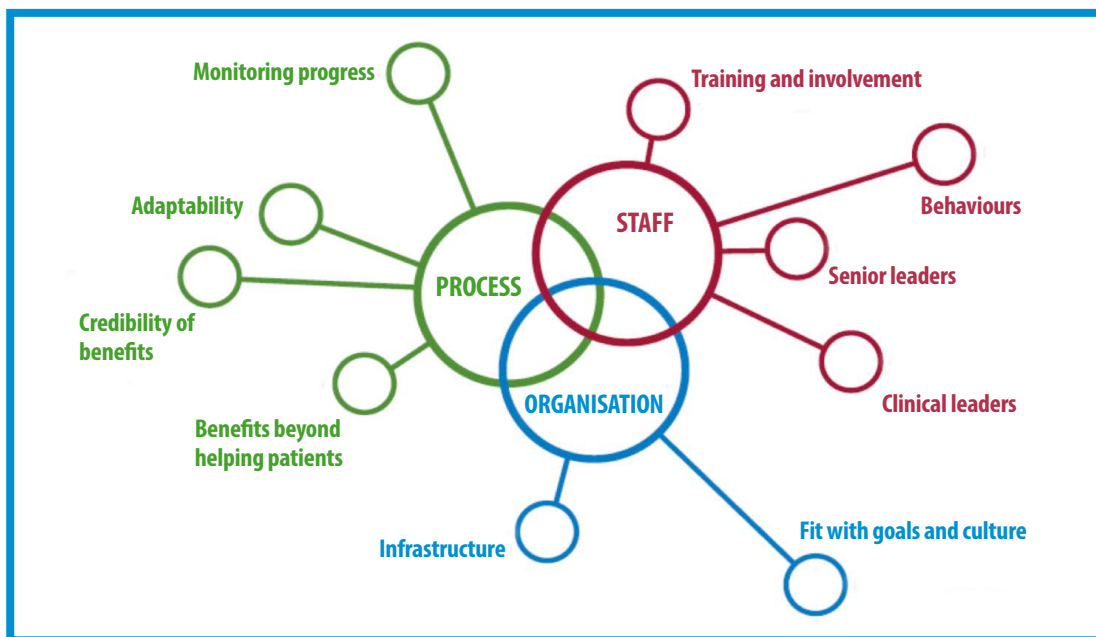
Organisations may have existing models for sustainability that they use. However there are tools within *The Productive Ward: Releasing Time to Care™* programme that maybe helpful.



In addition, the NHS Improving Quality 'quick checklist to determine how sustainable an improvement will be' is shown on the following pages.

Section 6

Below are 10 factors to consider throughout your improvement project that have been shown to improve the likelihood of sustaining your changes.



PROCESS

1.0 - In addition to helping patients, are there other benefits?

- Does the change reduce waste, duplication and added effort?
- Will it make things run more smoothly?
- Will staff notice a difference in their daily working lives?

2.0 - Credibility of the evidence

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



3.0 - Adaptability of improved process

- Can the process overcome internal pressures and continually improve?
- Does the change continue to meet ongoing needs effectively?
- Does the change rely on an individual or group of people, technology, finance etc. to keep it going?
- Can it keep going when these are removed?

4.0 - Effectiveness of the system to monitor progress

- Does the change require special monitoring systems to identify improvement?
- Is this data already collected and is it easily accessible?
- Is there a feedback system to reinforce benefits and progress and initiate action?
- Are the results of the change communicated to patients, staff, the organisation and the wider NHS?

STAFF

5.0 - Staff involvement and training to sustain the process

- Do staff play a part in innovation, design and implementation of change?
- Have they used their ideas to inform the change process from the very beginning?
- Is there a training and development infrastructure to identify gaps in skills and knowledge and are staff educated and trained to take change forward?

6.0 - Staff behaviours toward sustaining the change

- Are staff encouraged and able to express their ideas and is their input taken on board?
- Are staff able to run small-scale tests, e.g. Plan, Do, Study, Act, (PDSA cycles) based on their ideas, to see if additional improvements should be recommended?
- Do staff think that the change is a better way of doing things that they want to preserve for the future?

7.0 - Senior leadership engagement

- Are the senior leaders trustworthy, 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 and giving time to help ensure the change is sustained?

8.0 - Clinical leadership engagement

- Are the clinical leaders trustworthy, 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 and giving time to help ensure the change is sustained?

ORGANISATION

9.0 - Fit with the organisation's strategic aims and culture

- Has the organisation successfully sustained improvement in the past?
- Are the goals of the change clear and shared?
- Is the improvement aligned with the organisation's strategic aims and direction?
- Is it contributing to the overall organisational aims?
- Is change important to the organisation and its leadership?
- Does your organisation have a 'can do' culture?

10 - Infrastructure for sustainability

- Are there enough staff who are trained and able to work in the new way?
- 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?



How to measure progress

Your initial assessment of organisational readiness and subsequent project plan may give you some valuable insights into whether previous change initiatives have been successful or not. If they have not been successful you may want to explore the reasons why and take this learning to the steering group so that action can be taken to address this as appropriate.

As part of your measures you may want to consider tracking the following which all impact on sustainability:

- The percentage and frequency of staff involvement and training to enhance knowledge and skills
- Evidence of staff behaviours toward sustaining the change
- The percentage and frequency of senior leadership engagement
- The percentage of awareness of clinical leadership and engagement
- Evidence of active engagement of key stakeholders locally and nationally such as local healthwatch and Patient Association
- Evidence of involvement locally of people receiving care, their families and carers.

Other things which can give insights on how to measure and track progress about sustainability going forward include:

- Decrease in complaints
- Increase in compliments
- Satisfaction surveys of people using services
- Audits of people using services possibly through NHS Friends and Family Test
- Staff satisfaction surveys
- Decrease in unplanned sick leave
- Retention and recruitment
- Improved relationships with key stakeholders
- Steering group governance reports
- Bi-annual reports to the trust board.



