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Service Improvement  
and Redesign tools

# Sustainability Model



# Sustainability Model

## What is it?

The sustainability model is a diagnostic tool that has been developed to support health and care leaders to identify strengths and weaknesses in their implementation plans and predict the likelihood of sustainability for their improvement initiatives.

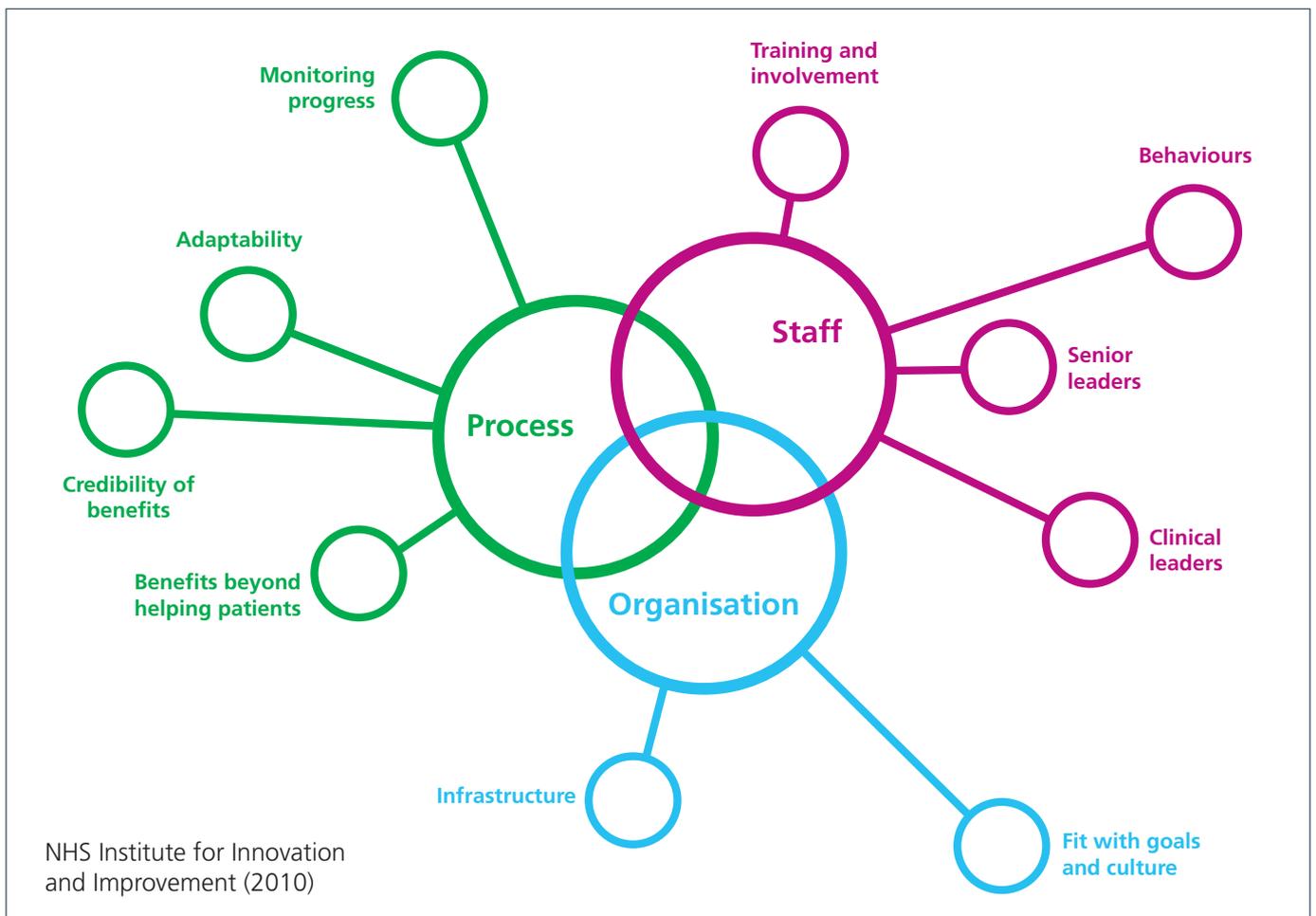
## When to use it?

The sustainability model should be used from the outset of your improvement initiative as it can provide you with a valuable understanding of where you can strengthen your work in order to maximise the potential for sustainability. The model should be used regularly through the project to focus effort on improving the project's sustainability total score to enhance the likelihood of sustaining the improvement beyond the life of the project.

## How to use it?

The tables in figure 1 will enable you to identify the strengths and weaknesses in your implementation plans and provide you with a total score to predict the likelihood of sustaining the improvement beyond the life of the project.

**Figure 1: The sustainability model**





Choose the **factor level** that comes closest to your situation and tick the box to the left of it

| 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.  |



Choose the **factor level** that comes closest to your situation and tick the box to the left of it

| Factor description | Identify (✓) | Factor level |
|--------------------|--------------|--------------|
|--------------------|--------------|--------------|

### Adaptability of improved process

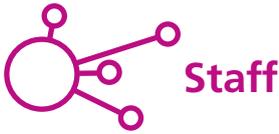
- Can the new process overcome internal pressures, or will this disrupt the change?
- Does the change continue to meet ongoing needs effectively?
- Does the change rely on a specific individual or group of people, technology, finance etc, to keep it going?
- Can it keep going when these are removed?

|   |  |  |
|---|--|--|
| 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.  |



Choose the **factor level** that comes closest to your situation and tick the box to the left of it

| 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

Choose the **factor level** that comes closest to your situation and tick the box to the left of it

| 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

Choose the **factor level** that comes closest to your situation and tick the box to the left of it

| 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

eg ✓

|  |  |
|--|--|
|  | 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

|  |   |
|--|---|
|  | 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. |
|--|---|

## Master scoring systems: Enter your scores

### Process



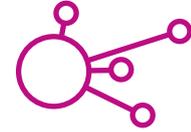
|   |   |   |     |
|---|---|---|-----|
| <b>Benefits beyond helping patients</b> |  | a | 8.5 |
|   |   | b | 4.7 |
|   |   | c | 4.0 |
|   |   | d | 0.0 |

|                                    |  |   |     |
|------------------------------------|--|---|-----|
| <b>Credibility of the evidence</b> |  | a | 9.1 |
|                                    |  | b | 6.3 |
|                                    |  | c | 3.1 |
|                                    |  | d | 0.0 |

|   |   |   |     |
|---|---|---|-----|
| <b>Adaptability of improved process</b> |  | a | 7.0 |
|   |   | b | 3.4 |
|   |   | c | 2.4 |
|   |   | d | 0.0 |

|  |   |   |     |
|--|---|---|-----|
| <b>Effectiveness of the system to monitor progress</b> |  | a | 6.5 |
|  |   | b | 3.3 |
|  |   | c | 2.4 |
|  |   | d | 0.0 |

### Staff



|  |   |   |      |
|--|---|---|------|
| <b>Staff involvement and training to sustain the process</b> |  | a | 11.4 |
|  |   | b | 6.3  |
|  |   | c | 4.9  |
|  |   | d | 0.0  |

|  |  |   |      |
|--|--|---|------|
| <b>Staff behaviours toward sustaining the change</b> |  | a | 11.0 |
|  |  | b | 5.1  |
|  |  | c | 5.1  |
|  |  | d | 0.0  |

|                                     |   |   |      |
|-------------------------------------|---|---|------|
| <b>Senior leadership engagement</b> |  | a | 15.0 |
|                                     |   | b | 6.2  |
|                                     |   | c | 5.7  |
|                                     |   | d | 0.0  |

|                                       |   |   |      |
|---------------------------------------|---|---|------|
| <b>Clinical leadership engagement</b> |  | a | 15.0 |
|                                       |   | b | 6.7  |
|                                       |   | c | 5.5  |
|                                       |   | d | 0.0  |

### Organisation



|   |   |   |     |
|---|---|---|-----|
| <b>Fit with the organisation's strategic aims and culture</b> |  | a | 7.0 |
|   |   | b | 3.5 |
|   |   | c | 3.3 |
|   |   | d | 0.0 |

|  |   |   |     |
|--|---|---|-----|
| <b>Infrastructure for sustainability</b> |  | a | 9.5 |
|  |   | b | 4.4 |
|  |   | c | 3.3 |
|  |   | d | 0.0 |

## Calculate your total scores

|   |   |   |
|---|---|---|
| <b>Process<br/>total score</b>  | <b>Staff<br/>total score</b>  | <b>Organisation<br/>total score</b>   |
|  |  |   |
| <b>Sustainability total score</b>   |   |  |

**To calculate your score, use the master score system on the previous 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 on pages 28–31 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 valuable 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 fully training staff in the new process and reviewing 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.

## Sustainability score system

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.

### 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**

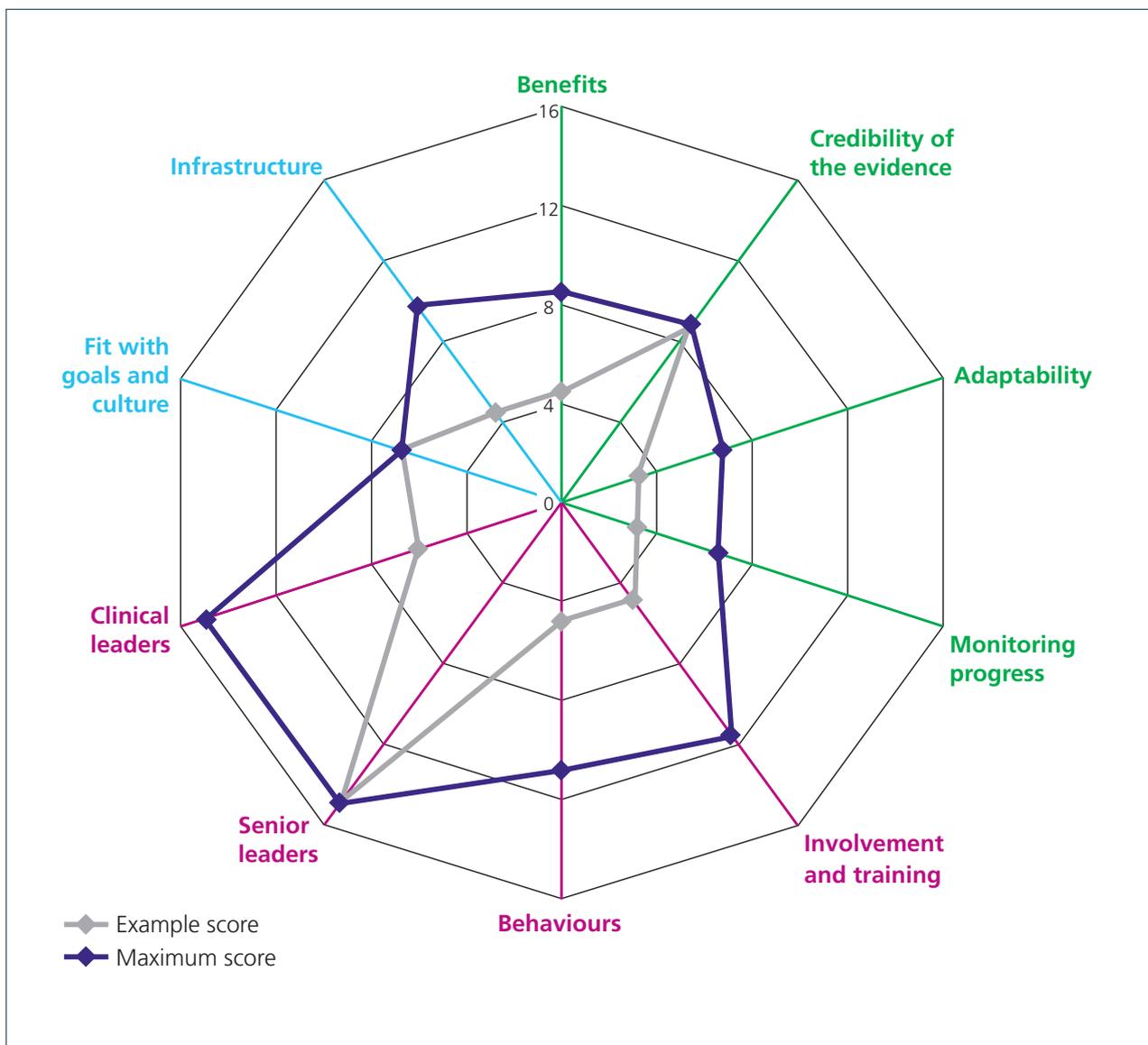
Some staff have not been involved from the beginning of the initiative and we need to catch up with them. There does seem to be some confusion about what we are really trying to do and we also need to see what their ideas are. We also need to have a sharper focus on training staff to manage the new way of working as it is implemented and established. We will link this in with the 'infrastructure' factor.

- **Infrastructure**

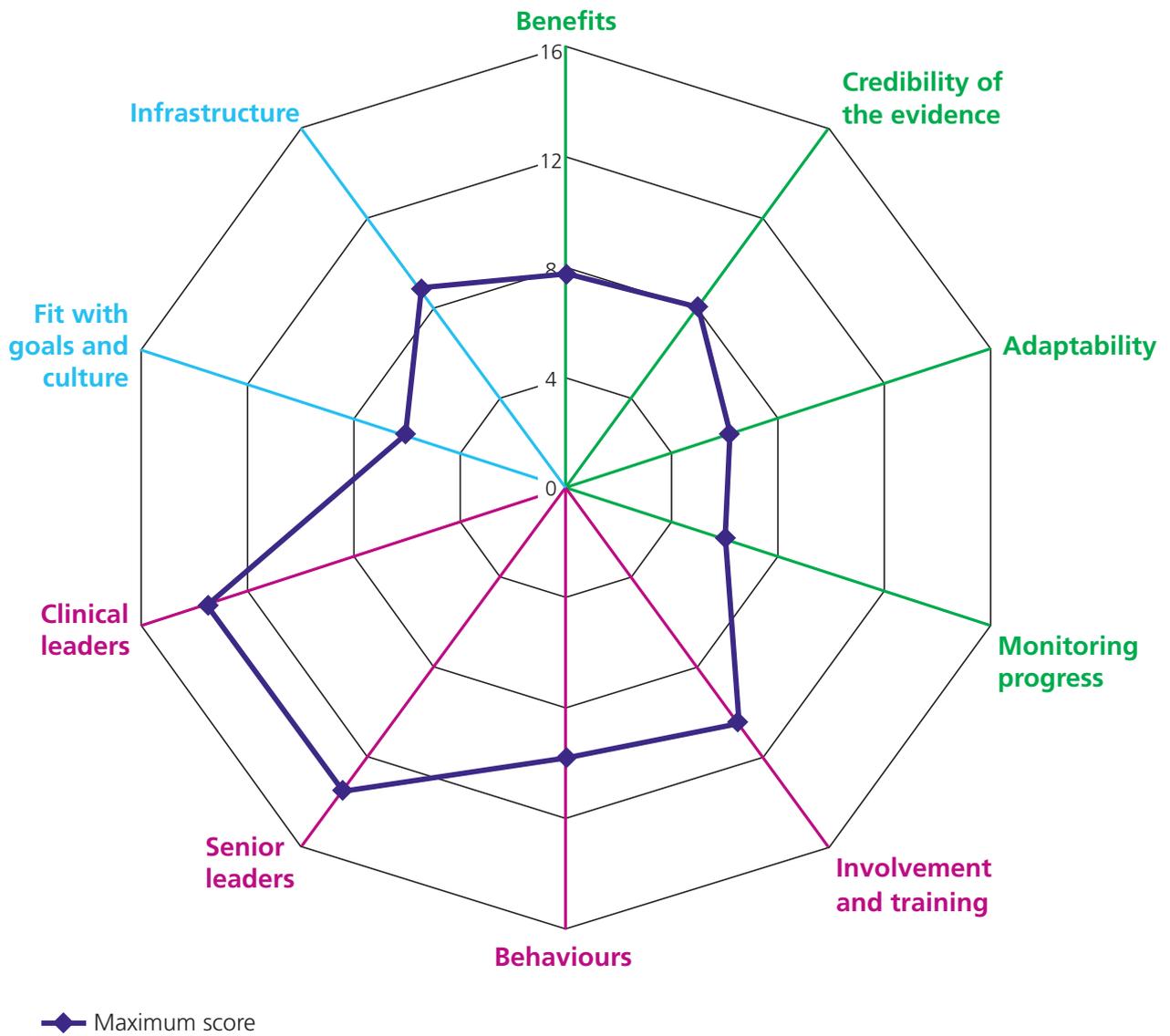
We have not thought about changing any policies or procedures yet. Communication systems are limited at this early stage of the work, but we do need to strengthen this factor urgently. One of the first things to do is set up some information in the work area so that staff can see progress.

## Portal diagram

Figure 2: Example of a completed portal diagram



Plot your scores on the portal diagram to see the potential for improvement.



## Bar chart

Figure 3: Example of a completed bar chart diagram

