



# Complexity of sustaining healthcare improvements: What have we learned so far?

Research into Practice Report No.13  
October 2004

## Sustainability questions

- What does sustainability mean?
- At what level is sustainability aimed?
- What motivates staff to sustain improvements?
- How do you know an improvement has sustained?
  - When do you know it has sustained?
  - Is sustainability always appropriate?



# Report summary

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- This report aims to discuss the complex concept of sustainability informed by the findings from the Modernisation Agency (MA) Research into Practice Team.
- A series of questions are raised for organisations to consider, to clarify their thinking, before turning towards the specific factors that have been shown to influence sustainability.
- It aims to be of practical value to project teams considering sustainability, to stimulate debate and clarify thinking to ensure that everyone involved is working towards the same sustainability goal.
- Whilst evidence shows that sustainability should be considered and built in to all healthcare improvement programmes before implementing changes, in practice, it is an issue that organisations frequently fail to address. Many improvement programmes have encountered difficulties in sustaining their initial achievements.
- The Research into Practice Team has identified factors that influence sustainability. They have also identified some of the complexities of sustainability, suggesting that the definitions of sustainability and how organisations choose to address it are dependent on the context within which the changes take place.
- Staff think about what they want to sustain in a number of different ways, including new ways of working, goals or targets, the improvement methodology, whole systems change or continuous improvement.
- Sustainability can also be considered on a number of different levels, from individuals to the entire organisation.
- Different staff groups involved in the same improvement initiative may be motivated to sustain it in different ways.
- Quantitative methods will demonstrate that targets or new ways of working have been sustained, but complex changes, including culture changes, will require more complex qualitative measures.
- The timescale for assessing sustainability requires careful consideration. It is relatively easy to assess when targets have been sustained, but continuous improvement may take longer to realise results.
- Sustainability is potentially fragile and continued support and monitoring may be needed.
- Whilst sustainability is desirable in most situations, there may be situations when it is not appropriate. Decay is sometimes a preferable option. Sustainability can stifle creativity and innovation. Organisations need to consider how existing successes can be taken forward with new change initiatives.

# Introduction: what's the sustainability problem?

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What does sustainable improvement look like? The purpose of this report is to discuss the complex concept of sustainability informed by the findings from the Modernisation Agency (MA) Research into Practice Team. Although it is intended to be of practical value to organisations considering sustainability of healthcare improvements, its purpose is also concerned with illustrating its complexity. It is intended to stimulate debate about what we mean by sustainability and what it is we are trying to achieve to ensure that improvements are sustained. It may help clarify a team's thinking before actions are taken to ensure that all members are working towards the same goal.

The sustainability of service improvements is a crucial and challenging topic and one which we need to understand better in order to make healthcare improvement a mainstream concept. Ideally, sustainability is something that is considered, acted upon and built into all health care improvement programmes before, rather than after implementing changes. However, in practice:

*'Sustainability has become a problem as organisations encounter 'initiative decay', losing performance gains, perhaps when resources are diverted to other areas, or because the novelty and interest in new working practices fades'* (Research into Practice Report No 7, November 2003)

As the number of Modernisation Agency improvement programmes increased and the scale of each programme continued to grow, it was recognised that many were encountering difficulties in sustaining their initial achievements. Organisations throughout the NHS, including secondary, primary and social care, have doubtless encountered similar sustainability problems.

Chris Ham and colleagues (Ham et al 2002) published one of the first evaluation reports highlighting the difficulties that some trusts

faced in sustaining National Booking Programme (NBP) projects. As similar evidence emerged from other service improvement programmes, the MA Research into Practice Team was formed in October 2001 to investigate why sustainability was a problem and what organisations could do to address it.

Very shortly after starting their research, the Research into Practice Team realised that the published literature on sustainability, either within or outside of healthcare, was limited. The MA commissioned the NHS Service Delivery and Organisation (SDO) R & D Programme to carry out an extensive sustainability literature review (Greenhalgh et al, 2004). The authors also encountered a similar experience to the Research into Practice Team, finding few published articles on sustainability in an organisational setting. An earlier report from Research into Practice (Summary Report 7) suggested that the sustainability problem has attracted little research attention because implementing and studying change is more interesting than managing and researching sustainability. The next initiative promises much more excitement than maintaining the status quo or studying continuity. Furthermore, whilst change projects can be studied over relatively brief periods, sustainability requires prolonged investigations, resources to which most researchers do not have access.

Through working closely with MA improvement programmes (for example, The National Booking Programme, Cancer Services Collaborative Improvement Partnership, See and Treat, Improvement Partnership for Hospitals) the Research into Practice Team has identified a number of factors that can influence sustainability. For further details of our published reports please visit:

[www.modern.nhs.uk/researchintopractice](http://www.modern.nhs.uk/researchintopractice). (See full list of references at the end of this report).

Adopting a different approach, Maher and Gustafson (2004) have developed a predictive

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sustainability model for change. The model is currently being developed further to provide interventions and guidance for managers and practitioners to increase the likelihood of sustainability. It will also enable organisations to monitor their progress towards sustainability over time.

It is interesting that whilst both teams differ in their underlying philosophy, the factors identified are similar. The sustainability model and the outputs from Research into Practice have been widely disseminated throughout the NHS. Feedback has been very positive and organisations have found the outputs to be of

practical value in addressing their sustainability problems.

One of the most significant, and perhaps surprising findings to emerge from Research into Practice's work, is how complex the concept of sustainability is. The findings have revealed a number of issues that require consideration when thinking about the actions that must be taken to ensure that improvements are sustained.

This report addresses the following sustainability issues and questions that have arisen throughout the work of Research into Practice (table 1).

**Table 1: Sustainability: a series of questions?**

- What does sustainability mean?
- At what level is sustainability aimed?
- What motivates staff to sustain improvements?
- How do you know an improvement has sustained?
- When do you know it has sustained?
- Is sustainability always appropriate?

# What does sustainability mean?

If asked 'What does sustainability mean?' the answer at first seems obvious. Frequently occurring responses include; 'It's no going back', 'Not reverting to the old ways', and 'Ensuring that new practices are continued'.

For many organisations, it is a strategic imperative to anchor, to embed, to have 'stickability', to sustain major changes and their contribution to organisational effectiveness, such that they become irreversible.

But, when a group of people begins to discuss what the term means to them, it soon becomes clear that members of the group think about sustainability in different ways, particularly in terms of what it is they want to sustain. Some people will describe it in ways similar to those illustrated above: 'It's part of the way we do things so that you don't think about the old

ways anymore'. However, others will describe sustainability on a number of different levels, for example:

*'Is it a method for improvement or an outcome?'*

*'It is not simply a change in the way things are done, but a shift in the way all staff think about delivery of patient care'*

*'Sustainability is about always changing to better accomplish the purpose'*

*'Sustainability is not merely achieving a change and sticking to it, but involves a commitment to further improvement'*



The following are examples of what it is we might be trying to sustain.

- The improvement itself and any changes to working practices, such as continuing to offer patients a choice of appointment date
- Consistent achievement of targets or goals, such as the objectives outlined in the NHS Plan
- Sustained use of a formal methodology to review practice and implement change, such as process mapping, capacity and demand, statistical process control (SPC)

- Whole systems change across a specialty or organisation, such as the Improvement Partnership for Hospitals (IPH)
- Continuous improvement and a commitment to finding better ways of working throughout an organisation, or the entire NHS, representing a culture change

There is no generic definition of sustainability. The term acquires different meanings in different organisational contexts, at different times. Sustainability might therefore be thought of in terms of a continuum (figure 1) in which

organisations try to sustain any one or all of the above at the same time.

The left hand side refers to sustaining new methods of working and to sustaining changes in *behaviour*. The right hand refers to continuous development, which in many organisations may represent *attitudinal* changes amongst staff, a change which can be more difficult to bring about. The ultimate achievement would be if continuous improvement could be sustained throughout the entire NHS, with all staff committed to finding better ways of working to improve patient care. However, this would represent a radical culture shift for many

organisations. The longer term goal might therefore be to sustain continuous improvement, but in the shorter term organisations may focus on sustaining smaller step changes, to create the momentum and receptive context for larger scale culture changes that would enable continuous improvement to become the norm.

**Static or dynamic**

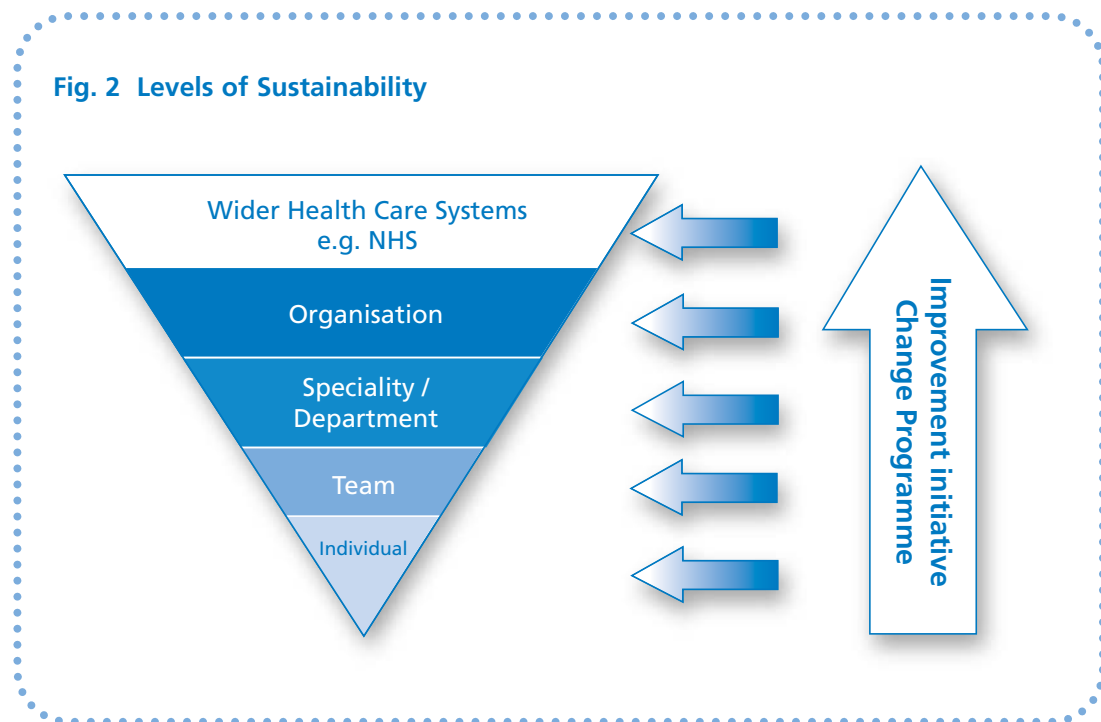
One useful way of thinking about what is being sustained is to consider sustainability in terms of it being either static or dynamic, as summarised in table 2. The static view would regard sustainability as a condition, whilst the dynamic view would regard it more as a process.

**Table 2: Static versus dynamic view of sustainability**

Static	Dynamic
<ul style="list-style-type: none"> <li>• Maintain behaviour</li> <li>• Continue with new systems</li> <li>• Continuous achievement of targets and goals</li> <li>• Or discontinuing certain behaviours</li> <li>• Sustainability is perceived as a condition</li> </ul>	<ul style="list-style-type: none"> <li>• Fluid - receptive to new ideas</li> <li>• Adapt to a continuously changing environment</li> <li>• Changes unfold with time in a manner unique to the context of the organisation.</li> <li>• Sustainability is perceived as a process</li> </ul>
<p><i>Maintaining work methods suggests a static view. A focus on ongoing development suggests a more dynamic or evolutionary perspective</i></p>	

# At what level is sustainability aimed?

Irrespective of *what* is being sustained, actions for sustaining healthcare improvements can be carried out on a number of different levels, including, individual, team, programme, specialty, organisation, and the wider health care system. Figure 2 shows how *what* is being sustained can cut across these different levels.



At the individual level, sustainability actions might be to ensure that changes in an individual's behaviour are sustained. Sustainability actions for teams might be to ensure that teams continue to work together on an improvement initiative after the initial implementation phase or to ensure that improvements themselves are sustained.

Improvement programmes frequently involve many different specialties and some of the larger national programmes are being implemented throughout the entire NHS. Thus sustainability actions are likely to be taken at an organisational level, by project managers and also at a national level by national programme leads to ensure that the programme continues to sustain. Experience has shown that sustaining a national programme

at an organisational level can be difficult if nationally led support is withdrawn and similar support mechanisms are not in place at either trust or Strategic Health Authority (SHA) level.

As the scale of healthcare improvements grows, to include more staff, many different change initiatives, the whole organisation and eventually the entire health service, the task of sustaining improvements becomes more challenging and more difficult to monitor and measure. It is far simpler for individuals or teams to sustain changes than it is to sustain a national programme or changes that have occurred throughout an entire organisation. The level of sustainability skill, expertise and resources required will continue to increase as the scale of the changes grows.



# What motivates staff to sustain improvements?

Throughout Research into Practice's research, it was surprising to learn how differently people in different roles were motivated (or demotivated) to ensure that changes were sustained. In depth case study research with an acute trust involved in the National Booking Programme (NBP) (see fig. 3) illustrated how differently booking impacted on the various staff groups.

## Fig. 3 Objectives of the National Booking Programme (NBP)

The NBP, launched in 1998, was part of the Government's strategy for modernising the NHS. The programme's objective was to make the NHS more accessible and convenient. The NHS Plan gave a commitment that, by the end of 2005, along with reduced access times, all patients requiring an outpatient or inpatient admission would be offered a choice of dates. From its launch in 1998 until 2004, when the programme was devolved to Strategic Health Authorities, the NBP supported health teams throughout the NHS in redesigning their services to improve, access, booking and choice.

The following example illustrates the differing perceptions of staff involved with the NBP. It highlights a potential conflict of interest amongst the different stakeholder groups working within the same programme, drawing to attention some of the difficulties managers faced in trying to sustain a booked appointment system throughout this health community.

The **consultants'** motivation to sustain a booked appointment system was dependent on whether it was perceived as bringing any benefits to patients over and above traditional systems. As with most staff groups, they were concerned about the impact of booking on their own roles. They also considered its impact on the overall functioning of their specialty or department. Some consultants did not want administrative staff to



take responsibility for the mix of procedures for their theatre sessions. Some were reluctant to pool patients and to cover for colleagues who took leave when patients had already received an outpatient appointment or admission date for surgery. They did not always consider the benefits of booking on organisational efficiency and the way in which patients received their appointment was not regarded as a high priority. Furthermore, some consultants were not motivated to sustain changes that were target driven. Targets have been perceived as a disincentive and as conflicting with quality of patient care.

**Nursing staff** adopted a similar view in terms of whether a booked appointment system brought benefits to patients. Furthermore, nurses were rarely directly involved with the NBP and some nurses working on surgical wards were unaware of the programme and any changes to the way patients received appointments.





The **specialty** or **department** was interested in improving patient care and overall efficiency. It focused more on local improvements than on national targets. Staff were motivated to sustain booking if they

could see patient benefits and direct improvements to the specialty, such as reduced 'did not attend' (DNA) rates and cancellations, smoother running of clinics and an increase in operations performed on the planned dates.

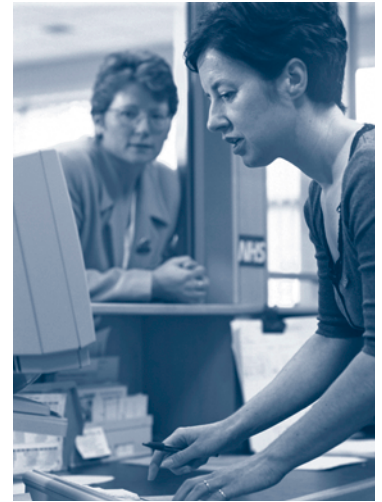
**Project Managers** were concerned about sustaining booking targets and DNA and cancellation rates. In many trusts, project managers were employed specifically to implement and manage booking projects. Their posts were frequently funded external to the trust, through the NBP. Some were employed on fixed term contracts, the renewal of which could be determined by whether or not booking and its associated targets were sustained. Their motivators to sustain booking were entirely different and frequently conflicted with those of

consultants. It required sustained efforts from project managers to build relationships with consultants and to demonstrate the benefits to ensure that new ways of working were sustained.



**Administrative, clerical** and **secretarial** staff all played a key role in booking. Administrative and clerical staff were the most directly involved, having the responsibility for booking patients appointments. Booking created new administrative posts and radically changed the jobs of existing staff. Some enjoyed the higher

levels of patient contact and responsibility, whilst others did not. Concerns were expressed about the level of support and training for new roles, with some staff saying that they had not received sufficient training. Those preferring the 'old' ways of working would revert to them at any opportunity.



**Medical secretaries** were concerned about losing control over their consultant's diary; some of them said that they did not want booking to sustain in their specialty. Their reluctance to 'hand over' booking to administrative staff created conflict between the two staff groups in one specialty. This research took place three years after booking was introduced into this specialty and we found that two of the medical secretaries would try to disrupt the booking process through refusing to cover for the booking administrator if she was on annual leave or off sick. An earlier report from Research into Practice (Summary Report 10) illustrates what powerful influences medical secretaries can have over consultants, in some instances persuading them not to book patients and to continue with, or revert to previous methods.

**Chief executives** and senior managers were likely to have entirely different motivations for booking to sustain. Booking was only one initiative with which their organisations were involved. They regarded booking within a wider context and the ways in which it contributes to the overall efficiency of their organisation. Motivation is likely to be higher if an initiative has national targets and its success contributes to the trust's star rating. They also had to consider resource implications and whether sustaining booking

meant withdrawing funding and staff from another initiative.

This case example illustrates how the same change initiative can impact on different staff groups in the same organisation in different ways. Their motivation for it to sustain will be partly dependent on how it impacts on their jobs and what they consider to be important. It shows that they may not all share the same goals and there can be a conflict of interest between the different stakeholder groups. As the following quote illustrates

*'Where there are powerful 'winners' from change, sustainability may be high, but not where there are powerful 'losers'.*

Plant 1995, p23

Whilst the above example relates to the NBP, it is likely that the findings will be relevant to other service improvement programmes that involve a number of different stakeholder groups. Being aware of the different views and opinions of key stakeholders can help managers address some of the sustainability challenges they face. Attempts to

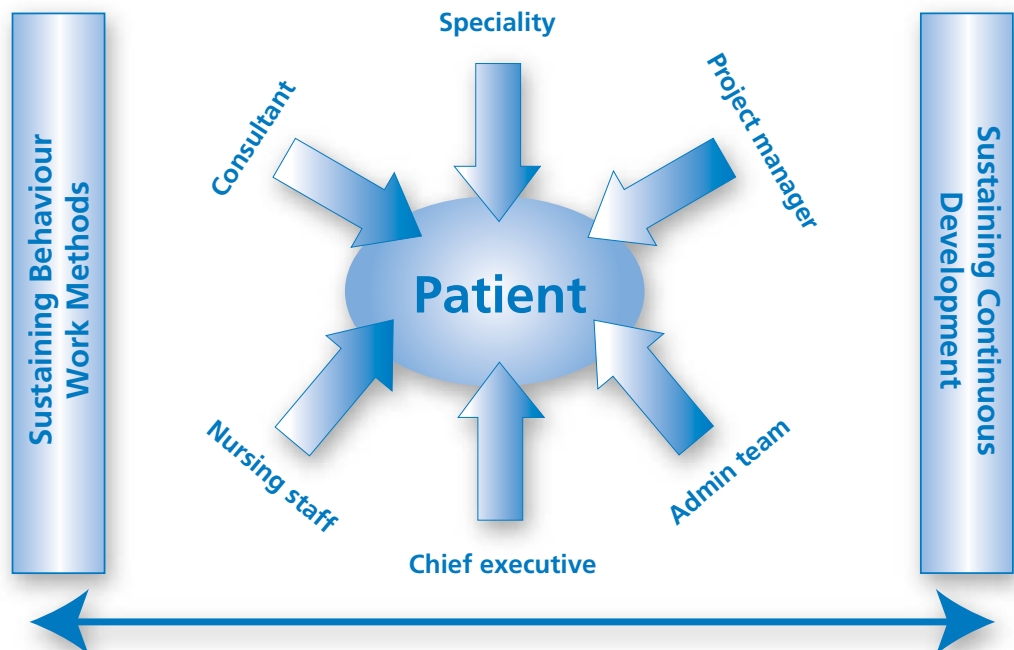
understand motivating factors for each staff group can be more beneficial to sustainability than trying to fight resistance and scepticism.



#### Quality of patient care is paramount

More importantly, whilst individuals often consider the impact of changes to their own roles, we should never lose sight of the goal shared by all staff, regardless of their position in the organisation. Figure 4 shows how, irrespective of role, or type or scale of an improvement, sustainability of healthcare improvements should be driven by the need to bring better quality care to the patient.

Fig. 4 Sharing the same goal



# How do you know an improvement has sustained?

Determining whether or not healthcare improvements have been sustained in a given context will depend on the specific nature of the change. For example, if changes involve performing work in a particular manner, or meeting clear performance targets, then sustainability can be assessed through observing changes in staff behaviour. Objective, quantifiable data can be collected to demonstrate that targets have been sustained. However, the success of the improvement initiative may also be dependent on attitudinal as well as behavioural changes. It might involve cultural as well as structural and procedural changes or continuous improvement beyond a benchmark level. Sustainability of complex changes such as these can be more difficult to assess, which raises a series of questions. For example:

- How much improvement should be demonstrated and over what timescale?
- How many conditions have to be met for sustainability to be achieved?
- If changes in attitude as well as behaviour are required, how will you recognise this and know that they have been sustained?
- How will desired changes in organisation culture be evaluated?

It would be difficult, if not impossible to use objective measures to determine whether such changes have been sustained. Currently, however, we do tend to rely on objective, numerical data to demonstrate that a change has been sustained. Some staff, especially doctors, still demand quantifiable evidence to demonstrate that a change is an improvement. There is also pressure to produce performance data where changes are driven by government targets. But, objective performance data may not always demonstrate an improvement in the quality of care. Qualitative and complex changes, which bring about real improvements in the delivery of healthcare, will require more

complex qualitative measures and more effort to identify whether they have been sustained. This means using more subjective but well informed interpretations.

For example, staff interviews, surveys and externally facilitated workshops, where staff express their views openly, provide more information about staff's attitudes towards new ways of working, than simply observing behaviour changes. They also provide evidence that the desired culture changes and ways of thinking about work are beginning to take place. Qualitative research carried out by staff external to a programme (for example, work carried out by Research into Practice) can also influence future developments of a programme/project to ensure sustainability. Patient interviews and focus groups can provide real evidence of whether the quality of care has improved.

We must accept that measuring improvements in quality is more difficult and time consuming than collecting hard performance data.

If we want to assess whether an improvement, which brings benefits to patients has been sustained, we have to find the time and resources to do it effectively and routinely. Over time and as further improvements are demonstrated, confidence grows in the knowledge that improvements have sustained.

As one service improvement facilitator suggested:

*'It is sustained when it becomes part of your everyday work without even realising you are doing it'*

Therefore, determining whether the change has been sustained or not is likely to involve a combination of quantifiable and qualitative measures, depending on the complexity of the change and the context within which it takes place.



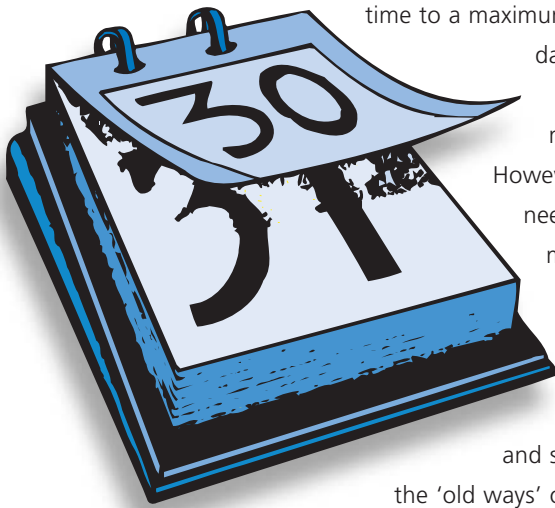
# When do you know it has sustained?

It is relatively easy to identify when specific, clearly defined changes to working practices or processes have been sustained. It is also relatively easy to be sure that a target has been sustained. For example, if your objective is to reduce accident and emergency (A & E) waiting

time to a maximum of four hours, your

data will tell you when objectives have been met and sustained.

However, for how long do you need to continue to monitor and collect data before you can be confident that the changes will continue to sustain and staff will not revert to the 'old ways' of working?



For changes that are more complex and/or where the results are less visible such as a national programme, a whole systems change, or a culture change, at what point in time can you be confident that your objectives have been met and sustained? As the following quote illustrates, some changes can take several years to implement and assessing when they have sustained is unlikely to be a straightforward process.

*'TQM for example is a long term process. It can take organisations between 8 – 10 years to put the fundamental principles, practices and systems into place, create an organisation culture which is conducive to continuous improvement and change the values and attitudes of people'. (Dale et al 1999)*

When would you be able to say that that changes on this scale have sustained?

Examples from outside of health care (Reisner 2002) illustrate the potential fragility of sustainability. In his study of the United States Postal Service, Reisner found that the organisation had achieved incredible success through transformational changes in the 1990s; a status the company enjoyed for several years. However, by 2001, staff morale and performance were low and losses were predicted. The organisation was in danger of slipping back to its pre transformational position.

A further example from the NBP illustrates how fragile sustainability can be. The programme is over five years old and a number of organisations had successfully sustained their achievements for several years. However, when the programme was devolved to SHAs, changes were made to the way in which funding was allocated. Some trusts did not receive the funding they had anticipated and consequently were unable to retain some of their booking staff, which threatened the sustainability of booking in some specialties. Therefore whilst booking had been sustained for more than three years, some projects were in potential jeopardy because of changes beyond the trusts' own control. These examples illustrate the need to continue to monitor and evaluate a change for some time into the future.

# Is sustainability always appropriate?

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The immediate response to this final sustainability questions is usually, 'Yes'. There is a tendency to think that once a change has been made, we should try to ensure that it is sustained. Service improvement initiatives are costly to implement and require considerable staff effort. Thus, there is an immediate incentive for the changes to be sustained. In addition, there is sometimes an assumption that all change is for the better; that it will lead to improvement. It can be difficult to accept that huge investments of resources and effort have not resulted in improvement. An evaluation or quality assessment is required to demonstrate that a change does represent an improvement before more resources are allocated to its sustainability.

## Should there be no going back?

One view is that sustainable change means that there should be 'no going back' to previous ways of working. Measures may be taken to ensure that it is difficult or impossible to revert to 'old' ways. Old systems and processes are removed. This however, has advantages and disadvantages.

On the one hand it ensures that new processes and methods are continued. An example might be of an acute trust that has recently implemented an electronic booking system. If the old paper systems are removed, there is no opportunity to revert to previous ways of booking patients. On the other hand, large scale and complex change takes time, new methods will be introduced gradually and there may be a requirement to work with old systems during a transition stage. Furthermore, as suggested above, how can you be sure that the changes will be an improvement? Evidence and time may demonstrate that they are not, and that parts of, or all the previous systems were better, and that it would be beneficial to revert to them.

Continuous improvement involves building on what is already done well and what is known to be successful, and taking that forward with the

changes. Many organisations within the private sector underwent radical transformations during the late 1980s and early 1990s. Old systems and procedures were removed and replaced with new technological innovations. However, after a few years, it was realised that valuable knowledge had been lost. Therefore, whilst opportunities to revert to inefficient practices should be minimised, we must also examine what we already do well and ensure that it is built in to the new change initiatives. In other words, when decisions are made to introduce changes, existing processes require evaluation to ensure that knowledge is not lost and the 'best' is taken forward.

Our research suggests that removing old systems and processes may be appropriate for small scale changes, and when there is evidence that the change is an improvement. But during complex, large scale and cultural changes there may be a need for continuity and stability, and dismantling the 'old ways' would not be appropriate.

## When might sustainability be inappropriate?

Sustainability may be desirable in most situations; however, there are several reasons why it might not be. First, shifts in the internal context (such as a change in senior management) and external context (such as a change in policy, public pressure) can quickly render work methods and performance goals obsolete, thus triggering the need for further intervention. A particular change intervention may be appropriate at a particular point in time, but may later need to be reviewed. Decay can therefore be a desirable option in some circumstances.

Second, maintaining a major programme of improvements can cause initiative fatigue, which can in turn reduce individual and organisational effectiveness and heighten resistance to future initiatives. Staff in the NHS frequently report that there are too many changes to deal with at any time. A particular change initiative is sometimes described in terms of 'flavour of the

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month'. During major transformational change, a period of continuity may be required.

Finally, sustaining change can potentially stifle innovation, creativity and risk taking, behaviours that are required in a culture of continuous improvement.

Attempts to sustain new ways of working may prevent staff from seeking further improvements. Process mapping for example often reveals outdated methods/systems of working. When questioned why these methods are still used, a frequent response is, 'because that's the way that we've always done it'. If too much effort is directed at sustaining a new method or process, there could be a danger that a similar situation will arise. Concerns expressed by some staff involved in service improvement are reflected in these quotes.

*'Should we try always to sustain?*

*Organisations naturally change and evolve'*

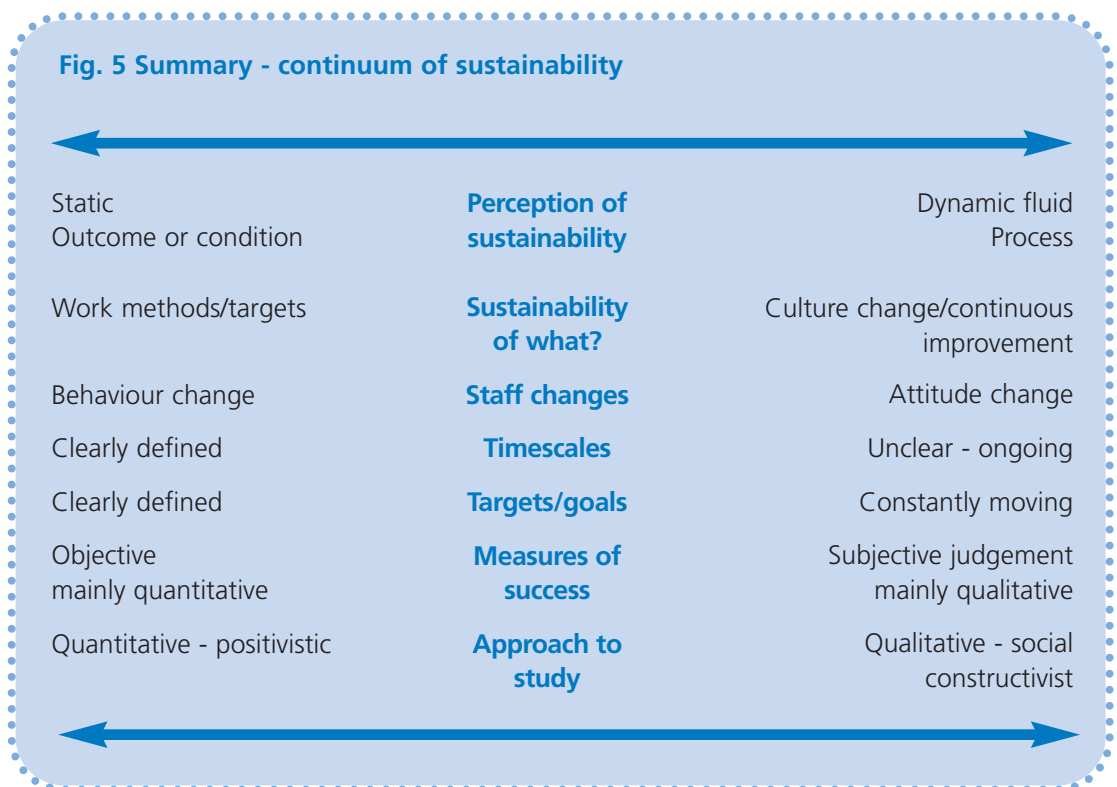
*'Can it prevent innovation and risk taking if people are encouraged to sustain a way of working'?*

Sustainability is therefore something of a balancing act, with the desired outcome and actions perhaps changing with time. In most situations sustainability is desirable regardless of the scope or scale of the improvement initiative. There does however need to be an evaluation of the extent to which the change is an improvement. Whilst new ways of working are sustained, it is also necessary to remain receptive to better ways of working as the internal and external environments change. Periods of stability are also required whilst new working practices and new ideas become embedded.

# Continuum of sustainability

As this report has illustrated, sustainability can be perceived, measured and studied in numerous different ways. Representing it as a continuum of thinking and behaviour (Figure 5) illustrates this. It provides a visual reminder of many of the issues that have been discussed throughout this report. Issues on the left hand side are easier to measure and

quantify, but can be criticised for being too simplistic. Issues on the right delve into the complexity and human elements more, but can be perceived as being woolly and intangible. Neither extreme, nor any position on the continuum is right or wrong, all are relevant; different contexts will require different ways of considering sustainability.





# Sustainability issues to consider

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This report has illustrated that sustainability is a complex concept, with multiple definitions. The definition that matters is the one that applies to a particular organisation setting at a given point in time. Changes in the delivery of healthcare are happening on many different levels and we need to think about sustainability in the same way. There is probably no one approach to studying sustainability or a single model that can be applied across all healthcare settings. What counts is whether they are helpful in sustaining healthcare improvements.

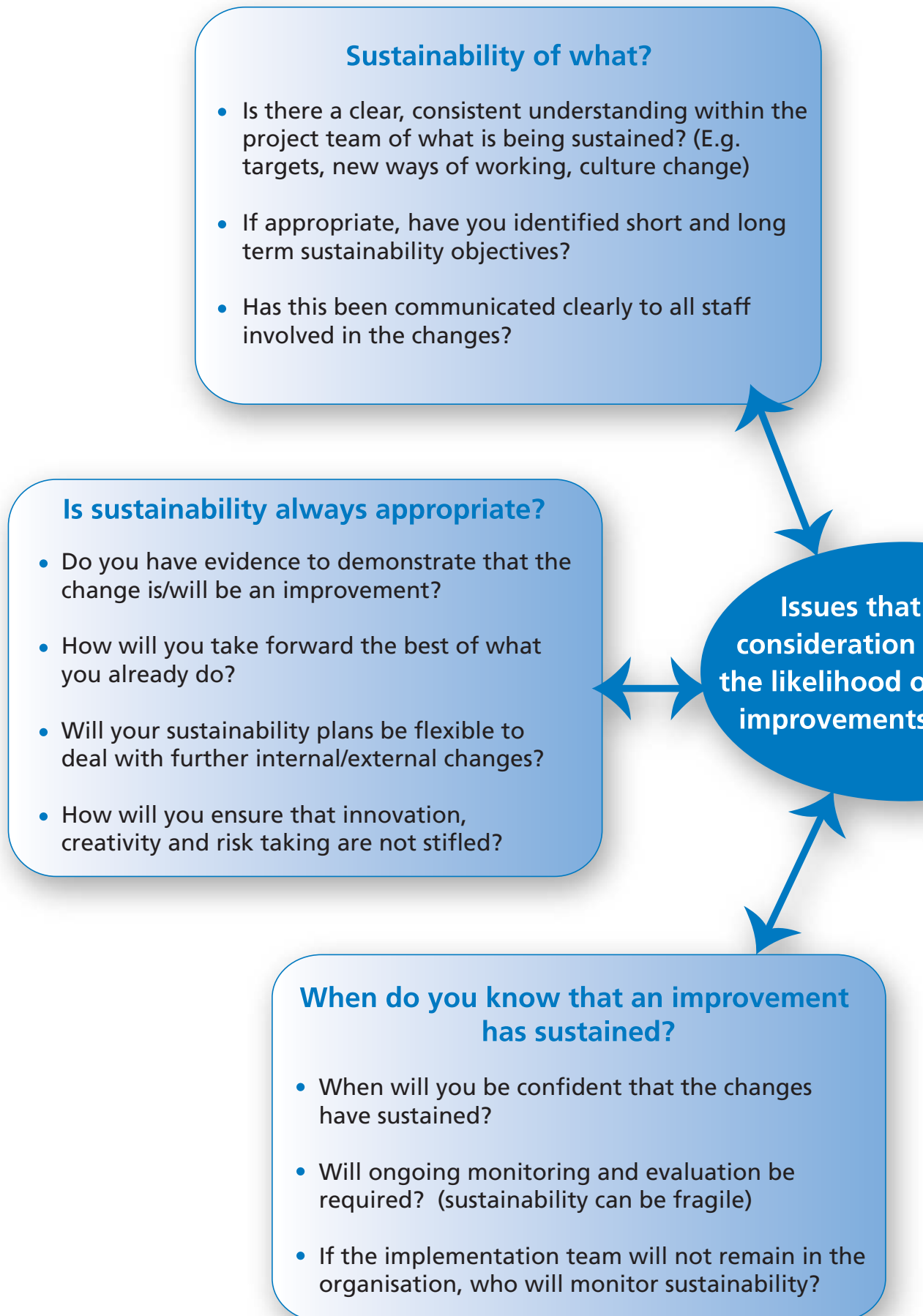
Findings from Research into Practice have also shown that sustainability is only part of a complex process. It is so interrelated to the implementation process and spread of change that it should not be thought of in isolation. More importantly, it is an issue that has to be addressed at the start of the change process. Research into Practice's findings have shown that some organisations, that overlooked sustainability issues during the implementation

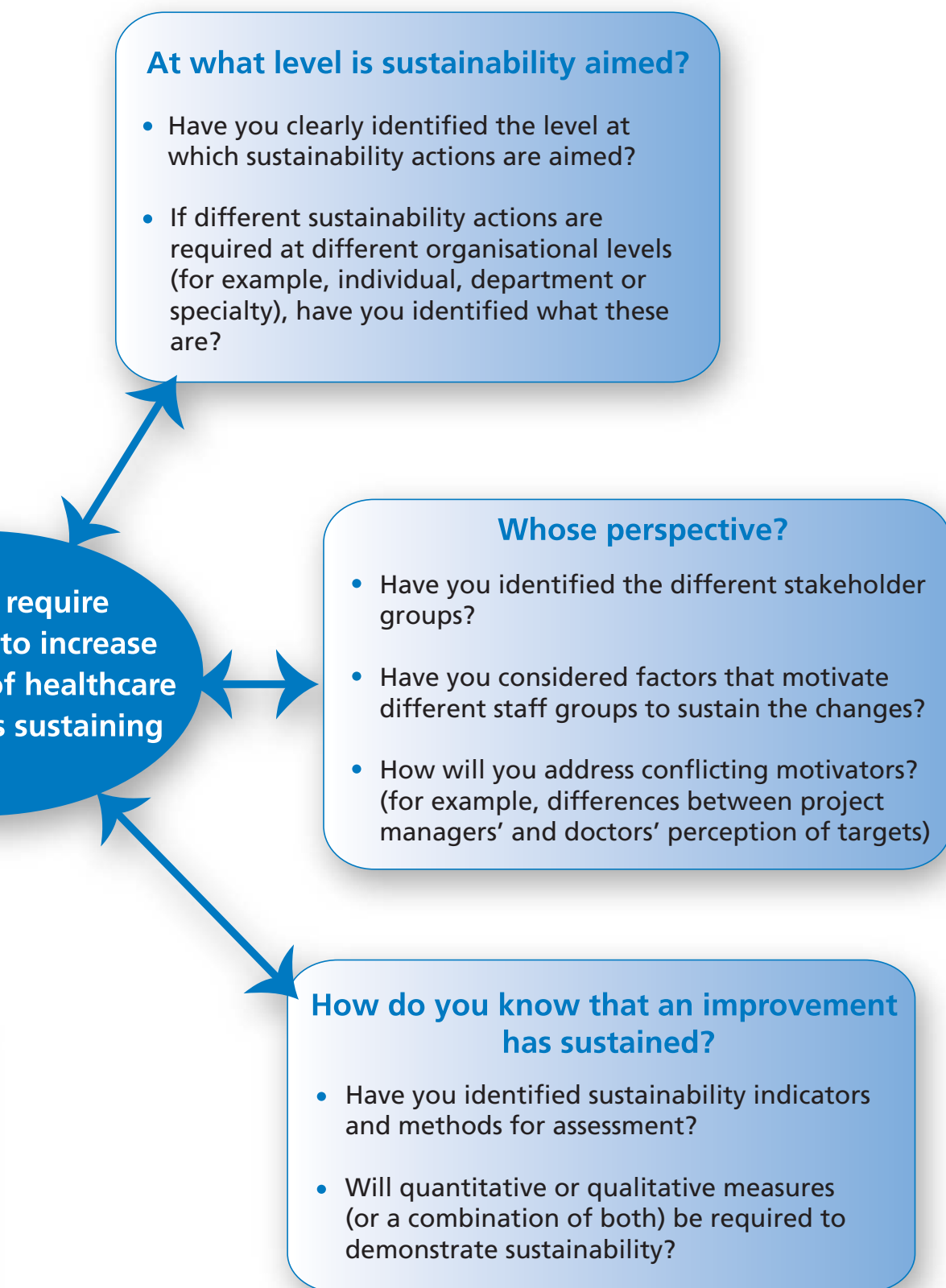
stage, later found difficulty in sustaining their initial achievements.

Although a complex issue, research from the MA has shown that we can specify in general terms the conditions that are more likely to support sustainability and those that put sustainability at risk. An understanding of the influential factors and an ability to address them in a timely and appropriate manner may significantly increase the probability of a change being sustained. The reports referenced on page 18, illustrate which factors can help or hinder sustainability of improvements.

The final section of this report proposes some generic questions that teams might like to consider and act upon before assessing their organisation against the specific factors that can influence sustainability (fig 6). Taking time to answer these may help clarify a team's thinking, before actions are taken, to ensure that all members are working towards the same goal.

Fig. 6 Sustainability





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### Research into Practice Team

This report was written by Annette Neath on behalf of the Research into Practice Team.  
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The Research into Practice Team works with partners within the Modernisation Agency and the broader NHS to capture learning and generate knowledge about modernising healthcare. We aim to share our findings as widely as possible to help inform NHS staff as they pursue service improvement locally.

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For further details of our research into spread and sustainability of service improvement, please visit: [www.modern.nhs.uk/researchintopractice](http://www.modern.nhs.uk/researchintopractice).

All summary reports are available in PDF format from the website.





