NHS Confederation
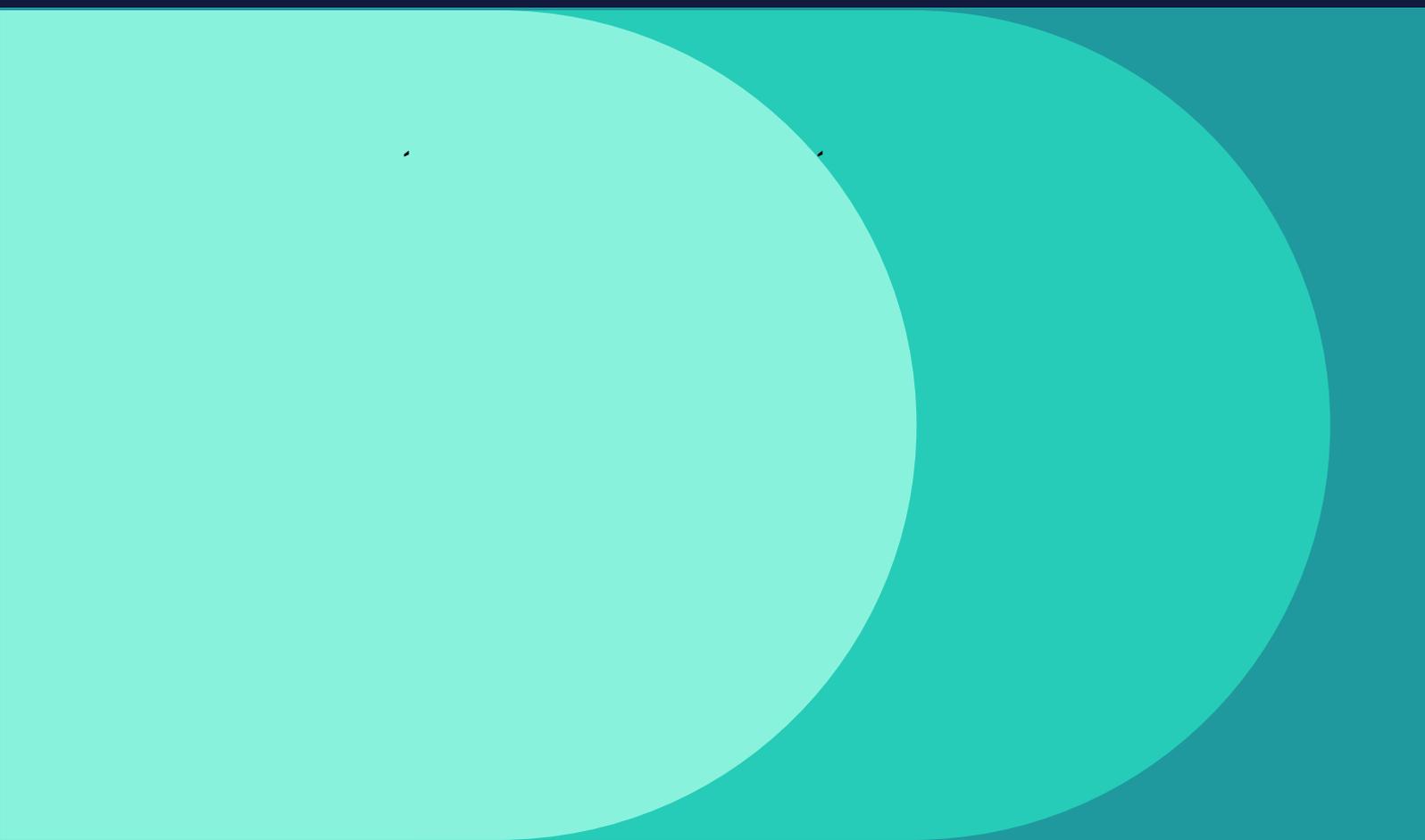
Interface Improvement Collaborative

Workbook– Session 5: Ongoing testing and sustainability

Contents

Post course actions

Please complete and send back to your facilitator and acutenetwork@nhsconfed.org

Sustainability checklist

How will you embed your changes?

Factor	Importance to sustainability	Your actions
Monitoring progress	• Who will continue to collect your data and ensure it is reviewed to monitor progress? • What is your feedback process to teams to share benefits, progress and actions? • What set group/meeting will be assuring the changes continue beyond the collaborative?	
Training and involvement	**Importance to sustainability** • Is training and development needed to upskill staff and how are you going to do this? • Have you got a method to keep all staff up to date on what needs to be done? • Do you need monitor who has/hasn't been trained?	
Behaviours	**Importance to sustainability** • How are you ensuring staff are encouraged & able to express their ideas regularly? • Do staff agree that the change is a better? • Are the changes understood by everyone?	
Senior Operational and Clinical Leaders	**Importance to sustainability** • Are senior leaders trusted & supportive of the change? • Do they understand it and do they promote it? • Are they taking responsibility to help break down barriers?	
Fit with Aim and culture	**Importance to sustainability** • Is the aim of the change clear & has it been shared wider? • Do others understand what you are trying to do and why? • How is your change contributing to the overall strategic aims in you organisation?	
Infrastructure	**Importance to sustainability** • Is there enough facilities and equipment to support the new process? • Do new requirements need to be built into processes/tasks/job descriptions? • Are there policies and procedures supporting the new way of working?	
Benefits beyond helping patients	**Importance to sustainability** • In addition to helping patients, are there other benefits? For example, does the change reduce waste or avoid duplication? • Will the change make things run more smoothly? • How will it impact staff's workload?	
Credibility of benefits	**Importance to sustainability** • Are benefits to patients, staff and the organisation visible? • Do staff believe in the benefits? • Can all staff clearly describe the full range of benefits?	
Adaptability	**Importance to sustainability** • Can the new process overcome internal pressures, or will this disrupt the change? • Does the change rely on a specific individual or group of people, technology...etc., to keep it going? • Can it keep going when these are removed – if not what mitigation can be put in place?	Contents for this checklist are based on the NHS Sustainability model 2010

Project overview

Project Title

Background

Describe the problem, why you want to tackle it and a bit about the project team that formed

Driver Diagram

An image of your driver diagram of all the things you could test out to help achieve your aim.

Aim & Stakeholders

Your project aim statement, who you involved in the project/engaged with –how did you try to create a shared agreement on what to tackle?

General Reflections

How will you keep moving forward as a team? What sustainability factors are you thinking of working on?

Intended/outcomes

What have you achieved so far or what do you intend to achieve?

Measurement

Describe your measurement plan, what the intended outcomes are you want to achieve and how you are collecting data. Here it would be good to include a graph for one of your measures that you are tracking
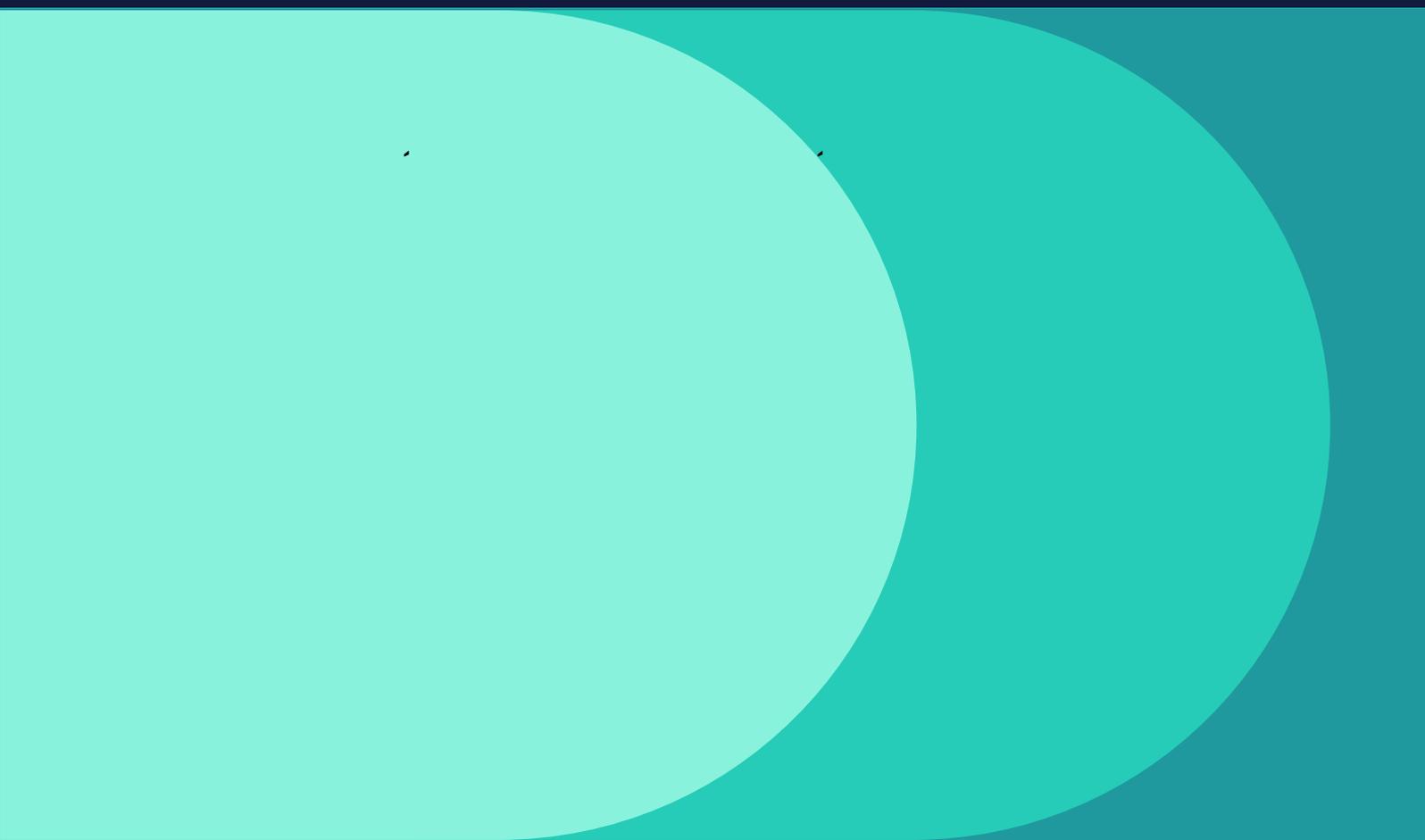
PDSA cycles/testing

What changes are you testing, why and how is it going?

Next & sustainability

How will you keep moving forward as a team? What sustainability factors are you thinking of working on?

Further reading and resources

What is a breakthrough series collaborative?

- A simple structured way to carry out improvement
- Designed for large scale testing across multiple areas
- Based on Institute for Healthcare Improvement (IHI)
- It usually lasts between 6-15 months
- It has a clear start and end point from problem to solution
- It provides staff with basic tools and training
- It provides a framework to apply learning in practice

There are a series of learning sessions over a period with structured improvement methodology and peering learning in them. In between each learning session, are action periods where participants are expected to apply their learning in practice and share progress at the following learning session

Breakthrough Series Collaborative Model
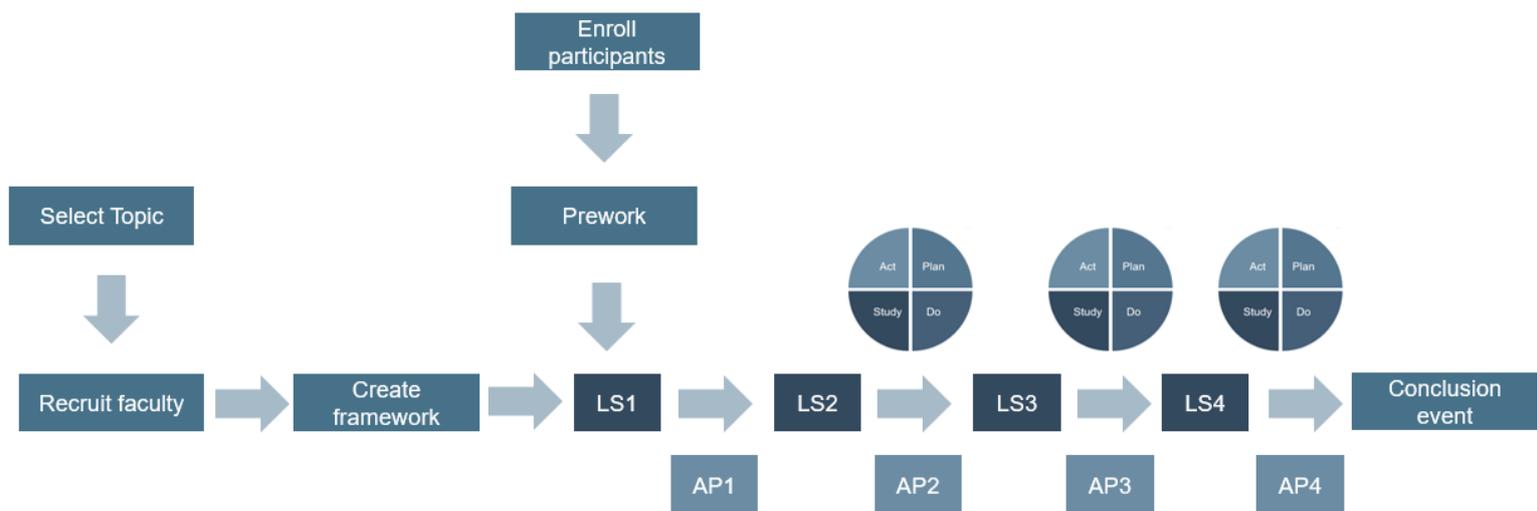
LS = Learning session
AP = Action period

What are the benefits of the interface improvement collaborative?

Benefits to you

- Learning improvement methodology and systems thinking
- Transferring learning into practice through action periods
- Developing links, connections and peer learning with others
- Being part of a community tackling similar issues
- Working with others to improve services to patients

Benefits to your team

- Building relationships with team members across the interface
- Working together on a specific problem to create positive change
- Understanding the power of communication, teamwork and culture
- Sharing learning, creating understanding and strengthening partnerships
- Working together to improve services to patients

Benefits to patients

- Working together as a team to improve patient experience across the interface
- Improving accessibility, communication with patients and continuity of care
- Some of your improvements will help reduce time wasted by patients
- Their care is provided and completed in the right person by the right profession

NHS sustainability model

The NHS sustainability model is structured around three core domains of sustainability; Process, Staff, and Organisation, reflecting the three categories of factors that determine whether an improvement becomes embedded and long-lasting.

It provides practical, step-by-step support for implementing sustainable change including:
•How to use the NHS Sustainability Model
•Understanding the factors that influence sustainability
•Applying the score system to assess the likelihood of long-term success
•Visual tools (bar charts, portal diagrams) to aid interpretation
These components are designed to help teams identify weaknesses and strengthen implementation plans.

Sustainability requires more than just maintaining a change—it requires embedding new ways of working:
The model emphasises that sustainability means integrating changed processes, behaviours, and attitudes into normal operations, not simply adding something on or avoiding regression. This broader definition signals the need to align systems, culture, and leadership around the change.

The model supports leaders to predict and improve the likelihood of sustaining improvements:
Using the Sustainability Model and its scoring tools, leaders can diagnose areas at risk, forecast sustainability, and take targeted action to reinforce improvements. The guide provides a diagnostic, evidence-based framework to support this process.

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Foundations of sustainable improvement

Foundations for Sustainable Improvements

The Mental Health Improvement Support Team have set out the following key foundation principles that should be in place to empower systems/ teams to create meaningful change and enable sustained improvement:

SYSTEM LEADERSHIP

Visible Leadership Advocacy – Senior leaders must actively communicate and champion change to inspire engagement ('winning hearts and minds').

Unified Leadership Accountability – A unitary leadership approach minimises silos and fosters a collaborative culture.

Stable Leadership Support – Consistent leadership at the board and senior levels ensures sustained improvement and rapid progress at the frontline.

Board Development & Cultural Change – Equipping leaders with the right tools, behaviours, and capabilities drives cultural transformation and accelerates delivery.

Capacity for Improvement Leadership – When internal staff leading improvement efforts have dedicated capacity, progress is more sustainable.

SYSTEM GOVERNANCE AND OVERSIGHT

Effective Escalation Mechanisms – Ensuring systems have clearly agreed escalation protocols across system partners including clearly defined escalation times to support services who are waiting for long periods.

Effective Governance & Reporting Structures – Well-established governance, reporting, and escalation routes ensure quality governance and risk management are embedded effectively.

System Oversight of the whole pathways i.e. UEC Mental Health pathway – Taking a whole system pathway approach is about developing a shared understanding of the system level issues using the data and valuing each other's viewpoints.

SYSTEM INTELLIGENCE LED

Proactive demand and capacity – A comprehensive view of demand across key system partnerships should form the foundation of clinical and operational leadership discussions and decision-making processes to ensure more coordinated and effective service delivery.

Reducing Health Inequalities – A clear system overview of health inequalities within local populations is incorporated/considered into governance and KPIs reviews/developments so that the information that's available is used to improve services and outcomes.

Outcome Monitoring – Standardisation of outcomes across all stakeholders enables meaningful comparisons and ensures that data can be used effectively to monitor impact of services and drive improvements across the entire system.

SYSTEM ENGAGEMENT

Staff Involvement in Change – Engaging frontline staff directly affected by change to improve buy-in and ensure practical implementation.

Clear and Continuous Communication – Regular updates on intent, progress, and upcoming changes keep stakeholders aligned and engaged.

Awareness & Coordination – A broad understanding of the scale of actions, necessary resources, and interdependencies to prevent conflicts and inefficiencies.

Urgency & Responsiveness – A strong sense of urgency to act, a proactive approach to support, and a deep understanding of the consequences of inaction.

SYSTEM RESOURCES

Sustained Resource Allocation – Ensuring resources are safeguarded for embedding new practices, even in financially constrained environments.

Organisational Readiness – A strong cultural foundation and robust infrastructure (e.g., IT and clinical systems) are critical for successful implementation.

Robust Quality Improvement (QI) Resources – A well-developed QI infrastructure within the organisation to support continuous improvement.

Dedicated Project Management Office (PMO) Support – Essential resources to drive rapid improvements, especially in large, complex initiatives.

Acknowledgment of Internal Capacity Needs – A system-wide commitment to recognising and providing the internal resources necessary for sustained improvement.

LEARNING CULTURE

Leveraging Existing Best Practices – Identifying, harnessing, and spreading proven successful practices enhances overall efficiency.

Sustainable Improvement Actions – Focus on long-term solutions that address root causes, rather than short-term fixes to meet regulatory demands.

System-Wide Improvement Approach – Improvement efforts should extend beyond individual providers, fostering system-wide capability and collaboration.

3 levels of resistance

3 Levels of Resistance Model

With your own work in mind, identify any adaptive change barriers you are running into. What do the barriers look like and are any of them to do with resistance to change? Using the Rick Maurer model template, work through the three levels of resistance and identify any key leadership actions you could take to try to reduce the impact of the resistance to change:

- I don't get it: Explain why the reasons for the changes you are proposing

- I don't like it: Try to think of ways to reduce or minimise fear and increase people's sense of psychological safety

- I don't like you: Try to think of ways to increase people's sense of connection and positive relationships

I don't get it

In order to overcome resistance in this level, it is important to make sure people know why change is necessary. What explanations would you give about why it is important to make the proposed change(s)?

I don't like it

This level is about removing as much fear as possible so that people can react with less emotion. List the ways you think you could reduce fear about the changes and increase psychological safety.

I don't like you

This level usually occurs not because people dislike the idea, but rather because they dislike you (or what you stand for in their minds) or other leaders you may represent. Think about how you could reach out to people to repair or improve your relationships with them? How could you listen to their communications in a non-defensive and open way? Can you use any of the feedback for personal growth or insight into how leaders are perceived in your team?

Recommended Reading

- Start with Why – Simon Sinek
- Dare to Lead – Brene Brown
- Team of Teams: New Rules of Engagement for a Complex World – General Stanley McChrystal
- 7 Habits of highly effective people – Stephen R Covey
- The Chimp Paradox – Prof Steve Peters
- Leading Change – John Kotter
- Leading in a culture of change – Michael Fullan
- Compassionate Leadership – Michael West
- The improvement guide – Gerald J Langley
- Rebel ideas – Matthew Syed
- Emotional intelligence – Daniel Goleman
- Using patient experience for improvement - Point of Care Foundation
- MeasuringPatientExperience.pdf (health.org.uk)
- The Patient Experience Book (england.nhs.uk)
- Ladder of co-production (https://www.thinklocalactpersonal.org.uk/)
- The Art of Thinking Clearly by Rolf Dobelli
- The Decision Book by Mikael Krogerus and Roman Tschappeler
- Nudge by Richard H. Thaler and Cass R. Sunstein
- The Social Leadership Handbook by Julian Stodd
- The Power of One, The Power of Many by Bibby, Bevan, Carter, Bate and Robert
- The Exceptional Potential of General Practice Edited by Graham C. M. Watt
- The Surprising Power of Liberating Structures by Henri Lipmanowicz and Keith McCandless
- Storytelling with Data in Healthcare by Masick and Bouillon
- Think Fast, Talk Smart: Communication Techniques from Stanford Graduate School of Business (podcast by Matt Abrahams)
- Primary and Secondary Care Interface - NHS Cheshire and Merseyside
- The speed of Trust – Stephen Covey
- Information is beautiful – David McCandless