Delivering Systems Change

Lessons from the Nurture Programme: Infant Health and Wellbeing

The Atlantic Philanthropies
KHF Katharine Howard Foundation
HSE
CES The Centre for Effective Services
The Community Foundation for Ireland

Contents

Foreword 4
Introduction 4
Overview 4
How the report was developed 4
An overview of the Nurture Programme: Infant Health and Wellbeing 5
The full evaluation and summary evaluation reports 9
Key lessons from the Nurture Programme for creating lasting system change 10
Overview 10

THEME A: Get the right people into the right structures and ensure alignment across structures 11
1 Establish implementation teams and match the right people to these roles 11
2 Alignment between local, regional and national structures and context is key 12
3 Effective multiagency partnerships require a significant investment of time and support 12

THEME B: Engaging staff and service users in new initiatives requires commitment and support 15
4 To build credibility, frontline staff need to know that funding is committed 15
5 Maintaining the engagement of key staff requires significant effort and consideration 15
6 Evidence reviews are essential tools for creating a collective vision 16
7 Effective communication with frontline staff requires on-going effort, stamina and creativity 17
8 Deliver tangible wins in a timely manner to build the momentum for change 18
9 Service user consultation is vital to ensure that changes meet the needs of end users 18
10 Consultation with staff is key to success 19

THEME C: Plan for scale and programme sustainability from the outset 19
11 Sustainability requires detailed planning, commencing in the project set-up phase 20
12 Plan from the outset how to bring the initiative to scale 21

THEME D: Partnerships and specialist expertise strengthen the impact of change programmes 23
13 Philanthropy can leverage resources as well as strengthen project management 23
14 Specific programme roles, such as communications and data management, require staff with specialist expertise 23
15 Implementation science supports the achievement of programme outcomes and sustainability 24
16 National policy change is best achieved through strategic partnerships and alliances 26

Summary 27
References 28

Foreword

We have great pleasure in introducing this report on the learning from the Nurture Programme: Infant Health and Wellbeing 2015 - 2019.

The Nurture Programme has its roots in the generosity of Charles (Chuck) Feeney who, through The Atlantic Philanthropies (Atlantic), has supported over many years a wide range of significant developments in Ireland including services for children and families experiencing disadvantage. As the work of Atlantic was drawing to a close, it was decided to support a number of legacy programmes, including the Nurture Programme, seeking to mainstream the learning from the targeted programmes in order to improve the universal supports provided to all children and families in Ireland.

Pregnancy and early childhood have long been identified as key times to provide supports to children and families as these are the periods of most rapid development and lay the foundations for the rest of the child's life. Indeed, there is much international evidence of the long-term financial as well as societal benefits of investing in prevention and early intervention strategies.

Atlantic decided to invest in child health services in the very early stages of pregnancy and childhood in partnership with:

- The Katharine Howard Foundation which has significant experience in managing and supporting a range of initiatives in early childhood
- The Health Service Executive, as the agency with responsibility for provision of child health and wellbeing information, advice and support to every one of the 61,000 children born in Ireland every year and
- The Centre for Effective Services, which has significant expertise in supporting human services systems change programmes.

Since 2015, an integrated programme of work has been developed and implemented through the Nurture Programme with a view to strengthening the HSE's supports in pregnancy and early childhood. Many of these resources, such as the **www.mychild.ie** website, the new My Pregnancy and My Child books and a comprehensive staff training programme, are already in daily use. Other key developments are close to introduction, such as the standardised child health record for Public Health Nurses and Community Medical Doctors, a standardised child development screening tool and national standards for antenatal education.

The design and implementation of the Nurture Programme involved wide participation across the child health and wellbeing sector in Ireland as well as the active participation of the most important people, the parents themselves.

Through the process of developing and implementing the Nurture Programme, the three key partner agencies considered that many lessons were learnt that could be of value to others involved in complex system change processes within the health services and potentially in other services for individuals, families and communities. The Nurture Programme Evaluation Team, Quality Matters, facilitated a process for the Nurture Programme partner agencies to identify the key learning from the process of implementing the Programme, which has resulted in this Learning Report.

We look forward to the work of the Nurture Programme being sustained and further developed under the auspices of the HSE's National Healthy Childhood Programme, ensuring every child gets the best possible start in life.

If you would like to know more about the Nurture Programme, please visit our respective websites at **www.khf.ie**, **www.hse.ie** and **www.effectiveservcies.org**.

We would like to thank our independent evaluators, Quality Matters, in partnership with Dublin City University. Caroline Gardner and her team have produced a number of earlier reports as well as this Learning Report which have informed the development of the Nurture Programme and reported on its achievements.

We hope that, through this report, leaders from across the health and other public services will relate to these significant lessons that have been key to the success of the Nurture Programme.

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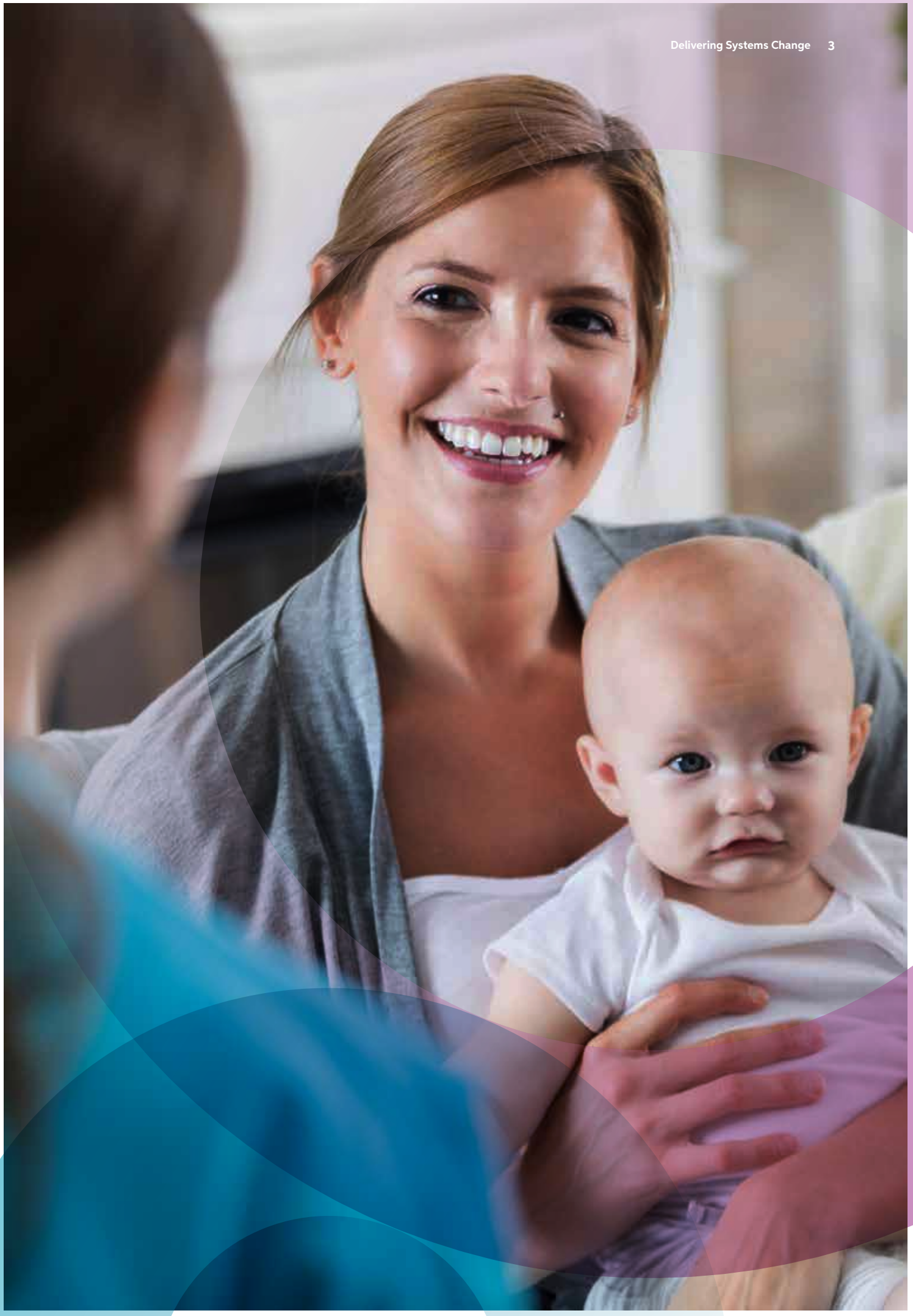


Introduction

Overview

The Nurture Programme: Infant Health and Wellbeing is an ambitious Irish national quality improvement programme which seeks to support the HSE to develop a 'universal integrated approach to evidence-based service planning and delivery in order to improve health and wellbeing outcomes for infants and their families from pregnancy to the child's third birthday'(KHF, 2017)(1).

The Programme was formally launched on 2016, although it began its life in 2013, with early discussions between The Atlantic Philanthropies and the three programme partners: the Health Service Executive (HSE), the Katharine Howard Foundation (KHF), and the Centre for Effective Services (CES) on a common set of interlinked goals to improve the Irish health service's universal provision to children under three and their parents. Between 2016 and the end of 2019 the Programme has engaged over 100 HSE staff in the programme's design and delivery. Staff were engaged across six Implementation Teams and were supported by core HSE and CES project teams working in collaboration with relevant HSE divisions.

The Nurture Programme has delivered significant systems change through the achievement of 9 key deliverables, all focused on national systems change or improvement. This included: the creation of a new multi-module training programme for child health practitioners, the rollout of a national child health assessment tool (ASQ3), the development of a national standardised child health record for Public Health Nurses and Community Medical Doctors, and national standards for antenatal education. Additionally, the Programme has developed new parent facing resources, most notably a national website **www.mychild.ie** and three new books for parents: My Pregnancy, My Child 0 to 2 and My Child 3 to 5. Ultimately the Programme will impact on the work of at least 6,000 staff providing supports to the 61,000 babies born in Ireland each year and their families.

This report, one of three in the final evaluation series, aims to summarise key learning from the planning and implementation of the Nurture Programme.

The purpose of this report

Creating sustainable change in a complex national healthcare system is challenging. Well evidenced barriers facing leaders with a goal of improving national services are widely recorded and include a lack of resources, the non-linearity of change, and the complexity and fragmentation of existing systems (Barry et al. 2018) (2). To overcome these challenges, among many other supports, leaders need proven methodologies which draw from international best practice and which can be thoughtfully applied to the Irish context. This report aims to contribute to the body of literature on what works in creating change in complex health care environments. This report outlines 16 key lessons identified through dialogue with those engaged in leading the Nurture Programme, from the last five years of overseeing this ambitious multi-faceted national change programme.

The intended audience for this report is senior management in the Department of Health and the Health Service Executive as well as in other Government Departments and state agencies that are engaged in large-scale national change programmes, most particularly those involving direct service delivery to the public. Lessons were identified based on input by the three Nurture Programme Partners: HSE, KHF, and CES.

The process also included the key themes emerging from the final evaluation of the Nurture Programme, a process which has directly engaged the views of over 500 staff and parents over a three-year period. The lessons aim to clarify the concrete steps that supported the achievement of this ambitious change agenda, as well as learning that occurred throughout the process when challenges and barriers were met.

There are a number of interconnected themes which run throughout these 16 lessons including the role of leadership in making it easy and engaging for staff to work together towards an inspiring vision, the central role of consultation with parents and staff, the need for creative and consistent communications across all levels in the system and the importance of leaders being skilled in supporting staff to work across disciplines and traditional boundaries to build agreement on how services can be improved. The report aims to illustrate how these broad themes can be applied in practice in other similar settings.

In addition to the key learning, the Programme partners and the evaluation team have selected a range of additional reading material and some useful resources which expand the learning outlined within this report. It is hoped that these resources and the programme lessons outlined here, will support other leaders in their efforts to engage colleagues and partner agencies in order to make public services more effective.

'A key lesson is that engagement with end users should take place early enough to understand what they need and want.'

How the report was developed

The lessons in this report were drawn from over 30 hours of interview transcripts with the key Programme partners from interviews held in 2017, 2018 and 2019. These interviews, which lasted around three hours each, were partially transcribed and were sent to interviewees following the interview. This step allowed participants the opportunity to add to and amend the transcript to ensure it was a valid and reliable record of their personal and organisational perspective at that time.

Interviews centred on the most significant learning to date on what had worked well, any challenges encountered and how these had been overcome. Some lessons also draw from data from the process evaluation which engaged over 500 staff and parents. An Initial draft of the key lessons was refined in a full-day workshop, with the partner agencies, in September 2019, and through subsequent discussions on receipt of a revised draft. The principles underpinning the selection of the final lessons, included replicability, the practical nature of the lessons and that they represented the experience of the Programme partners.

An overview of the Nurture Programme: Infant Health and Wellbeing

The Nurture Programme was funded by The Atlantic Philanthropies (Atlantic) with funding of €10m. This funding is to be met with matched and leveraged funding from the HSE at a ratio of five euro to every one euro of philanthropic investment over a 10 year period. Following early planning between the three Programme partners and a successful funding application by KHF to Atlantic in 2014, a formal partnership was formed.

This interagency relationship is a unique aspect of the Nurture Programme structure and was a requirement of the Atlantic grant, which was based on significant experience in grant making to public bodies. This experience indicated that external partnerships can increase the potential for sustainable national change.

As Atlantic was winding down its operations in Ireland, KHF, which had substantial experience in the area of early intervention and prevention, was engaged to undertake the role of grant management and strategic support, working closely with HSE programme management. In addition, the Centre for Effective Services (CES) was contracted to provide implementation support, given their expertise in implementation science and prevention and early intervention. Furthermore, part of the Atlantic Grant for the Nurture Programme was used to establish the Infant Development Fund, a significant legacy endowment fund to continue to support innovation in relation to early childhood supports in Ireland. This endowment fund is managed by the Community Foundation for Ireland (CFI) which has matched the funding to create a fund of €3m which it is intended to grow to €5m. KHF is a key partner to CFI in the disbursement process.

Another important and unique aspect of the Nurture Programme is the use of implementation science as a formal methodology. Implementation science offers a range of evidence-based approaches, which aim to increase the effectiveness in the translation of learning from research into practice. These methodologies have a sharp focus on planning for effective implementation, scale and sustainability, starting from the earliest stages of the Programme. Implementation science influenced all aspects of the Nurture Programme, including; planning, programme implementation and governance structures, the creation of a solid evidence base for all change, and service user and staff consultation and user testing. Implementation Support was delivered with the objective that the gains made over the duration of the Programme would become embedded in future practice and have a lasting legacy, improving services for families across Ireland.

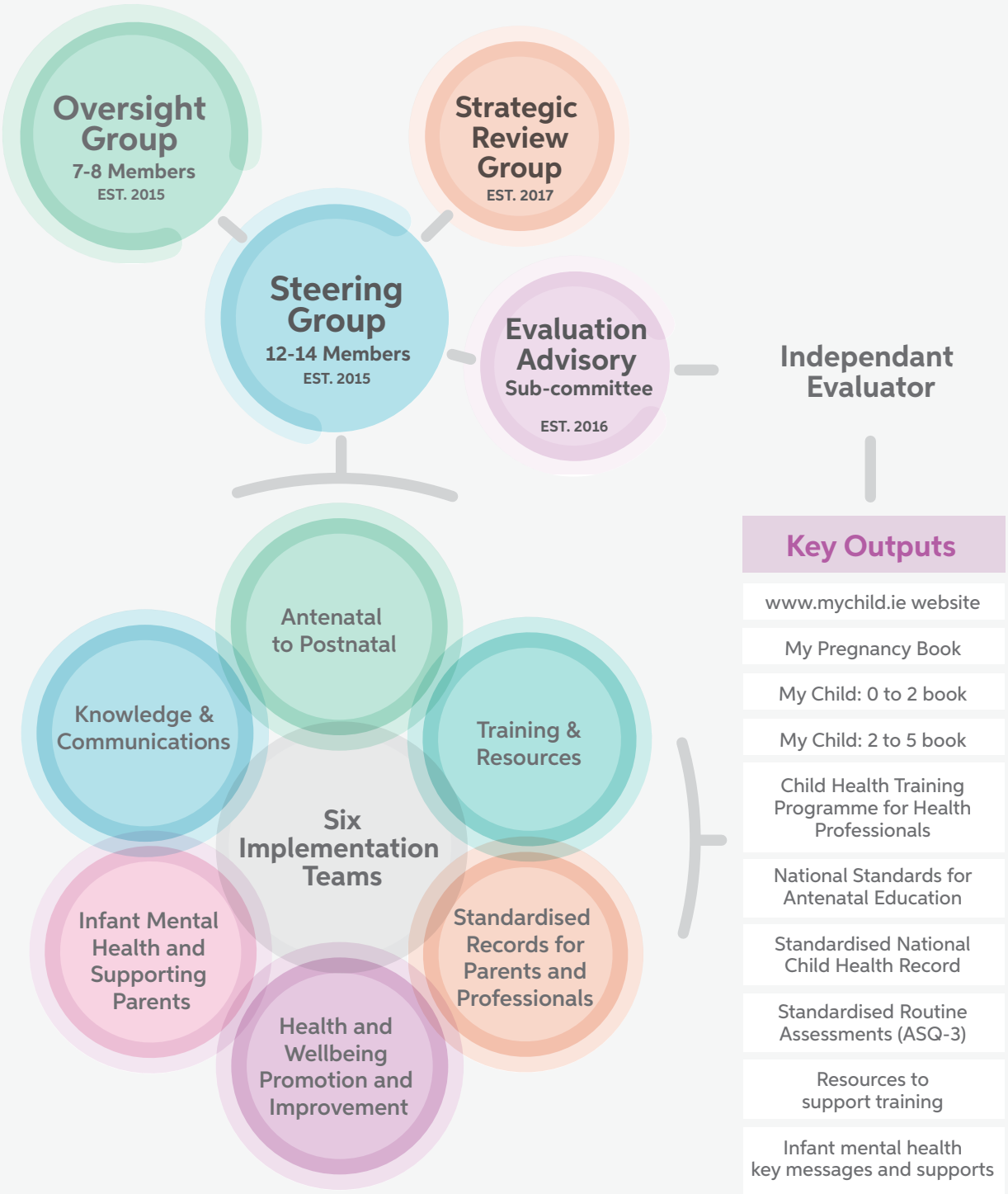
The Nurture Programme governance structures (described in the diagram on the following page) included an Oversight Group, a Steering Group, an Evaluation Advisory Sub-Committee and a Strategic Review Group. These structures were responsible for strategic direction, monitoring and management functions. Core to the functioning of the Nurture Programme was the engagement of up to 100 staff through the Implementation Teams and sub-groups, which were inter-disciplinary workgroups that undertook specific work programmes. Nine key deliverables were delivered across the six implementation teams. These teams were supported by the HSE and CES programme support staff to ensure projects were well planned and progressed in line with their plans.

The work of each Implementation Team was interconnected; this was intentional so as to increase the impact and sustainability of the Nurture Programme as a whole. This meant that the co-ordination of work across the Implementation Teams was complex, as all deliverables had inter-dependences. For instance, the Health and Wellbeing Promotion and Improvement Team was responsible for agreeing messaging and developing content on breastfeeding, this then informed the work of the teams responsible for training and website development. Likewise, the Infant Mental Health and Supporting Parents Team was responsible for crafting new messaging and resources on the emerging, evidence-based topic of infant mental health, which was a new area for most staff in the HSE and influenced the work of all other teams. Achieving an integrated approach to the work required significant support and co-ordination by the HSE Programme Lead and the administrative team, in partnership with the Implementation Team Chairs.

Each of the six Implementation Teams comprised relevant subject and discipline experts from the HSE and allied services. As required, time-limited subgroups were also established by Implementation Teams to fulfil specific actions.

The Teams met regularly and were supported by a core staff team which included the HSE Nurture Programme Lead, Administrators, a Project Manager, a Communications Manager and a Data and Research Manager. The core HSE Nurture Programme Team, and the Implementation Teams were also strengthened by input from the Centre for Effective Services, who provided advice and support to each of the teams based on their expertise in implementation science.

FIGURE 1: DIAGRAM OF KEY STRUCTURES AND KEY OUTPUTS



The Nurture Programme had a universal child health service focus and impacted on a large range of services, from antenatal services to primary care for children up to three years old. A non-exhaustive list of the key deliverables is outlined in the table on the next page.

TABLE 2: SUMMARY OF IMPLEMENTATION TEAMS AND KEY GOALS

Team	Number of Members in 2019	Key Goals
Antenatal to Postnatal	9 members	• Create a new pregnancy book for parents • Develop national standards for antenatal education • Develop antenatal website content • Support embedding of antenatal standards in practice through training and supporting resources
Health and Wellbeing Promotion and Improvement	12 members	• Develop standardised key messages and content for parents and health professionals • Develop website content • Lead the updating of content for *My Child* books • Support the implementation of the HSE Breastfeeding Action Plan 2016-2021 and ensure alignment and collaboration with other programmes
Infant Mental Health and Supporting Parents	7 members	• Create staff and public awareness for infant mental health (IMH) • Embed IMH concepts and understanding into service delivery through IMH training, tools and resources, including website content
Knowledge and Communications	9 members	• Design and develop **www.mychild.ie** website • Provide oversight to parent and staff consultations on the scope and content of the website • Develop editorial and governance guidelines and recommendations for child health public information
Standardised Records for Parents and Professionals	7 members	• Develop and roll out national standardised child health record and practice reference resources • Support the standardisation of routine developmental assessment tools and resources • Support progress toward parent-accessible records
Training and Resources	11 members	• Develop a comprehensive blended learning training programme and supporting framework • Develop the training support infrastructure, training content and teaching methodology • Deliver a range of online and skills training to child health practitioners

The full evaluation and summary evaluation reports

This report is one of a series of three reports from the final evaluation of the Nurture Programme which together provide readers with a clear overview of the work of the Nurture Programme, following four years of implementation. To view the full evaluation report and the summary report go to **www.hse.ie**, **www.khf.ie**, and **www.effectiveservices.org**. These reports outline the structures and methodologies used to develop the Nurture Programme as well as detailing the changes which were created through the Programme and the contribution it has made to universal pregnancy and early childhood health services. The reports contain a range of recommendations which outline how the significant gains of the Nurture Programme can be further embedded and developed over the coming years.

http://www.khf.ie/wp-content/uploads/2019/12/Evaluation-of-Nurture-Programme-summary-report.pdf

http://www.khf.ie/wp-content/uploads/2019/12/Evaluation-of-Nurture-Programme-full-report.pdf

http://www.khf.ie/wp-content/uploads/2020/12/Evaluation-of-Nurture-Programme-learning-report.pdf

Key lessons from the Nurture Programme for creating lasting system change

Overview

This report contains 16 key lessons, which are categorised under four themes:

- **A** Get the right people into the right structures and ensure alignment across structures
- **B** Engaging staff and service users in new initiatives requires commitment and support
- **C** Plan for scale and sustainability from the outset
- **D** Partnerships and specialist expertise strengthen the impact of change programmes

THEME A: Get the right people into the right structures and ensure alignment across structures

1 Establish implementation teams and match the right the people to these roles

A critical success factor of the Nurture Programme was the commitment and skills of the Implementation Team members. Team membership included health care professionals from different disciplines and geographical areas. Members were selected for leadership skills, clinical expertise and experience in specific child health roles, as well as belief in the overall vision of the Programme.

Implementation Teams were responsible for planning and guiding the key programme deliverables, as well as identifying challenges and making plans to overcome these, always with a view towards ensuring sustainability. They carried out this work, which required a significant time commitment, in addition to their core job roles. Their key tasks included: commissioning studies, undertaking consultations, developing detailed roll-out plans, developing content for standards, guides, resources, and agreeing and disseminating key messages.

Chairpersons needed to have the right mix of leadership skills, content knowledge, commitment and, most importantly, the ability to work productively with other disciplines and grades. Clarity on the attributes required in the Chairperson was essential to successful recruitment.

The evaluation of the Nurture Programme further advanced the understanding of what makes a good leader in complex change programmes. While a certain level of subject area knowledge was important to ensure credibility with peers, good leadership was more commonly defined by other team members as an openness to different models and approaches, an ability to engage people from different disciplines, humility and the ability to support decision making outside of traditional hierarchical structures. Also key to the Chairperson's role was the ability to link team projects and deliverables to change within the wider Programme and sector. An important lesson for future change programmes is to carefully select Chairpersons who have the mix of people and process skills, as well as, the ability to support team members to develop skills to support future change programmes.

The selection of Chairpersons and team members took place over three to four months. This involved seeking advice on who would be appropriate for the role from a range of senior staff. This engagement strategy was viewed as being more productive than common methods of populating committees where various interest groups or departments select their own members.

The lesson is, in order to develop a working structure which can drive change, candidates should be selected by seeking multiple views on people's passion and knowledge for the subject, and more importantly, their ability to engage and collaborate across disciplines and levels in the organisation.

This finding in other research

Leaving the challenge of implementation to staff, also known as the 'let it happen' approach, has proven not to be sufficiently reliable in changing behaviours and delivering outcomes (3)(4)(5). Implementation Teams are one of the key instruments that can help organisations move from passive good practice diffusion to active strategies or a 'make it happen' approach (3)(6). Implementation Teams are a deliberate effort to facilitate the adoption of the new practices and mitigate the risk of efforts getting diffused over time (3).

Their role is to make sure staff are provided with the required supports to adopt the new intervention in their daily practice and secondly, acting as an intermediary in the 'practice-policy communication loop', regularly informing decision-making management levels on barriers and enablers arising in practice (3). Difference in success rates of large complex change processes, particularly, over time has been linked positively to the use of implementation teams (3). It is estimated that full implementation without the support of Implementation Teams is reached in only 5-15% of the initiatives (7).

Useful resources

The National Implementation Research Network provides guidance and templates on Implementation Teams at:
https://nirn.fpg.unc.edu/module-3

2 Alignment between local, regional and national structures and context is key

A key challenge to overcome when working to create sustainable change in large and complex service delivery environments is the potential for misalignment between local, regional and national structures. Nurture Programme stakeholders viewed the following steps as key to supporting alignment of decision and delivery processes across HSE divisions and geographical regions:

- Create a shared vision of change among key stakeholders in programme leadership roles, ensure this is written down clearly and agreed upon by all. In the Nurture Programme a logic model usefully conveyed key Programme activities and projected outcomes.
- Map out all key stakeholders – internal and external - and develop an engagement strategy, recognising that there may be different approaches required for each stakeholder (i.e. strategic or operational) and their sphere of influence. Ensure there are clear goals for engagement.
- Dedicate time to inducting new people in key roles due to staff changes, not assuming that information and previous agreements will be passed on. This is challenging work that can easily be side-lined due to workload but is essential for continuity and consistency in approach.
- Identify opportunities for alignment with existing ways of working where possible. Build on existing processes or systems, rather than create entirely new processes where possible.
- Create a mandate for change by identifying and creating champions within existing structures. Support champions by providing resources to support dissemination of key messaging as well as keeping champions abreast of developments through both written and, more importantly, verbal updates. Personal communication with senior Programme leaders was regarded by Implementation Team members as key to maintaining their motivation and engagement.

3 Effective multiagency partnerships require a significant investment of time and support

Creating productive cross-agency working relationships takes time and commitment. This is best progressed in stages, with each stage deepening the collective understanding of vision, purpose and roles, as well as expectations and deliverables. Developing trust and understanding among partners was key in the initial phases so that honest, and critical discussions could inform Programme planning. To accomplish this, the partners on the Steering Group engaged regularly with an external facilitator[1] who helped them to build positive relationships and engage on an equal footing as well as introduce and guide more challenging conversations, when necessary. Also, key to this facilitated process was developing clarity on roles, processes, methods, deliverables and expectations, as well as generating a common understanding of the service delivery context and challenges and limitations that it presents. In the Nurture Programme, the following factors supported relationship building and maintenance of key relationships between stakeholders:

- Allowing significant time to develop relationships and contextual analysis – this process took place over a year and a half.
- Secondment of an HSE staff member to CES and recruitment of an CES staff member into an HSE role, supported the alignment of working methods and increased understanding between organisations.
- Flexibility in governance structures allowed for the establishment of new structures to resolve or advance specific issues as these arose.

Maintaining an open and critically reflective team culture required commitment from all involved, as each partner agency brought different methodologies and culture. As senior staff noted, it was frequently a challenge to create the time for reflective aspects of the work process. However, when time was set aside, it was always worth it. As stated by one senior leader, to get the most from the Programme and each other,

> **'It's important to have time to be able to get off the dance floor and go out onto the balcony'.**

1 In the Nurture Programme, facilitated sessions of the Steering Group took place for a half day approximately every six months.

This finding in other research

Senge's seminal research **'The Five Disciplines'** on the creation of learning organisations discusses how the cultural aspects of systems are where resistance is most often found. If profound change is to happen, assumptions and habits, also known as 'mental models', need to be recognised and challenged in a true and genuine manner (17).

Tension and conflict are an important part of this process and are indicators of a high functioning and learning team (17). To navigate partnership working, leaders need to embrace resistance, addressing its root causes (such as fear or frustration), activate people's agency, and engage people with consideration of different organisational cultures (2)(18).

In order to work in this manner, programme leadership needs to support openness across levels (19) and disciplines (2), and show a willingness for leaders to expose their 'own fallibility' (20), and actively seek and appreciate others' contributions (21).

In research on health services, this has been labelled as **'leader inclusiveness'**, whereby the creation of psychological safety leads people to engage in critical discussions and deters the effects that traditional hierarchy and professional status can have on full and honest discussion (22).

Useful resources

Senge, P (1990) The Leader's New Work: Building Learning Organizations. Available at: https://www.simpsonexecutivecoaching.com/pdf/orglearning/leaders-new-work-building-learning-organizations-peter-senge.pdf

The Kind Fund (2013) The quest for integrated health and social care A case study in Canterbury, New Zealand https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/quest-integrated-care-new-zealand-timmins-ham-sept13.pdf

Hilton K, Anderson A. How One Health System Overcame Resistance to a Surgical Checklist. Harvard Business Review [Internet]. 2019 May [cited 2019 Sep 18]; Available from: https://hbr.org/2019/05/how-one-health-system-overcame-resistance-to-a-surgical-checklist

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Kofman, P & Senge, P (1993)- Communities of Commitment The Heart of Learning Organizations. Available at: http://www2.huc.edu/ece/wp-content/uploads/2015/11/Fred-Kofman_Peter-Senge-Learning-Organizations-1993.pdf

THEME B: Engaging staff and service users in new initiatives requires commitment and support

4 To build credibility, frontline staff need to know that funding is committed

A challenge in managing public services change projects is that many staff have been involved in previous change programmes that were not sustained. This can result in a hesitancy to commit to any new initiatives. The relevant lesson from the Nurture Programme is that early in the programme, leaders need to convince staff that their initiative has credibility and can achieve its goals. Staff need to feel that their efforts, which are usually above and beyond their busy day job, will result in sustained positive change to their practice and improved service delivery to the public.

Key to establishing credibility is the ability to prove that the project has committed and ring-fenced funding. The Nurture Programme's philanthropic support helped to convince staff that the Programme was credible. The lesson for national change projects is that a guarantee of multiannual funding is an essential component in building confidence in the programme's ability to achieve its goals.

Other factors that add to credibility include; having representation at leadership level from operational and strategic roles, developing structures which can influence funding levels in the future, and communicating a strong evidence base for all key objectives that is tied into national policy.

5 Maintaining the engagement of key staff requires significant effort and consideration

National change projects in health services require engagement from staff whose input will usually be an addition to their often already overstretched day jobs. Staff commitment, dedication and goodwill are the vital resources in any project. Staff in the Nurture Programme viewed the following list as factors that encouraged and maintained their engagement:

- **Appreciation:** The majority of staff engaged at the Implementation Team level felt genuinely appreciated and respected for their time and contribution. They reported this appreciation as an important motivator. Appreciation was expressed chiefly by direct and thoughtful communication from senior leaders. In interactions, leaders maintained a consistently collaborative and respectful tone and acknowledged people's contributions, as well as their challenges and work realities.
- **Administrative support:** It was a clearly stated principle that the work of the Nurture Programme would be made as easy as possible for staff to engage with, alongside with their existing work. Critical to the successful implementation of this principle was appointing administrative staff who shared a commitment to this value and who often went the 'extra mile' to look after the staff engaged in the Programme. Having a fastidious commitment to problem solving, removing barriers to people's engagement (e.g. arranging meetings, writing all minutes and supporting communications) and providing supports (e.g. pre-and post-meeting planning, development of documents, additional research, arranging consultations) were all core features of this approach. The attention to detail in these tasks was what many staff identified as making all the difference and supporting their continued engagement. As stated by one Implementation Team member:

> 'You show up and the lunch is there and the packs are completed, and there is someone to take the minutes, it's these things that oil the wheels'.

- **Follow-through:** Completing the actions and commitments made during meetings and closing feedback loops also paid dividends. This required clear and well managed systems, structures and communications, as well as close collaboration between Programme leadership and administration.
- Clarity on task requirements and deadlines was important in supporting staff to undertake tasks for the Nurture Programme, over and above busy day jobs. Ensuring staff were appreciated for their efforts and were also held to account on deadlines, was vital to ensure the integrity and progress of the Programme.

6 Evidence reviews are essential tools for creating a collective vision

Evidence is essential to underpin any change effort and is vital to the goal of engaging health care staff. The Nurture Programme generated evidence in a number of ways including; using evidence reviews already available through the National Healthy Childhood Programme, commissioning reviews and research for larger pieces of work (i.e. research into existing national approaches to inform the development of a standardised record) as well as undertaking quick evidence reviews to inform key decisions.

The Programme began with a significant Scoping Report which was a collaborative piece of work between HSE and CES. This report reviewed existing service provision and developments happening across the country which held potential for national development through the Nurture Programme. The findings were used to inform all aspects of planning. The Programme also undertook a range of large and small research projects to develop evidence for specific developments and decisions.

An evidence-base for decisions is key to engaging staff in the change effort. This necessitates effective communication of this evidence to decision makers and frontline staff. It is also necessary to have a process to capture emerging evidence, so that this can continue to influence decision-making after initial research has been completed.

When topics are very technical or when time to complete the research or scoping process is limited, engaging external parties can be beneficial. Another important learning from the Nurture Programme is that evidence is not always as clear cut or robust as people would like. This means that staff in decision-making roles need to be supported to understand how to evaluate evidence, understand limitations and how to apply this to their working context.

This finding in other research

Research by Greenhalgh, et al., (2004) identifies a number of factors which, can be addressed in scoping documents, evidence reviews and developed in the planning process, and which ensure that change is more likely to be adopted (pg. 594-598)(10):

- It has a **relative advantage** - adopters can see its effectiveness or cost-effectiveness
- It is **compatible** with users' norms, behaviours and needs - as perceived by them
- It is **easy to use** - providing practical experience, demonstration and breaking down the practice into small tasks can help decrease perceived complexity
- It **has triability space**, users can experiment with it in a safe space
- Its' **positive outcomes are made visible** to adopters
- It **has a certain degree of flexibility** - users can adapt or refine the innovation to their own needs
- The innovation's **risk is distributed according to the 'organisation's power base'**
- It is **seen as relevant and contributing to improve work performance**
- The knowledge required to use it **"can be codified and transferred from one context to another"** (10) (pg.597)

These lessons also serve as a pointer to the twofold effort in implementation processes:

- The need to work on the innovation attributes (i.e. ensuring it aligns with user's needs, it is easy to use, it is cost-effective etc.)
- The need to work on successfully communicating these attributes to as many adopters as possible so they are widely understood.

Useful resource

Greenhalgh et al. (2004) Diffusion of Innovations in Service Organisations: Systematic Review and Recommendations
https://onlinelibrary.wiley.com/doi/full/10.1111/j.0887-378X.2004.00325.x?sid=nlm%3Apubmed

7 Effective communication with frontline staff requires on-going effort, stamina and creativity

In the Nurture Programme it was estimated that at least a quarter of programme time needs to be dedicated to communicating with stakeholders. Communicating with national, multi-disciplinary teams in health care can be challenging. This is due to the sheer size of the workforce, the intensity of work demands on staff, as well as the differences in how each discipline communicates (e.g. some disciplines don't frequently use email). Effective communications requires planning and consistent effort from leadership. Means to measure the extent to which messages are getting through, and being received by staff at the frontline, is also a challenging but vital component of the communications strategy. The following steps were key to communications in the Nurture Programme:

- Develop a communications plan. Firstly, develop an internal stakeholder map that identifies all relevant groups. This needs to clarify the means to engage with each discipline or interest group and how to engage in each region. Check the plan with representatives from each discipline or interest group – asking whether planned communications get through to frontline staff as intended.
- Deliver consistent messages early and often. Use multiple channels and methods, including: email, agenda items, newsletters, social media, engaging champions and managers in communicating messages in 1:1 staff engagement, and formal presentations to staff. A common mistake in change projects is an assumption that emails are sufficient to deliver key messages to staff. As stated by one senior manager:

> **'If people are flooded with communications, and often they are, then people will often ignore emails. People tell each other the things that are important. Key messages need to be relayed through team and managerial interactions. Managers always play a key role in deciding what messages staff receive'.**

- Develop ways for key messages to be communicated to disciplines or interest groups by their peers. The Nurture Programme evaluation found staff were more receptive to messages when these were delivered by a person with the same qualifications or role as themselves. To support this, representative staff in champion and leaderships roles need to have clarity on what the key messages are, as well as when and where they are expected to share this information. Having presentations and summary documents to support these communications is vital. A key lesson from the Nurture Programme is that leaders should make explicit any expectations that staff will communicate with their peers or other specific audiences. This learning is a recognition of the fact that, given the number of dynamics and 'moving parts', it can be challenging for peer to peer communication to be as effective as required, without significant planning, preparation and consideration.
- Representatives need time to gather input from their colleagues. Staff in Implementation Teams or other group roles need to be clear as to whether they are sharing their own experience as a professional or are representing the views of their colleagues, discipline or region. If staff have a representative role, they need to have clear structures and sufficient time to obtain and provide feedback and engage with colleagues to formulate positions which they can bring back to the wider committee. Care needs to be taken not to confuse these roles, as they have very different processes, time implications and outcomes. If not managed well, stakeholder then stakeholder groups may not feel they have been adequately consulted, when this was the intention of the representative role.
- Tailor communications to your audience. Ensure all communications aimed at staff (e.g. newsletters and updates) are relevant to the specific concerns and priorities of frontline staff. Communications should, where possible, speak to the concerns most pressing to each stakeholder group and be presented in an appropriate tone.

8 Deliver tangible wins in a timely manner to build the momentum for change

Programme credibility must be established in order to gain the support of busy staff. As discussed in lesson four, establishing credibility in the initial phases of the programme is assisted by an assurance of sustainable funding. As the programme progresses into the implementation phase, credibility needs to be maintained by communicating progress to stakeholders. Potential staff fears that this is *'just another big change project that doesn't last'*, can be reduced by evidence of practical improvements. In the words of one senior leader:

> 'your credibility is closely linked to delivery'.

However, achieving this goal is not easy. In the Nurture Programme, the website (**www.mychild.ie**) was planned as an important early win. Due to the unanticipated volume of work, additional processes which extended the scope of the initial plans, and the time required to develop the website content, this milestone took more than a year longer than planned. When launched, the website consolidated a positive perception of the Programme. However, the delay also meant that frontline staff could not see the progress the Programme was making in its early stages of implementation. With large-scale and complex change programmes, early wins can be hard to secure. Because of this, expectations need to be managed carefully to ensure that delays do not affect programme credibility. Stakeholders need to be kept informed of smaller achievements so that the progress is visible to frontline staff.

The evaluation found that the staff training programme provided an important sense of validation for staff, positively influencing work motivation and satisfaction. Critically reflecting on the Nurture Programme, leaders would advise that, in multi-faceted change programmes, projects which have particular resonance for staff should be fast tracked so they are clear 'early wins', which can help maintain credibility and momentum. The selection of short to medium term wins should be based on what is most achievable as well as what matters most to frontline staff; without compromising other aspects of planning.

This finding in other research

Kotter in his seminal book Leading Change (2012) popularised the idea of early wins. An early or short term win is evidence to show stakeholders that the change effort is working. He outlines that without clearly communicated early wins, it is difficult to ensure the continued engagement and motivation of staff in change projects. 'Most people won't go on the long march unless they see compelling evidence within 12 to 24 months that the journey is producing expected results' **Kotter (1995)**.

A key learning point is that early wins do not happen by themselves but require forward planning, and then the considered use of resources to achieve these.

9 Service user consultation is vital to ensure that changes meet the needs of end users

The significant range of parental consultation that Nurture Programme undertook was considered key to the Programme's success. Engagement with parents through surveys and focus groups provided valuable perspectives on how they accessed services and information, their service needs, and the tone they would prefer the HSE to use when communicating with them. This information was essential to the development of all the Programme deliverables.

A key lesson is that engagement with end users should take place early enough to understand what they need and want. This should also be repeated at key points to inform decision-making and the finalisation of products.

A clear understanding of parental preferences also made multi-disciplinary decision-making easier. When team members had different perspectives on an issue, staff were able to ask 'what do parents want?'. A clear answer to this question was often able to move people quickly towards an agreed way forward.

10 Consultation with staff is key to success

Staff consultation was another critical success factor of the Nurture Programme. Early engagement with staff focused on developing general principles, refining concepts and exploring contextual issues. As the Programme progressed, the consultation focused on narrower and more specific questions; the answers to these questions informed system and process design. The timing of staff engagement on new products or processes is important. The experience of the Nurture Programme showed that optimal times to engage with staff are firstly at the planning phase, to scope-out staff priority issues and suggestions and then when there is a well-structured draft product.

Consultation needs to be done at a point in the process when staff have a genuine opportunity to influence the content. This means that there is time post consultation to adapt documents and respond to any issues raised, and that programme leaders are prepared to make significant changes and go back to the drawing board on issues, if required. Consultation should also not occur too early in the process, as one programme leader stated:

> **'there is no point in bringing people together to do work that you could have done without them, this is disrespectful'.**

To ensure that consultation is engaging and positive, staff need to understand that they are providing feedback at a mid-way point in the process and are not looking at a perfect or finished product, this requires clear and careful communication. Leaders may also need to address organisational fears that staff will respond negatively to a 'less than perfect draft'.

Consultation should also be extended to staff representative groups and staff unions early in the process to gain buy-in to an overall vision. Early and ongoing engagement has potential to reduce challenges later in the process.

To ensure consultation was effective and well run, trained facilitators and CES staff were engaged to support HSE staff to design and manage consultations. Key good practice learning included:

- Develop tightly-scoped processes with well-considered workshop questions e.g. 'change two things' rather than asking 'what do you think?'.
- Ensure staff are trained in how to balance a tight agenda with an engaging facilitation style.
- Use external facilitators for consultations on technical or challenging topics. Their independence can support impartial discussion and avoid the challenges faced by internal facilitators, who are more familiar with and vested in the process, and who, because of this proximity to the topic, may be tempted to explain or defend content, rather than support a critical discussion of it.
- Maintain a meticulous approach to recording feedback. This requires a good and transparent approach to data management. If there is clear documentation of how feedback was used (i.e. changes and a rationale for when suggestions did not affect final drafts), then programme leads are best placed to negotiate collective decisions, as all involved can 'see' the decision-making process. This process also increases the likelihood that stakeholders feel consulted and respected, which can positively support buy-in to the change effort.

This finding in other research

Participation of staff is widely recognised as being key to the effective implementation of change (8). Engagement is crucial to building trust (12), and reducing resistance (13), as well as helping to reduce the negative effects of change while strengthening positive ones (11). Research has shown that conducting direct formal consultation with managers / team leaders can have a significant impact in decreasing the negative effect in large change processes (12). Part of the trust-building role of consultation is sharing consultation findings with participants in an accessible way.

The Health and Social Care Partnership (2019) Consultation and Engagement Good Practice Guidelines highlight that only publishing the consultation activity is not enough. Consultation feedback needs to be tailored to specific audiences, considering format, language and dissemination methods (14).

Useful Resources

Glasgow City Health and Social Care Partnership (2018) Consultation and Engagement Good Practice Guidelines:
https://glasgowcity.hscp.scot/sites/default/files/publications/Consultation%20Engagement%20Good%20Practice%20Guidelines%20%28Full%29.pdf

Scottish Health Council (2014) The Participation Toolkit
http://scottishhealthcouncil.org/patient__public_participation/participation_toolkit/the_participation_toolkit.aspx

THEME C: Plan for scale and programme sustainability from the outset

11 Sustainability requires detailed planning, commencing in the project set-up phase

The planning phase requires significant time for programme plans to be developed and agreed in sufficient detail. Planning needs to begin with establishing a common vision among all project participants. Ideally, this vision will have clear connection to the existing work and priorities of frontline staff. The overall vision should be memorable and clear.

To develop objectives that were relevant, meaningful and likely to achieve the overall Programme vision, a series of planning sessions were held with key Nurture Programme stakeholders. These sessions drew on research and work that the partners had been engaged in over the previous years. By drawing on expertise across the system, plans for future development were well grounded in current organisational policy and strategy and encompassed other ongoing development programmes. To further clarify how Programme objectives would be meaningful to staff, a scoping exercise was undertaken. This included a review of international good practice and consultation with key stakeholders to assess existing gaps within national service delivery, as well as staff and service user needs and their perspectives on what needed to be changed.

Tools such as logic models can be helpful to building aligned thinking among partners at early stages in the programme planning process. Initial scoping and planning processes should be led by a senior inter-disciplinary group of staff. For a project of the scale of the Nurture Programme, initial scoping and planning can take up to 18 – 24 months. This phase needs to be understood as a key part of programme development and implementation.

Resource

The following resources are aimed at enhancing the sustainability of change programmes. They both cover a variety of tools and methods ranging from logic models and theories of change to implementation science.

Department of Health (2018) Implementation Guide and Toolkit for National Clinical Guidelines
https://assets.gov.ie/11835/65f64cd2a97d-4f3eb2687b504f1d5359.pdf

NHS (2018) Leading Large Scale: A Practical Guide
https://www.england.nhs.uk/wp-content/uploads/2017/09/practical-guide-large-scale-change-april-2018-smll.pdf

12 Plan from the outset how to bring the initiative to scale

An important lesson from the Nurture Programme is that there are significant gains to be made if there is a clear intention at the programme outset to have nationally standardised good practice. This goal requires planning for scale from the outset of the programme. In the Nurture Programme there was a decision to avoid the use of a local pilot-based methodology, where local areas can trial different interventions in favour of a period of development involving representatives from different regions and then a phased roll-out.

The approach taken was also influenced by the timeframe for the availability of the grant and the groundwork that had been carried out through the National Healthy Childhood Programme. Commentary from stakeholders engaged in the evaluation highlighted that this model (focusing on national change through phased roll-out), avoided inadvertently creating competing models and regional alliances to different approaches.

The perspective was that, in previous change programmes, the replication or scaling of pilots, even if successful, at times had been hindered by regional or discipline-specific programmes being perceived as being 'owned' by certain geographical regions or disciplines. In the Nurture Programme, once a vision for an ambitious national change programme was agreed, the following factors were critical to creating an environment where this change could be brought about:

- A strong documented evidence base for all change
- Substantial time at the programme planning phases to build support across geographical and professional areas
- The development of highly skilled Implementation Teams, with representation from disciplines and geographical areas
- A leadership team with a clear national mandate for a standardised national approach and the skills and tenacity to overcome the multiplicity of small and large structural barriers that ambitious change will always encounter.

Aiming for mainstream national change takes more time than pilot based models at the planning and programme set-up phases. However, as the Nurture Programme shows, this approach is more likely to result in effective, efficient and sustainable change.

This finding in other research

Scaling up is about striking the right balance between staged roll-out or trials and national roll-out. This means reconciliating short and long term visions (15), avoiding the creation of 'Islands of Excellence' but not progressing to whole system implementation when there is no steady ground for it (3).

Learning to provide the right level of structure to people so they can actively own the process without feeling there is a big amount of work on their shoulders, is also key to this process (16).

Useful resources

Nesta (2014) Making it Big: Strategies for Scaling Innovation
https://media.nesta.org.uk/documents/making_it_big-web.pdf

NSW Government (2016) Increasing the scale of population health interventions: A Guide
https://www.health.nsw.gov.au/research/Publications/scalability-guide.pdf

Sutton, R (2014) Eight Essentials for Scaling up without Screwing Up.
https://hbr.org/2014/02/eight-essentials-for-scaling-up-without-screwing-up

Rao, H & Sutton, R (2014) Bad to great the path to scaling up excellence:
https://www.mckinsey.com/business-functions/organization/our-insights/bad-to-great-the-path-to-scaling-up-excellence

Getting Excellence to spread – Interview with Bob Sutton:
https://hbr.org/ideacast/2014/01/getting-excellence-to-spread.html

THEME D: Partnerships and specialist expertise strengthen the impact of change programmes

13 Philanthropy can leverage resources as well as strengthen project management

Philanthropic engagement can deliver much more than funding. In the Nurture Programme, Philanthropic partners played a key role in programme management and supporting accountability within the process. The role of philanthropy was collectively described by the Programme partners as being that of an 'honest broker'. This term describes the role of holding all Programme partners to account and of challenging the process – something considered important to the quality of planning and progression through the Programme. Having KHF as an external agency with the role of managing the funding drawdown meant that pressure could be exerted when barriers within the HSE system could have slowed down progress. This external pressure was an important factor in addressing systems challenges at important points in the process.

Key to the Programme's sustainability and viability was Atlantic's requirement that the HSE committed to a 5:1 matched / leveraged funding. This commitment was vital to ensuring HSE approval of long term funding for new staff posts[2], which was a significant success during an economic period where few new roles were created within the HSE. Without the engagement of KHF as the external philanthropic organisation, members of the Steering and Oversight Groups felt that these positions would not have been in place to the full extent or achieved within the same timeframe. The lesson for philanthropy is that, when making significant investments, ongoing engagement as a strategic partner can have leverage to create benefits for the overall programme outcome. For grantees, the lesson is to view philanthropy as a strategic partner and seek to engage with their non-financial resources as well as their financial supports in order to achieve common goals.

14 Specific programme roles, such as communications and data management, require staff with specialist expertise

A critical success factor in the Nurture Programme was the employment of highly skilled and experienced staff in key technical and management roles. A challenge in relation to the recruitment of specialist staff is that in some state agencies, roles such as data analyst, communications specialist and project manager are often considered roles which can be undertaken by staff with generic management skills rather than requiring specific training and/or experience. Most mid and senior level managers will have some experience of communications and data management.

A key lesson from the Nurture Programme is the importance of assessing whether the existing level and mix of skills is sufficient or whether, to achieve the programme objectives, the recruitment of additional specialist staff is required. Seeking an external expert perspective on skill requirements and any potential expertise gaps is recommended. Key to the Nurture Programme's success was the role of staff with specialist skills and experience in the areas of data and research, communications and project management.

Once expert staff are recruited, systems need to be developed to ensure that their expertise is well integrated and can influence change in the wider system. An example of this working effectively in the Nurture Programme was the recruitment of a Communications Manager for Child Health and this provided integration of the role to develop guidance and lead content development alongside subject experts, who were frequently in senior roles in the organisation, as well as working closely with the existing communications team. The success of the website and books for parents in attaining ambitious accessibility goals was due in large part to the engagement of the right mix of specialists and the support given to these staff to adapt and create new systems and ways of doing things.

2 In November 2017 the HSE approved the creation of nine permanent Child Health Programme Development Officer posts, one in each Community Health Organisation area. Initially, these posts are being seed-funded under the Nurture Programme.

15 Implementation science supports the achievement of programme outcomes and sustainability

The implementation science approach that informed project management was considered by stakeholders to require additional time for programme set up, when compared with work as usual. The majority of the staff engaged in leadership roles considered implementation science to be fundamental to the success of the process:

> **'it's not that it's brand new, we knew a lot of the good practice, but it allows leaders the rationale and authority to push back against pressure to speed-up, we were able to focus on doing things properly and well'.**

Implementation science was overwhelmingly considered to be a beneficial framework. It was appreciated for being stage-based, focusing attention on change enablers, drivers and barriers within the HSE, and necessitating discussions of culture as well as more concrete issues such as structure and staffing and what was required to ensure the system was sufficiently ready for change.

Initial planning stages took longer than they would have without the approach. However, the time taken was widely perceived to be worthwhile as it improved programme sustainability by ensuring specific challenges were unearthed and addressed. Having a specific methodology supported team members to try new ways of working and provided a counterbalance to the impulse that exists within all systems '*to do it as it has always been done'.*

For these benefits to be realised, time was required for staff to become competent in using the chosen approach and tools. A key factor that facilitated this engagement was the series of masterclasses and workshops delivered by an international expert, organised by the contracted implementation support agency. The masterclasses brought the theory of implementation science and its application to the Nurture Programme alive for the Implementation Team members. Key implementation science resources and tools, are linked in the box below.

This finding in other research

The gap between developing evidence based practices (EBPs) and translating these into the everyday work of organisations – known as the 'science to service gap' is widely recognised in literature (8)(4)(9)(7).

Implementation processes of EBPs, if happening at all, can take anything from 3 to 17 years (4). This is bound up with the fact resources are often allocated to the process of researching and developing the EBPs with far less invested in understanding how to get organisations to fully embrace them (9).

This dilemma has spurred the development of the field of implementation science – the scientific study of how EBPs can be successfully and sustainably put into practice in real work settings, leading to improved services (4)(8). Implementation science focuses on understanding gaps at the system and service provision levels and identifying barriers and enablers to support change (4).

It does this through a systematic approach that uses a specific set of methodologies, steps and theoretical frameworks, tailored to each stage of the change process – from the pre intervention planning steps to the creation of implementation strategies and the measurement of change (4)(9).

Useful resources

CES online guide to implementation
https://www.effectiveservices.org/implementation

An introduction to implementation science for the non-specialist:
https://www.ncbi.nlm.nih.gov/pubmed/26376626

Overview of implementation science – definition, rationales and effective implementation components:
https://ojp.gov/docs/encyclopediascience.pdf

A compilation of best practices in relation to active frameworks for implementation drivers:
https://www.researchgate.net/publication/307967873_Implementation_Drivers_Assessing_Best_Practices

National Implementation Research Network (NIRN) series of modules on the different components of implementation science based processes, including implementation stages, drivers and teams:
https://nirn.fpg.unc.edu/modules-and-lessons

16 National policy change is best achieved through strategic partnerships and alliances

A significant lesson from the Nurture Programme is that engagement aimed at influencing national policy is most effective when it is a coordinated effort among different groups, such as philanthropy, professional bodies, community and voluntary organisations, sector alliances and networks and statutory agency staff. Like all state agencies, the HSE has specific national protocols for providing submissions on national policy. These protocols mean that, due to the sheer size of the HSE, individual staff may be limited in their ability to proactively advocate for policy change or resourcing in their areas of work.

The Nurture Programme addressed this challenge by developing common advocacy goals across all partners and their allies, such as the prioritisation of preventative child health. The proactive coordination of interagency advocacy was viewed by stakeholders as being a significant contributor to the advancement of the Nurture Programme's key strategic policy goals. The key lesson is that national change projects can benefit from extensive partnerships outside of the key statutory agency. To support the sustainability of change programmes, senior statutory agency staff need to engage in interagency processes to develop common evidence-based advocacy platforms.

This finding in other research

Strategic alliances between government and philanthropy can take significant time but can be highly impactful, both in committing funding to, and in transforming service delivery (23).

The Atlantic Philanthropies €99m investment has leveraged €260m in public funding in Ireland (24). Importantly, its joint efforts with civil society and government have significantly influenced national policy direction and national service development (23). Among the benefits of The Atlantic Philanthropy approach, as set out by Boyle (24)(25), are:

- Encouraging risk-taking and innovation to a greater extent than when governmental agencies work on their own (25, pg.9)
- Having increased focus on outcomes and gathering high quality evidence on what works and what does not work (24, pg.3-4)
- Ensure political buy-in to systemic change (25, pg.8)
- Facilitating greater participation of communities and service users (25, pg.9)
- Intermediating relationships between government and NGOs (24, pg.3)
- Contributing to a more sustained approach in tackling social issues (25, pg.9)

Useful Resources

Better Together? Philanthropy and Government Lessons from The Atlantic Philanthropies and Irish Government Partnership-based Co-investments (2018)
https://www.ipa.ie/_fileUpload/Documents/Better_Together_Report.pdf

Philanthropy working with the Government: A Case Study of the Atlantic Philanthropies' Partnership with the Irish Government (2016)
http://www.atlanticphilanthropies.org/wp-content/uploads/2016/09/Report-Philanthropy-Working-with-Government.pdf

Learning lessons from the Atlantic Philanthropies and the Irish Government working together (2017)
https://www.ipa.ie/_fileUpload/Documents/Learning_Lessons_Roundtable_Report_2017.pdf

Summary

Creating sustainable change in health care environments where resources are limited, staff are frequently stretched in their clinical roles and systems can be fragmented and ever evolving, is a challenging task. This report outlines small and significant lessons that have been key to the successes of the Nurture Programme to date. Unsurprisingly these learning points reflect much of the literature on systems change, implementation and change management in complex environments.

This report provides some excerpts and resources from this wealth of literature to extend and contextualise the points made, as well as providing further reading and resources for interested change leaders. It is hoped that grounding these lessons within the Irish context, and the detail provided within the learning points will be of assistance to leaders in healthcare and other public services who are aiming to undertake significant change programmes and to apply implementation science and other change theories to their work.

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