

Scottish Approach to Change: Five Enablers of Change

Evidence Summary

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Contents

- Contents 1
- Method..... 2
- Clear Vision and Purpose 3
- Process Rigour..... 4
- Leadership and Culture 5
- People-Led 6
- Learning System 7

Method

The Scottish Approach to Change has drawn on existing evidence, experience, and ongoing testing to support its ethos and approach. It has drawn on three key types of evidence:

- formal research including literature reviews, horizon scanning, and findings from various improvement and transformation initiatives
- experience from colleagues, leaders, and organisations with direct experience that have driven change in Scotland and beyond
- through real-world testing with partners in our Pathfinder sites and ongoing improvement and change programmes

The paper outlines the evidence from publications and formal research which has informed the development of the Enablers of Change of the Scottish Approach to Change.

Clear Vision and Purpose

In the Scottish Approach to Change, **clear vision and purpose** mean having a shared understanding of the future we want to create and why the change matters. This helps guide decisions, priorities and expectations throughout the work. The vision should not be a one-off statement. It should be shaped by evidence, policy, local need, staff insight, and lived and living experience.

The evidence demonstrates that change works better when people can see a clear purpose, when that purpose is turned into practical priorities, and when teams understand what success looks like. A clear purpose is also important when change spreads more widely, because it helps people see what must stay the same and what can be adapted to local needs.

The evidence also confirms the idea that vision should be developed with people, not simply announced to them. Co-developing a shared purpose can improve trust, ownership and long-term commitment. This is why the Scottish Approach to Change links vision and purpose to collaboration, learning and clear boundaries about what the change will and will not do.

End notes

Main sources from the 'Scottish Approach to Change Reading List' ([LINK: XYZ](#)) for this section include: Burgess and Downham (2025) - Evaluating the Impact of NHS IMPACT; THIS Institute, Ipsos & The Health Foundation (2025) - A framework to guide early planning ("the front end") of large-scale change programmes in health and healthcare Best et al (2012) - Large System Transformation in Health Care: A Realist Review; Skivington et al. (2021); O'Cathain et al (2019) - Guidance on how to develop complex interventions to improve health and healthcare; Albury et al (2018), Innovation Unit and Health Foundation (2018) - Against the odds: Successfully scaling innovation in the NHS); Horton, Illingworth & Warburton, Health Foundation (2018) - The spread challenge; Papoutsi, Greenhalgh & Marjanovic (2024) - Approaches to Spread, Scale Up, and Sustainability; and Côté-Boileau É, Denis JL, Callery B, Sabean M. (2019) - The unpredictable journeys of spreading, sustaining and scaling healthcare innovations: a scoping review.

Process Rigour

In the Scottish Approach to Change, **process rigour** means using a structured and flexible way to manage change. This includes proportionate governance, good project management, strong use of data, and clear evaluation. The aim is not bureaucracy. The aim is to support good decisions, learning and progress, while keeping people and outcomes at the centre.

The evidence confirms that change is more likely to succeed when teams use clear methods, review progress at key points, and gather information that helps them decide what to do next. Readiness checks, leadership support, implementation teams, audit and feedback, and clear governance all help change move forward in a safe and organised way.

The evidence also shows that rigour matters for sustainability. Poor planning, weak evaluation and unclear roles often mean that change fades after the early stage or loses impact as it spreads. The Scottish Approach to Change, therefore, treats testing, review and project discipline as important parts of safe adaptation, not barriers to flexibility.

End notes

Main sources from the 'Scottish Approach to Change Reading List' ([LINK: XYZ](#)) for this section include Skivington et al (2021) - A new framework for developing and evaluating complex interventions; O'Cathain et al (2019) - Guidance on how to develop complex interventions to improve health and healthcare; Wilson & Kislov (2022) - Implementation Science - Elements of Improving Quality and Safety in Healthcare (Cambridge Elements); Long et al. (2022) - Conceptualising contexts, mechanisms and outcomes for implementing large-scale, multisite hospital improvement initiatives: a realist synthesis; Atkins et al. (2023) - Effectiveness of QI collaboratives in UK surgical settings - Systematic review; Fu et al. (2023) - Barriers and Facilitators to Implementing Interventions for Reducing Avoidable Hospital Readmission: Systematic Review of Qualitative Studies; Zurynski et al (2023) - Built to last? Barriers and facilitators of healthcare programme sustainability; Lennox L, Linwood-Amor A, Maher L, Reed J. (2020) - Making change last? Exploring the value of sustainability approaches in healthcare: a scoping review. Health Res Policy Syst; Moon SEJ, Hogden A, Eljiz K. (2022) - Sustaining improvement of hospital-wide initiative for patient safety and quality: a systematic scoping review; Endalamaw et al. (2024) - A scoping review of continuous quality improvement in healthcare system: conceptualization, models and tools, barriers and facilitators, and impact; Papoutsi, Greenhalgh & Marjanovic (2024) - Approaches to Spread, Scale Up, and Sustainability; and Horton, Illingworth & Warburton, Health Foundation (2018) - The spread challenge.

Leadership and Culture

In the Scottish Approach to Change, **leadership and culture** are the conditions that help people take part in change safely and effectively. Good leadership is visible, compassionate, strategic and supportive. A positive culture is one where people feel trusted, able to test ideas, and able to learn together. Poor support, fear and weak senior backing make change much harder.

The evidence demonstrates that successful change needs both strong executive support and leadership at many levels. It is not only about senior leaders. Programme leads, local champions, clinical leaders and peer networks all have a part to play. Together, they help remove barriers, keep people engaged and connect strategy to day-to-day delivery.

The evidence also shows the importance of readiness, clear roles, relationships and psychological safety. Change is more likely to last when organisations create the right culture for it, not just the right plan. This fits closely with the Scottish Approach to Change, which focuses on distributed leadership, shared responsibility and active support across the system.

End notes

Main sources from the 'Scottish Approach to Change Reading List' ([LINK: XYZ](#)) for this section include Best et al (2012) - Large System Transformation in Health Care: A Realist Review; Burgess and Downham (2025) - Evaluating the Impact of NHS IMPACT; Health Foundation (2025) on NHS group leadership; Castiglione SA, Lavoie-Tremblay M. (2021) - An Integrative Review of Organizational Factors Influencing Successful Large-Scale Changes in Healthcare; Van den Hoed MW, Backhaus R, de Vries E, Hamers JPH, Daniëls R. (2022) - Factors contributing to innovation readiness in health care organizations: a scoping review; Mackie S, Darvill A. (2016) - Factors enabling implementation of integrated health and social care: a systematic review; James et al. (2021) - Spread, Scale up, and Sustainability of Video Consulting in Health Care; Zurynski et al (2023) - Built to last? Barriers and facilitators of healthcare programme sustainability; and Moon SEJ, Hogden A, Eljiz K. (2022) - Sustaining improvement of hospital-wide initiative for patient safety and quality: a systematic scoping review.

People-Led

In the Scottish Approach to Change, **people-led** means designing and delivering change with the people who use, provide and support services. Change should not be done to people. It should be done with them. This includes meaningful engagement, co-design, a trauma-informed approach, attention to inequality, and a clear commitment to human rights.

The evidence shows that change is more likely to be accepted and used when patients, staff, carers and local partners are involved early. Their experience can improve relevance, trust and fit. Involvement is not an optional extra. It is one of the ways that change becomes practical and sustainable.

The evidence also confirms the importance of a strong focus on inclusion and responsiveness to need. If change overlooks inequality or local context, it may fail to reach the people who most need support. This is why the Scottish Approach to Change places weight on relationships, communication, accessibility and shared design that avoids tokenism.

End notes

Main sources from the 'Scottish Approach to Change Reading List' ([LINK: XYZ](#)) for this section includes Albury et al, Innovation Unit and Health Foundation (2018) - Against the odds: Successfully scaling innovation in the NHS; Horton, Illingworth & Warburton, Health Foundation (2018) - The spread challenge; O'Cathain et al, (2019) - Guidance on how to develop complex interventions to improve health and healthcare; Best et al (2012) - Large System Transformation in Health Care: A Realist Review; Scholl I, LaRussa A, Hahlweg P, Kobrin S, Elwyn G. (2018) - Organizational- and system-level characteristics that influence implementation of shared decision-making and strategies to address them - a scoping review; Dai et al. (2024) - Implementation Strategies for Quality Improvement in Palliative Care: A Scoping Review; Zurynski et al (2023) - Built to last? Barriers and facilitators of healthcare programme sustainability; Rogers L, De Brún A, McAuliffe E. (2020) - Defining and assessing context in healthcare implementation studies: a systematic review; and Lowther HJ, Harrison J, Hill JE, Gaskins NJ, Lazo KC, Clegg AJ, Connell LA, Garrett H, Gibson JME, Lightbody CE, Watkins CL.(2021) - The effectiveness of quality improvement collaboratives in improving stroke care and the facilitators and barriers to their implementation: a systematic review.

Learning System

In the Scottish Approach to Change, a **learning system** is the way people and organisations learn through change. It brings together reflection, evidence, stories, data, feedback and networks to guide action. Learning should be part of day-to-day work and governance, not something separate that happens at the end.

The evidence confirms that sustained improvement depends on quick learning loops, regular feedback and the ability to adapt over time. Teams need ways to share what is working, what is not working, and what needs to change. Peer networks, review points and opportunities for shared learning all help improvement move faster and spread more effectively.

The evidence also shows that learning is both technical and social. Good data systems matter, but so do relationships, psychological safety and time to reflect together. This supports the Scottish Approach to Change emphasis on learning partners, system stewards, feedback loops and shared sense-making across the system.

End notes

Main sources from the 'Scottish Approach to Change Reading List' ([LINK: XYZ](#)) for this section include Papoutsis, Greenhalgh & Marjanovic (2024) - Approaches to Spread, Scale Up, and Sustainability; Golburean et al. (2024) - A systematic review and proposed framework for sustainable learning healthcare systems; Best et al (2012) - Large System Transformation in Health Care: A Realist Review; Endalamaw et al. (2024) - A scoping review of continuous quality improvement in healthcare system: conceptualization, models and tools, barriers and facilitators, and impact; Atkins et al. (2023) - Effectiveness of QI collaboratives in UK surgical settings - Systematic review; Lowther HJ, Harrison J, Hill JE, Gaskins NJ, Lazo KC, Clegg AJ, Connell LA, Garrett H, Gibson JME, Lightbody CE, Watkins CL.(2021) - The effectiveness of quality improvement collaboratives in improving stroke care and the facilitators and barriers to their implementation: a systematic review; Burgess, N., Currie, G., Crump, B., Dawson, A. (2022) - Leading change across a healthcare system: How to build improvement capability and foster a culture of continuous improvement, Report of the Evaluation of the NHS-VMI; Lennox L, Linwood-Amor A, Maher L, Reed J. (2020) - Making change last? Exploring the value of sustainability approaches in healthcare: a scoping review. Health Res Policy Syst; Moon SEJ, Hogden A, Eljiz K. (2022) - Sustaining improvement of hospital-wide initiative for patient safety and quality: a systematic scoping review; and Côté-Boileau É, Denis JL, Callery B, Sabeau M. (2019) - The unpredictable journeys of spreading, sustaining and scaling healthcare innovations: a scoping review.

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