

Scottish Approach to Change: Strategic Context Review

Evidence Summary

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Summary

Significant transformation to how health services operate to meet changing demands has never been more urgent. The Scottish Government's vision for reform focuses on changes within current NHS structures and key areas including improving population health, prevention and early intervention, providing quality services, and maximising access.

A clear and coherent methodology to underpin NHS Renewal is required to support the delivery of sustainable change. As such, the Scottish Government has requested that Healthcare Improvement Scotland (HIS), as the national improvement agency, develop a Scottish Approach to Change.

This strategic context review explores the critical challenges facing health and care in the immediate and longer term, setting out the case for systemic change to continue to deliver for the people of Scotland.

This review will also outline what key lessons from decades of experience in improvement, transformation and policy initiatives can help in guiding and informing the Scottish Approach to Change over the next twelve months. Lastly, it will outline areas for further analysis and understanding to underpin the research phase of this rapidly evolving programme of work.

What can we learn from previous transformation, improvement and policy changes in health and care?

Across health and care, we have seen a series of programmes, policies and initiatives aimed at changing how services are delivered and experienced in Scotland. We can rightly point to many success stories, such as the Scottish Patient Safety Programme, and the national Six Essential Actions Programme for Unscheduled Care. However, it is widely recognised that many of our successes have been inconsistently achieved and can tend toward short-term success without achieving systemic change (Audit Scotland Auditor General, NHS in Scotland 2024: Finance and Performance, December 2024). This section will examine some of the key challenges which the Scottish Approach to Change should seek to address if our health and care system is to achieve the scale of systemic change required to deliver safe, equitable and effective healthcare over the short and medium term.

A tangible common goal

This will require an approach which can create a shared set of values and understanding and create clarity for roles and responsibilities, which can support both national missions and enable local successes to be spread widely. We can see from the evidence that improvement, integration, transformation and reform are most successful when they share a common vision and goal (Health Foundation, Evidence Summary: Cross-Sector Working to Support Large-Scale Change, August 2012).

Therefore, a cornerstone of the Scottish Approach to Change must be an attempt to create something around which teams across multiple settings can coalesce, creating a consistent thread throughout health and care. We have seen examples where this can be achieved in key areas, such as the Scottish Patient Safety Programme, which created a commonality across all health and care settings about ensuring safe care. As part of this work, the 'NHS Scotland Reform Clinical Strategy' will be a key enabler to build a common tangible goal across health and care, building on pre-existing work such as 'Realistic Medicine'.

Adaptability, spread and sustainment

Our ability to adapt, scale and sustain successful change has been recognised as essential to public policy in Scotland. However, whilst accepting the need to scale, adapt and sustain - the difficulty this represents is widely recognised in the literature. Within NHSScotland like many health systems, a key limitation to widescale reform has been the ability to scale, adapt and sustain successful national and local programmes across multiple care settings. (This Institute, Papoutsi C,

Greenhalgh T, Marjanovic S. Approaches to Spread, Scale-Up, and Sustainability. Cambridge University Press; 2024.)

Adaptability

From across the literature, the challenge of adaptability is commonly cited as a key constraint in successful policy and programme initiatives over time. These challenges can emerge from several sources.

Firstly, where changes are instigated centrally or locally, there is often a limitation to their adaptability to different health and care settings, given varying contexts, assets or barriers that exist in different parts of Scotland (Papoutsi C, Greenhalgh T, Marjanovic S. Approaches to Spread, Scale-Up, and Sustainability. Cambridge University Press; 2024).

Secondly, many of the policies and initiatives which have been successful in the past, can lose relevance and effectiveness over time as our complex environment evolves (Michael Howlett, Gilberto Capano, M Ramesh, Designing for robustness: surprise, agility and improvisation in policy design, Policy and Society, Volume 37, Issue 4, December 2018).

Lastly, there is a tension between wanted local variation and the rights of people for a consistent service across Scotland. This can lead to an overuse of rules, standards and indicators, at the expense of setting principles and focusing on outcomes as the drivers of change (Centre for Public Policy, Human Learning Systems: Public Service for the Real World, June 2021).

Spread

Spreading local success has similarly been challenging - where improvement and innovation have been successful in a local area or setting, we then lift-and-lay the approach elsewhere. This lift-and-lay model has often assumed that spread is a linear and predictable process rather than iterative and dynamic (NHS Horizon, Spread and Adoption: A New Mindset, accessed January 2025). Building on the findings in adaptability, the effect on the system can be similar, with limited adaptability being a key constraint on the spread of new ideas and success. As such, we can see the limitation of adaptability on spread, particularly the recognition of the local context, the readiness for change and the capability of other organisations to adopt new approaches.

In NHS England, work on understanding the challenges of spreading change has highlighted a tension about where decisions are made. This is often described as a choice between a “push” model, driven from the centre, and a “pull” model, led from the ground up. (NHS Horizon, Spread and Adoption – A New Mindset, accessed January 2025). The King’s Fund identifies a common risk associated with change when being overly reliant on centrally delivered programmes in local areas, which can include misunderstanding and even alienating staff. To rectify this, they identify promoting change led from the bottom up to address several key challenges associated with the spread and adoption of change. (The King’s Fund, How to Make Change Happen, August 2022). In

the context of the Scottish Approach to Change, it will be essential to recognise the challenge of understanding what constitutes wanted versus unwanted variation when undertaking change, when to rely on standards and when to encourage innovation.

Lastly, teams in local areas who achieved success in improving outcomes can often find that this comes with additional burdens from increased scrutiny, external interest and engagement from national and local teams. Therefore, a key area of focus for the Scottish Approach to Change should be how we couple ensuring the adaptability of our programme initiatives and ideas, alongside how we ensure the spread of those ideas is effective and efficient.

Sustainment

Another key finding from the evidence is the challenge of sustaining change over time both at a local and system level. Our ability to sustain change is a key limiting factor in the success of delivering systemic change. The delivery of health and care is continuous with few natural peaks and troughs in activity and demand, and with zero tolerance for error. Therefore, a factor that limits improvement work is the changing context, priorities and resources required to support ongoing improvement work (Fulop NJ, Ramsay AIG. Governance and Leadership. Cambridge University Press; 2023). As such, our improvement work can be temporary, supported by specialist teams or additional posts which builds a default short-termism into our improvement capability and capacity.

A key challenge to sustainment as identified in the literature is prioritisation. Firstly, it has been suggested that our approach to performance and accountability drives short-termism to our priority setting (Fulop NJ, Ramsay AIG. Governance and Leadership. Cambridge University Press; 2023). Secondly, we face the challenge of competing priorities with finite resources, which can mean that organisations, teams and individuals shift focus to new and emerging issues (Health Foundation, How Improvement Can Help NHS Productivity: A Joint Analysis with Q, December 2024).

A key limitation to sustainment is the use of resources, most commonly this is the use of temporary teams or additionality. However, the evidence also points to our approach to improvement which can often follow a sequential pattern of spread, scale and then sustain. This contrasts with a model of ensuring sustainability and scale are considered at the outset and accounted for in the development phase (Papoutsi C, Greenhalgh T, Marjanovic S. Approaches to Spread, Scale-Up, and Sustainability. Cambridge University Press; 2024).

This structural short-termism can be exacerbated by unrealistic asks, contradictory ambitions and performance targets, which fail to account for local adaptability informed by context, culture, capability and capacity (Health Foundation, What's Getting in the Way: Barriers to improvement in the NHS, November 2015). For the Scottish Approach to Change to affect a systemic shift it will need to consistently move the system from short-lived tests of change for improvement toward a

sustainable systemic approach to changes. Therefore, a critical component of success will be exploring how we achieve sustainable iterative change, whilst ensuring we meet the immediate challenges as outlined above.

Capability, capacity and culture

Another key component of success in delivering safe, equitable and sustainable service reform is the interdependency of system capacity, capability and culture. Within NHSScotland and across the health and care sector we are fortunate to have a workforce that is committed, compassionate and determined to deliver for those it serves. However, it is important to recognise that particularly in the wake of the pandemic our capacity and capability have been diminished, with clear effects on the morale of our colleagues. All of this has contributed to productivity challenges (Health Foundation, How Improvement Can Help NHS Productivity: A Joint Analysis with Q, December 2024).

Capacity

Capacity is a critical component of successful change. As discussed previously, much of our improvement and transformation can often represent additionality. Firstly, additional support, funding and resource investment in short-term improvement programmes and initiatives. Secondly, it represents cognitive load and change management for those delivering public-facing health and care services. Lastly, as highlighted in section one, we face significant immediate system challenges which can exhaust our capacity and limit the space for change (Health Foundation, What's Getting in the Way: Barriers to improvement in the NHS, November 2015).

As such, whilst we widely recognise in improvement science the notion of the change curve for adoption. However, without capacity, we also see the inverse - the change regression curve as focus, impetus and additional resources reduce over time. Therefore, a key challenge for the Scottish Approach to Change is how to sustain capacity in the current system to deliver safe and effective care while undertaking continuous transformation and improvement work supported by a quality management system (Health Foundation, How Improvement Can Help NHS Productivity: A Joint Analysis with Q, December 2024).

Capability

Capability is another key factor in supporting sustainable change. The capability challenge has been at the heart of many initiatives and programmes over the past decade, from increasing our quality improvement knowledge and capacity through the Scottish Improvement Leaders Programme or the launch of multiple communities of practices and professional development

initiatives. Alongside direct training and development initiatives, we have seen a significant number of guidelines, best practices guides, insights and other products produced for teams across health and care - by both public and independent providers.

However, evidence from across health and care has demonstrated a limited effect on service change for several reasons. Firstly, ongoing capacity issues have meant much of this information remains siloed in specialist teams and is not spread evenly across services (Health Foundation, *How Improvement Can Help NHS Productivity: A Joint Analysis with Q*, December 2024). Secondly, ensuring the focus goes beyond providing tools and methodologies and focuses on developing and resourcing teams to lead and effect change (Health Foundation, *The Spread Challenge: How to support the successful uptake of innovations and improvements in health care*, September 2018). Lastly, due to the variance and range of improvement approaches, initiatives and ideas have rarely become standardised and universally adopted. Therefore, a key marker of the success of the Scottish Approach to change should be how it advances the capability of the health and care workforce to deliver change.

Culture

A key factor to successful change is the role and value of culture in supporting lasting change. Systematic reviews have found a positive correlation between culture and performance (Mannion R. *Making Culture Change Happen*. Cambridge University Press; 2022). Our experience in Healthcare Improvement Scotland has reflected many of the challenges that the Scottish Approach to Change will have to overcome. For example, a culture of change resistance is often cited as the rationale for the lack of uptake or success of improvement (Health Foundation, *What's Getting in the Way: Barriers to improvement in the NHS*, November 2015). However, we also know resistance can be about a lack of being listened to and empowered to make change (NHS England Institute for Health Innovation and Improvement, *Improving Leaders Guide: Sustainability*, 2007). This points to the key role of leaders at multiple system levels to support a culture of innovation and change.

Another key challenge will be moving beyond a performance mindset towards how we both generate and utilise qualitative, quantitative and anecdotal insights for decision-makers to create a learning culture. The Health Foundation identifies the shift from a performance culture to a learning culture as essential for "improving quality, efficacy and effectiveness" (Health Foundation, *Developing learning health systems in the UK: Priorities for action*. September 2022). As such, the Scottish Approach to Change should explore how it supports and empowers our highly specialised staff, providing a positive and effective environment to experiment safely, to fail and to learn new lessons.

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