Healthcare Improvement Scotland

Scottish Approach to Change

Information for NHS Non-Executive Board Members

September 2026

NHS SCOTLAND

Leading quality health and care for Scotland

Contents

Foreword

Scotland's health and social care system is operating in a period of significant challenge. Rising demand, changing population needs, workforce pressures, and financial constraints require us not only to deliver high-quality services today, but also to continually adapt and improve for the future. In this context, change is not separate from the business of our organisations. Change is the business.

This places Non-Executive Directors in a uniquely important position. While your role includes scrutiny, assurance, and effective governance, your influence extends far beyond oversight. Through the questions you ask, the priorities you champion, and the culture you help create, you play a critical role in enabling meaningful and sustainable change.

The Scottish Approach to Change provides a framework for navigating this complexity. It recognises that improvement happens when organisations have a clear vision and purpose, are genuinely people-led, foster collaborative and empowering leadership and culture, and are supported by process rigour through effective governance and decision-making. At the heart of these interconnected enablers is a learning system that enables organisations to understand what is working, respond to emerging challenges, and continuously improve.

Non-Executive Directors have a vital role in that learning system. Learning, insights, and challenges must be surfaced, examined, and acted upon if change is to happen. By creating space for reflection, encouraging curiosity and constructive challenge, and seeking evidence that learning is informing decisions, you help ensure that governance supports accountability and enables change.

This resource pack has been developed to support you to apply the Scottish Approach to Change within your role in a practical way. It invites you to consider not only how you assure the effective running of the organisation, but also how you can help cultivate the conditions for it to shift, collaborate, and thrive in a complex and evolving system.

The challenges facing health and social care are significant, but so too is the opportunity. By championing learning and nurturing the interconnected enablers of quality and change, Non-Executive Directors can help create a more sustainable, responsive, and hopeful future for the people of Scotland.

Healthcare Improvement Scotland

What is change?

Change is the transition of an organisation, pathway, service, or process from a current state (how things are done today), through a transition state (the change), into a future state (a new way of operating).

Change can be a positive thing which leads to improvements in the way things are done and the outcomes that are achieved for the people who need, use, deliver, and support services. Change can reveal new opportunities and lead to innovative solutions.

Change can be small in scale, or it might be large scale organisation-wide change. In health and social care change might look like:

- **Process improvements** – such as changing the way waiting lists are managed
- **New service models** – such as moving to a community-led model of care
- **Pathway redesign** – such as redesigning urgent care pathways
- **Whole system transformation** – such as implementing value-based health and care across an organisation
- **Culture change** – such as shifting towards an enabling culture focused on Getting It Right For Everyone

Delivering effective change

To deliver effective change it is essential that the process of change is underpinned by **a robust approach**.

A robust approach to change increases the chance that change will be successful by:

- Ensuring there is a **clear "why"** that is aligned to the organisation's vision and purpose and is effectively communicated to the people affected by the change
- **Involving people** in the planning, design, and delivery of the change to increase support and buy-in
- Ensuring there is a **clear plan** in place to implement, embed and sustain the change
- Ensuring that processes are in place to **learn and adapt** throughout the change

It is critical that change is sufficiently resourced (time, people, and funding) – **effective change requires investment**, however there are high returns when change is done well.

The role of a Non-Executive Board Member in change

As a Non-Executive Board Member, you play a key role in supporting change in your organisation, this includes:

- Embodying **the enablers of quality and change** and ensuring these are valued and continually demonstrated in your organisation
- Helping to create a **change culture and mindset** where change is embraced and viewed positively as an opportunity to improve outcomes for people who need, use, deliver, and support services
- Ensuring the Board **invests and values strategic time** in talking about and sufficiently understanding change – investment is required but the return on investment is high
- Playing a **governance role that enables change** and doesn't create unnecessary inertia – Boards play a pivotal role in governance structures that support a culture where change can thrive
- Understanding that when working with complex change **it may not always be possible to have certainty about the route or all outcome at the outset** – Boards play a key role in creating enough permission to act, learn, and adapt, while maintaining oversight of the long-term vision
- **Understanding that many of the challenges facing health and social care can't be led or solved by one leader or organisation alone** – recognising in these more complex areas, leadership itself needs to be collective
- Valuing and prioritising **training for all staff on change**, supporting everyone to see their role in change and it not being seen as the responsibility of a small number of change practitioners

These themes are explored further in the following pages the enablers of quality and change and quality management.

What does it mean to be an organisation that does change well?

- **Embracing continuous change** – recognising the need to continually change and adapt in response to a rapidly changing environment and the needs of people, populations, and communities.
- **Being a learning organisation** – data and intelligence from a range of sources is used to learn and improve, in addition to managing performance.
- **Being curious** – asking questions to help identify the need for change or to challenge changes that are already underway. Honest and open conversations are encouraged.
- **Involving people** – people who need, use, deliver, and support services and communities are meaningfully involved in change. Changes focus on how services can be improved to better meet the needs of the people we serve.
- **Change and improvement is everyone's responsibility** – change is not seen as the responsibility of specialist teams but instead is owned across the organisation (including by the executive team and the Board).
- **Empowering teams** – people working at all levels of the organisation are empowered to find solutions to problems and to make decisions based on their knowledge.

What is driving the need for change?

Health and social care organisations are facing an unprecedented volume and pace of change arising from NHS renewal, service challenges, and wider reform. There is a need to respond to three key drivers of change:

- **Policy direction** – the Scottish Government has a clear vision for the future of health and social care in Scotland. This vision prioritises prevention, care designed around people, community delivery, population planning, and digital and technological innovation. This vision is set out in the following documents:
    - Programme for Government
    - Health and Social Care Renewal Framework
    - Scotland's Population Health Framework
    - Scotland's Public Service Reform Strategy
- **Resource pressures** – health and social care in Scotland is facing ongoing financial constraints and workforce shortages.
- **Rising demand and need** – increasing complexity of care and multi-morbidity means there is an additional pressure to move away from single condition care.

The Scottish Approach to Change is recognised as an integral part of delivering the renewal agenda by providing a clear and coherent method for change.

Introducing the Scottish Approach to Change

There is often an implementation gap between policy ambitions and reality. Evidence shows that a significant contributing factor to this is that change is not always done well in health and social care. The Scottish Government commissioned HIS to develop a Scottish Approach to change to underpin delivery of health and social care renewal and reform.

The Scottish Approach to Change aims to:

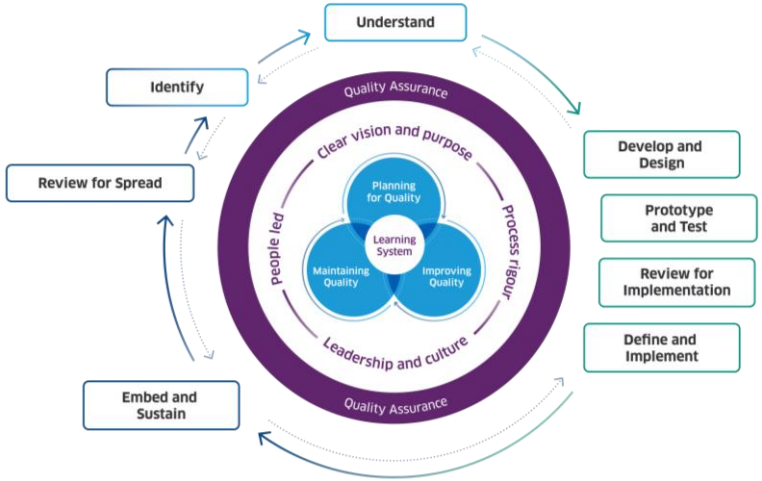
- Create a clear pathway to support everyone to do change well

It does this by:

- Bringing together siloed change methods into a single approach, showing how they can be used together
- Translating theory into a practical, coherent tool
- Creating a universal language for change

The Scottish Approach to Change can be used to:

- Manage discreet change projects
- Provide an organisational framework for managing quality and change



The Scottish Approach to Change is built around a quality management system comprising planning, improving, maintaining and assuring quality. The approach has five enablers and eight steps. Together, this creates a framework for successful and lasting change.

The enablers of quality and change

The enablers of quality and change create the conditions that support successful and sustainable improvement. They do this by aligning people, processes, and leadership around a shared purpose.

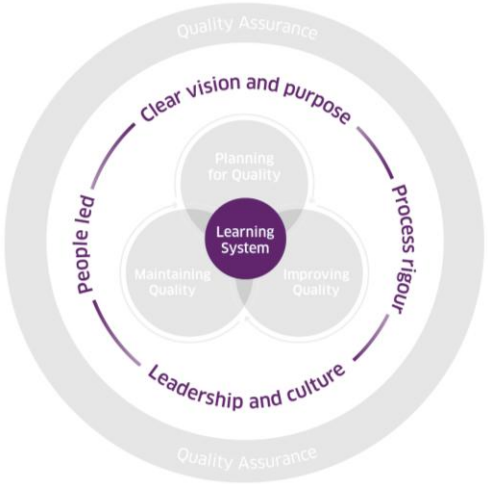
The enablers of quality and change are:

- **Clear vision and purpose** – providing direction, motivation, and alignment
- **Leadership and culture** – setting a vision, and inspiring and empowering others
- **People led** – meaningfully engaging and involving people to help meet their needs
- **Process rigour** – going through a structured process to ensure high-quality outcomes
- **Learning system** – sharing learning and knowledge to support improvement and better outcomes

Evidence shows that without these enablers, change can:

- Face more systemic challenges and organisational barriers
- Struggle to gain support and make progress
- Be more challenging to sustain over time

Successful change relies on having all five enablers in place.



As a Non-Executive Board Member, you play a key role in:

- Embodying the enablers of quality and change
- Holding people to account for establishing and embedding the enablers of quality and change across your organisation
- Valuing investment by your organisation in the enablers of quality and change

Clear vision and purpose

Define a **clear vision and purpose** that drives your change, it:

- Unites, and builds momentum behind a single direction
- Is tangible and actionable, it doesn't shy away from hard choices

As a Non-Executive Board Member, you play a key role in:

- Being clear on the vision and purpose and intended impact of the organisation's work
- Playing a governance role in ensuring work is linked to purpose and impact (through scrutiny of papers)
- Bringing an external perspective to your organisation's day to day operations
- Helping to shape the vision for proposed transformational changes or redesign to ensure they align with local population need
- Ensuring proposed changes align with any statutory obligations or regulatory requirements of the organisation
- Considering how to apply the enablers of quality and change to the development of organisational strategies

Questions you could consider, to drive change through learning

- Do you have a shared vision of what you want to achieve?
- Is the vision and purpose right?
- Will it drive meaningful change that meets the needs of the local population?
- Who has been involved in creating the vision and purpose (e.g. people who use and deliver services, communities) and to what extent/how?
- How have you built consensus?

Leadership and culture

Create the conditions for change to thrive through setting the right **culture and leadership**, it:

- Sets the vision, empowers others, and unblocks barriers to change
- Sees leaders stepping into change, playing an active role
- Has leaders play an active role in involving staff to shape vision, purpose and decision

As a Non-Executive Board Member, you play a key role in:

- Creating the culture to support change in your organisation
- Embedding a change mindset in your organisation
- Encouraging an open culture of learning, experimentation, and continuous improvement
- Taking a governance role around organisational leadership
- Supporting good leadership through modelling leadership behaviours

What does effective leadership in change look like?

- Building trust with others to try new things
- Being visible and present
- Building strong, trusting relationships, asking questions, and listening
- Making decisions based on evidence and the wider picture
- Being calm, adaptive, and holding your nerve to see change have impact over time
- Having confidence in uncertainty and complexity
- Valuing collaboration and collective leadership
- Enabling and supporting others, and harnessing their energy and knowledge

Questions you could consider, to drive change through learning

- What is the offer of support to help people achieve change?
- How are you helping to creating a culture where people feel safe to try new things and learn?
- How are people at all levels of the organisation encouraged to own and lead change?
- How are teams supported to collaborate and work collectively across boundaries to make change happen?
- How are diverse perspectives and experiences valued across the organisation?

People led

Take a **people-led** approach by inviting people to design and deliver change together, it values:

- Meaningful engagement as vital, not an additional 'thing to do'
- People articulating their own needs, and supports them to do so meaningfully
- The needs of people over the needs of the system – services belong to people

As a Non-Executive Board Member, you play a key role in:

- Ensuring the organisation's work is people led, with meaningful engagement and participation of people and communities
- Ensuring the organisation involves its staff in shaping decisions about change
- Ensuring the organisation has a good understanding of the needs and assets of the people/population/community it serves
- Ensuring the organisation actively thinks about reducing inequalities in all its work and change initiatives
- Demonstrating a commitment to embedding human rights in all policies and practices
- Ensuring the organisation empowers people and is responsive to what matters most to people in communities
- Taking a governance role in ensuring all board papers demonstrate a people led approach and meet statutory duties of public involvement

Driving change through learning

- What does it mean to you to be people led?
- How do you know if your organisation is truly people led?
- How might being people led look different from what you/your organisation currently do(es)?
- How much weight is given to the voices, needs, and wishes of people in communities?

Process rigour

Outline a **rigorous** approach to how you undertake change, it:

- Adds clarity to what you are doing, when and why – it brings calm to the noise of change
- Helps increase confidence in decision making, supporting momentum in uncertainty and complexity

As a Non-Executive Board Member, you play a key role in:

- Providing constructive challenge to proposals for change (through scrutiny of board papers)
- Playing a governance role in ensuring process rigour during change (e.g. that change initiatives follow the steps of change)
- Supporting risk management by ensuring proposed changes do not compromise quality, safety, standards, or regulatory compliance
- Ensuring the organisation's work has robust monitoring and evaluation plans
- Ensuring that governance processes and measures enable effective demonstration of outcomes
- Enabling governance structures and relationships to share information efficiently and effectively
- Ensuring the organisation meets its statutory and regulatory requirements

Driving change through learning

- How do your governance processes enable the organisational outcomes you want?
- How do your governance processes support timely decision-making to enable change?
- How do your governance processes support effective communication and a relational way of working?
- Are your governance processes proportional, flexible, and adaptive?

Learning system

Embed a **learning** culture to support your change programme sustainably, it:

- Is a superpower – it unlocks knowledge, solutions, energy, momentum, and brilliance
- Requires commitment, it challenges engrained values and behaviours, and needs continued practice

As a Non-Executive Board Member, you play a key role in:

- Embedding a learning culture into governance structures and processes
- Supporting a learning culture which gives people space to ask curious questions, experiment, reflect, and learn
- Using governance spaces to collectively sense-make outcome data
- Supporting a culture which uses data and evidence primarily to support learning and improvement, in addition to monitoring or managing performance
- Drawing out learning when performing a governance/scrutiny role

Driving change through learning

- How do your governance structures and processes enable you to gather, sense-make, and share insights and knowledge (including those gained through change)?
- Does your board consider data and evidence from a range of sources (including experiential data from people who need, use, deliver, and support services)?
- Do you use data and evidence to support learning and improvement in addition to monitoring or managing performance?
- Does your organisation invest in and value time for learning?

Quality management

Quality management supports delivery of high-quality care in health and social care organisations.

It is essential to both day-to-day operations and the delivery of effective change.

Quality management is a coordinated and interconnected approach to:

- **Planning for quality** – proactive planning and prioritisation of services and processes
- **Improving quality** – a systematic and coordinated approach to making services or processes better
- **Maintaining quality** – routine monitoring to assess and maintain performance
- **Quality assurance** – internal and external processes to ensure services are operating effectively and providing quality care

As a Non-Executive Board Member, you play a key role in:

Planning for quality in change

- Ensuring the need for change and the organisational readiness for change have been understood before embarking on change
- Ensuring sufficient resources (time, people, funding) are allocated to support change to be done well

Improving quality

- Seeking assurance that a robust approach and appropriate methods and tools are being used to drive change and improvement initiatives

Maintaining quality

- Ensuring that change has a “landing pad” (the operational and cultural support required for new processes to survive implementation) to help it to be embedded and sustained within the organisation

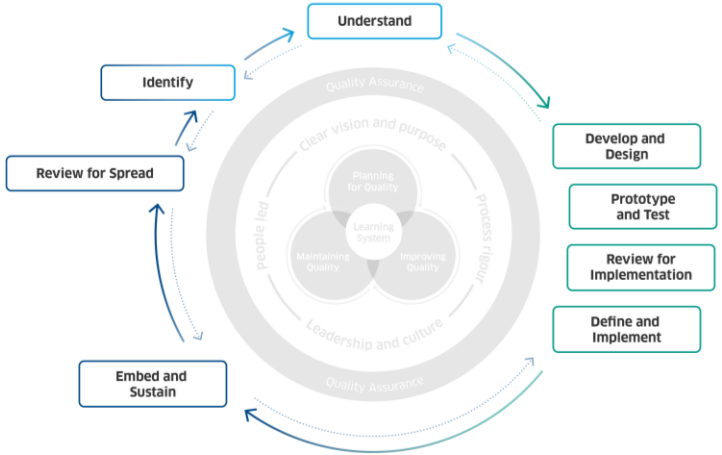
Quality Assurance

- Ensuring that any proposed changes to services are compliant with any relevant regulations, statutory guidance, and standards

The steps of change

The eight steps of change provide a practical structured approach and create momentum for successful change. As a Non-Executive Board Member, you can play a key role in supporting the following steps of change:

- **Understand** – often, due to pressure to make change happen quickly, there can be a tendency to skip the understand step and jump to a solution. You can support this step by ensuring that change delivery teams are permissioned to take time to fully understand the problem, and their readiness for change before proceeding.
- **Develop and design** – at times change delivery teams can end up in "analysis paralysis" (spending too much time understanding and not moving to action). You can support change delivery teams to move past the understand step and into the develop and design step by providing reassurance about what is "good enough".
- **Embed and sustain** – it can be challenging to embed and sustain change so that it becomes business as usual. You can support this step by ensuring that change has a "landing pad" (the operational and cultural support required for new processes to survive implementation) to help it to be embedded and sustained.
- **Review for spread** – sometime when a change is successful in one area there can be a tendency to "lift and shift" the solution to other settings or contexts. You have a key role in encouraging change delivery teams to stop and reflect on the suitability for spread and what about it could be spread. Without this step, you risk trying to implement a change or approach in a context that won't work.



As a Non-Executive Board Member, you play a key role in:

- Ensuring there is time, resources (people and funding), and permission for change delivery teams to follow the steps of change
- Ensuring organisational capacity and capability is in place for change delivery teams to follow the steps of change

Bringing your role to life: some examples

WHEN YOU SCRUTINSE PERFORMANCE DATA

What we are seeing – performance data can provide some insights around current ways of working and can be useful to that extent. However, in isolation it offers very limited insight to drive change and innovation.

- What additional data and information might you look for to indicate areas with potential for system change towards better overall performance?
- What questions might you ask to find out what the teams have been learning that can help inform conclusions around performance and opportunities for change.

WHEN YOU REVIEW BUSINESS CASES FOR NEW INITIATIVES

What we are seeing – business cases often propose simplistic changes as these are more predictable and certain. Business cases that seek transformative or more meaningful change will inherently include proposals with uncertainty and risk.

- How might you balance the risk of 'doing versus not doing'?
- What questions might you ask that enable positive yet measured risk-taking (innovation), and fast learning (aligned to fail-fast notions)?

WHEN YOU GET CHANGE PROGRAMME UPDATES

What we are seeing – very real system pressures mean that there is a desire for quick wins without always fully understanding what the impact of a change programme is. Allowing teams to explore and flex in a programme is influenced by what you ask for and value in your updates.

- What questions might you ask to help understand early signs of change (thinking and doing differently)?
- How might you know if change is progressing in the right direction (having the desired impact), but at a sustainable level that can lead to embedded change?

WHEN YOU LOOK AT CHANGES TO CULTURE, WORKFORCE OR ORGANISATIONAL STRUCTURES

What we are seeing – opportunities for change can be limited by current roles and remits, team structures, cultures of how things are done. Many options get taken off the table too quickly and how willing to challenge the status quo teams are is influenced by how you interact with ideas.

- What questions might you ask that support new models of care and new and emergent roles for staff, including across different organisations?
- How might you support changes to training and organisational development that can support new roles and remits while recognising the value of existing specialist knowledge/skills-based roles?

Key questions: what could you be asking?

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WHEN YOU SCRUTINSE PERFORMANCE DATA

- Is this the right data to be looking at? Is it just throughput and output data or is there data that tells us what is getting better and why?
- Is the data from multiple sources including numbers, patient stories, staff views, and qualitative insights?
- Why has this data been chosen to understand performance? What has been excluded and why?
- Are comparisons made or timeframes chosen useful or misleading?
- Where percentages are presented, what are the actual numbers? Do the actual numbers change the impression given by the percentage?
- What are the trends, what are outliers, and what are things just returning to the normal?
- Where might a change initiative be needed to solve a problem (e.g. issues flagged by performance data)?

WHEN YOU REVIEW BUSINESS CASES FOR NEW INITIATIVES

- How does this initiative support our strategic objectives and organisational priorities?
- Is this proposal based on a firm understanding of what the problem is? Is it based on assumptions made about what is causing the problem? Is it based on a narrow scope which might result in a negative impact on another service or part of the system? What assumptions are we making and how might they be wrong?
- What would people who use services, staff, or other stakeholders say if they were in the room?
- Does the proposal for change include use of the Scottish Approach to Change or other appropriate change approaches and methods?
- What are the consequences of doing nothing?
- How certain do you need to be to progress without being too risk averse?

WHEN YOU GET CHANGE PROGRAMME UPDATES

- Is the change taking us towards our strategic direction?
- Are we seeing evidence that the change is leading to improved outcomes rather than just completed activities?
- What kind of outcomes are being measured? Do these capture how staff and patients feel? Are they focused on sustaining outcomes or just temporarily improving things?
- How is the change affecting operational performance? Is this initiative making things better or worse in other parts of the system?
- Is buy-in and support for the initiative increasing or decreasing?
- What has been learned throughout the change process and what might we do differently next time?

WHEN YOU LOOK AT CHANGES TO CULTURE, WORKFORCE OR ORGANISATIONAL STRUCTURES

- How might services be delivered differently (e.g. commissioned, delivered in partnership with others) and what new roles would be required?
- How were staff, trade unions, and staff-side representatives involved in shaping the proposal?
- What is the level of workforce support and readiness for change?
- What changes are anticipated to roles, grades, T&Cs, or work patterns?
- How will services be affected? How will critical existing specialist knowledge or expertise be retained?
- What cultural changes are required to sustain the new model of care?

Case study: reviewing governance processes

A review of "how it feels to take change through local governance processes" in an NHS Board in Scotland found that governance process frequently create inertia and do not enable the action required to support transformational change in the health and social care system. The review found:

- Approval via governance processes does not translate to action where there is insufficient buy-in across teams to enable successful delivery of the agreed change.
- Governance processes are centred on signing off changes rather than active leadership and governance during the implementation of changes. Active leadership and governance can support challenges to be identified and overcome. Without it, progress can be slower and less impactful.
- Staff morale is affected by the experience of participating in governance processes – meaning greater hesitancy in wanting to undertake change and less trust that proposals will result in change.
- A lack of clarity and efficiency in governance processes that could be improved through more clear and consistent expectations across the various governance processes and forums that feed each other rather than creating duplicate parallel lines.

The scale of investment in governance

- The NHS Board will receive around 100 papers in a year, representing an estimated 765 hours of time spent writing papers
- The NHS Board Management Team will receive around 250 papers in a year, an estimated 1,900 hours of time spent writing papers
- Local governance meetings, including preparation for and attendance at, accounts for an estimated 14,657 hours of staff time per annum

The role of Non-Executive Board Members

These findings reflect the culture of governance within the organisation; Non-Executive Board members play a huge role in shaping a culture that enables change and does not create unnecessary inertia, including:

- Holding your organisation to account for identifying and improving the culture and processes of governance
- Be mindful about what information you ask for as a Board to ensure your part in the governance process is enabling change and not inertia
- Be curious to the investment your organisation is making in the enablers of quality and change to support the change
- Think about encouraging a culture of learning in the questions you ask during governance processes.

Case study: moving towards value-based health and care

An NHS Board in Scotland, is attempting to shift toward using value-based measures to change the way they approach and make decisions for their system. This Board set the practical challenge to move beyond decisions dominated by organisational performance, finance, and activity, towards a rounded assessment of the value created across the whole system. To achieve this they are:

- Using a wider evidence base – triangulating finance, activity, quality, and safety data with outcomes, inequalities, workforce, and lived experience insights.
- Making decisions about investment and de-investment – understanding who benefits, who may be disadvantaged, the opportunity cost, and what activity may need to stop.
- Taking a system view – considering value across pathways, partners, and communities, not only the performance of one service or organisation.
- Shifting to being people led – building evidence and insights around the experiences and outcomes of their communities and colleagues.

Shifting what we look at

- The NHS Board is developing new measures around patient experience and outcomes to inform key decision making at service and system level
- The NHS Board Management Team will make financial decisions around the value that a service or intervention has for the individual

The role of Non-Executive Board Members

To provide assurance while also shaping the culture, information, and governance conditions that enable better decisions and successful change:

- Protecting purpose — connecting strategy, investment, and performance discussions to the outcomes for people and communities
- Asking for rounded evidence — seeking quantitative and qualitative evidence; asking whose voice, experience, or outcome is absent and where inequalities are hidden
- Creating permission to learn — responding constructively to uncertainty and unsuccessful tests; supporting adopting, adapting, or abandoning activity as evidence develops
- Acting collectively – creating a shared focus built around value creation, which enables collective action in change

Case study: responding differently to budget cuts

A Director of Adult Social Care in a local authority in England was faced with a now common challenge of meeting needs at a population level, while doing so within significant budget cuts. A significant shortfall had to be met within a single financial year. To achieve this, the local authority:

- Shifted from a service-led, deficit-based model to a community-led, strength-based approach. This led to the development of a model based on a belief that communities, citizens, families, and frontline staff have untapped assets that can be mobilised to achieve better outcomes.
- Opened routes up into care and support (instead of closing them) to better understand people's needs to respond more appropriately and more proportionately.
- Enabled front line staff to shift their focus from desk to people – from spending 75% of their time managing information (being behind a desk) to spending that same percentage with people. This also meant spending their time in communities rather than in public office buildings.
- Established three simple rules: don't break the law; don't break the bank; everything else is open to challenge.

Shifting focus to outcomes and what matters

- This work embraced the challenge of working with what is strong rather than what is wrong – this empowered staff and citizens to find workable solutions
- It also evidences brave leadership which makes a decision to act counter to normal response – opening up when many would have closed down

The role of Non-Executive Board Members

To act as an enabler of more radical change when this is required. In the current climate of exceptional challenge there is a need to support brave leaders to 'do the right thing'. This will require most of the same roles expressed in the previous case study: protecting purpose; asking for rounded evidence; and creating permission to learn. In addition, it will require:

- Supporting communication with citizens, staff, and government to ensure all are provided reassurance around the change being pursued
- Bringing insight from experience that can support more radical change when it is required
- Asking senior leadership teams what else they might need to take action and do the right thing

Resources and support available

You can access support to use the Scottish Approach to Change as a Non-Executive Board Member through:

Our **digital resource** which provides detailed guidance, tools, resources, and case studies to help you use the Scottish Approach to Change.

Join our Scottish Approach to Change **learning community** to access our learning events (including webinars, reflective practice, and project surgery sessions) and to receive information, advice, and peer support on using the Scottish Approach to Change.

We are **providing direct tailored support** for NHS boards and HSCPs who are looking to embed the Scottish Approach to Change – you can express an interest in receiving support by contacting his.satc@nhs.scot.

We are currently looking at what **education and training** we can develop to support the Scottish Approach to Change - until then you can find support on the various methods included in the Scottish Approach to Change on our education and training page.