

Developing a Scottish Approach to Change

1: Introduction

The aim of this work is to define a Scottish Approach to Change for health and care. It will articulate the **steps** that are needed for successful change to happen and the **essentials** that underpin the change process. Following this approach to change will help achieve high quality, effective, safe and person-centred services.

The rationale for developing a Scottish Approach to Change is to underpin NHS reform with a clear and coherent methodology. This does not exist at present, and there is confusion in the system about which change tools and methods to use for which situation. Scottish Government recognised this gap and asked Healthcare Improvement Scotland to address it. Application of the approach is not limited to NHS reform: it can be applied to any type of change and is aligned with the principles of Value Based Health and Care.

The Scottish Approach to Change will support people to understand why each element of the process is needed to achieve high quality change and how this can be achieved. Importantly, it will not replace any of the existing methodologies used in change – like improvement, design and engagement – but instead will show how they can be used together to deliver high quality change. Bringing together these different methodologies into a single approach is what makes the Scottish Approach to Change unique.

Each step and each essential of change will be purposively described in simple language because it aims to be universally understood. This is important because it:

- Recognises that change can be delivered using tools from different methodologies, each of which have their own terminology.
- Must be relevant for all scales of change and all types of change: from an individual practitioner working on a small safety improvement through to system transformation. The tools used and depth of work will differ depending on the complexity of the change, but the elements to achieve change are the same.
- Must be accessible and understandable by everyone working in health and care, whether or not they have expertise in change methodologies.

Creating a universal language for change should bring joint understanding, ownership and increase the likelihood of normalising what is needed to achieve high quality change.

Approach to development

The Scottish Approach to Change is being developed in two distinct phases.

Phase 1: July to October 2024

The first phase of development is an “understand” phase in which a high-level overview of change has been defined to provide the framework for developing the detailed Scottish Approach to Change in phase 2. This paper is the output from phase 1. It consolidates what is

known already: defining the key elements of the change process using simple language, along with a brief explanation of why each element is needed and how to achieve it. Stakeholder engagement took place throughout phase 1 to inform the development of the high-level steps. This included conversations with: Scottish Government, NHS Education for Scotland, NHS Boards, Centre for Sustainable Delivery and the Health Foundation.

Phase 2: From November 2025 with outputs in March 2025 and December 2025

Phase 2 will use the draft framework developed in phase 1 to produce an in-depth approach of how change should be undertaken in health and care. Wide stakeholder engagement will inform a refined framework to be published in March 2025, and iterative testing in a variety of different change scenarios will lead to detailed guidance and case studies about how to apply the approach in different types and scales of change by December 2025. These case studies will describe how different considerations, methodologies and tools can be used for each element of change, but how they are aligned to the same overarching approach to change. This will make it meaningful for different audiences. A project leadership group, external reference group and formal governance process will be determined in November 2024.

2: Framework

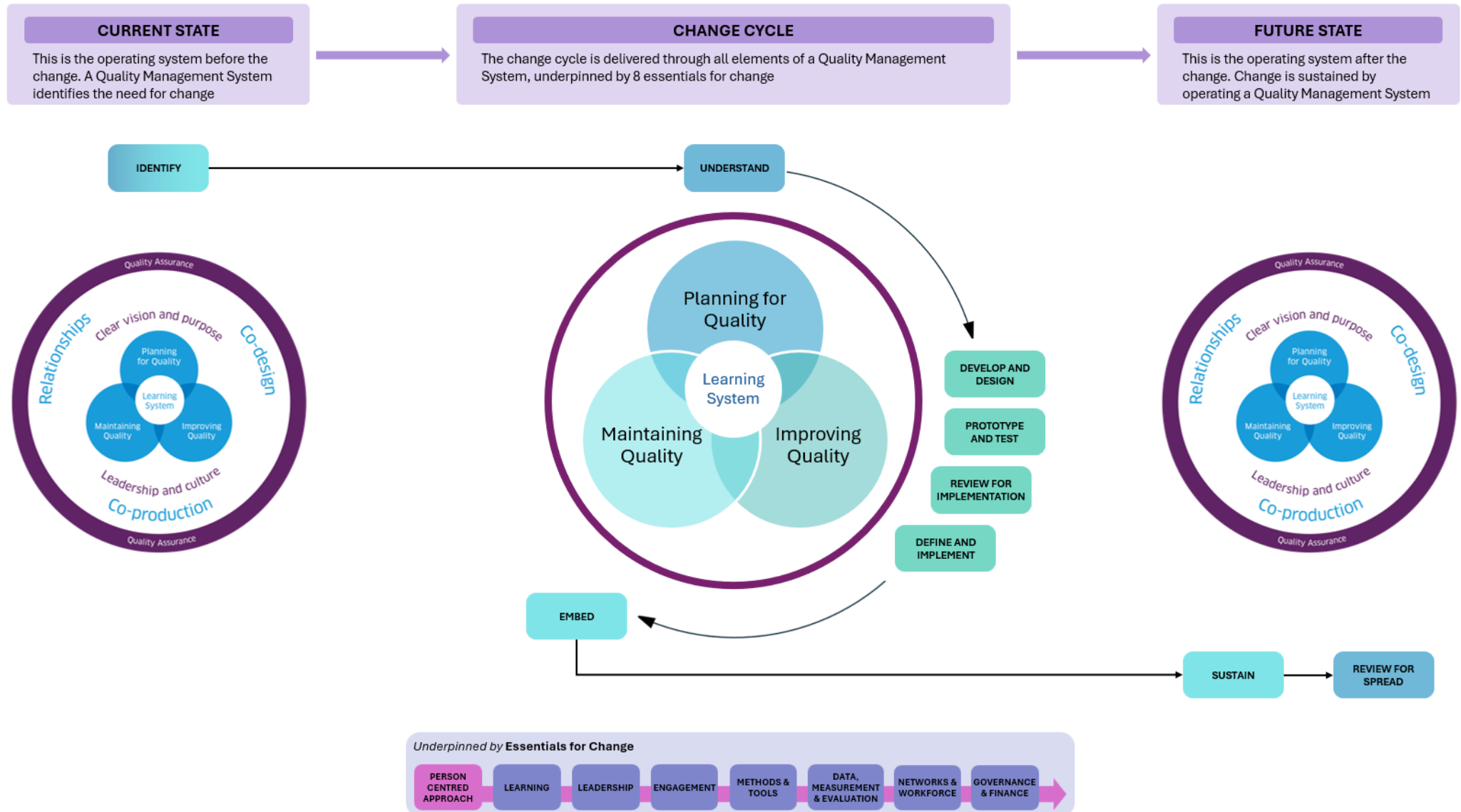
A high-level overview of change which will provide the framework for developing the detailed Scottish Approach to Change is shown on page 3 (*Figure 1*).

This draft framework is described within the context of operating a Quality Management System. Continuous delivery of high-quality change is more achievable in organisations that operate a Quality Management System, however, the steps of change described in this framework could be delivered without a full Quality Management System being in place. The draft Scottish Approach to Change is set out in three stages:

1. **Current state:** on the left-hand side of the framework is the “current state” before the change takes place. Operating a Quality Management System enables the need for change to be identified, whether that is through an internal trigger such as quality control monitoring, or through recognition of an external trigger through quality planning or quality assurance.
2. **Change cycle:** in the centre of the framework is the “change cycle” when the change is taking place. Six steps of change are identified within the cycle, with each of them being aligned to a part of the Quality Management System. The change cycle is underpinned by eight essentials for change, all of which need to be in place for successful change to happen. At the centre is a Learning System to underline the need for continual learning and reflection during and between every step of change.
3. **Future state:** on the right-hand side of the framework is the “future state” for after the active change process has taken place and the change is being sustained. Operating a Quality Management System supports the sustaining of the change and also the potential to review the changed status to consider whether it is appropriate to spread to further situations/locations.

To clearly align the steps of change with the domains of the Quality Management System, a simplified graphic showing the four core domains has been used within the framework.

Figure 1: Scottish Approach to Change: a draft high-level framework



Explanation of the Scottish Approach to Change draft framework

This document provides a brief description of each of the steps of change and essentials for change. This covers *why* the step is important, *what* needs to be considered and *how* to undertake it. These brief descriptions will be significantly developed and refined in Phase 2.

In addition, the tools that can be used to achieve the steps of change will be added in the detailed Scottish Approach to Change. Within this phase 1 document, a few key examples are provided for illustrative purposes as a snapshot of what is intended in Phase 2.

Eight Steps of Change

1. Identify

The first step of change is to identify the need for change. This takes place within the “current state” before the active change cycle begins.

Why: Identifying the need for change is a key part of continual improvement and responding to external factors. It supports improvement and developments in the delivery of high quality, up-to-date and relevant services.

What: A number of different processes could trigger the identification of a need for change. For example, quality control monitoring could identify a problem such as an increase in waiting times to access a service or a reduction in service user satisfaction. Planning mechanisms could identify a need for change through population health data, responding to a national patient safety alert or a government directive.

How: Examples of tools that support identifying the need for change:

- Routine service feedback: comments cards and forms are a simple way for service users to write down their feedback [Comments cards](#) Feedback from service providers (eg, staff surveys) also provide insight and support a positive culture.
- Strategic Gap Analysis: helps identify the gap between the current status and the future status, in short to look for what's missing
- Ongoing public, patient and community engagement: a self-assessment tool to identify key aspects for achieving high quality community engagement [Quality Framework for Community Engagement and Participation](#)
- Quality control measures from routine service monitoring against standards or quality metrics
- External quality assurance.

2. Understand

The second step of change moves into the active change cycle and is to “understand” the need for change. It is part of the Planning for Quality domain within a Quality Management System.

Why: Fully understanding both the need for change and the context in which the change is happening is critical in achieving high quality, meaningful change.

What: To understand the need and context for change, engaging with three groups is essential:

- Service users (patients, family, carers, public)
- Service providers (health and care professionals)
- Service enablers (the supporting functions that enable the service to happen, such as administration, eHealth, estates, transport).

It is important to understand the opportunities, barriers and enablers of change. This includes understanding how the change will interact with the wider system it sits in – both the impact of the wider system on the part being changed, and the impact of the change on the wider system. The understand step will vary significantly depending on the complexity of the individual change and its setting. Understanding the need for change is part of Planning for Quality.

How: Examples of tools that support understanding the need for change:

- Process mapping: visually describes the flow of work to identify the current state of what happens in a process [Process mapping](#)
- Journey mapping: helps understand, record and share the experience of a person using the service [Journey mapping](#)
- System mapping: provides an understanding of the flow and demand on the system, indicates areas for improvement and enables strategic decision-making.
- Focus groups: facilitated discussions between small groups of people who share experience or knowledge [Focus groups](#)
- Patient diaries: gathers qualitative information about people’s experiences of using services [Patient diaries](#)
- Five Whys: helps identifying underlying reasons for a problem by repeatedly asking the question “why?” [5 Whys](#)
- SWOT analysis: identifying the strengths, weaknesses, opportunities and threats surrounding a change and the environment surrounding the change.

3. Develop and Design

The third step of change is to develop and design the change. This is the first of the steps that sits within the “Improving for Quality” domain of the Quality Management System.

Why: This step sets a clear direction of travel for the change work, providing clarity about what the change is trying to achieve and how the change will happen. Without this step, change processes can lack ownership, direction and momentum, and fail to achieve outputs.

What: Initially, the aim of the change should be clearly and succinctly defined. Next, potential ways to achieve the change should be developed using a co-design approach with the three groups identified within the “understand” step: service users, service providers and service enablers. Changes should be designed by considering the wider system factors that will impact on the change: both enabling or preventing it. Finally, the tools and theory that will underpin the next phase of testing the change should be identified. Governance processes including preparing a business case to proceed with the next stage of change are essential, as is the importance of effective leadership and building the will for change: this is covered in the Essentials for change below.

How: Examples of tools that support developing and designing a change:

- Discovery conversations: involve people with lived experience in the design and delivery of change and work [Care Experience Discovery conversations](#)

- Expert reference groups: engage professionals and teams in developing aims and designing changes [Expert Reference Groups](#)
- How Might We: turns insights into opportunities for design and enables exploring solutions in a variety of different ways [How Might We](#)
- Equality Impact Assessments: identify potential disadvantages of change to provide an opportunity to take action to remove or minimise the adverse impact [Equality Impact Assessment](#)
- Prioritisation Matrix: helps rank ideas in an order of importance using pre-defined criteria and weightings [Prioritisation Matrix](#)
- Options Appraisal: inform decision making by taking people through a proposed process stage by stage, and assists in ensuring all relevant factors are taken into account. [Involving people in Options Appraisal](#)
- Economic or Cost Benefit Analysis: comparing the benefits of an action with the costs related to it

4. Prototype and Test

The fourth step of change is to prototype and test the change. This is within the “Improving for Quality” domain of the Quality Management System.

Why: The purpose of this step is to test change ideas to understand what works and what doesn’t work. This enables the change ideas to be continually improved and refined until the aim is achieved.

What: The change ideas co-designed in step three should be tested in a structured and planned way, involving clearly measuring the impact and value of change through a combination of qualitative and quantitative data. Data can be derived from measuring processes, such as counting the number of events or outputs; and from engaging with service users, providers and enablers to understand the value of the change. Both types of data should be used to demonstrate whether the change has achieved its aim and if there are any unintended consequences.

This step involves a process of continual improvement as each change idea is tested and the learning from that test informs a refinement and further testing of the change until the aim is achieved or the change is abandoned.

How: Examples of tools that support prototyping and testing a change

- PDSA: Plan Do Study Act cycles are a structured method to test changes in a way that minimises risk, uses data to understand the impact and build understanding of whether the change led to an improvement [PDSA cycles](#)
- Run charts: are a line graph over data plotted over time to identify trends or patterns in a process [Run charts](#)
- Lessons Learned Log: capture knowledge about what has worked well and what could have been done differently [Lessons Learned Log](#)
- Focus groups, Expert reference groups and Discovery conversations (listed in earlier steps of change) help understand the impact of the change

5. Review for implementation

Step five of the change cycle is to review the change to decide on next steps. This is within the “Improving for Quality” domain of the Quality Management System.

Why: Regular reflection is vital throughout a change cycle to ensure that the change is achieving desired outcome. In addition, a formal review point after the testing step is completed is needed to ensure a clear decision is made and momentum is maintained.

What: The review point is a decision on whether to:

- Adopt: the change has achieved its aim so can be implemented in the test location
- Adapt: the change shows some merit but further work is needed, therefore there is a need to return to an earlier part of the change cycle to better understand, design or test the change further.
- Abandon: the change has not achieved the aim or cannot be continued due to other factors (eg, different external context) and therefore should be abandoned.

How: How the review step is achieved:

- Decisions at the review point are usually made by the service provider, informed by the qualitative and quantitative data and analyses gathered throughout steps 1-5.
- It may be useful to take an approach to these reviews such as [Appreciative Inquiry](#) which takes a strengths-based approach to identify what works

6. Define and implement

The sixth step of change is to define the output from the change and then to implement it in the location in which it was being tested. This is within the “Improving for Quality” domain of the Quality Management System.

Why: This step is vital to move on from the process of developing the change into the implementation stage. It provides clarity about exactly what the output of the change process is, and how it will be implemented.

What: The first part of this step is to define the output or the new model after the change is completed, for example a new or improved service, pathway or system. This involves clearly documenting in detail what the new model is and how it works, including:

- Any processes and systems that support/underpin the new model
- Any equipment or other resources that are needed for the new model
- The management, governance and financial arrangements that support the new model
- Any learning and development needs for people using the new model.

This step also involves planning how the new model will be implemented (eg, in a phased way over time or with different groups of people) and how its impact will be measured and evaluated on an ongoing basis.

How: Examples of tools that support the define and implement step

- Implementation checklist: helps plan implementation of a change idea through a five-step process [Implementation checklist](#)

- Measurement plan: sets out the detail of what a measure should include [Measurement plan](#)
- Gantt chart: a visual timeline of tasks to help identify what tasks should be done and by when [Gantt chart](#)

7. Embed

The seventh step of change is to embed the change output into the system. This is part of the “Maintaining Quality” domain within a Quality Management System.

Why: This step moves the change output or new model into “business as usual”.

What: This step involves following the implementation plan developed in step six to fully integrate the new model into the wider system, ensuring it fits with the processes, systems, management and governance arrangements. It involves also measuring the impact and value of the change on an ongoing basis as part of Maintaining Quality processes.

How: Examples of tools that support the embed step

- Communication and engagement plan: used to share the implementation plans with the team/organisation and how and when this will be done [Communication and engagement plan](#)
- Team huddles: used to communicate with a team about managing quality and embedding a change [Team Huddles](#)
- SBAR: a simple structured communication tool to enable accurate transfer of information in a Situation, Background, Assessment, Recommendation format [SBAR](#)
- Gantt charts and measurement plans described in step six are also useful.

8. Sustain

The final step of the change process is to sustain the change in the “future state”. This step takes place in the normal operating system rather than being part of the active change cycle.

Why: Proactively sustaining a change is important to ensure that progress is not lost and things slip back to the pre-change state.

What: This step uses processes for maintaining quality, including ongoing data measurement and gathering feedback to assess the value and impact of the new model. Operating a Quality Management System supports sustaining change through its processes for maintain quality.

Up until this point, the change has taken place within one defined “test location” which could be a geographical location, a specific service or a defined group of people (service users or providers). Once the change output has been sustained in that test location and monitored to ensure it achieves a high quality and safe new model, it can then be reviewed to decide whether to spread or scale the new model to additional locations. It should be recognised that very few models can be “lifted and shifted” to new locations and therefore understanding the context of the new locations is essential before deciding whether the change has potential to spread and/or requires adaption.

How: Examples of tools that support the sustain step:

- Data measurement such as measurement plans, run charts and data collection tools

- Routine service feedback and other engagement tools
- After action reviews: a facilitated discussion after a change project to enable people involved to review what happened and identify recommendations for the future. [After Action Review](#)

Essentials for Change

Many of the “Essentials for Change” are part of a Quality Management System. The reason for specifying them as part of the active Change process is to highlight their importance in high quality change. This list has been identified through multiple change projects and, like the whole Scottish Approach to Change, will be further refined during phase 2.

1. Person-centred approach

Taking a person-centred approach ensures the output of the change meets the needs of people. This involves considering the needs of individuals at every step of the change process and in the delivery of each of the essentials for change. People who use and need services are actively involved with dignity and respect as partners in the design and delivery of care. This results in an output which is fit for purpose, compassionate, co-ordinated and enabling for individuals.

2. Learning

A learning culture comprising continual learning and critical reflection is essential throughout the change process. People feel safe to experiment and “failure” is seen as an opportunity to learn. Data and information are used to learn and prompt questions, rather than to manage performance. Learning is recognised as taking place at all levels within the system (person, team, organisation, place) and that learning is connected. Learning is spread about change approaches that have worked well and not so well.

3. Leadership

Leadership within change is focused on enabling, supporting and empowering people to speak up, innovate and learn. Leaders have a courageous and compassionate style of leadership. They actively remove barriers for people undertaking change, and draw on relevant technical knowledge to support change to happen. Leaders help build the will for change within organisations, and they connect people across different teams and systems.

4. Engagement

Meaningful engagement is embedded at every step of the change process. This is a process of continual engagement in which decisions are fully informed by learning from people who need, use, provide and enable services. People with lived and living experience are involved in the planning, design and delivery of services, and power is shared so people have choice and control. Inequalities are actively considered as part of meaningful engagement to ensure the experience and needs of all groups of people, including the most vulnerable, are captured.

5. Methods and tools

Change is underpinned by the deliberate and structured use of evidence-based methods and tools. The specific tools used depends on the context, scale and setting of the change, and are

drawn from a multidisciplinary approach that blends the most appropriate tools for the specific change. Methods and tools enable understanding of the service and strategic landscape, current service provision, experience of people, organisational culture, good practice and innovation; and provide a structured approach to the planning, development, delivery and evaluation of the change.

6. Data, measurement and evaluation

Continuous collation of data, measurement and evaluation is needed throughout the change process to inform decisions about what change is needed, to review whether changes are having the desired effect, to determine if the change is sustainable and to understand its potential for spread. Data and measurement are used for learning, to identify variation from quality standards, and to provide assurance of quality and outcomes. Data are triangulated from multiple sources. Outcome measures use both quantitative data and qualitative data from people using and providing services, and actively identify impacts in different parts of the system to where the change is made. Evaluation evolves in response to emerging issues.

7. Networks and workforce

People are essential in successful change. Change is enabled through networks and partnerships which support the change team to learn, collaborate, share ideas, gain wider insight on the changes being developed and spread change. They provide support, energy and resilience to the change team, and lead to improved quality of changes. Alongside this, successful change is underpinned by proper consideration of workforce planning and development, and involving the workforce throughout the change process.

8. Governance and finance

Good governance ensures the change is of high quality and results in good management, performance, engagement and outcomes. Effective and transparent governance systems underpin the change process from planning through to delivery, holding the team delivering the change to account. Governance systems and processes are robust, focused on learning and promote shared decision making. Governance systems should consider the full implications of the change including safety, effectiveness, financial impact, risk management, legal considerations, workforce, population health and inequalities. Governance should be proportionate and avoid duplication.

3: Next steps

Healthcare Improvement Scotland welcomes feedback on the draft Scottish Approach to Change described in this paper and seeks partners to test and evaluate the framework in a variety of change scenarios during 2025. This will lead to refining the framework and producing detailed guidance about how to apply it in different scenarios. This will inform the publication of a refined version of the Scottish Approach to Change in March 2025 and a detailed version in December 2025. A project leadership group, external reference group and formal governance process will be determined in November 2024.